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County Executive

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**TRI-COUNTY RYAN WHITE
HIV/AIDS TREATMENT EXTENSION ACT (of 2009)
PART A STEERING COMMITTEE MEETING
Wednesday, October 13, 2010
Planned Parenthood, White Plains**

APPROVED MINUTES

Members Present: T. Aliotta, V. Alvarez, A. Beltran-Ruggiero, B. Bennet, E. D'Aquino (for M. Shelley), M. Donoghue, C. Douaihy, R. Maher, P. McGovern (for J. McGovern), R. Nathan, T. Otisi, J. Park, N. Purvis (for L. Reid), S. Riordan, H. Sherwin, A. Straus, G. Yarn, and R. Zopf (for J. Ruiz-Perez)

Members Absent: M. Bannister, B. Bento-Fleming, C. Brazil, L. Bucknor, A. Hardman, B. Ilardi, H. Jones, D. Kittell, R. Meyer, M. Piazza, D. Scholar, K. Scott, and K. Slade

Guests: A. Aidala, Ph.D. (Columbia University, Mailman School of Public Health, CHAIN), D. Bell (CHAIN), R. Blain (MVNHC), S. Carey (PP), and J. Kim (LSHV)

Staff Present: F. Avellanet, L. Hakim, J. Lehane, and T. Petro

I. Review of the June 9, 2010 Steering Committee Meeting Minutes

A motion (A. Straus, M. Donoghue) to accept the meeting minutes of June 9, 2010 as presented was unanimously approved.

II. Introductions/Announcements

- TOUCH is currently searching to fill the position of Case Manager Supervisor. Anyone interested in applying should contact Rob Maher at 845-268-8023, ext.11 or rmaher@TOUCH-NY.org.
- Field Report Tri-County Region (TCR) CHAIN (D. Bell) reported that to date 122 participants have been interviewed with 12 pending for a total of 134 completed interviews out of a projected 170 in the first phase of Cycle 2 (3/1/10- 2/28/12). Cycle 2's goal is the completion of 300 individual interviews (150-170 each year). The CHAIN team is well ahead of schedule and will continue recruitment efforts, but at a slower pace. At present the CHAIN team continues to recruit participants from the following agencies; Westchester Medical Center, Urban League, Hudson River HealthCare, Family Services of Westchester, and they have reached out to members of Living Together. The CHAIN team is grateful for all of the help they have received from agencies and individual participants. The CHAIN study in the TCR has been a tremendous success because of everyone's support.

III. CHAIN Presentation (Angela Aidala, Ph.D., Columbia University, Mailman School of Public Health, Co-Principal Investigator CHAIN Study)

Presentation #1: Service Needs and Utilization 2008-2010

The Service Needs and Utilization 2008-2010 report replaces the historic Gaps Analysis reports. Service needs are defined by the percent of PLWHA who identify a service as needed. Service utilization is the percent of PLWHA who identify a service as needed who are using the service. Each service area identified the characteristics of persons in need of service and the percent who used or did not use the service.

HIV Primary Care: “Need” for primary care is always 100% for PLWHA. The trend was steady between 2001-06 and 2006-09 at 96% adequate utilization. No subgroup expressed a lack of need or inadequate utilization.

ARV Treatment Support: Persons with a CD4 count <200 or those not on ARV medication are in need of ARV treatment support. The trend for service need indicates that the need for ARV treatment support decreased from 55% in 2001-06 to 49% in 2006-09. The level of adequate utilization also decreased from 68% in 2001-06 to 54% in 2006-09. The groups with lower utilization were those with poor mental health (41%), younger people age 20-34 (26%), and those receiving HIV medical care from private MD offices (25%).

Social Service Case Management (services/benefits): All individuals (100%) would benefit from social service case management care. The trend was steady between 2001-06 and 2006-09 at 56% and 54% respectively for adequate utilization. Only persons living in Putnam County indicated lower service utilization.

Medical Case Management (medical services): All individuals (100%) benefit from medical case management services. The trend was steady between 2001-06 and 2006-09 at 47% adequate utilization. The groups with lower utilization were residents of Putnam County (17%) and those receiving HIV medical care from private MD offices (25%).

Professional Mental Health: Persons with self-reported poor mental health, who have experienced an inpatient stay, ER visit, or mobile unit visit for psychiatric or mental health issues or received counseling from a mental health professional in the last six months need mental health services. The trend for mental health need was steady between 2001-06 and 2006-09 at 56% and 54% respectively. Utilization of services increased from 48% in 2001-06 to 60% in 2006-09. Those persons with lower service utilization were persons with poor mental health (40%), residents of Rockland County (42%), persons receiving medical care from a drug treatment/social service agency (25%), and those receiving HIV medical care from private MD offices (25%).

