



Meeting of the

HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL

Thursday, July 15, 2004

2:20-4:20pm

SEIU/Local 1199

310 West 43rd Street

MINUTES

Members Attending: R. Cordero (Acting Governmental Co-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, Ph.D., A. Ali, P. Avitabile (for E. del Campo), M. Bacon, C. Barometre, L. Bishop, R. Bonilla, G. Brown, MD, K. Butler, R. Chavez, C. Craig, B. L. Curry, D. DeLeon, I. Feldman, L. Fraser, R. Gonzalez, M. Hill, Ph.D., R. Joyner, H. Mateo, K. McGowan (for C. Dzubilo), D. Ng, F. Oldham, Jr. (for C. Cobb), A. Paige-Bowman, T. Petro, J. Pressley, E. Santiago, P. Stabile, T. Troia, B. Watts

Members Absent: M. Barnes, F. Carbone, H. Cruz, B. Chu, MD, S. Halperin, E. Handelsman, MD, P. McGovern, H. Melore, J. Pedraza, A. Raiola, M. Reynolds, M. Wainberg, MD, D. Woodard

Staff Attending: *OAPC:* D. Klotz, G. Moon, S. Bailous, I. Gonzalez, C. Miller, R. Molina, B. Barusek, R. Shiau; *DOHMH:* J. Hilger, J. Park, S. Forlenza, MD; *MHRA:* J. Verdino, R. Miller, B. Carroll, H. Park

Agenda Item #1: Welcome/Minutes/Announcements

Ms. Nagy and Mr. Cordero opened the meeting, followed by introductions.

Mr. Joyner read the rules of respectful engagement.

Mr. Bonilla introduced the moment of silence in remembrance of Woody Brown, a PLWH leader who passed away last week.

Mr. Cordero reviewed the agenda and meeting packet.

The minutes of the June 17, 2004 meeting were approved with no changes with 2 abstentions.

Agenda Item #2: Public Comment, Part I

M. Gold: The community needs to be reminded that people are still dying, even as the focus is on PLWH living longer. I am also concerned about the report that 7% of black men aged 45-55 in New York City are HIV-infected. We need to work harder to address this.

R. Serafin: AIDS Medicine and Miracles is holding a retreat for PLWH here in New York City and others around the country.

J. Livigni: The medications that are being credited with longer lives, particularly T-20, have terrible side effects.

R. Warne: I am interested in knowing more about housing to address my personal situation.

Agenda Item #3: FY 2005 Priorities and Allocations

Mr. Hemraj: Please refer to the spread sheet showing the FY 2005 preliminary spending plan approved by the Executive Committee (EC) on July 8th and the document showing the priority ranking. Proposed new priorities and enhancements for FY 2005 include: ER/Harm Reduction Assessment Teams, Hepatitis C, Outstationed Medical Teams in SROs, Integrated Harm Reduction, Emergency Rental Assistance, Food and Nutrition, Transportation and Legal Services for a total of \$7,571,000 in new funds. The total amount of the FY 2005 spending request is \$126,652,119.

Mr. Cordero: It should be noted that this is a reasonable request for the application.

Mr. Chavez (in response to a question from Mr. Butler): The new funds in the Program Support category is for a new Infrastructure priority to help non-clinical providers with issues like rapid testing and consumer advisory board development.

Mr. Stabile (in response to a question from Mr. DeLeon): The Health Workgroup evaluated both the Treatment Education (TE) and Treatment Adherence (TAD) templates and there were many similarities. We decided that it should be one integrated service, and so funding from the TE category would go to the TAD category and TAD programs will incorporate TE models.

Dr. Brown: TE was developed before the advent of HAART, but the two can not be done separately. For FY 2004, TAD is funded at level of both categories, minus some overlap of administrative costs, figured at 25% of the TE budget.

