



Meeting of the

HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Thursday, January 15, 2004

2:00-5:00 PM

SEIU Local 1199 (310 West 43rd Street)

MINUTES

Members Present: F. Oldham, Jr. (Governmental Co-Chair); N. Nagy (Community Co-Chair); S. Hemraj (Finance Officer); R. Abadia; S. Abramowitz, PhD; A. Ali; P. Avitabile (for E. del Campo); M. Bacon; G. Brown, MD; J. Brown; K. Butler; R. Chavez; C. Cobb; C. Craig; H. Cruz; B. L. Curry; C. Dzubilo; L. Fraser; R. Gonzalez; S. Halperin, CSW; T. Hamilton (for B. Chu, MD); E. Handelsman, MD; J. Hilger (for M. Hill, PhD); R. Joyner; D. Marder, MD; H. Mateo; P. McGovern; H. Melore; D. Ng; T. Petro (for R. Recchia); A. Raiola; E. Santiago; P. Stabile; B. Watts; D. Woodard

Members Absent: M. Barnes; L. Bishop; R. Bonilla; J. Bostic; F. Carbone; D. DeLeon; I. Feldman; A. Paige-Bowman; J. Pedraza; J. Pressley; M. Reynolds; T. Troia; M. Wainberg

OAPC Present: S. Bailous; R. Cordero; M. Lesieur; C. Miller; G. Moon; R. Molina; R. Shiao; C. Silva; G. Sutnick

DOHMH/MHRA Present: B. Carroll; S. Forlenza; J. Park (for M. Hill); L. Virgona

AGENDA ITEM #1: WELCOME/ANNOUNCEMENTS

Mr. Oldham opened the meeting and introductions were made.

Mr. Oldham: There have been some concerns about Planning Council support and Office of AIDS Policy Coordination. Steve Hemraj, Noemi, and I discussed this issue and we have a statement on how this process works.

Ms. Nagy: Reads letter from Planning Council Officers (see attached letter).

Mr. Oldham: Today is January 15. I started last year on January 13 and people said I wouldn't be here 6 months. This has been the most complicated job experience I've had, but I'm very proud of all of us because we have really come together and we have come really far. It's been a difficult time, but one thing that I've learned from one of my mentors, Suki Ports, is that if we stay true and honest with ourselves, it may be difficult at times, but we arrive at the right place. We've come a long way – I'm not afraid of us owning the difficulties. I'm very proud that we were able to get through those difficulties and we've actually come through in a really good way.

I am very anxious about the Title I award. As we go through scenario planning, I am proud that the Advisory Group, the Planning Council, the Commissioner, and the Mayor have been writing Congress to say that we will not accept another reduction in funding. We have letters from the New York State Congressional delegation and we are continuing to make phone calls and write letters. At the AIDS Action Board meeting over the weekend, the word is that New York and Los Angeles have the best Title I applications this year.

I would like to introduce a new Planning Council staff member with the Office of AIDS Policy Coordination, Grace Moon, who is the new Director of Planning and Evaluation. She along with Clarissa Silva will support the Planning & Evaluation Committee as well as the Data Committee.

Ms. Nagy: We convened two very successful meetings with Title III and Title IV grantees on January 7 and January 14 to improve coordination with other Ryan White CARE Act funded programs, especially for reauthorization. The Title III and Title IV providers will reconvene in April.

Mr. Oldham: Sheila McCarthy, our HRSA Project Officer, will conduct a site visit from February 4 through February 6. On February 5, she will attend the EC meeting and then kick-off the Planning Council's Data Day 3 on February 6. She will address unmet need as defined by HRSA as well as any other questions about what direction HRSA is going.

Ms. Nagy: "Parking Lot Issues" is an agenda item. During that time we will review those issues. During Public Comment, we will utilize the 3-minute "Time Minder," which will be projected onto the screen.

Mr. Oldham: The EC is developing FY 2004 Spending Plan scenarios, including scenarios for: 1) flat funding; 2) a funding decrease of up to \$10M (a worst case, disaster scenario); and 3) a funding increase of up to \$14M. The EC decided to form a sub-committee to review the principles for planning, which we will discuss further during the report on FY 2004 Spending Scenario Planning.

Mr. Joyner read the rules for respectful engagement.

Ms. Dzubilo led the moment of silence.

