

Meeting of the

**HIV Health and Human Services Planning Council of New York**

March 18, 2004  
Bronx County Building  
3:20-5:20pm

**MINUTES**

**Members Present:** F. Oldham, Jr. (Governmental Co-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, A. Ali, S. J. Avery (for S. Halperin), M. Bacon, P. Berrios (for J. Pedraza), L. Bishop, R. Bonilla, G. Brown, MD, K. Butler, R. Chavez, C. Cobb, C. Craig, H. Cruz, B. L. Curry, C. Dzubilo, M. Gold (for R. Joyner), R. Gonzalez, E. Handelsman, MD, M. Hill, PhD, C. Kazanas (for Pressley), D. Marder, MD, H. Mateo, P. McGovern, H. Melore, D. Ng, A. Paige-Bowman, T. Petro, N. Rodriguez (for DeLeon), E. Santiago, T. Troia, B. Watts, D. Woodard (for I. Feldman)

**Members Absent:** S. Abramowitz, PhD, M. Barnes, J. Bostic, F. Carbone, B. Chu, MD, E. del Campo, L. Fraser, A. Raiola, M. Reynolds, M. Wainberg, MD

**Staff Present:** R. Cordero, D. Klotz, S. Bailous, S. Dwyer, G. Moon, C. Silva, R. Molina, I. Gonzalez, C. Miller; *DOHMH:* J. Hilger; *MHRA:* J. Verdino, B. Carroll, R. Kramer, G. Kaloo, R. Rasmussen

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**Agenda Item #1: Welcome/Public Comment/Minutes**

*Mr. Oldham* opened the meeting, followed by introductions.

*Mr. Oldham:* We will have the public comment portion of the meeting now, as an extension of the community forum held immediately preceding this meeting.

Public Comment

*S. Rodriguez:* I live in Bronx and am a PWA. I got no help until I came to Bronx AIDS Services (BAS) a few months ago. Please do not cut funding for services, but rather increase it.

*M. Morillo:* BAS helped me greatly through their services.

*M. Esau:* I had a problem with HASA, but BAS legal services resolved it.

*L. Barreto:* BAS helped me get housing. Also, I had to pay for a nurse out of pocket until BAS helped me.

*C. Reyes:* PWAs are not treated equally. We need funding to help PWAs return to work. Many have been productive, but because of HIV dropped out of the work force, yet still have a right to obtain education and training and to re-enter the workforce.

*Y. White:* I am raising kids on \$98 in government aid every two weeks, and I am trying to find decent housing. Do not cut services at for any AIDS service organizations.

*Mr. Gold:* I am concerned about the Title I transportation program. I am on the Transportation Subcommittee as a PWA representative. We are looking at eligibility criteria and the best possible models for the service. The program was downsized in the transfer to a new agency and had to reduce hours of service, meaning clients can get to an afternoon appointment but cannot get home from it. Also, I am concerned about the recent NYS Medicaid directive that pharmacies cannot eliminate the co-payment or give out

beepers, etc. as an incentive to attract new customers. People who are blind need the beepers for treatment adherence. DOHMH should look into this.

*M. S. McLaughlin:* I am director of advocacy at National AIDS Treatment Action Project (NATAP), which is hosting an upcoming forum on hepatitis C/HIV co-infection.

*L. Holley:* Given the Bronx epidemiological statistics, what is the Planning Council doing to prioritize services to people of color? Also, drug users need housing and deserve a decent place to live, with options (e.g. congregate, independent, supportive).

*Ms. Curry:* Thank you to everyone who gave me support after my sister passed away. Also, as a PWA, hearing the concerns of Bronx PWAs was profound. We need to go to the Planning Council all the time, not just when agencies ask us to show up to protect programs. You can also communicate grievances about Title I services to MHRA.

*Ms. Nagy:* I want to invite everyone who spoke today to continue coming to the Planning Council. Infected women have so much on their plates besides HIV, and to hear so many speak up today helped me to keep advocating for our needs. Also, the needs of infected children are usually overlooked. We need more education, outreach and support for one another. Also, behaviorally infected adolescents need attention, not just the perinatally infected.

*Mr. Ng* read the rules of respectful engagement.

*Mr. Abadia* led the moment of silence, recognizing the past leaders of the AG, and asking people to keep Joe Bostic in their thoughts.

