

HIV Health and Human Services Planning Council of New York

Meeting of the
Consumers Committee

February 14, 2006
Ryan Health Center 645 10th Ave
3pm-5pm

Minutes

Members present: O Clanton, K. Butler, F. Carroll, C. Craig, A Richardson, M. Gold, R Jones, B. Soskind; B. Curry, L Dolloway

Members Absent: D. Woodard, F. Oldham, M. Piacquadio, H. Melore, V. Williams, A. Paige-Bowman, S. Hemraj, H. Hernandez, A. Perez, H Mateo, J. Lopez

Guests Present: J Chestnut, L. Holly, A. Alvarez, L. Gonzalez, D. Marshall, and Alex Ortiz

Staff Present: Steve Bailous, Rafael Molina, and Darryl Wong

Agenda Item #1 Welcome /Introductions

Orbit Clanton welcomed everyone to the meeting, introduced himself and had everyone introduce him/herself. B. Soskind led a moment of silence to remember those who are not with us because of HIV/AIDS.

Agenda Item #2 Minutes and Meeting Materials

Steve Bailous reviewed the meeting packet, which included the minutes of the January 17, 2006 meeting, Planning Council Committee updates, and a January 2006 Planning Council Calendar. Steve B announced that the January 15 PSRA committee meeting has been cancelled. Orbit reviewed the January 17, 2006 meeting minutes. The minutes were accepted with the addition of D. Marshall as a guest.

Agenda Item #3 Tri-County-Victor Alvarez

Orbit announced that Victor Alvarez from Tri-county might not be able to travel to attend today's meeting because of all the snow.

Agenda Item #4 Committee Updates

AG-Felicia C. reported the group welcomed special guest speaker Charles King. Charles spoke as a fellow PWA about the state of AIDS advocacy. Charles shared that advocates on advisory groups and CABs around the country all struggle with this issue. Most believe that PWAs have a few positions but not enough decision-making authority. The discussion needs to be more about strategies to galvanize and re-energize our community in a way that focuses on the issues and gives PLWHAs the power to influence the critical decisions that impact all PLWHAs. The AG also completed Part III, Managing Group Conflict, presented by LTI.

M Gold. shared that conflict was a problem for the AG and caused members to not stay for the training on managing conflict after the meeting. Myron shared that this training was excellent and every member of the AG should have been there. K. Butler added that he was appalled by this behavior and wanted to know if the group could make people who cause conflict stay away from the meeting. J. Chestnut added that the conflict got to be personal. A. Richardson and R. Jones also voiced concerns. Orbit suggested that the committee send a letter to the AG. Felicia reminded everyone that the AG discussed having a sergeant-at-arms and put the issue on the parking lot. Steve B. said the AG and CC should see themselves as extensions of each other not as apples and oranges. Steve reminded the committee that most CC members are AG members and they can make change happen in the AG as members of the AG. Orbit agreed that the goal was not to divide the CC from the AG but believes it would help the AG to hear from the CC.

Orbit made a motion for the CC to write a letter to the AG that states its position explaining that the disruptive behavior is unacceptable and needs to stop. The motion carried. Orbit offered to draft the letter with Felicia and share it with the committee.

Needs Assessment (NA)- Myron G. shared that NA identified eleven (11) special populations to look at this year. The committee agreed to begin planning for a Data Day that focuses on Special Populations. Data Day will need to include PLWHA and community participation. Orbit shared that he and Myron as members of NA will ensure that there is PWA input into planning Data Day. Steve B. added that D. Abramson presented a CHAIN Report on the Geographical Distribution of Service Gaps Among the NYC CHAIN Cohort at the last NA meeting. Steve reported that CHAIN report is included in today's meeting packet and encouraged everyone to review it.

Integration of Care (IOC)- Anthony R. reported that the committee discussed the C.H.A.I.N. report on service gaps among special populations of HIV+ adults in NY. Anthony reported that six of the eleven populations identified by NA are discussed. More data on the other populations is needed. The committee will ask NA to look for additional data on the other populations identified. Dr. Aidala presented on the role of housing (and the lack thereof) in HIV care and prevention. This transitioned into what will be an ongoing discussion of service categories to develop specific recommendations for guidance to improve coordination and integration of care. Anthony and Myron shared They have raised a concern that there were people who were not invited to sit at the table when there was space available.

Resounding to their concern, Orbit announced that Jan Park has established a policy and confirmed that going forward any member of the Planning Council who attends a council committee meeting as a guest may take any available seat at the table and participate in the discussion. However voting privileges are reserved for members of the committee. Guests at meetings who are not council members will be allowed to speak during public comment. Steve B. added that any variation on this policy is at the discretion of the committee chair (s). For example this committee almost always allows AG members, council members, and council staff to sit at the table when space allows.

