

Meeting of the
HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL

March 4, 2004
LGBT Center, 208 W. 13th Street
2:15-5:20PM

MINUTES

Members Present: F. Oldham (Governmental Co-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, A. Ali, P. Avitabile (for E. del Campo), L. Bishop, P. Berrios (for J. Pedraza), R. Bonilla, R. Busan (for M. Bacon), K. Butler, F. Carbone, R. Chavez, C. Craig, H. Cruz, S. Elcock (for P. McGovern), I. Feldman, L. Fraser, S. Halperin, CSW, M. Hamilton (for P. Stabile), E. Handelsman, MD, M. Hill, PhD, R. Joyner, H. Mateo, K. McGowan (for C. Dzubilo), D. Ng, A. Paige-Bowman, T. Petro, J. Pressley, A. Raiola, M. Reynolds, N. Rodriguez (for D. DeLeon), E. Santiago, D. Singh (for B. L. Curry), B. Watts

Members Absent: S. Abramowitz, PhD, M. Barnes, J. Bostic, G. Brown, MD, B. Chu, MD, C. Cobb, R. Gonzalez, H. Melore, T. Troia, M. Wainberg, MD, D. Woodard

Staff Present: *OAPC:* R. Cordero, D. Klotz, S. Bailous, G. Moon, M. Lesieur, S. Dwyer, C. Miller, R. Shiau, C. Silva, R. Molina, C. Mosely; *DOHMH:* J. Hilger, J. Park, S. Forlenza, MD, MPH; *MHRA:* J. Verdino, G. Weinberg, B. Carroll, G. Kaloo, R. Miller; *NYSDOH:* L. Cross

Agenda Item #1: Welcome/Announcements/Minutes

Mr. Oldham opened the meeting, followed by introductions.

Mr. Oldham: This is a historic week for us. We have received the largest Title I award in history. [Applause] It is an interesting coincidence that the exact award is \$122,103,117, and the FY 2003 award was \$103M, and the FY 2002 award was \$117M. This is what happens when we pull together for a common goal: the Planning Council, DOHMH, consumers and the community. In moving forward, it is important that we place this award in context. The President has proposed no new money for Title I in FY 2005, 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 can't rest on our laurels. While Title I awards tended to be stable in earlier years, they have become increasingly volatile; last year, we were cut by \$14 million, and this year, San Francisco's award declined by 12%. What we 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 build on this award, we will need to tell another good story in our next application, which means having the best planning process we can. The Planning Council's job this year is actually made harder. The story we told in our last application was one of need. Now that we have been given an increase, we are going to have to convince the reviewers in our next application that we have made the best possible use of the new money we have been given. This year, we are going to have to develop a spending plan that is strategic, outcome-driven, evidence-based, and responsive to the epidemic. As we think about this year's planning cycle, it is worth remembering what HRSA emphasizes in deciding on the competitive awards. We need to continue the momentum we've developed in the data days and do a better job of using data to drive our decisions.

Ms. Nagy: Thank you to all the current and former Planning Council members who fought for services and whose efforts went into the application. The epidemic is continuing to evolve, and we will need to be able to show that our service portfolio is evolving to meet these new needs. Although it seems odd to talk about doing more with less when we've just received \$18 million in new funding, HRSA's guidance emphasizes that no EMA can take funding levels for granted. As most EMAs learned this year, the overall funding trend for the future may be downward. That means we have to look critically at every single service.

As we learned in the recent data day, we're now getting more outcome data on our MAI programs. We need to take the same approach to the portfolio as a whole. HRSA has indicated that this will be an important element of next year's Title I award. Every individual working group, as well as the Council as a whole, will need to come up with evidence-based strategies to show HRSA that we are aggressively working to reduce unmet need. Every working group, as well as the Planning Council as a whole, will need to incorporate a cost-effectiveness analysis into its work. The April data day will focus a lot of attention on ways to do this. As Mr. Pressley noted at the last data day, every workgroup needs to systematically look at the agreed-on special populations to make sure we can show HRSA we are taking their needs into account.

Mr. Cruz: Only 3 states or territories gained funds this year: New York, Illinois and Puerto Rico. This demonstrates that we cannot continue to have flat funding nationally. Also, the two other EMAs in New York State (Long Island and Dutchess County) lost money. Given the award and pressure from the "Southern Manifesto", New York will be even more hated during the fight to reauthorize the CARE Act.

