

HIV Health and Human Services Planning Council

Meeting of the
SOCIAL SERVICES WORKGROUP

December 10, 2003
APICHA, 150 Lafayette Street
3:00-5:00 P.M.

DRAFT MINUTES

Members Present: Rev. T. Troia (Chair), A. Ali, D. Arneth, R. Bonilla, M. Brune, S. Caba, C. Craig, J. DeCuir, S. Elcock, M. Gold, E. Greeley, P. Haversham-Brown, K. Huang-Cruz, T. Kinsella, R. Lopez, C. Numa, R. Rando-Chanon, J. Shields, B. Starks-Ross (for S. Duke)

Non-Members Present: J. Smith-Houk, L. Holley,

Members Absent: S. J. Avery, J. Canosa, D. Cheek, J. Diccico, R. Giddings, S. Halperin, S. Jeppe, P. Merrick-Lewis, A. Negron, T. Rodriguez, D. Simon

Staff Present: D. Klotz

I. Welcome/ Announcements/ Review of Minutes

Rev. Troia opened the meeting. After introductions, the November 12, 2003 minutes were approved with no changes.

Mr. Klotz announced that with Brittany Allen's departure, he will be interim staff for the workgroup. A new staff liaison should be on board soon, and David will assist with the transition.

Rev. Troia disclosed that Project Hospitality is in negotiations with MHRA to take over the transportation contract from the American Red Cross.

II. Plan for Reassessing the Title I Service Portfolio

Mr. Klotz described the charge for the upcoming planning cycle (planning for Year 15), where workgroups will reassess all templates for the first time since 1996, when the entire portfolio was re-bid. Given the flat funding environment and changes in the epidemic, workgroups can no longer routinely reaffirm existing templates and only plan for new ones. Current services must be evaluated to see if they are meeting with needs of PLWH and are responsive to the CARE Act. (Services would only be re-bid if the workgroup decides to substantially change a template). The Planning and Evaluation Committee (P&E), which oversees the workgroups and priority setting process, has approved a set of principles for planning, which Mr. Klotz reviewed with the workgroup.

Mr. Klotz reviewed the draft work plan, in which every template will be reviewed with the best available data. All templates must be finalized by the end of May for forwarding to the P&E and full Council for inclusion in the Year 15 Title I grant application. The P&E is revising the conceptual framework (“bubble diagram”) and developing a more detailed set of instructions for the workgroups on reassessing the portfolio. These should be available in January. Also, copies of the Year 14 Title I grant application will be distributed and is a useful planning tool. Mr. Klotz reviewed the HRSA unmet need framework and how planning will be done in the context of CARE Act mandates to focus on access to and maintenance on HIV-related primary medical care and bringing people into care who know their HIV status but are not in care. Also, the workgroup will look at the needs of the special populations described in the application.

A lengthy discussion of the planning process ensued, with workgroup members making the following points:

- It is good that the process is starting early, although the task is still ambitious.
- It is very difficult to bring people into care who know their status but are not in care. We need to examine delayed care seekers, look at the barriers (e.g. housing, mental illness) that keep people from accessing care until they are in an advanced stage of HIV disease.
- We are looking to bring more people into a care system that is at capacity without expanding that system.
- We have to plan for the impact of the CDC’s new prevention initiatives, including rapid testing, which will bring people into care. We have to think about linkages that will help people who test positive access care.
- Regulatory issues (e.g. partner notification) should be taken into consideration in planning.
- Before beginning the formal planning, we need a lot of prep work, particularly concerning data. We have to collect as many available data sources as possible, beyond what has already been identified (e.g. PPG documents, published studies).
- Title I/Planning Council conflict of interest guidelines will be distributed to workgroup members.

Many of the above issues will be discussed in further detail when individual templates are examined. Discussion on how to proceed with the planning task was deferred until later in the meeting.

III. Planning Council Update

Rev. Troia reported that the Planning Council’s By-laws Task Force was starting to develop concrete recommendations, which she will report back to the workgroup. Mr. Gold discussed at the public comment section that the Council must get information on how the new Medicare law will affect PLWH. The Council’s Finance Committee reported that this year’s spending rate is very high, with 99% of funds committed by the end of the fourth month of the fiscal year. There was also an update on reauthorization. Rev. Troia attended a recent meeting of the CAEAR (Communities Advocating Emergency AIDS Relief) Coalition, which advocate for all Title I EMAs and Title III grantees. New York has a strong voice in shaping CAEAR’s positions on

reauthorization. Staff will provide a written update on reauthorization and CAEAR Coalition issues.

IV. Transportation Sub-committee Update

Ms. Arneith reported that the committee, which met immediately prior to this meeting, had a presentation of data from the American Red Cross, including service utilization data. The committee is trying to get complete data on what funding streams can pay for what transportation services and for whom. They also looked at transportation expenditures within other Title I programs, which is more than the ARC contract. The committee will be working next on developing criteria for eligibility for Title I-funded transportation.

V. Care Integration Sub-c

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Rev. Troia reported that the Mental Health Workgroup chair, Dr. Wainberg, wanted to keep the number of Care Integration Sub-committee (CIS) members small and invite the AOD Workgroup. There was some discussion of whether or not the CIS should start with just Social Services and Mental Health before expanding. There was a consensus that the workgroups should have equal representation. Rev. Troia will discuss this further with Dr. Wainberg.

VII. Plan for Planning: How to Proceed with Priority Setting

It was agreed that the workgroup will proceed with the work plan presented. Larger discussions will take place, template by template, in the larger workgroup meetings. Data will be given out in advance, so that workgroup members can be prepared. The discussions will produce a sense of what the workgroup wants to recommend for each template. A smaller group will then craft specific recommendations to bring back to the larger workgroup. The workgroup and CIS will proceed on parallel tracks, and can work on coordinating templates as they develop. Staff will conduct a literature search.

It was agreed that the workgroup meetings will be from 2-5pm, with Transportation Sub-committee meetings from 12:30-2pm. Mr. Klotz asked for recommendations on space for the meetings (Mr. Ali and Mr. Decuir volunteered to assist).

The meeting was adjourned. The next meeting will be held on January 14th, location TBD.