



Meeting of the

HIV Health and Human Services Planning Council

June 16, 2005

3:15 – 4:55 PM

Local 1199, 310 W. 43rd Street

MINUTES

Members Attending: B. Stackhouse, PhD (Acting Governmental Co-chair), P. McGovern (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, K. Ashley, MD, P. Avitabile (for E. del Campo), M. Barnes, R. Bonilla, K. Butler, E. Camhi, F. Carroll, P. Catapano (for S. Abramowitz, PhD), C. Cobb, C. Craig, H. Cruz, B. L. Curry, L. Dolloway, I. Feldman, L. Fraser, I. Gamble-Cobb, J. Grimaldi, MD, M. L. Hernandez, J. Hilger, J. Lopez, D. Marder, MD, H. Mateo, G. Mercado (for T. Troia), J. Omi, A. Paige-Bowman, T. Petro, A. Richardson, E. Telzak, MD, L. Welsh (for M. Bacon)

Members Absent: G. Brown, MD, E. Cates, R. Chavez, C. Dzubilo, R. Gonzalez, H. Hernandez, D. Ng, W. Okoroanyanwu, MD, T. Osubu, A. Palermo, J. Pedraza, J. Pressley, A. Raiola, D. Woodard

Staff Attending: *DOHMH/OAPC:* G. Moon, D. Klotz, R. Molina, R. Shiao, M. Lesieur; *DOHMH:* J. Park, S. Forlenza, MD, B. Larson, F. Machlica; *MHRA:* R. Miller, A. Chi, R. Rasmussen

Agenda Item #1: Welcome/Minutes

Mr. McGovern opened the meeting.

Mr. Abadia introduced the moment of silence.

The minutes of the May 19, 2005 meeting were approved with no changes.

Agenda Item #2: Public Comment, Part I

J. Livigni: The CDC reported that incidence rates among heterosexuals are at crisis levels and this needs to be addressed. There is an upcoming panel on children and HIV, which is another topic that needs to be addressed.

M. Ducret: I hope that the City will consider for priority funding agencies that can provide one-stop shopping for medical and social services.

D. Miller: PLWHA, many of whom live in poverty, go to numerous meetings per month as part of the planning process but only get Metrocard reimbursement and refreshments. They should receive some kind of monetary stipend for their work, like we do in a clinical trials advisory board.

L. Holley: We need more effective prevention in communities of color, particularly basic education for women.

M. S. McLaughlin: As this is Gay Pride Month, we should honor those LGBT people how do HIV-related work.

Mr. Craig: Regarding recent CDC statistics, we need to teach women about safer sex, reach the prison population, etc. I do not want to see anyone else infected with HIV and STDs.

Dr. Stackhouse: Some of us recently attended a national conference in Atlanta where this data was presented. In response to the concerns raised here, I suggest that the PPG community co-chair present to the Council on prevention activities, and the we also have an epidemiological update.

Agenda Item #3: PLHWA Advisory Group (AG) Report

Mr. Hemraj: The AG met last Saturday, where we had a presentation on estate planning, an important discussion that is needed, as many people are not prepared if they become seriously ill. There was also a consensus to review the AG's bylaws. The AG Executive Committee meets tomorrow and the Internal Committee meets next week. The AG picnic is on August 13th and all are invited (please RSVP). Finally, our condolences go out to co-chair Felicia Carroll on the untimely passing of brother.

Mr. Lopez: Can we have an update on the new testing regulations?

Dr. Stackhouse: These are State regulations, and so we should ask AIDS Institute representatives if they can do this. We have big agenda next month, but we will discuss it with them. If we can not do it in July, we will do it as soon as possible.

Ms. Paige-Bowman: Can we also include in the prevention presentation information on areas where incidence is going down and models that work?

Agenda Item #4: Finance Committee Report

Mr. Hemraj: At the June 1st Finance Committee meeting, Rachel Miller and Gucci Kaloo of MHRA presented on the FY 2004 close-out. Total under-spending was 3%, or \$3.4 million, all of which is allocated to ADAP as part of the Planning Council's FY 2005 reprogramming plan. The under-spending rate for NYC programs is 2% and only 1% for MAI programs. Overall, this was an excellent spending rate, and congratulations are in order to DOHMH and MHRA staff for their hard work. Funds were also spent intelligently, as budget modifications went well. Contractors avoided having to spend down significantly in the last quarter. All FY 2004 reprogramming funds were committed and mostly spent (e.g., ADAP spent 100%). The few categories with higher than average under-spending were mostly due to late start-up of new contracts (e.g., Mental Health Services in Specialty Settings). The only category with chronic under-pending was Housing Enhancements for Special Populations, which is a number of small contracts that mostly pay for personnel services.