Mr. Oldham: On March 11, Mark Barnes will host a reception for the Planning Council, the PWA/HIV Advisory Group (AG) Executive Committee, northeast CAEAR Coalition members and others to celebrate the award. Press will also be there.

Mr. Joyner read the rules for respectful engagement.

Ms. Berrios introduced the moment of silence.

Mr. Cordero reviewed the meeting packet, including the Planning Council calendar.

The minutes of the January 15, 2004 meeting were approved with one change to note Mr. Raiola's attendance.

Agenda Item #2: Public Comment, Part I

M. Gold: We need to remember that PWAs are still getting sick. Brenda Lee Curry was in the hospital, Joe Bostic is currently in the hospital, and I was recently in the hospital. I want to personally thank the NYSDOH AIDS Institute representatives for the excellent ADAP program, which is so important for the PLWH community. For example, I am on Medicaid spend-down, and without ADAP, I would not have medications. I am also happy that with the new money, we will finally be about to fund new initiatives for PLWH over 50. Also, HRSA project Officer Sheila McCarthy sends her congratulations on our success and hard work. Finally, The AG, in conjunction with the City and State Departments of Health, is sponsoring the first HIV over 50 conference. Agencies are invited to co-sponsor the event and table at it.

T. Smith-Caronia: Congratulations to New York on the award, after a difficult year. We have to think about possible retribution against New York in the reauthorization fight. Also, the City Council is considering using city tax levy funds to continue the \$5M communities of color prevention initiative, and an IDU alliance is asking for funds for harm reduction.

Agenda Item #3: PWA/HIV Advisory Group Report

Mr. Abadia: The AG EC meeting is moved to March 8th. At the last AG meeting, we had one of our largest turnouts ever with close to 60 people. Thank you to MHRA and OAPC for supporting a bus to Albany for our members to advocate for services. Also, thanks to Mr. Halperin for his presentation to the AG on data. We are implementing our CAB survey, and hope that all Title I contractors fill out the survey. AG members are encouraged to give their input at their provider agencies. We want the results for the May P&E meeting. The Faith Forum II was held two weeks ago to a full house. Thanks to OAPC, DOHMH and Mr. Cruz and the AIDS Institute for their support. AG members will be at each of the upcoming community forums to provide testimony. Finally, thanks go to Mr. Gold for his work on the over 50 summit.

Agenda Item #4: FY 2004 Spending Scenario

Mr. Cordero: The US Department of Health and Human Services announced the awards and the Planning Council co-chairs notified the Planning Council. Mayor Bloomberg issued a press release, which was noted in the New York Times. The CAEAR Coalition decried the reduction in forty EMAs' awards, including large EMAs like Los Angeles and San Francisco. Our total award grew by 17.5%, but all of the increase came in our supplemental award, which increased by 60.5% (the formula award decreased by 1.5% and MAI decreased by 4.8%). After taking out Tri-county, administration and Planning Council support, there is \$101,242,668 available for NYC programs.

Mr. Oldham: We should have a round of applause for Michael Isbell, who wrote the application and told our story so well.

Mr. Cordero: Our award must be effectively spent (at least 95% by 2/28/05). The Planning Council will develop an early reprogramming plan for under spending that will allow MHRA to reallocate funds as they become available. It should be noted that we received the maximum number of points in the application for fulfilling the conditions of award, the credit for which belongs to the performance of the grantee. Ms. Hilger and Ms. Verdino deserve a round of applause for this. The next steps are: the EC will recommend a final FY 2004 spending plan at its March 11th meeting. That plan will go to the full Planning Council for approval on March 18th.

Mr. Cruz: While I do not want to put damper on our achievement, we need to be aware that New York could lose funds in the future. Thus, we should consider funding one-time items, so that when a cut comes, it will not be painful to end or reduce on-going programs.

Mr. Pressley: We had a great application. Last year, we got comments from HRSA on the applications' weaknesses. We should get comments this year too, including where we did well so that next year's will be even better.

Mr. Cordero: The Mayor's Washington, DC legislative affairs liaison, Robert Nickerson, is already working on getting a strengths and weaknesses document from HRSA.

Mr. Pressley: Speaking from a statewide perspective, we should reach out to help the two EMAs in the state that were cut. This will foster good will.

Mr. Cordero: We have already talked about it and will share our application and have a discussion with their Planning Council leadership. We can do this in collaboration with the New York AIDS Coalition.

