



Meeting of the

EXECUTIVE COMMITTEE

Thursday, July 8, 2004

2:15-4:30pm

Friend's House, 230 E. 25th Street

MINUTES

Members Attending: R. Cordero (Acting Governmental Co-chair), S. Hemraj (Finance Officer), R. Abadia, G. Brown, MD, H. Cruz, B. L. Curry, M. Hill, PhD, H. Melore, D. Ng, F. Oldham, Jr. (for C. Cobb), T. Petro, J. Pressley, E. Santiago, T. Troia

Members Absent: S. Abramowitz, PhD, M. Barnes, R. Chavez, S. Halperin, CSW, N. Nagy, P. Stabile, M. Wainberg, MD

Other Planning Council Members Attending: K. Butler, R. Joyner, H. Mateo

Staff Attending: *OAPC:* S. Dwyer, G. Moon, I. Gonzalez, C. Silva, S. Bailous, R. Molina, R. Shiau, B. Cohen-Barusek; *DOHMH:* J. Hilger, J. C. Park; *MHRA:* J. Verdino, R. Miller, B. Carroll

Agenda Item #1: Welcome/Minutes/Announcements

Mr. Cordero: We have two important votes today: 1) FY 2005 priorities, which reflects a great deal of work by the workgroups; and 2) the 2004-5 membership appointment slate, which will be presented by members of the Rules and Membership Committee in executive session as the information is confidential. The staff has created a document comparing the demographics of the current Council with the new Council after the appointments are made. As you will see, we have made great progress in increasing representation from all categories.

Mr. Joyner read the rules of respectful engagement.

Mr. Oldham introduced the moment of silence in memory of those we have lost this year, particularly Joe Bostic and Keith Cylar.

The minutes of the June 3, 2004 meetings were approved with no changes.

Agenda Item #2: PWA/HIV Advisory Group Report

Mr. Abadia: The PWA/HIV Advisory Group (AG) had a very successful meeting in June on Staten Island at Project Hospitality. Thank you to Rev. Troia for your hosting us. We also said our farewell to Mr. Oldham as Governmental Co-chair and asked him to stay on as an AG member, which he said he would do. Four AG members attended a HRSA training in North Carolina on Title I issues to enhance consumer participation in the Planning Council. It was an excellent training. We were able to share with other EMAs, and I found that even with all the conflicts that arise within our EMA, we do a much better job than other EMAs. NAPWA will conduct a focus group with AG members on July 28th and 20th. Finally, we are having our annual picnic in August and all are welcome.

Mr. Abadia (in response to a question from Mr. Pressley): We will share with the AG and Planning Council what we learned at the HRSA training, which was conducted by Emily McKay and Harold Phillips, so that the Planning Council can benefit from it.

Mr. Cordero: We plan to incorporate some of those materials at the October Planning Council orientation.

Mr. Cordero reviewed the meeting packet.

Agenda Item #3: FY 2005 Priorities and Allocations

Mr. Pressley: Thanks to the staff and to the workgroups for their diligence during this planning cycle; it was a great collaboration. All workgroups met over three meetings to present their revised priorities. On June 29th, I also met with AG members to discuss the process. It is clear that the AG needs to have a formal, voting role in the priority setting process.

The HRSA categories had not been prioritized since 1997. Last year, a number of Planning and Evaluation Committee (P&E) members said that we really need to re-prioritize them, and it was long overdue, and so I am happy that we have accomplished that. You will see that there are changes in the ranking and that the local priorities are listed under each HRSA priority. The new ranking I think reflects the priorities discussed in the Institute of Medicine report. We also ranked the new and enhanced service priorities identified by the workgroups. Today we will vote on the P&E's recommendations, and the full Planning Council will vote on July 15th.

Mr. Cordero: There is \$6.9 million in requests for new funding, which is substantially lower than in previous years and is a more reasonable amount.