MHRA reported that it had streamlined its monitoring process, completing budget modifications within revised expectations, which helped contractors spend their funds in a more timely fashion. Also, MHRA is now doing budget modifications for most OTPS costs by contract category, rather than line item, which streamlines the process. MHRA is now doing an analysis of contractor spending for recommendation of permanent take-downs and implementing a single contract modification form which will be used by contractors to request changes to their programs and budget. This new form will replace the separate budget and program modification forms. MHRA will give the full Council a presentation on the details of the contract monitoring process in the fall, when new members are seated.

The Committee is also under-taking the annual survey of the RFP process, as part of its assessment of the administrative mechanism. The results of the survey will be presented to the Planning Council at its July 21st meeting. Congratulations to the Council, DOHMH and MHRA on last year's record spending, and I am happy to have been Finance Officer during this time.

Ms. Hilger: The Westchester Department of Health (grantee for Tri-county) should also be congratulated.

Mr. Camhi: We should also acknowledge Mr. Hemraj and the Finance Committee for their work in helping the Council keep on top of fiscal issues.

Agenda Item #5: Proposed Bylaws Changes

Mr. Cobb: The Rules and Membership Committee (R&M) has been working with OAPC and HRSA consultant Emily McKay to help bring bylaws into line with CARE Act mandates. Some general changes, like formatting (e.g., table of contents, definition of terms) are meant to make our bylaws consistent with other EMAs. Some specific content changes include making attendance by alternates count towards the member's attendance (while keeping a minimum 50% attendance for the member and mandating that the alternate represent the same HRSA membership category), making explicit what is in the CARE Act and mayoral Executive Order that members are appointed by the Mayor, and that non-aligned PLWHA who become aligned will count as non-aligned for the remainder of Council's term.

Mr. Craig: When PLWHA become aligned, they may still work to protect the interests of their agencies.

Ms. Moon: We do not want to penalize PLWHA who get jobs at AIDS service organizations.

Dr. Stackhouse: Conflict of Interest (COI) regulations would still apply to all members.

Mr. Cobb: Other changes include that Roberts Rules of Order are officially adopted for meetings, open meeting requirements are made explicit, and co-chairs would have the authority to take actions not related to the Council's legislative functions in the absence of a Council or Executive Committee meeting (e.g. sign a time-sensitive advocacy letter).

Ms. Hilger: Advocacy letters have often at least been vetted by a committee (e.g., Policy). Are there any other examples where this clause could be invoked?

Mr. Cobb: The intent is to streamline the process, so that a Policy Committee advocacy letter could go ahead without full EC or Council approval.

Ms. Curry: There is no need to change this. We could do a conference call.

Mr. Cobb: We are looking for a way to streamline the decision making process for minor actions without having to poll every Council member.

Dr. Grimaldi: It would be helpful to give a concrete example from last year that would help us clarify.

Ms. Moon: Earlier this year, there was a question about whether co-chairs need to sign committee appt letters without consulting the EC.

Mr. Lopez: If any letters have to be signed without Council consultation, copies should be given to the Council at the next meeting.

Mr. Cobb: We can add language that if any actions are taken, the chairs must inform the Council as soon as possible.

Ms. Hilger: If this is not clear when it would be applied, we should defer it.

Mr. Petro: Perhaps we should clarify the language so that policy issues are off the table.

Mr. McGovern: We are presenting this today for comments so that R&M can make revisions and re-send it in advance of a vote at the July meeting.

Mr. Cobb: We will bring it back to R&M. Also, we are re-examining the conflicts of interest (COI) language, reviewing other EMAs' bylaws, and we will bring new language to the Council in the future.

Mr. Petro: Thanks to Mr. Cobb and the R&M members for their hard work on this. Bylaws work can be tedious, but it is important work

Mr. McGovern (in response to a question from Mr. Lopez): Any change to the CARE Act from reauthorization will mean a change to HRSA guidance to planning councils.

Mr. Lopez: Maybe we should table this, pending changes in reauthorization.

Dr. Stackhouse: These proposed revisions respond to changes in the Council's structure and from prompting from HRSA, so yes, it is good to go ahead. If there are changes in the CARE Act or HRSA guidance, we will cross that bridge when we come to it.

