

Meeting of the

HIV Health and Human Services Planning Council

December 18, 2003
2:10-6:00pm
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, M. Bacon, M. Barnes, E. Baez, R. Bonilla, J. Bostic, G. Brown, MD, K. Butler, F. Carbone, R. Chavez, C. Cobb, C. Craig, H. Cruz, B. L. Curry, E. del Campo, C. Dzubilo, S. Elcock (for P. McGovern), I. Feldman, L. Fraser, R. Gonzalez, S. Halperin, CSW, T. Hamilton (for B. Chu, MD), M. Hill, PhD, R. Joyner, D. Marder, MD, H. Melore, D. Ng, J. Pedraza, T. Petro (for R. Recchia), N. Rodriguez (for D. DeLeon), P. Stabile, T. Troia, D. Woodard

Members Absent: A. Ali, S. Abramowitz, PhD, L. Bishop, J. Brown, E. Handelsman, MD, H. Mateo, A. Paige-Bowman, J. Pressley, A. Raiola, M. Reynolds, E. Santiago, B. Watts

Guest Present: M. Isbell

Staff Present: *OAPC:* R. Cordero, D. Klotz, S. Bailous, C. Miller, M. Lesieur, R. Shiau, C. Silva, R. Molina, G. Sutnick; *DOHMH:* S. Forlenza, MD, MPH; *MHRA:* J. Verdino, G. Weinberg, P. Marti

Agenda Item #1: Welcome/Minutes

Mr. Oldham: Welcome. I would like to introduce a new planning council support staff member with the Office of AIDS Policy Coordination, Ms. Clarissa Silva, who is the new Program Coordinator for Planning and Evaluation.

There will be meetings with Title III and Title IV grantees in New York during the month of January 2004, which Ms. Nagy and I will convene in order to improve coordination with other CARE Act funded programs.

Sheila McCarthy, the HRSA Project Officer for the New York EMA, will conduct a site visit in New York from February 4-6. On February 5th, she will attend the Executive Committee (EC) meeting, and she has been invited to kickoff the Planning Council's Data Day 3 on February 6th.

The Executive Committee is in the process of developing fiscal year 2004 spending plan scenarios, including scenarios for flat funding, a funding decrease of up to \$10 million (a worst case, disaster scenario), and a funding increase of up to \$14 million. The EC will finalize the FY 2004 spending plan at the January 8th EC meeting.

Ms. Nagy: The spending scenarios are a complicated issue that may require an additional EC meeting to complete recommendations for the January 15, 2004 Planning Council meeting.

Mr. Cordero reviewed the meeting materials, including the January 2004 calendar.

Mr. Joyner read the rules for respectful engagement, followed by introductions.

Mr. Barnes: It has been years since the death of Nicholas Rango, who is responsible, with the late State Health Commissioner Dr. David Axelrod, for the enhanced HIV/AIDS care system that is unique to New York.

Mr. Joyner: As we observe the moment of silence, we should also remember the men and women who have died overseas, and AIDS advocate Joe Capestany, who passed away recently.

Mr. Shaw: A memorial for Mr. Capestany will be held. The moment of silence should be observed for him and all the other fallen soldiers in the struggle against HIV. We need a closer partnership to eradicate HIV.

The minutes of the November 20, 2003 meeting were approved with no changes.

Mr. Halperin: The CARE Act requires that “detailed minutes of each meeting of the council shall be kept. The accuracy of all minutes shall be certified to by the chair of the council.” There is a pattern where our minutes are sparse and biased. Minutes should be a historical record of our deliberations and our decisions and be a permanent record of the voices of the HIV/AIDS community. HRSA receives a copy of the minutes and uses them to monitor our community planning process. DOHMH has been editing minutes with bias toward their positions. Opposing views are watered down or omitted. DOHMH employees have more space in the minutes and more verbatim quotes; community members’ comments are reduced or eliminated. Many questions and comments are grouped together leaving erroneous impressions and removing the voice of some people. We have tapes of the meetings, but tapes can be lost and altered. The written record, if certified, has a better chance of surviving loss since it is electronically distributed. Listening to a tape is time consuming; reading is much quicker. If your work is not accurately recorded, it did not happen. The Planning Council has discussed this issue before and it does not need to be buried in a committee.