Mr. Hemraj: The preliminary spending plan is for New York City programs only. The Tri-county plan will be presented to the full Planning Council next week. This plan also does not show administrative costs. The plan shows the new ranking voted by the P&E, followed by the carrying costs of the current portfolio, the changes proposed by the workgroups and the new budget with changes. All workgroups either reaffirmed priorities or recommended changes, which were reviewed and approved by the P&E. Highlights of changes include: Treatment Education eliminated as a separate category and folded into an enhanced Treatment Adherence category; the elimination of Permanency Planning and reallocation of those funds to Legal Services and an enhanced Supportive Counseling category; enhancements to Food and Nutrition, Legal, Hepatitis C Treatment, Out-stationed Medical Teams in ERs and SROs, Women-focused care, Emergency Rental Assistance and Transportation; and a new category of Housing Referral for PLWH in Need of Harm Reduction Residing in SROs.

Mr. Pressley: In every workgroup presentation to the P&E, there was extensive discussion of HRSA's focus on access to and maintenance in HIV-related medical care. There was also extensive discussion on collecting data on services and who would pay for that. In August, I will meet with the Planning Council and Data Committee co-chairs, the AIDS Institute, DOHMH, MHRA and others to discuss what data we need to collect and how to make sure that workgroups examine health care outcomes.

Dr. Brown: If you are going to look at health outcomes, then someone from the Health Workgroup should be involved. Treatment Education was developed before the advent of HAART, which necessitated the need for Treatment Adherence. We realized that we can not do one without the other, and so the intent of the Health Workgroup was to try to be efficient with the dollars available. We are not eliminating Treatment Education and enhancing Treatment Adherence, but creating a program that combines both.

Mr. Cruz: I would recommend saying "redirection" of funding, rather than elimination of any category.

Ms. Hilger: It is really a technicality. Treatment Education as a service category is being eliminated, but Treatment Adherence programs will include treatment education as a component of their service model.

Dr. Brown: This acknowledges that treatment adherence is a more complex undertaking than just treatment education.

Mr. Cruz: For purposes of the application, we can use Ms. Hilger's description.

Mr. Ng: I am disappointed that Housing dropped to the 5th ranked category, especially given that Emergency Rental Assistance is a program that goes directly to clients to keep them in medically-necessary housing. There is always a waiting list for this and it is always identified as the highest priority.

Mr. Cordero (in response to a question from Mr. Abadia): The Program Support line item is the Infrastructure category.

Mr. Petro: It is important to understand what the rankings mean. For the application, there is a table where we have to state our ranking according to the HRSA categories. HRSA does not say how we should rank our priorities locally. It does not mean that if a category has more allocated to it that it should be ranked higher. We rank them by a general sense of what is important, based on our discussion over the course of the year. Generally, for me, that means core services higher than supportive services. I do not take it to mean that it has implications for actual funding. For new and enhanced priorities it has implications as it depends on availability of new funding.

Mr. Cordero: Last year was not necessarily based on data-driven decisions. This year, we have data (e.g., CHIAN, MAI outcomes, CAB survey, MHRA data, data days, etc.), plus a late breaking study (IOM report) that essentially said what the top services were to focus on. The new ranking is very consistent with our data, the IOM report and guidance from HRSA. It is the purview, however, of the EC to change rankings if there is evidence to support it. We have to keep the fiscal and political environment in mind, and the requested amount is reasonable, but we need to be mindful that we are in a flat funding environment following a year when we received a record increase.

Ms. Verdino: The reprogramming plan has Emergency Rental Assistance as its first priority, and we are in the process of amending that contract to do an on-going enhance it for an amount up to \$500,000. Thus, at the beginning of next year, \$500,000 in additional funds will already be committed to that program.

Rev. Troia: Does the amount zeroed out for Custody Planning show up under “Enhanced Priorities”? The Social Services Workgroup intended to provide the service in an integrated fashion through Legal Services and Supportive Counseling and Family Support, not just have the service eliminated.