Mr. Cobb: This was prompted by HRSA, and we should finish the process.

Mr. Petro: When the CARE Act is reauthorized, HRSA phases in changes over several years, and so even if it changes, we may not have to change local procedures for a while.

Ms. Hilger: We will still need revised bylaws in place for the new Council in September, which will be seated before reauthorization.

Mr. McGovern: Please submit additional comments by e-mail to OAPC by Monday. We will send out a revised version two weeks before the July meeting for a final vote.

Agenda Item #6: FY 2005 Reprogramming

Ms. Mateo: The FY 2005 reprogramming timeline runs from the April EC meeting where we set criteria to final approval at today's meeting. The three sources of funds for reprogramming are: uncommitted funds from FY 2005, under-spending from FY 2005, and carry-over from FY 2004. The reprogramming criteria were: identify one-time, non-recurring initiatives; develop ongoing initiatives that reflect the FY 2005 priorities; implementation must not require a full solicitation; funds may not be used for capital construction or other expenses prohibited by federal rules; funding must be spent by February 28, 2006; existing service categories should be enhanced if needs are identified; Carry-over funds may not be used for planning & evaluation initiatives, but uncommitted and under-spending can be used to fund one-time P&E initiatives. The Council's first priority is fulfilling its \$4M commitment to the ADAP pools from the spending plan. Ranking of all other proposed initiatives was done twice – once with all votes, and once excluding self-disclosed COI votes from the categories where COI was identified. This did not change the outcome for one-time initiatives or for the first three on-going initiatives. PS&RA suggests using the ranking of non-COI votes

Mr. McGovern: To recap, the EC voted to approve the FY 2005 reprogramming plan presented here, using the non-COI votes. Given the amount of under-spending and our commitment to ADAP, we are unlikely to go far down the list.

Mr. Lopez: This body chose to put rapid testing initiative on list without adequate pre-test counseling, which will cause problems. It will not get people into care if testing is not done well. We need to work with the AIDS Institute so that people are not scared to get streamlined counseling and testing.

Mr. Cruz: I agree that the public in general should have a better understanding of the emergency regulations. If the agenda allows it at the next meeting, we will have an expert here to describe them. The emergency regulations have an emphasis on streamlining counseling and testing in clinical settings where pre-testing is not mandatory. This is not true in community-based settings, where effective counseling is still mandatory. The change came about because the old process was a barrier to getting people into care.

Dr. Catapano: Perhaps there is something in one of the other initiatives that would help address this issue.

Mr. McGovern: Most of these initiatives are not likely to be funded, given the fiscal context. This is a rich topic for consideration by the Access to Care Committee, which can make recommendations for the regular spending plan.

Dr. Marder: What kind of homeless shelters (e.g., DHS, HASA, HUD) are we talking about in on-going initiative #3?

Ms. Miller: This was a category in the new RFP, and so it would be funded according to the RFP specifications.

Mr. Craig: Three agencies work on homeless issues with different agendas. They need to coordinate services.

Ms. Curry: The CAB survey should address women of color.

Ms. Moon: You can work with the Needs Assessment Committee to develop a needs assessment of women of color.

Ms. Hilger: As things further down the list are not likely to be funded, people can work to get them included in the FY 2006 spending plan.

Mr. Hemraj: I make a motion to accept the reprogramming plan as presented. [Seconded]

Ms. Miller (in response to a question from Mr. Lopez): The one-time initiatives #10 and #11 are for agencies, not DOHMH.

Mr. McGovern (in response to a question from Mr. Lopez): The Task Force on Priority Setting is meeting next week for two full days to use a tool it developed to set priorities for FY 2006. They will update the Council on this. All are invited to participate, although only appointed members of the Task Force who participate in the full two days can vote. Their recommendations will be presented to PS&RA and the full Council next month.

Mr. Hemraj restated the motion, which carried 30Y, 2N, 1A.