Ms. Abramowitz: Data Day 3 will be on Friday, February 6. The HRSA Project Officer, Ms. Sheila McCarthy, will start off the day talking about unmet need. The morning will be dedicated to introducing different methodologies for evaluating the Title I portfolio of services. The afternoon will be broken down into the workgroups in order to apply the methodologies learned in the morning to the portfolio of services in each workgroup. It will be hands-on, not sitting and listening. It will be an opportunity to understand what is being funded and what has been accomplished with the funding.

Mr. Cordero reviewed the meeting materials, including information about the new website and the letters of support for the Title I application from various officials and advocacy groups.

AGENDA ITEM #2: MINUTES OF THE DECEMBER 18, 2003 MEETING

The minutes of the December 18, 2003 meeting were approved with no changes. (*18 For, 0 Against, 4 Abstentions*)

Mr. Abadia noted that the Advisory Group's suggestion that the Mayor or Health Commissioner take an HIV test publicly still stands and that it still comes up in discussion during Advisory Group meetings.

Ms. Melore: On page 8 of the minutes, there is the follow-up item of the report of the Office of the Inspector General. That item was not carried over to the Parking Lot issues.

AGENDA ITEM #3: PUBLIC COMMENT

Betty Williams: The New York Immigration Coalition is offering to give trainings to groups and I will forward the information to Office of AIDS Policy Coordination. Under NYC law, immigrant eligibility for entitlements is not a problem, the problem is being allowed to remain in this country to access services. Keep your clients away from those folks who have been cranking out amnesty forms and asking \$300-500 for them. Show them how to go to the internet and see what the laws really say.

Cliff Mosley: The Internal Committee of the PWA Advisory Group has a number of concerns. For the spending scenarios, some areas to look at: agencies that aren't providing the services they are funded to provide; misspent administrative funds that could be used for direct services; and the great need for dental services. There needs to be some clarity on notification procedures with ADAP and Medicaid. It is also unclear what impact the HIV SNPs [Special Needs Plans] will have on services. A PWA fund-raising event is being planned to provide stipends for speaking services, childcare, and scholarships. We'll notify people as this develops.

AGENDA ITEM #4: PWA/HIV ADVISORY GROUP REPORT

Mr. Abadia: I want to compliment OAPC on the success of the Title III and Tile IV coordination meetings. We had representation from PWAs at both meetings.

On Saturday, the Advisory Group met. There was a presentation by Diane Arneith, chair of the Social Services Workgroup's Transportation Sub-committee, on the Title I transportation service. The American Red Cross is giving up the current contract, but until a provider is found to take over the contract, American Red Cross will continue to provide the service. We also had two presentations on clinical trials, focusing on outreach to women and people of color. We got a lot of information but we want to emphasize that when doing outreach to people of color, we need more people of color involved at the other end.

The Advisory Group's Executive Committee met to discuss scenario planning. I encourage community members to continue going to meetings and voicing their concerns. The Advisory Group hopes that the grantee and MHRA will participate in the process as they did last year. The Ad Hoc Committee on the scenarios will be held this Tuesday, January 20 from 2:00-4:00 PM at GMHC and we want community members and Advisory Group members to attend and voice their concerns. The Advisory Group is concerned about the support services, which many PWAs rely upon in order to stay in care. The Advisory Group also wants to stress the issue of conflict of interest and we want the community to attend the meetings and see how people vote.

The Advisory Group has sent a letter signed by both Co-chairs to HHS Secretary Tommy Thompson in support of the Title I application. There is also a letter in support of the Title I application for PWAs to send. Any PWA willing to sign the letter, speak to Stephen Bailous or Matthew Lesieur. By signing you will disclose your HIV+ status.

The PWA Summit sponsored by the advisory groups of the PPG and Planning Council is on April 10 and conflicts with the regular meeting of the Advisory Group. Also, the Advisory Group is hosting a faith-based PWA summit. The PWA-Church Summit will have childcare and dinner will be served. This summit targets small, church-based groups. The theme is "Our faith shields us from shame and stigma."

On Saturday, March 13, one week before the PC's Bronx meeting, the Advisory Group meeting will be held in the Bronx at the office of Bronx AIDS Services, 540 East Fordham Road. All PWAs are welcome at the meeting.

The Technical Assistance Clearinghouse is hosting a Consumer Advisory Board Forum on Wednesday, February 25 from 8:30 AM-4:00 PM in Brooklyn. The forum will address consumer advisory board issues. More info can be found at the Technical Assistance Clearinghouse website (www.taclearinghouse.org) or by contacting Office of AIDS Policy Coordination.