Ms. Verdino: Like Treatment Education and Adherence, you folded one category into another.

Ms. Melore: I urge people to disclose conflicts of interest.

Mr. Ng: For the record, GMHC has no Title I housing contracts. For new needs, the priority ranked by the Housing Workgroup as highest was ranked lower than the one it ranked lower, which reflects a misreading of the data. Emergency Rental Assistance is far more important. I propose that we modify the ranking so that #7 in new priorities (Emergency Rental Assistance) becomes #1 and everything else shifts down one in the ranking.

Mr. Cordero: This is keeping in mind that \$500,000 in new funds is already committed to this category for next year.

Mr. Ng: I can guarantee that there will be a waiting list, even after the new funds are added. I move to adopt my proposal. [Seconded by Rev. Troia]

Dr. Brown: How does this impact the preliminary spending plan? Also, is this allowable at this point in the process? I may not like everything in the ranking, but it is questionable that someone can change the order now.

Mr. Hemraj: The proposal will not change the overall preliminary spending plan.

Mr. Ng (in response to a question from Mr. Oldham): The process is always that the EC can use new information to revise prior decisions. I am clarifying information concerning the need for this program and pointing out the inconsistency in the ranking.

Ms. Hilger: I agree with Dr. Brown. Also, I do not see any new data presented today that demonstrates why we should change the ranking.

Mr. Cordero: The EC does have the right to change the rankings, based on data, but I feel less comfortable this year changing it at this point, given the overwhelming amount of data used in this process so far.

Dr. Brown: There is quite a bit new information on the focus of CARE Act programs (i.e. health care). I do not want to see a spending plan that contradicts that.

Mr. Pressley: The P&E really did not consider what the funder wanted. It was the various data sets that drove the process.

Rev. Troia: Perhaps we can also consider a switch between the two housing categories, which would better reflect the workgroup's data-driven ranking.

Mr. Ng: If you consider utilization data and consumer input on service gaps, the data supports my position. Also, the elaborate housing needs assessment has a wealth of data, but it is frustrating that we can not use it as it is being reviewed by DOHMH.

Mr. Santiago: I am nervous that we are over-emphasizing medical services at the expense of needed supportive services.

Mr. Cruz: There is data that shows that housing continues to be a serious need. However, the process that we have collectively used to make decisions needs to be respected. Finally, the additional funds are not even likely to come.

Mr. Petro: Did all workgroups and committees look at the same data? There is a problem if only the Housing Workgroup examined certain data.

Mr. Cordero: Everyone looked at all the data.

Mr. Oldham: The process is one of change, and I support Mr. Ng's motion.

Mr. Ng restated the motion. The motion was approved 8-5-2 (Y-N-A).

Rev. Troia: I move that we adopt the preliminary spending plan as amended. [Seconded]. **The motion was approved unanimously.** [Five minute break]

Mr. Pressley: Several workgroup chairs have expressed their concern to me that the process was not clear to them regarding integration of services (i.e. that it would eliminate resources).

Ms. Verdino: It should be clarified that the money that was in Treatment Education was moved to Treatment Adherence. The money that was in Custody Planning was moved into Legal Services and Supportive Counseling. They are reflected as new/enhanced funds. If you are refocusing the priorities, then you need to create a new priority and fund it.

Dr. Brown: The intent of the Health Workgroup was to require Treatment Adherence programs to do more. We only learned at the P&E meeting that this effectively puts it into the pot of new enhancements and cuts the funding for both by \$1.2 million, which was not what we intended. We wanted to have programs do both models together.

Rev. Troia: This is the same in the case of Custody Planning. We would not have taken the action that we did if we knew that.

Ms. Melore: I agree with Dr. Brown.

Ms. Curry: As this is my first time going through this process, it is very hard to understand. I urge that you give new members the training they need to understand it.