I move that: 2) The Planning Council directs OAPC to engage an outside transcriber to attend each meeting of the Planning Council and the Executive Committee and prepare a complete transcription of these meetings. The transcribing service should have expertise in the field of transcription, should be independent of DOHMH and should certify, in writing, each transcript as complete upon delivery. 2) The Planning Council directs the Office of AIDS Policy Coordination to prepare a summary page of key points for distribution with the transcript. 3) The Planning Council directs the Office of AIDS Policy to distribute both the transcript and the summary page to Planning Council members electronically where possible and in hard copy by request. 4) The OAPC should continue taping the meetings.

Ms. Melore: Why are minutes from other workgroups/committees mostly draft form?

Mr. Cobb: Mr. Halperin raises a valid issue, although I am not convinced that this motion will address the problem.

Mr. Halperin: This is a community process that impacts thousands of PLWH; we have a right to know exactly what transpired; this is what should be submitted to HRSA; we need independent certification. This is not the best solution, but best I can think of. The best solution would be for OAPC to create unbiased minutes. An outside contractor has no point of view.

Mr. Oldham: OAPC makes every effort to be transparent and objective. I respect that Mr. Halperin is committed enough to make this effort, but I respectfully disagree with his point.

Mr. Barnes: We should not approve such a proposal without knowing the cost. Verbatim transcription services are expensive. I offer a friendly amendment that the motion be tabled until we know the cost of transcribing a monthly 3-hour meeting. Also, the staff should develop neutral principles for minute taking.

Mr. Halperin: I do not accept the amendment. OAPC gets \$710,000 to support the Planning Council, which can be used. I suggested principles last year, but OAPC does not stick to them.

Mr. Hemraj: Certification can be by both chairs.

Mr. Joyner: The community co-chair or another member should participate in transcribing the minutes.

Mr. Halperin: Minutes are time consuming and difficult, and so it is better farmed out.

Mr. Petro: In the early days of the Planning Council, we hired a verbatim transcriber, which cost about \$500-600 per meeting and was a disaster. The transcriber got all the names wrong and parts were inaudible and thus not recorded. Also, I have no sense from other Planning Council members that the minutes do not accurately reflect the meeting.

Mr. Pedraza: The minutes are sent in advance as draft, and we have a chance to revise them. I call the question.

Mr. Ng: The old verbatim transcript was hell to read and totally unmanageable. We can address this by just being more diligent about reviewing them. The motion will make it more unmanageable.

The question was called and the motion defeated 3-14-10 (Y-N-A).

Mr. Barnes: **Motion that OAPC staff try to reflect the meetings in the minutes as well as possible. Accepted by consensus.**

Agenda Item #2: Public Comment, Part I

B. Williams: I have bad news for immigrants. “Alien absconders” are being put on the FBI wanted list. Immigration violations are civil, not criminal violations, but people are being deported to an early death in countries where there is no medical care. HRSA thinks we should not have Title I-funded legal services for immigrants, but people are still doing so, despite a government that wants to deport people to their deaths.

P. Warren: NDRI is offering a free TA program targeting service providers, volunteers and peers in all five boroughs, focused but not limited to eleven areas such as treatment and CAB development.

M. Gold: I attended the marathon EC meeting where the proposed FY 2004 spending scenarios were discussed. OAPC and DOHMH needs to get input from the PWA/HIV Advisory Group (AG).

M. Jackson: My brother was living with HIV, hepatitis C and other medical conditions was evicted while in the hospital and faced a number of problems with housing and service providers.

T. Smith-Caronia: I am confused about the amount of Planning Council support funds. AIDS Vote.org is trying to get people and organizations to endorse a platform on the presidential candidates. The Mayor’s Commission meeting was not open to the public. Many populations are not represented on it, and it needs to be public. On its agenda is tinkering with Local Law 49. They are discussing AIDS Housing, even though there are no housing providers on the Commission, and discussing prisons without Department of Corrections representation. Members should be available for public input.

Agenda Item #3: PWA/HIV Advisory Group Report

Mr. Abadia: At last month’s Planning Council meeting in Brooklyn, the AG was challenged to hold a meeting outside of Manhattan. We have accepted that challenge, and will hold our March 13th meeting in the Bronx, location to be decided. This will be just one week before the entire Planning Council meets on March 18th in the Bronx. The AG sees this as an opportunity to reach out to the community. Our experience in Brooklyn solidified new relationships, and this month we had increased participation from Brooklyn residents. We hope to repeat this success in the Bronx. Also, the AG is looking forward to a follow up report on the CAB template after it is addressed at the January 8th Infrastructure Workgroup meeting.