Alcohol or Drug Treatment: Individuals who have used cocaine, crack, or heroin in the past year or who have been drinking excessively in the past six months or those reporting to be receiving drug or alcohol treatment are in need of alcohol or drug treatment services. Persons with the highest need for this service were the homeless and unstably housed (63% and 56% respectively) and U.S.-born citizens (56%). The trend for need of drug or alcohol treatment services decreased from 49% in 2001-06 to 39% in 2006-09, whereas utilization of services increased from 38% in 2001-06 to 51% in 2006-09. The group with the lowest service utilization was those living in Rockland County.

Transportation: Persons with self-reported need for transportation for medical care or social service assistance or who have received transportation services in the last six months were those with the highest need. Need for transportation services decreased from 33% in 2001-06 to 24% in 2006-09. The individuals with the highest need were the homeless (45%). Utilization of transportation services increased dramatically from 31% in 2001-06 to 64% in 2006-09. Persons with lower service utilization were the homeless (42%), younger people age 20-34 (29%), and those receiving HIV medical care from private MD offices (33%).

In summary:

1. Service need and utilization remained steady for HIV Primary Care, Medical Case Management, and Social Service Case Management.
2. ARV Treatment Support is needed, however utilization has decreased over the years.
3. Mental Health Services are needed by many, and utilization has increased most recently.
4. Alcohol and Drug Treatment need has gone down as utilization has increased.
5. Transportation need has decreased as more people are utilizing the services.

Presentation #2: Predictors of Antiretroviral Treatment Effectiveness

This preliminary analysis of data presents numerous limitations due to data sampling intervals (12 months) and self-reported data. Even though the data limits the generalizability about the results, several important issues were identified. One major issue is that establishing a rate of 100% treatment adherence is very difficult, even for compliant patients, and maintaining viral suppression is very difficult and may be impacted by variables other than the rate of treatment adherence.

IV. Living Together (V. Alvarez)

- The annual Living Together (LT) picnic which was held on Saturday, June 19th at FDR Park was a big success. Well over 100 people attended and a good time was had by all. Many thanks to everyone who supported with food and help with set-up and clean-up. Each year the picnic gets bigger and better, but it could not happen without the help from all LT supporters.
- At the September 23rd LT meeting members expressed concern that some medical case managers (MCMgers) were not well informed about Medicaid regulations and some treatment issues. They suggested that some MCMgers would benefit from training in these areas.
- The LT women's and men's adherence groups continue to be well attended. The group members requested a presentation on Quality Improvement strategies. Dan Tietz from the NYSDOH AIDS Institute (AI) will be invited to meet with the groups in the future and talk about how quality care is measured (date and location TBD).
- Victor Alvarez reported that LT members received high praise from the instructors at the Leadership Training Institute (LTI) of Cicatelli Associates. The staff said that the LT members were the best informed persons they had worked with in many years. The LT members were so well informed that many of the LTI staff had to "Google" items once the session was over making this truly a two-way learning experience.

V. Part B Network (B. Bennet)

Due to NYS and federal funding cuts in the past several years, the AI has made the painful decision to defund all the Part B Networks effective December 31, 2010 in order to maintain support for direct client services. The Network will be transitioning program operations including services and events planning to other participating agencies and individuals willing and able to take on such initiatives. A smaller group of community members will meet in the next month to propose how best to keep the Network momentum going in the TCR, and to brainstorm on ideas for the mid-Hudson. The following activities are still in the pipeline:

General Membership

- A General Membership meeting will be held on October 29th in Fishkill where there will be a discussion about the future of the Network and plans for transition of responsibilities.

Care Coordination Committee

- A draft of the **Regional Strategic Plan** describing the HIV epidemic and developing local and regional strategies for the next five years is currently under review and will be submitted to NYSDOH before the end of the year.
- On October 27th there will be a **DSS Forum** be held in Yonkers. The White Plains DSS Forum is scheduled for November 18th. Contact Steve Riordan at 914-948-8004 ext.264 or sriordan@fsw.org for information about the White Plains DSS Forum. The Mount Vernon DSS Forum is in the planning stage and will be scheduled before the end of the year. For more information contact Barbara Bennet (914)-785-8275 or email bbennet@arcs.org.