Dr. Brown: I move that we take the enhancement funds under Treatment Adherence (except for \$600,000) and make it part of the baseline carrying cost. [Seconded]

Rev. Troia: Friendly amendment to move the funds formerly allocated to Custody Planning to Supportive Counseling. [Accepted]

The motion was approved unanimously.

Mr. Pressley: I just need to say that I could not move forward in good faith knowing that the workgroup chairs were not all clear on the process.

Follow-up (Timeline/responsible parties)

- Change ranking of Emergency Rental Assistance for new funding to #1; put enhancements for Treatment Adherence and Supportive Counseling into carrying cost column; submit to Planning Council for final vote (July 15th/PC)

Agenda Item #4: Rules and Membership Nominations Slate

Mr. Cordero: We are distributing an analysis of the Planning Council's reflectiveness, which is available to the public. When we distribute the slate of candidates, the public will have to leave the room.

Mr. Dwyer: The CARE Act requires the Rules and Membership Committee (R&M) to look at representation (by HRSA categories), reflectiveness of the demographics of the local epidemic (HRSA requires only race/ethnicity and gender, but we also consider borough) and non-aligned PLWH membership (minimum 33%). The proposed new members would change reflectiveness to closely approximate the EMA's PLWH demographics and will address last year's deficit in Latino representation (now 32%). This year, for the first time, the membership application asked for borough of residence. The new slate will increase the Planning Council's representation from the outer boroughs, but we still need to increase representation from the Bronx. Manhattan is over-represented mostly because of the mandated seats of governmental representatives. Next year, R&M will recruit more from the Bronx. The new slate will bring non-aligned PLWH representation up to 38%. This will provide a buffer should someone resign or get a job with a Title I funded agency to maintain compliance with the 33% requirement. The new Planning Council would be 42% women (compared to about 30% of the epidemic).

Mr. Pressley: If we are looking for someone to bring to the table issues from a particular borough, it may be better to consider where they work, rather than where they live.

Mr. Butler: Thank you for allowing Ms. Mateo and I to be part of the process. It took about seven hours to review all 89 applications.

Mr. Dwyer (in response to a question from Ms. Curry): There is no particular qualification for PLWH applicants, but we asked them to write short statements about their experience and what they would contribute to the planning process.

Mr. Dwyer (in response to a question from Mr. Santiago): This year, staff called and determined whether or not a PLWH applicant was aligned or not, and so we are confident that the nominees are really non-aligned. An aligned PLWH can still serve, but they would serve under another HRSA membership category.

Mr. Cordero: This year, the application listed every Title I funded agency so that applicants could see if an agency they worked for or served on the board of directors was on the list, making them aligned. There are also non-PLWH who are non-aligned.

Mr. Abadia: You can receive Title I services but still be non-aligned.

Ms. Mateo: We really reviewed the applications carefully and discussed these issues thoroughly. The applicants have to sign off on their status.

Dr. Hill: It is important that all of us understand the criteria so that we comply with the CARE Act.

In executive session, the Executive Committee reviewed and approved the Rules and Membership Committee's proposed slate of candidates for membership on the HIV Planning Council for 2004-6, as presented by Ms. Mateo and Mr. Butler.

Follow-up (Timeline/responsible parties)

- Submit EC-approved slate of candidates to the Office of the Mayor (OAPC Staff/ASAP)

Agenda Item #5: Workgroup and Committee Reports

Rev. Troia: The Social Services Workgroup completed its template review with the creation of the Social Day Care template. We intend to next identify a list of questions needed to identify data needs to assess success of programs. We also recommend that the duties of the workgroups we put into writing in the new structure, as well as the criteria for selecting non-Planning Council members of the new committees. Thank you to everyone for addressing the Custody Planning issue.

Ms. Gonzalez: The Mental Health Workgroup completed its template review and finished meeting for the season.

Mr. Ng: The Housing Workgroup is working on HOPWA issues.