AGENDA ITEM #5: UPDATE ON FY 2004 SPENDING SCENARIO PLANNING

Mr. Hemraj: Good afternoon. When the EMA received its funding cut this year, former Finance Officer Bobby Watts suggested that we not be blindsided this year by preparing scenarios for all funding possibilities. Hopefully we will not see another cut, but we need to prepare for all contingencies as well as be united in our advocacy efforts to ensure that New York gets its fair share of resources.

Last year, we developed the final spending plan in a series of emergency planning sessions, resulting in a number of cuts, including an across-the-board cut. This year, the Executive Committee is using the opportunity to plan ahead for all contingencies.

In December, the Executive Committee began the difficult task of planning in advance of the notification of grant award for 3 funding scenarios: flat funding; an increase up to the amount requested in the application (\$14 million); and a decrease up to \$10 million.

To do this, a series of principles for planning for spending scenarios were developed. These principles flow from the principles from the FY 2004 Title I grant application: 1) Revise care delivery systems to meet emerging needs; 2) Ensure access to quality HIV/AIDS care; 3) Coordinate CARE Act services with other health care funding streams such as Medicaid, ADAP, other City and State programs, other Ryan White titles, Medicare, CDC and HOPWA; 4) Evaluate the impact of CARE Act funds to make needed improvements.

At the December 11 EC meeting, the flat-funding scenario was approved. Although flat funding means no increase and no decrease in the EMA's Title I award, and funding to all categories will be the same as this year, it is actually a cut to the ADAP program due to FY 03 cuts and less projected carryover.

The EC also had lengthy discussions in the December and January meetings on the decrease scenario, which you will find described in the EC minutes in your meeting packet. This scenario is a doomsday scenario that no one wants to come to pass. However, it is prudent for us to plan for this possibility. Any cuts are painful and will hurt PLWH, but the EC and the Council are struggling to come up with the least painful cuts possible, should there be a decrease in the award.

The EC began its decrease scenario planning with some principles for planning for a reduction in the award: 1) Maintain Title I base funded services that provide access to and maintenance in quality HIV/AIDS primary care; 2) Coordinate Title I services with other existing resources such as other Title I programs, Medicaid, ADAP, other City and State programs, other Ryan White titles, Medicare, CDC and HOPWA; 3) Ensure that Ryan White Title I funds are the payer of last resort.

The EC then examined suggestions that were developed during extensive meetings involving the Planning Council officers, and staff from the Office of AIDS Policy Coordination, DOHMH/Ryan White Bureau and MHRA/HIV CARE Services. Additional ideas were developed at the December 11 EC meeting, and a preliminary list of 7 categories was given a preliminary ranking by the EC. Those rankings were not binding, and at the January 11 meeting, the EC decided to form a sub-committee to review the principles for planning. That committee will meet on January 20, 2:00-5:00 PM at GMHC. The sub-committee's recommendations will be brought back to the full EC at its February 5 meeting. At that meeting, the EC will consider additional options for the decrease scenario and will hopefully finalize it.

The EC must also finalize the increase scenario as well as develop an FY 2004 Minority AIDS Initiative spending plan. In order to complete its work, the EC will meet in place of the regularly scheduled Planning Council meeting on Thursday, February 19 from 2:00-5:00 PM here. The Planning Council will meet instead on Thursday, March 4 in place of the regularly scheduled EC meeting (location TBD – we'll try to have it here at Local 1199). The complete spending plan will be presented to the full Council for final approval at that meeting.

I want to stress that the last meeting of the EC, and those who came to express their concern was a sign of democracy at work. And while the scenarios were ranked, it was not final. It formed the basis of discussion and is part of the planning process. As a result of that meeting, the subcommittee was formed to discuss principles for planning.

Mr. Oldham: Are there any questions for Steve? If not, we will pause for a 5-minute break.

AGENDA ITEM #6: COMMITTEE & WORKGROUP REPORTS

BY-LAWS TASK FORCE

Mr. Brown: The last meeting of the By-laws Task Force was December 12. The purpose of the meeting was to get feedback from the Workgroup Chairs on the proposed structure of the Planning Council. There were 2 Workgroup Chairs in attendance and we received a lot of good feedback. The next meeting of the Task Force will be on January 16 to review those recommendations and to develop next steps for the restructuring. We will also be developing a timeline for the September implementation of the restructuring which will be presented at the next Planning Council meeting to let people know when to expect implementation.

Mr. Joyner: When and where?

Mr. Brown: The meeting will be tomorrow, at 40 Worth Street, from 1:00-3:00.