*Mr. Cordero* reviewed the meeting packet.

The minutes of the March 4, 2004 meeting were approved with no change.

### **Agenda Item #2: PWA/HIV Advisory Group Report**

*Mr. Abadia:* The PWA/HIV Advisory Group (AG) met last Saturday at Bronx AIDS Services, the first AG meeting outside of Manhattan, with over 40 participants. The next meeting is April 17<sup>th</sup> at the LGBT Center in Manhattan. PLWH need to come to the table and participate actively.

The AG is conducting a survey of client advisory boards at all Title I agencies on the needs for HIV services. Please go back to your agency and say that you want to complete the survey. Also, Mr. Gold is spearheading an over 50 initiative. Finally, the AG is having more participation from women than ever before. We have child care to make the meetings more accessible for parents with children.

### **Agenda Item #3: FY 2004 Spending Plan**

*Mr. Oldham:* Today we have the task of giving final approval to the FY 2004 spending plan. We undertake this task knowing that we have received the largest award in the history of the Title I program, nationally - \$122,117,103. This record award demonstrates what we can achieve when we all pull together and work toward a common goal. In reviewing the timeline to this point, remember that we submitted a spending request in the application based on the priorities approved by the Planning Council last August. In December, the Executive Committee (EC) 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. Happily, the EC only had to finalize an increase scenario, which was done in February and approved at the last full Council meeting on March 4<sup>th</sup>. The EC met again last week to apply the actual award to the spending scenarios. That complete spending plan is being presented to the full Council today for final approval.

*Ms. Nagy:* We must approve the spending plan today in order for the EMA to fulfill HRSA's requirement that the grantee submit a budget by April. If we are not able to fulfill this requirement, then we risk losing points on our next application, which will cost our EMA money. In moving forward, it is important that we place this award in context. The President has proposed no new money for Title I in FY05, which means next year's application process will be just as competitive as this year's. It's worth noting that our own formula and MAI awards went down this year.

We cannot rest on our laurels. While Title I awards tended to be rather stable in earlier years, they have become increasingly volatile. Last year, we were cut by \$14 million. This year, San Francisco's award declined by 12%, LA's by more than 8%. What we've won this year, we can lose next year. The fact that our competitive award increased by 60% indicates we did a better job this year telling our story. To maintain and build on this award, we'll need to tell another good story in our next application. That means having the very best planning process we can.

In the coming months, the workgroups, the P&E and the Council need to continue the momentum we've developed in the data days and do a better job of using data to drive our decisions. We are looking forward to developing an even better plan for HIV services for FY 2005. Now let's look at the FY 2004 spending plan, based on the approved spending scenario.

*Mr. Hemraj:* I want to acknowledge the efforts and hard work of the Executive Committee, Planning Council Members, The OAPC, MHRA and the DOHMH. The spending plan is the result of the Planning Council's proactive approach to planning. However, it is only one test that we have to overcome in coming years given the domestic outlook of our country. My challenge to the Planning Council is that there be an aggressive strategy to ensure that funds are spent. What you don't use, you lose. The process leading up to this plan took a lot of efforts of many people in this room today. It was not an easy journey, but it was for a good cause. The Executive Committee by majority approved this spending plan on March 4, 2004.

The spending plan describes the FY 2003 budget and the changes resulting from the EC's actions and the spending scenario approved by the Planning Council at the March 4<sup>th</sup> meeting. Changes of note are: Cost of living adjustment is not called Inflation adjustment, planning council support changes from a fixed amount to 1% of the award, the contribution to the ADAP pools is increase by 3\$.3M, new priorities are funded in several service categories, and enhancements are made based on the inflation adjustment (calculated after restorations) and restorations, the shift of two MAI programs to base to reduce the MAI deficit resulting from the decrease in the MAI portion of the award. After all of this was calculated, there is still \$33,000 uncommitted, which the Planning Council must allocate today as it sees fit.

*Mr. Abadia:* I move that we use the \$33,000 surplus for the AG for training and development of strategies to enhance participation in the planning process, and that the funding go through a third party so that there is more flexibility. This will help the AG to participate in the reauthorization fight. [Seconded]

*Mr. Chavez:* This is a great idea, but how does this differ from what LTI offers.

*Mr. Abadia:* The LTI does great work and we can work in conjunction with them, but this would allow for PWA initiatives directly from the AG. We can develop a more detailed spending plan. We can look at Living Together, the Tri-county AG as possible model, as they are their own 501(c)3 not-for-profit.