At the AG meeting last Saturday, Mr. Pressley gave an excellent presentation to the AG on the Planning and Evaluation Committee (P&E). AG members responded with good questions and suggestions, including a request to have an opportunity for the AG to rank service priorities as a group and send those recommendations back to P&E for consideration. Mr. Pressley has promised to share this discussion with P&E and respond again to the AG. We discussed the CHAIN study. People over 50 should be restored to the cohort, and there are no Haitian immigrants.

Remembering the great press and pictures of the Mayor receiving a flu shot recently, members of the AG suggested that the Mayor or Health Commissioner take an HIV test publicly. As promised in my remarks last month, AG members were seen everywhere on World AIDS Day. One day is not enough time to direct to ending the stigma and discrimination of HIV/AIDS or to attend all the exciting and wonderful events or to mourn our loved ones. Every day is World AIDS Day for many of us who live with the virus and do this work. It is energizing when the rest of the world takes a minute to look at our lives and the challenges that we face as PLWH. We want to acknowledge all the programs and agencies that held World AIDS Day events.

Mr. Bostic: Questions were also raised at the AG meeting about over 50 epidemiological data, and data from HIVQUAL, OASAS, quality indicators and cost effectiveness.

Follow-up Items (Responsible Parties/Timeline)

- Discuss AG role in priority setting (P&E/January 9, 2004)

Agenda Item #4: Presentation on the FY 2004 Title I Grant Application

Mr. Isbell: As we wait for the award announcement, the Planning Council can begin to use the application for planning. The application was done in a context of increasing HIV/AIDS prevalence, growing demand for services, flat funding for Title I, and advocacy by southern states for a larger share of resources. HRSA is emphasizing data-driven planning, responding to change, doing more with less, emphasis on primary care and medical outcomes, reducing unmet need, cost-effectiveness, contract monitoring/payer of last resort, special populations and coordination. Challenges for the EMA include: a well-developed medical safety net, bias against “first wave” cities, demonstrating continuing severe need and impact of Title I services simultaneously. Based on my experience writing the application, the FY 2005 planning process can be strengthened by advancing the overriding goal of reducing mortality and making the case for additional Title I money. This can be achieved by using the application as a guide for planning. The Planning Council can: improve use of data in a number of ways; show that the service system is responding to changes in the epidemic; do more with less; and focus on medical outcomes, unmet need, cost effectiveness, special populations and service coordination.

Mr. Halperin: Thank you for a great presentation. The next Data Day will try to take on these issues and assist the workgroups to integrate data for planning. Not enough Planning Council and workgroup members participated in Data Days. We plan for the February workgroup meetings to take place as breakout sessions on Data Day 3, to set a road map for planning.

Mr. Barnes: It is correct that we need to look at the whole portfolio, or else we can not make case that we are really responding to a changing epidemic. Is there any advance word on the second Institute of Medicine (IOM) report that will comment on the quality of Title I programs nationally in addressing medical needs of PLWH.

Mr. Isbell: It was a big undertaking re-bidding the entire portfolio at once in 1997. The FY 2004 implementation plan in the application had revisions, but was essentially the same for years with only incremental changes. Other parts of the application made a compelling case for an increase in severe need, but there was little change in the portfolio to respond to that. I do not know about the IOM report. There is a different environment in Congress now, and we have to try as much as possible to have data that shows that we are making a difference in health outcomes.

Mr. Baez: The Mental Health Workgroup, and probably others, works in a vacuum. We know the need anecdotally, but do not have adequate utilization data.

Mr. Isbell: Mental health data in general is data poor. You should think about client level data; it can give a better sense of what is being done with services. A Tri-county study showed that mental health is one of the largest service gaps, but the hardest service to get people to use. We could ask OAPC to do some literature research on effective program models.

Mr. Baez: A problem with mental health services is that few people qualify for non-Medicaid services.

Mr. Cordero: At the January 9, 2004 P&E meeting, MHRA will address service utilization data, and so it is critical that the workgroup chairs are there. We have to bring all data together for a comprehensive planning process.