Mr. Pressley: I want to acknowledge work of OAPC staff in assisting the workgroups in their long process of reassessing the portfolios, as well as the efforts of the workgroups, who spent long hours to really examine their services. Also, this year, the Data Committee (DC) created initiatives to help with prioritization and address concerns around lack of data. Every template was restructured to include language that addresses HRSA mandates around access to and maintenance in HIV-related primary care. For the first time since 1997, the P&E re-ranked the priorities, according to the HRSA service categories. The ranking closely reflects HRSA mandates. There was concern about what data we need to assess programs, and so, there will be a meeting shortly of representatives from the Planning Council, DOHMH, MHRA, AI, PCMH, etc. to coordinate data collection for next year's planning process. Overall, it was a good planning process this year, and it sets the stage for an even more productive one year next year.

Mr. Cordero: The full workgroup templates are available on the Planning Council website (www.nyhiv.org).

Mr. Petro: The Tri-county Steering Committee, which parallels the full Planning Council, has met around the year and examined data, including CHAIN (which had Tri-county data for the first time). We added funding to continue increased allocations to housing, transportation and food programs. New initiatives are: an increase in the contribution to the ADAP pools, and three new treatment adherence programs (there are only two AI-funded programs now).

Mr. Petro (in response to a question from Dr. Brown): Putnam County had lost its one clinical provider, but has since received a grant to set up an HIV primary care clinic. The other counties are fine in this respect.

Mr. Joyner: Federal priorities seem different than our ranking for new priorities. Will this mean we will lose point on the application? We need to listen to what Washington, DC says.

Mr. Pressley: We had many discussions around making sure that services lead to improved health outcomes. Every workgroup was asked to look at what new priorities would be needed, then the P&E and EC ranked them. There was a lot of discussion on housing in particular, but the EC voted to move housing assistance to #1 for new priorities.

Ms. Nagy: While Mr. Joyner's concern is valid, if you look at the overall spending plan, medical care is ranked the highest priority.

Mr. Craig: We should take the lead in advising the federal government that housing is vital to accessing medical care.

Mr. Cordero: Every EMA sets its own local priorities, and for New York, housing is a crisis, and so it is acceptable to rank it high, since it does provide access to and maintenance in care. The Planning Council did its job this year using data to re-rank the entire portfolio, thanks to the leadership of the DC and P&E.

Dr. Brown: Motion to pass the FY 2005 proposed spending plan. [Seconded by Ms. Nagy] Motion carries 29-0-1 (Y-N-A).

Agenda Item #4: PWA/HIV Advisory Group Report

Mr. Abadia: At its July meeting, the PWA/HIV Advisory Group (AG) received a presentation by Dr. Steve Abel of the AI on dental issues, which was very helpful. Also, there was a presentation on prevention for positives from Nina Rothschild of DOHMH. On July 13, Mr. Joyner and I met with Mr. Cordero and Mr. Bailous on AG concerns, including upcoming events and the roles and responsibilities of OAPC staff and AG members. The Over 50 and Long Term Survivors Forum will be held on October 2nd; please let your clients know. We are holding NAPWA/HRSA focus groups as part of a national effort to get information from consumers on HIV/AIDS issues. The AG picnic is on August 14th, and all are invited, not only PLWH (please RSVP with OAPC staff). AG members have expressed concerns with the departure of Mr. Cordero so soon after Mr. Oldham's, that a contingency plan be discussed at the September Planning Council meeting. We want to continue the good work we have done with Mr. Oldham and Mr. Cordero and that we sustain the momentum that helped us gain a record award.

Dr. Hill: While Mr. Oldham and Mr. Cordero made significant contributions, we got through a difficult time because many of us helped out, and going forward, we will do even better. I have full confidence in the existing staff, and we are working on a transition plan. We have made an announcement of the job posting for Director and received a number of resumes. We have a rigorous interview schedule so that we can get someone on board quickly. We will maintain a high level of productivity through the transition period.

Mr. Abadia: I appreciate that, but just want to make sure that we continue the progress we have made.

Mr. Joyner: We have come together and shown that we can work together, and the next director needs to build on that.

Ms. Nagy: Since Mr. Oldham went to the Harlem Director's Group, he has kept the AG close to him, which helps make the transition easier, and we appreciate that.