*Ms. Nagy:* Friendly amendment that if additional funds are needed they can be allocated for this.

*Mr. Abadia:* Accepted. We can look at reprogramming of carry-over for that.

*Dr. Hill:* In planning for the PWA Summit, it became clear that there are needs beyond what LTI does. We should keep a running list of ideas for reprogramming, as we will create a plan early in the year so that we do not have unspent funds. The proposed amount is good starting point.

*Ms. Hilger:* We would have to find a home in the spending plan for money. The logical place is in the planning council support line.

*Mr. Abadia:* We want these resources to not be connected to the Office of AIDS Policy Coordination (OAPC).

*Mr. Gold:* For many years, the AG has tried to get a budget from OAPC. There are many EMAs whose AGs have budgets. We need financial support to do our own initiatives that we can develop templates for. We are not seeing PWAs at conferences. OAPC helps us to send some PWAs to conferences, but we need more who can come back and educate fellow PWAs.

*Mr. Petro:* For clarification, Living Together is not a 501(c)3 but is housed within one, and we fund that agency to give Living Together staff support. It is a small amount and has to live in a line in the budget for submission to HRSA. This has to be fleshed out more; it may be a much larger initiative. We should approve it and continue with rest of plan.

*Dr. Brown:* It is a good concept, but needs a concrete spending plan. As proposed, this would be one-shot funding, but we may want it to be on-going.

*Mr. Watts:* I support the motion, but have a problem with the friendly amendment. Rather than whatever is necessary, we should have up to a fixed amount.

*Mr. Hemraj:* I volunteer to work with the AG to come up with a proposal. We need to analyze the AG's real needs and bring that to the EC.

*Mr. Abadia:* I accept the offer of help. We will make a presentation at the EC.

*Ms. Verdino:* All you have to vote on today is the \$35,000. We can discuss additional amounts and A cap at a later date. Also, if you do not want the funds in the planning council support line, we can create a separate budget line as "PWA support", which can be increased later.

*Mr. Ng:* It can always fall back to another budget line if there is a problem with fiscal management.

*Mr. Abadia* restated the motion. The motion was approved unanimously.

*Rev. Troia:* Motion to adopt the spending plan as presented. [Seconded]

*Ms. Melore:* I want to see a spending plan for the increase in Planning Council support. Many things mentioned as a justification are already being done. How will it the increase be used?

*Mr. Hemraj:* The increase is not for new staff, but other than personnel services (OTPS). Currently, there are minimal OTPS funds in the Planning Council support budget. OAPC has covered the cost of MetroCards, audio services, travel for consumers (conferences and training), refreshments, website development and maintenance, equipment and other expenses through unspent personnel funds. With OAPC close to full staffing, the Council needs additional OTPS funds to pay for these items. These funds will also provide adequate resources for essential meeting support. Funding for fiscal year 2004 will support the Planning Council's 200 meetings and activities, which are critical to an effective and responsive planning process. Also, DOHMH absorbs rent and many other costs.

*Ms. Melore:* These things are all currently being done. What will be the improvement? Also, we were told that there would be a savings of \$1M when DOHMH absorbed OAPC.

*Dr. Hill:* The NYC Office of Management and Budget (OMB) identified a potential \$1M savings to the City in their initial budget last year, but OAPC is federally funded, and so any savings were only in City funds. We met with OMB to clarify this. Any dollars saved were not health dollars or HIV dollars, but part of OMB's calculation of the overall City budget. We talked about enhancement of services in the transfer. For example, we assigned an epidemiologist to support the Planning Council and PPG, which is not from RW funds. Also, there is administrative staff that supports OAPC that is not even part of HIV Bureau but helps with OAPC functioning.

*Ms. Nagy:* I was also concerned about this issue, but our HRSA Project Officer Sheila McCarthy clarified that this was not Ryan White money, but a way for the Mayor to save City dollars.

*Ms. Melore:* I do not remember it being brought to us that way.

*Dr. Handelsman:* What will PWAs get with the increase in the administration amount, which can be up to 5%?

*Ms. Nagy:* The Project Officer made clear that the PC has no jurisdiction over that 5%. We should not get caught up on things we don't have jurisdiction over.