Also, I am stepping down as Chair for the Rules & Membership Committee and Craig Cobb has willingly accepted responsibility for being Chair of the Rules & Membership Committee.

Ms. Nagy: We'd like to take the opportunity to thank you for your service. I know firsthand that you've done a wonderful job and the meetings and commitment it required, so on behalf of the Planning Council, I'd like to thank you for your commitment and hard work.

FINANCE COMMITTEE

Steve Hemraj said that there is no financial data to report. The Finance Committee has not met in January. The new members of the Finance Committee have been selected and letters have gone out to inform them. The first meeting of the new Finance Committee will be the first Wednesday in February.

Ms. Melore: Why isn't there a finance report?

Mr. Hemraj: There is no new financial information from the last report submitted. There was no new financial data given to us. The committee did not meet in January and the next meeting will be in February.

Mr. Hemraj (in response to a question from Ms. Melore): The reports are quarterly.

POLICY COMMITTEE

Ms. Nagy: Unfortunately Mr. Barnes or Ms. Hamilton are not here, so Robert is going to do a quick overview of that committee.

Mr. Cordero: There are additional letters that have gone out to HHS Secretary Tommy Thompson being circulated. There is also a flyer for the Policy Forum that will focus on Ryan White CARE Act reauthorization.

There is a Congressional letter signed by the entire NY State delegation except for Louise Slaughter. Congresswoman Slaughter (Rochester) did not sign the letter because she's having an issue with HRSA around MAI funding in her own district. The co-initiators of the letter were Congressmen Engel and Fossella. We've never had Congressman Fossella initiate a letter for the Ryan White CARE Act. If you are a constituent of any of the signers of this letter, either a resident of the district or if your agency is located in their district, please call your representative and thank them for signing. We're going to be calling on them again when it comes to 2004 Appropriations.

There is also a letter from the Planning Council Co-Chairs that was reviewed and vetted by the Policy Committee. This is the first time that the New York EMA has been so proactive in advocating for the Title I grant application. There is also a similar letter from the Mayor that was signed and delivered to HHS yesterday. There is also a letter from the PWA Advisory Group.

Humberto Cruz was instrumental in getting a letter from New York State Commissioner of Health Antonia Novello. We also have a letter pending from Governor Pataki, City Council leadership, and State Legislators Bruno and Silver. HHS is receiving a slew of letters, so when Congress reconvenes, there will be a lot of follow-up phone calls happening about our letters and the Title I award.

Note that the letters have been copied to Carol Thompson, Acting Director of the White House Office of National AIDS Policy; Elizabeth Duke, Administrator of HRSA; and Deborah Parham, the Associate Administrator of the HIV/AIDS Bureau at HRSA.

There is a one-page "Save the Date" flyer for the March 26, 2004 Public Policy Forum at New York Law School. Please provide any input you may have for the forum to the Policy Committee or speak to Co-chairs Mark Barnes or Terry Hamilton, or Matthew Lesieur or myself. The forum will focus on reauthorization of the CARE Act. There will also be an appropriations update from CAEAR Coalition governmental relations firm Arent Fox. There will also be a panel discussion of members of Congress's health staffers and breakout sessions organized by level of interest, knowledge, and experience around the reauthorization process.

An appropriations update – FY 2004 has not yet wrapped up. Congress is reconvening January 20. The Omnibus Appropriations Bill, which includes Ryan White, CDC Prevention, and HOPWA, is still awaiting Congressional approval. There are 2 possibilities: 1) the Omnibus will be re-approved when Congress reconvenes; 2) there will be a continuing resolution until the end of the fiscal year. If there is a continuing resolution, the CARE Act will be flat-funded as is, while an Omnibus bill is a worse option for us because Congress has included language in the Omnibus

that will take .59% off the top of every remaining spending bill to help pay for security at the Republican and Democratic National Conventions. A continuing resolution isn't so bad, except it has to be renewed every 90 days. Neither option is great.

CAEAR is meeting with the Associate Director of Federal OMB tomorrow (February 16) to begin discussions of FY 2005 Appropriations, specifically Titles I & III.

The President's State of the Union is scheduled for January 20 and we'll have to see what he says about domestic HIV issues. On February 2, the White House budget will be released and that's why the national coalitions are meeting with OMB now as the White House is putting together its FY 2005 budget. We'll be looking very closely at Title I and we'll have that information to the Planning Council as soon as possible.

Ms. Melore: For the Policy Forum, are you planning a panel of PWAs to talk about the impact of the CARE Act on our lives and also a call to action around reauthorization?