Ms. Hilger: Ms. McCarthy said that we did not in fact have the highest scored application in the country. We tried to get the scores last year but could not get, and so we will have to use the strengths/weaknesses document. Also, there is no actual notice of award yet, and so no actual money.

Mr. Watts: As a correction to a previous statement, the Planning Council support allocation was cut last year from \$760,000 to \$710,000. Also, the 5% administration allocation, although not in the Planning Council's purview is up to 5% of the award. Last year, the grantee said that they were not able to do the Program Monitoring Report (PMR). Will they be able to do the PMR with the increase?

Mr. Cordero: The P&E is looking at creating a more dynamic PMR with funds from the ending Delayed Care study.

Mr. Petro: Ms. McCarthy had concerns about the sustainability of the grant. Every EMA will be on Capitol Hill next year to advocate for an increased appropriation, but we should not use too much of the increase for things that will need on-going funding for future years.

Mr. Cordero: We also used political advocacy (e.g. letters from our Congressional delegation to HHS Secretary Tommy Thompson).

Mr. Oldham: I am proud that Dr. Hill has supported our office and the Planning Council is our efforts.

Ms. Nagy: On February 19th, the EC approved a spending scenario for an increase in the award with the following ranked priorities: 1) \$3.3M to ADAP (brings ADAP total to \$16M); 2) New P&E Initiatives (unit cost development, unmet need planning, outcome evaluation) = \$420,000; 3) 3% Cost of Living Adjustment (COLA) to all Title I contracts = \$2.5M; 4) Fund one of each of new priorities in rank order until funds are used = \$5M; 5) Restoration of 3.16% across the board cuts imposed during FY 2003 = \$1.6M. The COLA will help by lowering staff turnover, which increases costs and disrupts services. As the mother of an infected child, I think we should be reaching special populations, including perinatally infected children who are now adolescents. Also, as a woman with HIV, I know HIV isn't always a priority for us due to pressing family need, and so we need social support.

Mr. Hemraj: We started scenario planning in December, and the EC and Ad-hoc Committee put in a lot of work. I urge that we pass this scenario today.

Mr. Hamilton: Relating to Mr. Cruz's earlier comments, these items are mostly things that need to be sustained over years.

Ms. Hilger: This is not an actual spending plan, but a scenario. We are not sure of the exact amount; MHRA is working on figuring that out. The EC will do a detailed spending plan next week. The scenario reflects the ranked priorities.

Ms. Verdino (in response to a question from Mr. Petro): The largest portion of the restoration is the 3.16% across-the-board cut to base contractors. It also includes contractors that were unfairly taken down. The original idea in the application was also to replace contract that dropped out, and to reallocate funds from take downs to contractors that can spend the money. All is for on-going spending.

Ms. Verdino (in response to questions from Mr. Watts and Mr. Chavez): The restoration does not include other programs that were cut (e.g. hotline, new priorities that were not funded last year). There are no additional fundable props from the last TA RFP. The Planning Council can decide that they do or do not want to move back to Title I funding HOPWA funded TA programs, which are now funded for one year. If they are moved to Title I funding, the funding would be multi-year, or they could be funded under Title I as one-year, with an option to renew.

Ms. Nagy: Motion to approve the base funding scenario [seconded by Mr. Hemraj.] Motion approved 31-0-1 (Y-N-A).

Agenda Item #5: Workgroup and Committee Reports

Mr. Hemraj: The Finance Committee reviewed the reconciled financial report progress report for the period March 1, 2003 to September 30, 2003. The report does not include Tri-County expenditure data; this information was not available at the time the report was prepared. As of November 30, 2003, 99% of Title I funds were committed. For the corresponding period in FY 2002, 99% of funds were also committed, indicating the same level of commitments as last year. The reasons for the uncommitted 1% is due to negotiations of new contracts and savings from contracts that were negotiated earlier in the year for less than the amount originally anticipated. These funds will be fully committed during the fourth quarter.

Total funds spent were 50%, compared to 45% for the corresponding period in the previous year, showing an increased rate of spending for the current year. MHRA has conducted an aggressive take down approach to reduce the level of under-spending. While it is yet too early to determine the exact dollar value of expected carry-over or unspent funds, interim reports submitted to the Finance Committee in graphs as of January 31, 2004, indicate that under-spending is expected to be low. Clearly, this demonstrates a greater level of spending as of this date. I urge the workgroups to incorporate fiscal data into planning. We need to be efficient with spending and have a high spending rate, so as not to have too much carry-over, since what you do not use, you lose.