Dr. Brown: The Health Workgroup also has data gaps, it can take a long time to get the data, and it is difficult to plan without it. Needs have changed a lot over a short period of time. We have a number of data sources (e.g. CHAIN), but have to figure out what questions we want them to answer.

Mr. Craig: PLWH cannot be forced to enter into primary care; they have to be mentally ready. In my agency, it seems like more people are dying, particularly people of color who may not trust the medical profession. We need to ask PLWH why they access the services they do. HASA case management is not adequate. Parents cannot get custody of children without housing. We need to know why people drop out of care.

Ms. Nagy: I am also concerned about the potential lack of political support for CARE Act reauthorization, even though we do have data that NYC is the epicenter. We need to come together as one to advocate.

Ms. Melore: Did we not de-fund program monitoring? The issue of HIV in NYC is broader than just the Planning Council. What are DOHMH and OAPC doing about HIV and data, including looking at other funding streams?

Mr. Ng: Can you tell workgroups which categories it is harder to make a case for?

Mr. Isbell: I will do that.

Mr. Isbell (in response to a question from Ms. Curry): HRSA gives EMAs a mandatory list of special populations and asks a series of questions in the application about each. People over 50 is not a mandated HRSA special population, but EMAs can add their own (e.g., in New York, the Planning Council added immigrants). Women are a special pop in two ways: women of child bearing age are HRSA mandated, and HRSA requires that allocation of services for women have to be commensurate with their share of the epidemic.

Mr. Oldham: This was the best application in many years. For CARE Act reauthorization and appropriations, Mayor Bloomberg, DOHMH and OAPC are all working with community partners advocating in Washington to make this process favorable to us. More resources for an expanding epidemic is a moral issue.

Mr. Isbell: We need to reinvigorate our advocacy voice. New York should not cede the field to the southern states. Also, other eastern cities share similar challenges as us.

Rev. Troia: Client level data is crucial for planning. We need a strategy to look at other sources of funding and broader agenda items, beyond NYC. We have created an unparalleled integrated model of services. We need to look at OASAS, licensed mental health clinics, etc. and how they can be adapted for PLWH, creative ways of problem solving (e.g. intensive case management/treatment teams in housing settings).

Mr. Bostic: People over 50 need attention to prevent falling out of care. The Planning Council should consider them as a special population.

Dr. Hill: We need to include the issue of unmet need. It is not only an indicator of success, but is a framework that HRSA is using. The more we address it, the more compelling our arguments are. To respond to Ms. Melore's question, DOHMH is looking at client level data from prevention and HOPWA programs, in addition to the Title I pilot project. The CDC has asked that we do a program monitoring system, which will help us get data. The State is proposing revising the URS, and DOHMH is participating in those discussions. The DOHMH Policy and Planning Unit is looking at unit cost with MHRA. We are using STAHRS (detuned assay) to get epidemiological data on recent infections and have data on the leading edge of the epidemic. We can match this with geographic mapping. We also engaged in advocacy with New York State to report undetectable viral loads in order to get data on treatment adherence. We are doing outcome monitoring to see the effectiveness of programs on Riker's Island. It is a high priority of Commissioner Frieden to get strong data.

Ms. Melore: DOHMH needs to present this to the Planning Council in a way they can utilize for planning.

Dr. Hill: If the Planning Council wants, we are happy to present this in more detail. We need feedback on how to integrate the data, perhaps from the Data Committee or P&E.

Follow-up Items (Responsible Parties/Timeline)

- Give workgroup information on which categories in application it was difficult making a strong case for (Mr. Isbell/ASAP)

Agenda Item #5: Committee Reports

Finance Committee Report

Mr. Hemraj: Applications for Finance Committee membership are due tomorrow. Committee members do not have to be Planning Council members. The spending as of December 01, 2003, which was presented to the Finance Committee in a graph format, reveals spending at a much better rate when compared to the previous year for the same period. Given this trend, it indicates that there will be much less carry-over funds as compared to the previous year. MHRA has indicated that they have instituted an aggressive policy of take downs of those contractors who under-spend their contracts during the year. This will eventually become a routine in the management of contracts and will play a major role in the new planning cycle. While it is still early to know the exact amount of carry over, indications are that it will be less than last year and our commitment to ADAP will not be met. We cannot stress enough the need to review our current portfolio to take into account the changing needs of this epidemic.