Mr. Cordero: That's actually the Policy Committee that's organizing the Forum. That's a suggestion that was brought up and they're developing the agenda. The push is for PWAs to be involved in all aspects of the Policy Forum and the details of the agenda have yet to be finalized.

Mr. Petro: When will we see the CAEAR Coalition's position paper on reauthorization?

Mr. Cordero: The position paper is supposed to come out in the spring. The CAEAR Coalition meets February 23-25, and the Board will be meeting to finalize all policy positions. The final report will be released by March or April.

HEALTH WORKGROUP

Ms. Brown: The workgroup has met monthly and begun its evaluation of the portfolio. Each month, components of the portfolio have been scheduled and an evaluation template has been developed to allow all of the components to be evaluated uniformly. The two Co-chairs and Chris Miller from the Office of AIDS Policy Coordination have been meeting with various data sources every other Monday morning to discuss the data. We've met with the AIDS Institute and MHRA and have follow-up meetings with the AIDS Institute, MHRA, and CHAIN to get a better sense of what information they can provide us.

Mr. Stabile: We're also working with the Data Committee on coordinating those sources. Susan Abramowitz, the Chair of the Data Committee, also attends the Health Workgroup and is assisting with that effort.

AOD WORKGROUP

Mr. Santiago: The workgroup is reassessing its templates as well as gathering new data for the templates. At our last meeting, we reviewed the Process Flowchart on Reassessing the Title I Portfolio, which is guiding us as we reassess the portfolio. We're using the principles to make sure that there is that connection between the supportive services which help people get connected to care and maintain that care. The flowchart is our guide in that process.

Also, we met with the coordinator from the PPG's Substance Users Workgroup at our last meeting to see if there is an opportunity for collaboration or assistance with sharing data.

INFRASTRUCTURE WORKGROUP

Ms. Curry: At last week's Infrastructure meeting, there was a presentation from Judi Verdino on technical assistance needs of Title I agencies. The workgroup also did a detailed comparison of the Consumer Advisory Boards template with MHRA's existing guidelines for consumer advisory boards. The review showed that MHRA's guidelines were consistent with the template. The workgroup is instead focusing on creating a new service template for applying technical assistance or another method that will improve and enhance consumer advisory boards.

Also, the workgroup still feels that consumer advisory boards are very important and emphasizes the need for all Title I agencies to have and support consumer advisory boards. The workgroup has decided that instead of setting requirements for consumer advisory boards in the template, it would help consumer advisory boards to improve and develop through technical assistance.

Mr. Watts: What is the rationale for not putting requirements for consumer advisory boards in the template and only rely on technical assistance?

Mr. Chavez: I'm not sure of all the history, including the conversations this summer between the Infrastructure Workgroup and HRSA. However, the workgroup saw the template as a form of contract management as well as an unfunded mandate. The Workgroup did not see the template as serving the correct function.

Mr. Joyner: Also, it's not one template that fits all providers. As Ryan did indicate, it's an unfunded mandate, and to require an agency to do an excessive amount of work without the personnel or the resources would create an unnecessary burden on the agency.

Mr. Watts: Title I agencies will still be required to have consumer advisory boards?

Mr. Joyner: They will have a consumer advisory board that will be specific to that organization. There may be some universal elements to them.

Mr. Chavez: We are not touching MHRA's guidelines that require consumer advisory boards.

Ms. Melore: Is MHRA following through on those guidelines with the agencies?

Mr. Chavez: I can't speak for MHRA, but we did have a presentation on their monitoring and the progress that has been made to date. Of the 8 organizations that didn't have consumer advisory boards, all of them have consumer advisory boards and are meeting. I think MHRA is successfully monitoring the implementation of consumer advisory boards and 99.9% are compliant.

Mr. Oldham: This issue is one that has been very important to everyone so what we can do is put this in the Parking Lot and have MHRA update us on that.

Ms. Hilger: I think it might be helpful for the Planning Council to receive a copy of the document that was created for the Infrastructure Workgroup. I received a copy of the document and was very impressed. Rob Shiau took every element of the template, the conversations with HRSA, and MHRA policies and laid them out side-by-side, and it was very helpful to see how they compare.

Mr. Chavez: I want to commend Rob [Shiau] for his analysis on the document comparing the template and MHRA's guidelines and the HRSA regulations.