Ms. Verdino (in response to a question from Mr. Petro): We did not have a 3rd qtr Tri-county report, and so the table shows artificially less spending than last year.

Mr. Abadia: The By-laws Task Force met with Ms. McCarthy and is still working on possible restructuring, based on new HRSA guidance on unmet need. We will meet with TA consultant Emily McKay soon.

Mr. Halperin: Data Day 3 was a success. Ms. McCarthy opened the day, followed by great presentations from Gregg Weinberg of MHRA, David Abramson of CHAIN, Ruth Finkelstein and Melissa Shurkin from the MAI evaluations. The twenty feedback forms received gave the day high marks. For the workgroup break-outs sessions to use the planning questions for reassessing the portfolio, some workgroups were more successful than others. There was uneven attendance. For Data Day 4 (tentative date, April 16th), we are considering doing targeted work with workgroup chairs and P&E/Data Committee members. We need uniformity in planning and the use of data. Thanks go to Mr. Cordero and Dr. Abramowitz for the success of data days, and to OAPC staff Grace Moon and Clarissa Silva, who are now supporting the Data Committee.

Mr. Pressley: The Planning and Evaluation Committee's (P&E) work depends on the Data Committee's work, and I want to acknowledge Dr. Abramowitz's and Mr. Halperin's work. Finally, we are on road towards a truly data-driven plan. We intend for the workgroups to present their priorities at the May and June P&E meetings. It is important for all workgroup chairs to be at the March 12th P&E meeting.

Mr. Halperin: The Planning Council has to think about when certain groups are not represented at key meetings. There is the concern that some groups' recommendations will not be result of the same process as others.

Mr. Oldham (in response to a question from Mr. Pressley): The by-laws do have a process for removing members for absences. The Rules and Membership Committee is discussing it.

Mr. Abadia: The AG will also present the CAB survey results to the P&E.

Mr. Pressley: We also discussed with Ms. Moon and Ms. Silva, whose support has been terrific, that the AG's CAB survey results need to be taken seriously in the priority setting process.

Mr. Abadia: AG members will present to each workgroup. The surveys will be filled out by the consumers on Title I CABs, and OAPC staff will follow up with agencies to ensure a good return rate.

Mr. Watts: The survey report should list agencies that both participated and do not.

Mr. Abadia: We did that last time and will do so again.

Mr. Cordero: On behalf of chairs Mark Barnes and Terri Hamilton, there is a Policy Forum on March 26th. The CAEAR Coalition is requesting \$702M for Title I for FY 2005 and \$224.5 for Title III, which are reasonable requests.

Mr. Santiago: The AOD Workgroup is reviewing its portfolio and looking at possibly collapsing templates. We are also seeking out new members. AOD has been well-attended in the past and we want to beef up participation. Thank you to OAPC staff Robert Shiau for his support.

Mr. Ng: The Housing Workgroup discussed the HOPWA RFA for SRO services.

Mr. Hamilton: The Health Workgroup is reassessing the portfolio using the planning questions from Data Day 3.

Ms. Fraser: The Mental Health Workgroup is reviewing their templates. We are very pleased that the award will allow our template for mental health services for over 50/women to be funded. We are also looking for more consumers to participate in the workgroup.

Mr. Klotz: Rev. Troia is ending some intensive work on the Mayor's Commission to End Homelessness, and so was not able to attend this meeting. The Social Services Workgroup is reviewing all their templates. We have reviewed food and nutrition and Client Advocacy so far, and will meet twice per month through the end of the cycle.

Mr. Abadia: Mr. Bostic asked me to relay from the hospital that he is still concerned about the CAB template.

Mr. Joyner: The Infrastructure Workgroup has been looking at the CAB template and the problem that it was an unfunded mandate.

Mr. Oldham: We will put it in the parking lot, as Ms. Curry had reported progress at a previous meeting.

Mr. Cordero (in response to a question from Mr. Petro): All workgroups are integrating unmet need into planning, but it would be better to discuss this more fully at the P&E.

Agenda Item #6: Grantee Report

Ms. Hilger: The grants administration staff at HRSA is now separate from the program staff, and so some things will be different, such as the way conditions of award are done. We need to submit to HRSA how we will allocate the FY 2004 funds, including names of agencies, by June, which will be a challenge for us. The process is more streamlined now (full budgets are not needed). Also, workgroups will need feedback from us on the outcomes of priorities that are being funded this year. We submitted a request to HRSA in December to use \$39,000 in carry-over for the ADAP pools, but HRSA was not able to approve it before the end of the year. HRSA will keep the money for now, but will release it with the new grant award. If HRSA is taking longer to do administrative things, that I am worried for when we have a larger carry-over request. A revised Title I service directory is available, including programs added since 2002. MHRA is moving ahead with negotiations for 2004 contracts. We are far along in the process, with many contracts already executed. Finally, the transfer of the transportation program to Project Hospitality went smoothly.