Agenda Item #5: Workgroup and Committee Reports

Mr. Chavez: Mr. Cordero deserves a fitting party in his honor. The Infrastructure Workgroup developed two new service categories that we hope will be funded, as presented today. We also eliminated two categories that were never funded and revised the existing templates. Thanks to Ms. Curry for her leadership during this year.

Dr. Abramowitz: I have enjoyed working with Mr. Cordero and the OAPC staff, especially since he helped revitalize the DC. The last DC meeting of the season is next week to discuss lessons learned from this year's planning process. Workgroup members are encouraged to attend and share how data was useful and how we can improve it for the future.

Dr. Brown: The Health Workgroup hopes that we have a set of priorities that is more targeted and efficiently delivered for FY 2005. We also plan to send letter to ADAP to ask them to support liver biopsies and hepatitis C RNA to help co-infected people. Thanks to Mr. Stabile for his hard work.

Mr. Stabile: I am stepping down as Health Workgroup co-chair due to work responsibilities, but will continue as a workgroup member. Thanks to Dr. Brown, Mr. Miller and the workgroup members for their hard work.

Rev. Troia: The Social Services Workgroup worked hard to improve all its templates. The most significant changes are in Custody Planning, which will no longer be a stand-alone category but provided in Legal and Supportive Counseling programs. Also, we revised adult day care (originally meant to help agencies obtain article 28 licenses) to Social Day Care, a low-threshold model. We will also look at what data we need for the future. Thanks to the OAPC staff for their hard work.

Agenda Item #5: Grantee Report

Ms. Hilger: There is no application guidance yet. We will use the same process as last year for Planning Council review, and OAPC staff will ensure that that happens. We submitted end-of-year reports to HRSA that included a narrative of accomplishments and challenges, which expanded the mid-year progress report included in the FY 2004 grant application. The report also included the final allocations for 2004, and the final implementation plan (Table 10) with year-end units of service. We will share the report before the next Planning Council meeting. MHRA is finalizing the budget modifications for all contracts to make adjustments for cost of living increases and reinstatement of the across-the-board cut. By the end of this month, we have to submit a report to HRSA demonstrating that we have committed all funds. DOHMH will soon release a prevention services directory, which will also be on the DOHMH and MHRA websites. We are still working on putting the Title I service directory on the website.

Ms. Verdino (in response to a question from Mr. DeLeon): The Planning Council is funding a comprehensive data base of all funded programs (Ryan White Titles, AI, etc.). While it is meant for planning, we have submitted an application for a grant to make it an accessible web-based directory for consumers and providers.

Agenda Item #5: Public Comment, Part II

P. Allen: I am having a problem with my scattered site housing application and funds that I was supposed to receive for taking a class.

R. Jones: I have a problem with sub-standard housing being offered to me. Many people are having similar housing problems. Thank you also to Ms. Verdino for helping me to resolve a problem with transportation.

Agenda Item #6: New Business

Ms. Moon: The Needs Assessment Update, distributed today, updates the 2002 assessment to describe HIV/AIDS service needs. It includes updated epidemiological data and the unmet need estimate, which tells us who comes into care late and why. Thanks to the Planning Council members who reviewed this and gave us comments.

Mr. Cordero: Thanks to Ms. Moon and Ms. Silva for working so hard to complete this, and also to Dr. Susan Forlenza for her invaluable input. The unmet need estimate (32%) is adjusted for people getting private health care, including from the Veterans Administration (VA), which demonstrates why it is important that a VA representative will be at the forum on federal partners tomorrow.

Rev. Troia: Whereas Mr. Cordero has served as Deputy Director of the Office of AIDS Policy Coordination during a time of AIDS crisis in NYC; his astute leadership and moral vision has inspired and motivated the staff and Planning Council to high achievement; and his perceptive and compassionate spirit and deep concern for the community living with HIV/AIDS has brought him to this place of leadership; I move that it be resolved that the Planning Council extends its deepest gratitude and highest respect and best wishes for his greatest success. [Motion accepted by acclamation]

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on July 29, 2004

Robert Cordero
Acting Governmental Co-chair