Mr. Halperin: I've had a lot of experience with consumer advisory boards and it's possible to meet MHRA's reporting requirements for consumer advisory boards, but what you want is effective consumer advisory boards that are taken seriously by the agencies. You have agencies that make the effort to make the consumer advisory board effective and useful. And you have agencies that think very cynically of consumer advisory boards as a nuisance. What's more important than knowing which Title I agencies have consumer advisory boards is knowing which agencies are really making effective use of their consumer advisory board and which agencies just have "show" consumer advisory boards. How do you separate out the "show" consumer advisory boards from the real consumer advisory boards?

Mr. Oldham: During the summer, there were some very long meetings that included Brenda Lee Curry, Joe Bostic, Rafael Abadia, and Ron Joyner. They were long meetings, but it was worth it because we came out with this and at least now we know where we stand and we can have updates from MHRA on the consumer advisory boards.

SOCIAL SERVICES WORKGROUP

Mr. Craig: The Social Services Workgroup looked at the list of proposed cuts developed by the EC and after two-and-a-half hours, the workgroup decided to come up with their own list of cuts. As you can see in the minutes, there was a letter from Rev. Troia that was sent to the EC that said that the proposals were a flawed way of doing things. The workgroup sent it back to the EC to come up with different proposals as well as enough background info so that they could be ranked. Personally, I was sad to see that there were not more consumers involved in the meeting where these issues were being discussed.

MENTAL HEALTH WORKGROUP

Mr. Oldham: Mental Health did not meet this month so there is no report.

HOUSING WORKGROUP

Mr. Ng: The Housing Workgroup met yesterday and the meeting was divided into 2 parts. The first half focused on the spending scenarios. There was a discussion of the proposals, particularly the spending cuts. There were recommendations developed which have been referred to the subcommittee looking at the spending scenarios.

The second half of the meeting focused on planning for the coming year. The workgroup received a fresh copy of the templates and reviewed the flowchart of the working principles that P&E had done. We looked at the principles and the templates and briefly reviewed them. The workgroup saw that all of the housing templates support access to or maintenance in care. What the workgroup will do in the coming year is make that really overt in the templates. We will take the principles that are before us and translate them into recommendations in our templates that will then translate into contract changes so that all of the services will overtly tie into access to or maintenance in care. In addition to reviewing the data and the services and updating the programs, the workgroup will make sure to justify the programs in terms of the principles that were given to us by P&E.

Mr. Halperin: I thought that there was an ad-hoc committee reviewing the principles?

Mr. Oldham: There is a sub-committee looking at the principles and also looking at how to operationalize them.

Mr. Ng: These are the Working Principles or the Workgroup Charge.

DATA COMMITTEE

Mr. Halperin: Attendance has been great at the Data Days, but there are not enough Planning Council and workgroup members in attendance. Data Day is not about a cookie cutter approach, since each workgroup has different approaches and different ways of looking at things. It's an opportunity to make the process easier and to make the vote that much easier, because everyone will have the same information. One of the reasons that it's so hard to vote in these situations is that not everyone has the same information. Those who have gone to the meetings and have the data are talking from the data, and those who haven't are making uninformed decisions.

Mr. Joyner: The last Data Day, there was a lot of concern about the lack of data on Asian/Pacific Islanders. I am wondering are you trying to ascertain information on that population? Also, data regarding people over 50, women, and Native Americans are areas that we really need information.

Ms. Abramowitz: This is not an epidemiology day. The purpose of this day is to look at the portfolio of services that are being provided. We are going to look at the data that MHRA collects and putting that next to the data the epidemiology has on who is affected. We are going to be looking at who utilizes the services and what ethnic groups use the services.

Mr. Joyner: In the past, there was the excuse that they were such a small percentage that they didn't try to figure out who they were and how many there are. What are the obstacles you have in recognizing these individuals?

Ms. Abramowitz: I understand the question in understanding the nature of the epidemic and doing a sample study and trying to capture all populations. That's not the issue for this Data Day. This Data Day is looking at service utilization and evaluating the portfolio of services in each workgroup.

Mr. Oldham: I think that this issue is one that has been ongoing, but I think that we will continue to ask those questions. We shall make notes of these items things, but I think that we will continue to ask the questions.

Ms. Abramowitz: We are able to tell you by every ethnic group who gets services by every workgroup, so it's not an issue of leaving anybody out.

Mr. Cordero: At each Data Day, we make available an order form for various P&E Initiatives that have been funded through the Planning Council. There is actually a report on Asian/Pacific Islanders living with HIV/AIDS that we will make available via order form. There was also a study on Dominican, Mexican, and Central American immigrants that was done. At the Data Day, you'll be able to order those on the order form.