As discussed at the last Finance Committee meeting, the committee in the coming year will endeavor to incorporate in its function the following: ensure timely disbursement of title 1 funds; ensure allocation of funds in accordance with Planning Council priorities; review carry over funds with prior year's comparison; review the percentage and dollar amounts of new priorities per service category; review the percentage and dollar amounts for base funding per service category; and develop templates and mechanisms for providing information to all HIV planning council workgroups.

By-laws Task Force Report

Mr. Abadia (presenting on behalf of Mr. Brown, Chair): The By-laws Task Force is committed to a thorough, deliberate and open process. We have met three times since the last Planning Council meeting, including with consultant Emily McKay. We are starting to reach a consensus on the Planning Council's structure. We will be consulting with workgroup chairs. The Task Force members should be commended for their hard work.

Mr. Halperin: This is some of most important work being done now.

Mr. Oldham (in response to a question from Mr. Joyner): The New York City Commission on AIDS is a separate endeavor from the Planning Council to advise the Mayor on HIV/AIDS policy and does not overlap with the Planning Council's CARE Act mandates. There are Commission members who are also Planning Council members. We will re-send the press release on the Commission to all Planning Council members.

Ad-hoc Committee on Assessing the Administrative Mechanism Report

Ms. Nagy: The CARE Act requires all planning councils to assess the efficiency of the administrative mechanism in rapidly disbursing Title I funds. Basically, this means how DOHMH and MHRA get the money out to the providers, based on the priorities, allocations and guidance approved by the Planning Council. For the past several years, the Council has completed the assessment through two surveys – one of Council members, and one of Title I providers. The ad-hoc committee looked at the existing surveys and HRSA's comments on them, and we looked at models from other EMAs. The primary goal is to meet the requirements of the CARE Act. The Committee will next make recommendations on the implementation of the assessment, such as survey formats, ways to improve response rates to the survey, and other measures. We hope to finish this committee's work within one or two more meetings and to have recommendations for presentation to the January 8th EC meeting.

Mr. Oldham: We rushed the assessment last year in order to complete it in time for the application. This is a way to do the assessment in a high quality manner.

Data Committee Report

Mr. Halperin: Condolences go out to Dr. Abramowitz, who lost her mother this week. Data Day 3 will take place on February 6th. Mr. Isbell made a strong case for the importance of data days, and it is up to us to attend. I also recommend that the grantee report be moved to the top of the agenda in the future.

Mr. Butler: Can the AG have a presentation from CHAIN or MHRA to get a better understanding of data?

Mr. Halperin: We are working on a road map on how to integrate data for each workgroup and committee, including the AG.

Policy Committee Report

Ms. Hamilton: Regarding appropriations, the continuing resolution ends in January. We expect flat funding for FY 2004 appropriations, way below the request of a broad coalition of HIV advocates. The Mayor's Washington Legislative Affairs Office is coordinating with us on this issue. In March, the Policy Committee is planning a policy forum on reauthorization. Based on the Policy Committee's discussion with the AG, we may need to have an additional forum for people who have little advocacy experience. The Policy Committee discussed how Medicare changes may disadvantage the HIV community and all of us should follow what happens and be prepared to respond. We discussed strategy for reauthorization and will keep you informed. We are looking at the impact of the IOM study. CDC is recommending that HRSA should base the severity of need section of the application on quantitative data. Also, we met with the AG and focused on the need for everyone, especially PLWH, to learn the issues and be able to advocate on the value of the CARE Act to their lives and the lives of PLWH. We also talked about expanding the committee membership to include organizations that have a policy department. We also need to figure out a strategy for the Planning Council and PPG to work together. Based on the PPG Orientation meeting today, we may be able to cooperate and sponsor community forums together.

Mr. Lesieur: At the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition meeting in Atlanta this month, NYC was well represented. Mr. Oldham was as elected northeast representative, Mr. Cordero as Secretary of the board, Keith Cylar as Vice Chair, and Matthew Hamilton as At-large member. I am also an At-large member. Mr. Cordero will co-chair a joint CAEAR/AIDS Action committee on reauthorization. For the first time, CAEAR and AIDS Action have a joint effort, using the same lobbyist, with CAEAR taking the lead. CAEAR discussed what a reauthorized CARE Act should look like (e.g. the role of MAI, core services, hold harmless in formula).