*Mr. Abadia:* We request that the services provided to the AG will not be affected by the PC support budget or the set-aside of the \$35,000.

*Mr. Ng:* We have a larger budget, and so MHRA has more programs to monitor, etc. Actually, 5% is very low for such a diverse, complex and high volume portfolio of contracts.

*Ms. Hilger:* We submit our administrative budget to HRSA, which checks that it is appropriate to the grant. Also, this is the first time that the Planning Council is fully staffed. In the past, there were many open staff lines, and OAPC used accruals from that for OTPS, but we do not have this now.

*Mr. Hemraj (in response to a question from Mr. McGovern):* I presented to EC last week that our EMA is the second smallest in proportion of the grant that goes to planning council support. Some get up to 3%; we get 0.7%.

*Mr. McGovern:* Thus it is now pretty efficient. Also, several new priorities talk about primary care settings. How is that defined?

*Ms. Verdino:* These categories were already RFP-ed, some in FY 2003, some in the fall that we are reviewing now. Primary care settings are defined as Article 28, but a CBO can come in with an Article 28.

*Ms. Verdino (in response to a question from Ms. Avery):* There will not be restorations of services that were lost. That was in the application and would have been done if we had gotten the full \$132M request, but the only restorations we can do are the 3.1% across-the-board cut and unfair takedowns.

*Mr. Cordero (in response to a question from Ms. Melore):* The EC approved the amount for new planning and evaluation (P&E) initiatives as a placeholder and asked P&E to flesh them out. The P&E initiative document in the packet includes the baseline amounts, which will continue forward. Others are one-shot that can be spent down within a year to reduce carry-over.

The motion to accept the spending plan was approved 34-1-0 (Y-N-A).

*Ms. Paige-Bowman:* The Tri-county Title I Steering Committee passed a spending plan yesterday for \$5.48M. The increase in the award will support: a 3% COLA, additional housing assistance, restoration of the Tri-county contribution to the ADAP pools to the level of two years ago, and funds to bring HIV primary care to Putnam County, a rural county that just lost its only HIV-specialist. Motion to approve [Seconded]. Motion approved unanimously.

*Earl Brown:* On behalf of Bronx Borough President Adolfo Carrion, Jr., welcome to the Bronx County Building. HIV/AIDS is one of the most serious epidemics our the Bronx faces, as was demonstrated when Dr. Frieden presented the community health profiles. We have the highest rate of new infection among women, African-Americans and Latinos. This led Borough President Carrion to start the Healthy Bronx Campaign, in coordination with DOHMH, to educate Bronx residents on good health. We are reaching out to PLWH and service organizations to work cooperatively to fight this epidemic. Thank you for your hard work.

**Action Items/Follow-up (Responsible Parties/Timeline)**

- Develop plan for \$33,000 PLWH initiative funds (AG, Mr. Hemraj/ASAP)

**Agenda Item #4: New Business**

*Ms. Hilger:* DOHMH is reviewing the 2002 Program Monitoring Report (PMR), which we will send out to print for distribution to the Planning Council.

*Mr. Cordero:* The policy forum has been re-scheduled for a November date to be decided.

Public Comment, Part II

*C. Norwood:* I congratulate the Planning Council on the award. Bronx has the highest number of children orphaned by HIV in NYC who are at a greater risk of being infected themselves. We need to think about what we can do for infected children. Every workgroup needs to think about these children. Health Force has an inexpensive mentoring program that is very effective.

*T. Smith-Caronia:* I urge people to create a template for OAPC. We need to know exactly how much City money going into the office as in-kind contributions. This may change with a new administration. Also, why isn't the PMR a one-shot item? It was cut last year. If it will be done every year, it should be base-lined.

*Mr. Hemraj:* The Planning Council has purview over its support funds. The Finance Committee will work with OAPC on a template for the support budget. With an approved plan, we do not want high carry-over, and we have given MHRA the charge to maximize spending. We will need to do a reprogramming plan early in the year to allow them to do so. The Finance Committee will assess the administrative mechanism to ensure that.

*Ms. Avery:* Thanks to AG members and OAPC for being here in the Bronx for the Community Forum. People were invited to come to the Forum with the expectation that the Planning Council would be here to listen to them. AG members were here, but Planning Council members needed to hear what mostly PWAs said.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on April15, 2004

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Frank J. Oldham, Jr.  
Governmental Co-chair