Mr. Pressley: P&E is looking at discussing lessons learned from this year's priority setting process.

Dr. Brown: The Health Workgroup completed its template review.

Mr. Santiago: AOD is finished for the season. We will look at new issues when we reconvene.

Mr. Hemraj: The Finance Committee already presented the FY 2003 close-out report to the Planning Council.

Ms. Moon: The Data Committee reviewed the Needs Assessment Update.

Ms. Melore: Many workgroups felt that outcome data was missing from this year's process. How can we address this?

Mr. Cordero: This is on the Data Committee and P&E agendas, plus there is a P&E project that the Planning Council is funding. We will keep you updated.

Agenda Item #6: Other Business

Mr. Cordero: We have not received the FY 2005 application guidance yet. The application will probably be due sometime in October. Due to this deadline, we will likely have to do the Planning Council review in August so that current members can review it. OAPC staff will notify everyone. Comments will be forwarded to the grant writer, Michael Isbell. Mr. Isbell, who will analyze the guidance, will conduct a session for members on reviewing the application. This year, the application will be limited to 80 pages (as opposed to over 200 last year), which will make it challenging for us to tell the EMA's story. Luckily, we have a talented writer and we have addressed HRSA mandates (e.g. the planning process, membership, data, etc.).

Mr. Pressley: It would help for us to know the areas we were deficient in with last year's application. Also, we should consider the advocacy activities that we conducted relative to last year's application.

Mr. Cordero: Everyone received the "Strengths and Weaknesses" document from HRSA. Mr. Isbell also is using that document. We have to be careful with the advocacy piece of an application. Last year, the City's Washington, DC lobbyist played an active advocacy role regarding the Title I application. The City will do everything it can to get our Congressional delegation to support it, but not until after the objective review committee has completed its work, as was done last year. Thus, we are not seen as trying to politically influence that process.

Mr. Cordero (in response to a question from Mr. Santiago): The position of Director of the Office of AIDS Policy Coordination was posted immediately after Mr. Oldham's departure and they have received many resumes. We are also working on a transition plan.

Dr. Hill: We received about 15 applications in response to an ad in the New York Times. We are also doing an internal posting. We want to fast track this and identify someone to start with the new Planning Council.

Mr. Cordero: Please save the full dates of October 14th and 15th for the Planning Council orientation. It will be at the Schomburg Center for Research in Black Culture in Harlem. Mr. Isbell will present on the application, Matthew McClain will present on the Strategic Plan, AG members will present on the topics from the North Carolina conference, Emily McKay will present on roles and responsibilities, Sheila McCarthy is invited, Dr. Forlenza will present epidemiological data, etc. Only Planning Council members and alternates are invited. We are encouraging new members to pick their voting alternates for the entire year early.

Mr. Cordero (in response to a question from Ms. Hilger): Mr. Isbell will do a side-by-side comparison with last year's guidance, which we will send to the Planning Council.

Ms. Curry: I urge that more experienced members mentor new members.

Rev. Troia: I am helping to draft the report of the NYC Commission on HIV/AIDS' Treatment and Care Coordination Committee, and I will be attending the next Housing Workgroup meeting to get input for it. Also, thank you to Mr. Cordero for the great difference you have made for us and you will be missed.

Mr. Cordero: The July 29th Planning Council meeting's agenda will focus on the proposed Planning Council restructuring. MHRA may also give a presentation on how a template becomes a program.

Mr. Hemraj: I urge you all to avail yourselves for mentorship to new members.

Mr. Abadia (in response to a question from Mr. Butler): The NAPWA focus group scheduled for July 28th and 29th is part of a nation effort that has been done in other cities. You need to RSVP. Also, I was invited as part of the AG to go to Riker's Island to help them develop a consumer advisory board. My goal is to have a satellite meeting there. Finally, we will miss Mr. Cordero.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on October 7, 2004