

**Housing Workgroup  
HOPWA Advisory Committee  
Meeting Minutes  
Wednesday, December 11, 2003**

**Members Present:** Darryl Ng, Kevin Blank, Derryck Chandler, Connie Cunningham, Daliah Heller, Liz Isaacs, Joey Lopez, Karen Mankin, Patrick McGovern, Debra Pantin, Kyle Restina, John Ruscillo, Joshua Sippen, Terri Smith-Caronia, Denny Stewart, Marcos Zosaya (for Terry Troia), Barbara Van Buren and Betty Williams.

**Staff:** Matthew Lesieur and Gary Sutnick

**Guests:** Gloria Avalos-Mosley, Felicia Carroll, Regina Gourdin, Jessica Katz, Laura Jaeger, Mark Morewitz, Roland Torres, Lance Willis, and Peggy Wright-Noldon

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**Action Items and Decisions:**

Darryl Ng began the meeting. Workgroup members introduced themselves. There were no announcements.

M. Lesieur apologized for not having minutes available; computer technical difficulties did not allow him to retrieve the appropriate file. The minutes will be distributed to everyone by email and voted upon at the next meeting.

D. Ng reminded the workgroup that they are in the transition period from reviewing the HOPWA portfolio to conducting planning for Ryan White.

Presentation on HOPWA funded DOHMH Supportive Housing Programs

K. Mankin gave a presentation on the HOPWA funded supportive housing programs at the NYC Department of Health and Mental Hygiene, Division of Mental Hygiene. To be eligible for these programs, clients must have both an HIV/AIDS diagnosis and also a mental health and/or substance abuse diagnosis. Services that are offered are case management, benefits coordination, vocational training, GED certification, mental health treatment, food and nutrition services, and assistance with substance abuse treatment services. Clients are encouraged to seek treatment for their substance use problems, but treatment is not mandated. There are three programs being funded, and they were started about three years ago. FECS has 23 beds for single adults and operates in Queens. Multi Talents operates 23 beds in Brooklyn, also for single adults. ICL provides 30 beds in Brooklyn for women, including singles and women with children. None of these programs have on-site mental health counseling but often have a service site that provides those services or will have connections to local mental health service providers.

DOHMH will be issuing an RFP in January for two new programs to expand their supportive housing programs for PLWHAs with substance abuse or mental health problems. Each program will have 21 units, including 5 units in each program for

families. Family units will be open to families in which either an adult or a child is the eligible PLWHA.

#### HOPWA Funding for Technical Assistance Programs Operated by CBOs:

A discussion ensued over the use of HOPWA funds to support several Ryan White technical assistance contracts that qualified during the last competitive bidding process but were not funded due to the cut in the EMA's Title I grant. Many workgroup members were concerned that the decision to use HOPWA dollars to fund Ryan White technical assistance contracts for CBOs was not discussed at the HOPWA Advisory Committee but was raised and discussed at a Ryan White Infrastructure workgroup meeting. OAPC staff and others present clarified that the Infrastructure workgroup did not vote on how HOPWA funds should be used, as this was not within their purview.

Concerns were raised about the decision to use HOPWA dollars for technical assistance programs over direct housing services, which G. Sutnick replied that these were one-shot dollars that could not be used to support ongoing programs. Questions were also raised about how these technical assistance contracts were selected, and G. Sutnick responded that the funded CBOs were selected through the normal competitive bidding process at MHRA.

OAPC staff reminded the workgroup that the HOPWA dollars being used to support these CBOs were grantee administrative dollars and not program dollars. Subject to compliance with the HOPWA regulations, it is within the sole discretion of the grantee to decide how to use its own administrative dollars. Such decisions are not subject to review by the HOPWA Advisory Committee. One workgroup member reiterated the workgroup's request for a copy of the HOPWA grantee's administrative budget. G. Sutnick stated that the role of the HAC in this context is limited to ensuring that the allocation for general administration does not exceed 3% of the grant.

#### Presentation by NYS DOH AIDS Institute

R. Gass from the NYS Department of Health AIDS Institute gave a presentation on their Quality Assurance program. NYSDOH started the quality management program in 1992. They conduct quality performance reviews at approximately 140 programs. Programs include adult day treatment programs, hospitals, and other HIV primary care services. The programs review medical records to help organizations improve the quality of their services. The advantage to using NYS DOH is their experience in this arena.

The 2000 reauthorized Ryan White CARE Act requires the measurement and review of the quality of services provided with RWCA funds. The question that the QA program attempts to address is are the services being funded through the workgroups providing the services that the workgroups intended? The health, mental health, and social services workgroup have already undergone this process. R. Gass passed out indicators developed from these workgroups.

The QA program develops baseline indicators, which are generated through the service providers themselves. The AIDS Institute does not determine the indicators; rather, the providers do. Facility specific data goes back to the facility; it does not go back to the grantee or Planning Council and is not intended to be a contract monitoring tool. Only aggregated data goes back to the grantee and the Planning Council.

The purpose of the program is to improve the quality of care. The QA program will develop indicators for services in order to stimulate quality improvement. The program uses a formal and structured group process to develop goals and indicators. R. Gass gave an example of one organization (Montefiore's TB DOT) that was able to use their QA program to improve services internally.

With respect to the services supported by the Housing Workgroup, there will be additional challenges as the programs do not all provide uniform services. The process will most likely start in January with emergency/transitional housing. They are hoping to also review the housing enhancements for special populations in 2004. As many of these funded enhancements may be for services that are similar to those funded under templates from another workgroup, such as mental health counseling, they will look to the work done by these workgroups also. Providers funded through each category will be contacted for a series of group meetings to develop indicators.

J. Sippen raised concerns about the imposition of additional burdens on providers with each new reporting mandate. G. Sutnick stated that the HOPWA program is developing a client-centered database with a focus on minimizing reporting and data collection burdens on providers by creating a single interface for the multiple reporting tasks. Ultimately, DOHMH hopes to have a single client-centered database for all HIV/AIDS funding streams and OAPC is working to ensure that this database will similarly be designed to minimize the burden on providers.

#### Ryan White Planning Council Workgroup Charge

D. Ng went over the new Ryan White Year 15 charge to the workgroups for planning for services. A discussion ensued over the requirement in the charge that services must comply with the 2000 CARE Act amendments that services support access to and maintenance in HIV-related primary medical care. The charge to the workgroup is as follows:

- All service models and templates must be re-assessed
- The focus will be on HIV-related primary medical care: Services must comply with the 2000 CARE Act amendments to provide – or support access to and maintenance in – HIV-related primary medical care
- Unmet need: Services models must be developed to get people who know their HIV status and who are not in care into HIV primary medical care
- Service gaps: Services must fill gaps that are documented by data and that fulfill all the above criteria. (*HRSA definition of service gaps: All needs for PLWH except primary health services for those who know their status and are not in care*)
- The planning process will be driven by the best available data. Data sources available to the workgroups for planning include, but are not limited to: CHAIN,

MHRA, HIV QUAL, P&E initiatives, MAI and other outcome evaluations, AIDS Housing Needs Assessment, Adult Spectrum of Disease Study, NYSDOH AIDS Institute data, consumer surveys, community forums and appropriate published studies. The Planning Council may commission studies to fill data gaps as appropriate and practical.

- Individual providers should not provide contract-specific information to the workgroups
- Planning should be done in accordance with HRSA and Planning Council conflict of interest guidelines

The meeting was adjourned.