Mr. Butler: Is MHRA providing client level data?

Ms. Abramowitz: No, this is going to be aggregate program data, but eventually there will be client level data. In April, the pilot testing of the collection of client level data report will be due to the Planning Council and the Planning Council will decide whether to go forward with the full implementation of client level data collection.

AGENDA ITEM #7: GRANTEE REPORT

New York City

Ms. Hilger: The application is back from the printer and I've spoken with AIDS Policy about distributing them to Planning Council and workgroup members. For agencies applying to the Year 14 MHRA RFP, proposals are due on January 26 to MHRA and then they'll be reviewed and the awards will be made following the notice of grant award and the spending plan is approved by the Planning Council. If the award is delayed, agencies that applied would not be notified until the Planning Council approves its spending plan for the Year 14 award.

Sheila McCarthy, HRSA Project Officer, will be in NYC February 4-6, 2004, for a site visit with the grantee. She wants to understand the process for contracting and contract monitoring. We will also speak with her about some issues such as unit cost and evaluation. We'd like to have her visit a couple of Title I programs. She'll be at the EC meeting and other meetings that week, as well as Data Day. Nothing is definite yet and people have been asked to make suggestions they might have as to what might be important during her visit.

The Faith Forum is being held on February 18. The flyer will be sent next week to agencies and CBOs. I've spoken to AIDS Policy about mailing the flyer to members of the Planning Council and the Advisory Group.

Later this month, representatives from the EMAs quality management program were asked to attend the Quality Management Synthesis meeting. EMAs that have been invited include Boston, Houston, Atlanta, Denver, Baltimore, Kansas City, and Oakland. Some of these cities have been involved in a one-year process to talk about quality management. The goal of the meeting is to talk about the experience of the quality management program and HRSA will take the information and put together a document for all the EMAs on best practices for quality management.

Marjorie Hill reported last month that some Title I programs were going to receive funding to do partner counseling and referral services (PCRS). The planning for this process is still underway. The goal is that these programs would begin in the Spring around the Title I contracting period. It's a project to try and link together the HIV prevention initiatives with care services.

Tri-county

Mr. Petro: Tri-County's percentage of the current award is 4.9%. The Tri-County Title I Steering Committee has been meeting to discuss a parallel 4.9% cut scenario, which translates for Tri-County into about \$500,000 (4.9% of \$10 million). Starting in December, there was consensus from our Title I Steering Committee to eliminate one category, psycho-social support, which funds support groups because the attendance at the support groups had dwindled and performance was on the wane over the past years. Support groups weren't entirely eliminated, the funding was cut back by about 50% and folded into case management contracts because the support groups were taking place at agencies with Title I case management programs and the case managers were largely the ones that were facilitating the support groups.

We've just finished that process and renegotiating with the agencies saves us about \$270,000. We had a meeting this week and had some further discussion about where we could cut back and the committee had asked the Westchester Department of Health for as much data and information as we could furnish them with on the impact of cutting back service areas.

Mr. Halperin: How many contracts are there and what types of services are provided? Is there any one-on-one counseling?

Mr. Petro: There are 6 contracts that provided support groups and educational forums, which were support groups recognized as psycho-educational support. We don't fund one-on-one counseling.

Mr. Halperin: I get uncomfortable when I hear a rationale to stop funding services is that people don't come. Just because people don't come doesn't mean that services aren't necessary, it may mean that the services aren't being provided in a way that meets the needs.

Mr. Petro: On a national level, support groups have suffered over the past several years, and cutting them back was right in synch with our PWA Advisory Group. They recommended to put the money where it may be better used.

Mr. Watts: While I agree that you need thorough analysis, I want to commend Tri-County for looking at the units of services as a tool in figuring out how to rationalize the services. This is something we'll have to figure out also, but at least you've made a good start and a good faith effort.

Mr. Craig: Why didn't you ask the consumers what their needs are? Instead of asking the providers, ask the consumers what we need.

Mr. Petro: According to our PWA Advisory Group, the interest in attending support groups where you talk about emotional issues was a bigger issue several years back. The interest in those types of support groups has dwindled and they're much more interested in informational type sessions. For that reason, we didn't cut back support groups to zero funding, we just cut it back 50%.

Mr. Halperin: Was there a consideration to provide different types of psycho-social support as opposed to the support groups?

Mr. Petro: No, we didn't ask that question.