- **Faith Initiative Summits** are scheduled for November 8th at Westchester Medical Center and November 17th at Ebenezer Baptist Church in Newburgh. The Faith Initiative has an extensive mailing list which is available for future projects.
- The **World AIDS Day** presentation by Dr. Mary Ann Elberth from the Veteran's Administration Substance Abuse Program in Castle Point, NY was put hold, but the WAD event at the Locust Grove Samuel Morse Museum in Poughkeepsie will still take place.

Policy Advocacy and Education Committee

An objective of the Policy Advocacy and Education Committee (PAE) was to inform stakeholders and promote a coordinated response regarding HIV/AIDS issues. Projects that will need leadership if they are to be continued after the end of the year include the following:

1. website, monthly calendar, and information/education emails
2. legislative education days to Albany
3. local visits to legislators' offices

Consumer Involvement Committee

A goal of the Consumer Involvement Committee was to promote a connection between the region's consumers and the HIV/AIDS system of care. Consumers were involved in all committees and projects and were working individually to inform and educate people in their communities about HIV/AIDS issues. Projects that were created by this committee include the following:

1. Legislative Education Day (see APE committee)
2. Outreach Project: Consumers met via conference call each month to discuss strategies to reach agencies and consumers in outlying and underserved areas.
3. Identifying alternative resources in communities: In response to budget cuts, consumers were engaged in identifying alternative resources in their local areas and sharing this information with other consumers.
4. NYCAHN/VOCAL: Members of the Consumer Committee were engaged in advocacy activities with NYCAHN/VOCAL and their local counterparts in Newburgh, Community Voices Heard.

VI. Part A Updates/Issues (T. Petro)

The Lord's Pantry Services (Phil McGovern)

LP board member Phil McGovern presented an update on the agency's services which began 20 years ago by his mother and several of her friends in response to the epidemic and the death of their loved ones. LP, though no longer Part A-funded, is using private resources to continue to provide home-delivered meals to the homebound or those so isolated that they will not seek out the services of other agencies. Meal delivery has been reduced from five to three days a week. St. Bernard's Church in White Plains, whose kitchen has been utilized all these years to prepare meals, in effect will be evicting LP. However, with some renovations by Mr. McGovern's contracting outfit, the kitchen at St. Bartholomew's Church in White Plains will become LP's new base of operations later this year. LP is currently serving 40 individuals; two clients died recently.

2008 Epidemiology & Percent of Tri-County PLWHA

The Year 20 funding award was based on a proportion of 4.9% of those TCR residents living with HIV/AIDS per 2007 data from the NYSDOH Bureau of HIV/AIDS Surveillance Report. NYS has just released the 2008 HIV/AIDS surveillance report. (A full epidemiology report on the 2008 data will be presented at the November or December Steering Committee meeting.) The total number of living cases has increased in 2008, however the numbers of living cases in NYC also increased, and at a greater rate. Whereas, the TCR percent of increase was 2.2%, NYC more than doubled that growth at 5.7%. As a result, TCR's proportion of living HIV/AIDS cases in the EMA has decreased from 4.9% to 4.7%. Since the TCR's portion of the award is based on the percent of living EMA cases, it is likely that there will be decrease in the Year 21 (3/1/11 – 2/29/12) award. Also, it is anticipated that there will be less funding appropriated for the Ryan White

legislation in Year 21 due in part to a shift to a potentially more conservative Congress after the election next month. Thus, the TCR may get hit by a double-whammy, i.e., a smaller slice out of an even smaller pie in 2011. WCDH is in discussion with NYCDOHMH about options, including hold-harmless strategies (i.e., limiting year-to-year decreases), to allow all TCR programs to continue.

Year 19 (8/1/09 – 7/31/10) MAI Closeout/Underspending

In Year 19, only \$10,463 (2.1%) of the \$487,186 Minority AIDS Initiative award was unspent. The Steering Committee had already voted earlier in the year to allocate unspent Year 19 funding to ADAP. However, Year 20 underspending may need to be carried over into Year 21 if next year's Part A award falls short.

Year 20 (3/1/10 – 2/28/11) Spending Plan

Year 20 was the largest grant ever awarded to TCR with \$5,519,789 in base funds and \$413,553 in MAI for a total of \$5,933,342. As there were some adjustments made to the spending plan at the June meeting, a revised and final Year 20 budget was presented which included increases in several service categories, a 3% COLA (cost of living allowance) for programs in good standing, and \$200,000 in support of ADAP. (Historically, ADAP allocations had been made from end-of-the-year underspending).