Follow-up Items (Responsible parties/Timeline)

- Re-send DOHMH press release on NYC Commission on AIDS (OAPC staff/ASAP)

Agenda Item #6: Grantee Report

Dr. Hill: The RFP for new Title I services was released, and the bidders conference was well attended. Providers are optimistic on funding. We are working with the EC on the spending scenarios. We do not want to cut services, but have to plan for it. The monthly conference calls to Ms. McCarthy have been productive, and we are looking forward to her visit in February. Planning for the Faith Forum at Brooklyn College is proceeding, and the PWA Summit is scheduled for February (thank you to the AG for its leadership in those efforts). Some of the \$5 million in City Tax Levy funds known as NYCOCHA is being used to help Title I programs do partner counseling and referral services. We did something similar with prevention agencies last year and hope to do with Mental Hygiene contracts in FY 2005. We are not able to do an RFP for this in FY 2004, as it would take 5 or 6 months and FY 2004 ends June 30, 2004, but FY 2005 contracts will specifically address women, over 50 and transgender. We had the first meeting of the NYC Commission on AIDS, led by Commissioner Frieden and Deputy Mayor Walcott. It is a very diverse group in terms of people of color, women, service providers, etc. Members will meet in smaller groups on specific issues and reconvene in February. We will keep the Planning Council updated, as we want to ensure communication between the Commission, Planning Council and PPG. There will be no duplication in responsibilities (i.e., the Commission will not do any of the Planning Council's CARE Act mandated functions).

Dr. Hill (in response to questions from Mr. Bostic and Mr. Halperin): \$800,000 is being used for initiative described above, and it will go to communities of color. Regarding the Commission, the Mayor has the authority to determine what panels of his he wants open to the public, and the Commission is not subject to the open meetings law. The members discussed this issue and were concerned about community perception, but decided to keep it closed in order to keep discussions focused.

Mr. Halperin: This raises concerns that the Mayor and Commissioner are not comfortable with community input.

Dr. Hill: (in response to a question from Ms. Melore): We will share public documents from the Commission with the Planning Council. DOHMH has allocated much of the communities of color money, and we are planning for

recurring funds. In existence for two years, we can anticipate it continuing, but cannot say at what level. There continues to be additional needs for people of color living with HIV/AIDS.

Ms. Melore: The intent for the money was to go to community-based organizations.

Dr. Hill: Some initiatives, like rapid testing at Riker's, have to be done through City agencies. This will benefit mostly people of color who return to their communities.

Ms. Nagy: Many people are concerned about the lack of information on the Commission before it was announced. Also, there were concerns from the community that the Planning Council's work might be undermined, and we would like the opportunity to work more closely with the Commission.

Dr. Hill: We understand the concerns, since we are used to open meetings in the HIV community, but governmental panels are usually not announced until they are ready. Commission members discussed it and wanted to keep it closed for now.

Mr. Oldham: It is good that we have a Mayor interested enough in HIV/AIDS to appoint a Commission. Also, Commissioner Frieden has come to the AG multiple times. We should remember that the people who work in the DOHMH HIV/AIDS Bureau come from the activist community.

Agenda Item #7: Public Comment, Part II

M. Haithcox: There will be a CAB TA forum in Brooklyn on February 25, 2004 (contact info: www.taclearinghouse.org).

R. Jones: Thank you for advocating for PLWH. PLWH can give you data on programs and needs. You need a way to get to them. Case managers are often unavailable. Money in administration can be used for services. I had to address mental health issues before getting into treatment, especially with peers.

Agenda Item #8: New Business

Dr. Hill (in response to a question from Ms. Melore): We have not received the final report from the Office of Inspector General visit. It has turned into a longer process than originally thought, as they have lots of questions since NYC is so complex. We will share the report.

Mr. Butler: What is bring done to prepare for the Republican National Convention?

Mr. Oldham, Mr. Lesieur: National advocacy groups are planning activities for both party conventions.

Mr. Bostic: We need a bus to take PLWH to Washington for advocacy.

Mr. Oldham: We will table the discussion of follow-up on parking lot issues until the January meeting.

There being no further business, the meeting was adjourned.

Follow-up Items (Responsible Parties/Timeline)

- Distribute Office of Inspector General final report to PC members (OAPC/When report finalized)

Minutes approved by the HIV Planning Council on January 15, 2004

Frank J. Oldham, Jr.
Governmental Co-chair