Mr. Halperin: I'm only asking that because we begin to interpret certain types of modalities doesn't mean that just because that type of modality doesn't work, we should be jettisoning the service category. What it may mean is that we need better research as to what types of psycho-social support is necessary. Maybe you might have that research and maybe we don't know about it, but I think that whenever you're making potential cuts, and I know you don't do it lightly and I'm sure your PWA advisory group doesn't do it lightly, but it's a major statement when you say you're going to cut half of your psycho-social support category.

Ms. Curry: As a PWA and a client, I do attend support groups. I disagree with the cutting of psycho-social services. I can understand the providers saying that the services aren't necessary, but we do need them.

Mr. Woodard: I work with people who have just been diagnosed and a lot of people still have issues around guilt and dying, and in particular, in black and Latino communities they have a lot of issues around religious and family issues that interfere with them taking their medications. A lot of times they don't tell their providers these things and the providers don't have time. So I think that that information needs to be looked at again.

Ms. Abramowitz: I just reviewed the CHAIN reports of the last four or five years and one of the findings has been that with the declining morbidity and mortality, however their mental health status is not getting better. This is from a sample, and even if it does exclude some populations, people are healthier but they don't feel better. That's what the data shows.

Mr. Joyner: If you cut this program, where do you put the money?

Mr. Petro: Well, half the money is still there and still supporting support groups, and the rest of the money, and it's all conjecture, we are doing this effective March 1. This is a scenario for a potential reduction.

Mr. Oldham: Just to put this discussion in context, we are having this discussion so we are prepared for a reduction in our award, but I question a society that morally puts us in a position where we have to weigh cost as opposed to real need concerning people's health and mental health care.

AGENDA ITEM #8: PARKING LOT ISSUES

Mr. Oldham reviewed the parking lot issues: We're not just letting these issues go, we're tracking them which is something we haven't done before. Any other questions on the Parking Lot issues?

Ms. Hilger: This is in response to the issue that Hilda had raised earlier about the audit. Last spring, the Office of the Inspector General in the Department of Health and Human Services began an audit in NYC. NYC is one of five cities being looked at by HHS. This was requested 2 years ago as part of the reauthorization process. A small selection of agencies were selected and the auditors have been in those agencies since this summer and are at this point beginning to close up. When the process is complete and there is a report, the reports will be available on the internet. I don't know when the report will be released, but we have not finished the audit process yet.

Ms. Melore: Dr. Hill last time said that the audit was complete.

Ms. Hilger: No, it's not. I may not have mentioned it to her for awhile because it's just something that's been going on for so long. I can't give you a date at this moment, so I guess you'll have to leave it as a Parking Lot issue.

AGENDA ITEM #9: PUBLIC COMMENT, PART II

Laverne Holley: Last month you received flyers about the trip to South Carolina. If you want to go, you have to attend the meeting on January 23 at ACORN at 88 3rd Avenue between Bergen and Dean in Brooklyn. The meeting is at 4:00. The Planning Council needs to come to me and ask me what my needs are and what I need to make my quality of life better. For the Policy Forum, you were unsure if you were going to integrate us into it or have us separate. We need to know what you are doing in terms of policies that are going to affect my life. Aren't all agencies required to have active consumer advisory boards? If agencies don't, why don't you cut them and put the money where it's needed?

Paul Warren: I'm from the National Development and Research Institute, NDRI, and I'm here to give a brief update on the technical assistance program that I spoke about the last time I was here. We have started accepting applications for this technical assistance program and people are free to file an application online (www.NDRI.org and select "Education and Training" at the homepage). A full description of the program as well as an application is available online.

AGENDA ITEM #10: NEW BUSINESS

Ms. Curry: I wanted to comment on the EC meeting last week. We had an overwhelming group of PWAs come to the meeting, and there were a number of folks who made statements in Spanish, but there was nobody available to translate for them. I think the Planning Council should have someone to translate.

Ms. Nagy: I was assured that it was translated in the minutes. The same way we felt not understanding them speak Spanish, is the same way they feel when they come to our meetings and do not understand English. I have a promise from Robert Cordero that if that should happen again in the future, translation will be provided.

Mr. Oldham: I'd like to thank everyone, especially the consumers, who came to the EC meeting. To have that level of interest in public comment is outstanding. We really appreciate that and we want that kind of involvement as we take the Planning Council and the Advisory Group out into the boroughs. We want that kind of involvement in the process.

There being no further business, the meeting was adjourned at 4:50 PM.

Minutes approved by the HIV Planning Council on March 4, 2004

Frank J. Oldham, Jr.
Governmental Co-chair