Year 21 (3/1/11 - 2/29/12) Part A HRSA Application/Spending Request

A revised TCR Year 21 Part A spending plan for the HRSA application, at \$6,218,791 (i.e., base at \$5,692,011 + MAI at \$526,780) was also presented, based on the costs to carry forward all Year 20 programs plus a \$400,000 contribution to ADAP. The TCR request will be added to NYC's for a total \$124.3 million Year 21 proposal to be submitted to HRSA by October 18, the application due date.

Part A Committee Reports: Health, Housing, Medical Case Management (MCM), and Early Intervention Services (EIS)

- *Health Committee* (T. Petro): The last meeting was held in September at which a HIVQual (clinical quality management program) update was provided by Christine Kerr, MD from Hudson River HealthCare. The Committee also discussed implementing the amended NYS HIV testing law which, effective September 1, 2010, mandates that adults age 18 and over be offered a test, whether in a public or private outpatient, inpatient or emergency room setting, and that the seropositives be linked to primary care. The Committee, which meets quarterly, is planning to sponsor a local HIVQual presentation by the NYSDOH/AIDS Institute at its next meeting in January 2011.
- *Housing Committee* (F. Avellanet): The last meeting was held in September. The Westchester County Executive vetoed the bill regarding the ban on housing discrimination based on "source of income." The bill was passed by the board of legislators 10-4. Under the proposed law, Westchester County landlords cannot discriminate (refuse to accept subsidies and/or deny housing) against tenants that rely on government programs such as: Section 8, Social Security, HOPWA or other federal, state, or county subsidies to pay for housing. No date has been set yet to reintroduce the bill.

The Westchester County Department of Planning is awaiting the Board of Legislators' approval to subcontract with agencies for funding received under the Westchester Eviction Program which provides financial assistance for rent/ mortgage arrears, utility payments and security deposits for those County residents who meet the eligibility requirements. The amount of funding available under this upcoming RFP (Request for Proposals) is \$200,000.

- *Medical Case Management Committee* (J. Lehane): The September meeting was dedicated to the MCM Quality Management Learning Network facilitated by the NYSDOH/AI. Training continued in the development of individual agency QM teams, goals and plans, as well as incremental Quality Improvement projects to help achieve goals, ultimately to better promote the health and well-being of clients.

- *Early Intervention Services* (T. Petro): With the introduction of the new Social Networking Strategy model, which is being incorporated into all six EIS programs (four of which will be dedicated SNS programs and two will integrate limited SNS elements), a series of meetings began with all EIS providers last month. Two meetings have been held to date to discuss target populations, protocol and procedures. All programs are slated to come online in December. A second SNS training may be offered to providers in the fall.

VII. Legislative Update (J. Park)

- In July the President released the administration's National HIV/AIDS Strategy with three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. (See <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>.) The goals in the EMA's Comprehensive HIV/AIDS Strategic Plan for 2009-2012, submitted to HRSA last year, are closely aligned with the President's national strategy. Jan Park will make a NHAS presentation at an upcoming Steering Committee meeting.
- Discussion is also underway in Washington on ways to consolidate planning efforts by, for example, merging HIV planning councils and prevention planning groups.
- A revision of the eligibility for social security disability (SSD) is being suggested in a new report from the Institute of Medicine (IOM). The Social Security Administration (SSA) uses a screening tool called the Listing of Impairments—known as the Listings—to identify claimants who are so severely impaired that they clearly cannot work at all and thus immediately qualify for benefits. SSA asked the IOM to provide guidance on updating the Listings covering HIV infection, which can lead progressively to a number of serious medical conditions, including AIDS. In its report, the IOM finds that the HIV Infection Listings, which were developed in 1993, no longer adequately reflect medical reality. Over the past 15 years, advances in therapy have changed the course of HIV infection, and more people are living longer with HIV/AIDS. But their treatments require lifelong daily medications that may have significant side effects. The IOM recommends that SSA incorporate assessments of a claimant's work-related functional capacity in the HIV Infection Listings. Changes will not affect current SSD recipients, but future qualifiers may find themselves disqualified if, for example, their functionality was restored. Jan Park will make a more in-depth presentation on this issue at an upcoming Steering Committee meeting.

The next Steering Committee is scheduled for Wednesday, November 10, 2010, 10 AM – 12 PM, at Nyack Hospital, Rockland County.