Mr. Halperin: I am glad that the transportation situation was resolved so smoothly.

Mr. Petro: Tri-county hopes to have its Title I Steering Committee approve their FY 2004 spending plan for Planning Council approval. The Tri-county portion is tentatively set at 4.9% of the award, as endorsed by the EC, based on the proportion of living AIDS cases. About half of our \$900,000 increase is already accounted for in the plan in the application, including COLA, additional housing programs and a larger ADAP pools contribution.

Mr. Oldham: We should attend Tri-county Title I Steering Committee meetings. We are one EMA. Also, I want to acknowledge that we are ahead of schedule with contracts due to the MHRA's hard work.

Agenda Item #7: Planning Council Website

Mr. Oldham: We have revamped our website, and it is now the best Planning Council website in the nation.

Mr. Cordero: I am happy to introduce Tim Solzenberger from Hub City media, who has been dedicated to helping us create a first class website, which went live during this meeting. OAPC staff Chris Miller also worked very hard to make this happen. The new URL is: www.nyhiv.org

Mr. Solzenberger: The old URL will direct you to the new one. We wanted an updated look, a more dynamic site and better content. There is a "What's new" section with upcoming events and a new, easier calendar system. There are a series of Faces of AIDS photos that accompany the site's pages. There is great accessibility to data and resources and pull down menus for workgroups, committees, etc. where you can see agendas and minutes, etc.

Mr. Cordero: You can get PowerPoint presentations from all Data Days and links to DOHMH community health profiles and other resources, including HIV service providers' websites. Tell us if there are things you think can be added. We will have the service directory eventually, and the site will be even more interactive. There are whole sections on the Planning Council, the planning process, HOPWA, OAPC, DOHMH HIV Bureau, policy and advocacy issues.

Agenda Item #8: Public Comment, Part II

M. Lopez: Congratulations to the staff, PWAs and everyone who worked on the award. It is important for PWAs to be present at meetings. The Planning Council should know that ADAP is doing a great job getting people care and

treatment, including specialty care. Also, I am proud that Mr. Oldham and I are working with Balm in Gilead on the Black Church Week of Prayer, sending Faces of AIDS photos to churches.

L. Holley: New York had the largest contingent to advocate for us at the CAEAR Coalition, but not enough were PLWH. We need to put a face on programs. Also, the COLA should go to front-line workers.

M. Haithcox: Thank you to everyone who supported the recent TA CAB forum. There were 250 people from all over the EMA, 50% of whom were PLWH. We will forward a report to the Infrastructure Workgroup.

Mr. Oldham: Reminder that March 11th, 5pm, Mr. Barnes will host a reception/press conference to celebrate the award. Also, I want to give a special thanks to Mr. Klotz deserves for his hard work over the years. And Mr. Craig, Ms. Holley, Mr. Santiago and other PWAs were great advocates on Capitol Hill, bringing home the impact of HIV to Congressional staffers.

Mr. Cordero: We had a particularly big impact on Congressman Fossella (R-SI).

Mr. Singh: I want to address the issue of homophobia. We used to not have this Center for LGBT. PLWH have also had to struggle for their rights. I take umbrage to President Bush's stand on gay marriage. We need to fight for civil rights together. Also, the Planning Council should be at least 50% PLWH, and PLWH need training to participate in the Council. Remember Joan of Arc, who asked if she would be crucified again.

Ms. Rodriguez: Latinos Against the Constitutional Marriage Amendment had a rally today at City Hall, and City Council member Margarita Lopez is applying to marry people.

Mr. Cordero: Reminder that the Bronx community forum is March 18th, 1-3pm, followed immediately by the Planning Council meeting which we may need to extend to 6pm. Also, as the EC did not plan for a decrease in MAI, we will address this at the next EC meeting.

Mr. Hemraj: I want to reiterate the great work of OAPC. We should revisit the Planning Council support allocation. I will present a proposal to the next EC, including a comparison to what other EMAs allocate.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on March 18, 2004

Frank J. Oldham, Jr.
Governmental Co-chair