Rules & Membership (RM)- David Klotz as a staff liaison to RM reported that the committee is responsible for the membership process and the bylaws of the council. David reviewed the appointment process that was designed to transition the council from old committee structure to the new committee structure. In the first year Access to Care

and Maintenance in Care were sub-committees created to keep all the previous committee members involved. After a year it became clear that those sub-committees did not have enough work to do and were eliminated. The other council committees were expanded to keep some representation from those members involved. The governmental-co chair (Bill Stackhouse) made the additional appointments trying to ensure diverse representation on each committee. Next year there will be a new application and appointment process for committees. David asked the group to make recommendations to improve this process.

Myron asked how the committee re-assignments were made for the ATC and MIC committee members. Myron also asked if a copy of the committee assignments could be shared.

David K. responded that the committee membership list could be shared. David reported that most ATC & MIC members requested to be assigned to Priority Setting or IOC. David explained that it was impossible to give everyone his or her choice of committee assignments so some decisions on how to make the best use of people's time and talent were made. Next year the council will make new committee assignments from scratch and would like suggestions on how to make that a more fair and transparent process.

Robert J. recommended that applications go out to the AG and Consumers Committee. He suggested that consumer members mentor other consumers. Consumers need access to agency CABS and Care Networks to do outreach.

Anthony asked if members who are assigned to committees and do not participate can be removed and replaced by people more willing to attend and participate.

David shared that attendance is kept and there is a requirement for members to participate. The staff is responsible to keep track of this. Members who do not attend meetings can be removed.

Felicia asked if the AG and Consumer Committee could get applications first, before they go out to providers and the community.

David answered that the membership Committee could discuss this.

Myron asked, what are the participation requirements for committee members?

David replied that members are required to attend 50% of the meetings and not miss more than three meetings in a row without a valid reason. (Illness) Consumer committee members are allowed to have voting alternates on committees. (Like council members)

Steve B. clarified that the alternate provision for consumer committee members applies to consumers who sit on committees who are not council members. Council members already have alternates. This gives all consumer participants an alternate.

For council members the governmental co-chair must approve the alternate. HRSA requires the member and alternate to represent the same HRSA member category. The council does not require but often tries to have the person also match other criteria (race, gender, geography). The governmental co-chair in consultation with the community co-chair can reject a candidate that is not acceptable if that person is deemed disruptive, or unable to be a constructive voice or effective advocate.

Robert J. and David K. agreed that CC should reach out to CABS and the Networks to recruit new members. The committee might also use LTI graduates as a pool for new members.

Priority Setting & Resource Allocation (PS/RA)-Felicia C. reported the committee completed work on scenario planning using the matrix tool for priority setting. The charge was to have scenarios ready in the event of an increased, reduced, or flat-funded award by the end of February 2006. The committee agreed to a three-part approach to a reduced award. The first reductions would be to new funding requests and ADAP carry-over spending, the second tier would put on hold re-allocated dollars for programs that are uncommitted. The third tier would use a bottom-up formula for reduction based on rank order.

Clarissa Silva reviewed the scenario plan addendum-documentation and explanatory notes. These notes show the service priorities and categories that would be impacted by a reduced award in their rank order. Clarissa reviewed draft budgets for each of the three scenarios, flat funding, 5% reduction, and 10% reduction. The mathematical formula and matrix tool are used to respect the integrity of the product and effort that went into developing an objective way to look at our portfolio. Clarissa explained that these recommendations have been approved by the Executive Committee and will be presented to the full council for final approval on February 16, 2006.

Steve B. explained that the application ask was for 124,000,000 and would be a welcomed surprise if that is the award. If the full ask is awarded everything in the portfolio and some new priorities would be funded. Level funding would leave the portfolio essentially unchanged. A reduced award will start the process Clarissa outlined cutting deeper and deeper until we balance the spending plan with the award. The third tier (10% reduction) scenario is a disaster plan. David K. reminded that Title I is the payer of last resort. Other funding sources may be able to pick up any service gaps created by the reduced or eliminated services.

Clarissa added that the PSRA tool and the formula-based approach would be used for any reduction greater than 10%. She also reminded the committee that the Matrix tool has a category for other funding sources. Payer of last resort is included in the tool.

Orbit asked the members to review the documents before the council meeting on Thursday and thanked David and Clarissa for their contributions.

Agenda Item #5 Public Comment

Lavern H. announced that there is a Housing for All Campaign that holds meetings every Friday at 4pm then distributed flyers. Myron shared that the State has announced that Medicaid will cover medications for 90 days and may extend this to the end of the year.

The meeting adjourned.