Agenda Item #7: Update on CARE Act Reauthorization

Mr. Barnes: The major national coalitions (CAEAR, AIDS Action, NASTAD) have come to a consensus on many issues surrounding CARE Act reauthorization, including: continue Ryan White as an emergency act; transition to Title I formula awards based on persons living with HIV and AIDS; change Title I EMA eligibility from 2,000 to 1,500 AIDS cases; revise Title I boundaries to be consistent with metropolitan statistical area boundaries; use objective and measurable indicators to determine severity of need for Title I supplemental applications; continue local flexibility to determine appropriate mix of health care and supportive services; maintain current list of allowable services; do not mandate a set of Title I services; maintain requirement of at least 33% council members being PLWHA & allow consumers to retain non-aligned status for remainder of year should their employment change; require HRSA to provide annual report on uses of 2% evaluation tap and 1% TA tap; require Title III grantees to demonstrate they have documented consumer input; improved federal coordination efforts; reauthorize and continue AETCs; reauthorize Part F Dental and encourage accredited dental schools to apply for funding; ensure lowest federal price for Ryan White funded pharmaceuticals; include new section to Part F titled "Capacity Expansion Program", funded with new appropriations; ensure Federal Qualified Health Centers have HIV/AIDS as a core service component (Title III); preserve MAI; and encourage greater coordination at local level between planning councils and other planning bodies (e.g., PPG).

The Senate is considering the bill first, but there may be delays because of other Senate business. There are various discussions by the Congressional committee chairs with oversight over the CARE Act, and we are waiting for the White House's positions to be released. Senator Enzi (R-WY), chair of the responsible Committee, has sent letters to all EMAs asking about the process of selecting contractors and conflicts of interest. Our Council's activities have included: the April public forum, scheduling visits with NY members of Congress in their district offices, letter writing/postcard campaign, other scheduled advocacy visits, and Policy Committee members are active participants in CAEAR/AIDS Action Council. We will need to speak out at the local level.

Ms. Hilger: We received a second letter from Senator Enzi asking for clarification on the Council's roles.

Mr. Lopez: Why did we not receive a copy of this letter?

Dr. Stackhouse: It was distributed in the meeting packets and discussed at length at the April meeting.

Mr. Lopez: Government has to share information.

Mr. Cruz: Thanks to Mr. Barnes for that report. Coordination is critical to our effort. We need to include all aspects of the CARE Act (all titles and their coalitions, such as Title II/NASTAD). Proposed changes in the Title II formula that could hurt us, and that should be addressed. There is also a false perception that states are not spending funds appropriately, which is impacting the discussion. President Bush has highlighted in two speeches that there should be money for minority communities, “medicalization”, and a focus on women and children and faith-based organizations. We should be prepared for drastic changes to the CARE Act.

Mr. Craig: We need to reenergize advocacy, like Act-up and other groups in earlier reauthorizations. We need to show up to Congress in numbers.

Agenda Item #8: Grantee Report

Ms. Hilger: With the passing of the reprogramming plan, we will submit a carry-over plan to HRSA for approval. The approval process will take a few months, and we will be able to spend the money in the fall. We have not received the application guidance yet, but we have started the process with writer Michael Isbell, who is meeting with researchers, DOHMH, MHRA, WCDOH staff, etc. It will probably be a short application again. Also, HRSA is looking at all EMAs’ unmet need estimate. We had included a shortened version in the application due to space limitations, and we have asked HRSA to look at the full version for comment before updating it for this year. Finally, MHRA is looking at moving towards electronic banking for transferring funds to contractors in a more expeditious way.

Agenda Item #9: Public Comment, Part II

I. Angram: HIV incidence in Williamsburg (Brooklyn) is rising. We need more prevention efforts, including efforts that bring the arts into education.

J. Livigni: I understand that I am not able to be an alternate to a non-aligned PLWHA Council member because I am aligned. Roche Pharmaceuticals is sponsoring workshops to teach people about administering Fuzeon (T-20).

D. Miller: Many current PLWHA advocates do not have the resources that middle class activists had in the early days of the epidemic. We need to create conditions that allow PLWHA to participate in the process.

M. McLaughlin: The response to the letter from Sen. Enzi should have been collaborative. All alternates should be reflective of their member.

Agenda Item #10: New Business

Mr. Park: DOHMH is sponsoring four CME events for Gay Pride month on LGBT health issues.

Ms. Mateo: As a PLWHA, being on the Council is difficult, and we are doing the best we can, and we need support from fellow PLWHA.

Mr. Butler: The CARE Act does not allow for the use of funds to pay PLWHA stipends to participate on the Council, but perhaps we can look at other funding streams.

Mr. Lopez: I apologize to my peers and others for my outburst. Also, Leadership Training Institute representatives did not know that the recent Consumer Committee meeting was cancelled. We need better communication, and we should re-invite them.

Ms. Moon: Our apologies for not notifying LTI staff in time of the cancellation.

Ms. Curry: I agree that PLWHA should get a stipend for participation.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on July 21, 2005.