



Meeting of the

HIV Health and Human Services Planning Council of New York

July 21, 2005

2:45-4:30

Local 1199, 310 W. 43rd Street

MINUTES

Members Present: B. Stackhouse, PhD (Acting Governmental Co-chair), P. McGovern (Community Co-chair), S. Hemraj (Finance Officer), S. Abramowitz, PhD, P. Avitabile (for E. del Campo), M. Barnes, K. Butler, E. Camhi, F. Carroll, R. Chavez, C. Cobb, B. Curry, L. Dolloway, L. Fraser, J. Grimaldi, MD, A. Gutkovich (for D. Marder, MD), H. Hernandez, M. L. Hernandez, J. Hilger, J. Lehane, PhD (for T. Petro), P. Laquer (for I. Feldman), H. Mateo, L. Morrison (for H. Cruz), D. Ng, J. Omi, T. Osubu, A. Paige-Bowman, A. Palermo, J. Pressley, E. Telzak, MD, L. Welsh (for M. Bacon)

Members Absent: R. Abadia, K. Ashley, R. Bonilla, G. Brown, MD, E. Cates, C. Craig, C. Dzubilo, I. Gamble-Cobb, R. Gonzalez, J. Lopez, W. Okoroanyanwu, MD, J. Pedraza, A. Raiola, A. Richardson, T. Troia, D. Woodard

Staff Present: *OPAC:* G. Moon, D. Klotz, R. Shiau, S. Bailous, I. Gonzalez, M. Lesieur; *DOHMH:* S. Kellerman, MD, MPH, J. Park, D. Miles, S. Forlenza, MD, MPH, L. Fahie, F. Machlica; *MHRA:* R. Miller, B. Carroll

Agenda Item #1: Meeting Opening/Minutes

Mr. McGovern opened the meeting.

Ms. Carroll introduced the moment of silence.

Mr. McGovern reviewed the rules of respectful engagement.

The minutes of the June 16, 2005 meeting were approved with no changes with one abstention.

Agenda Item #2: Public Comment, Part I

D. Chandler: I am here to ask the Council to endorse the Campaign to End AIDS (C2EA), a global effort to end AIDS. Its goals are: fund high quality treatment and support services for all PLWHA in the world; ramp up science-based prevention efforts; increase research to find a cure; fight stigma and discrimination. I urge everyone here to get involved in this effort. CTEA has been endorsed by the San Francisco planning Council and many other bodies.

Mr. Ng: GMHC has released report on strengthening Special Needs Plans (SNPs), which is distributed here today. Recommendations include an increase in funding for outreach and education. Please read it. Also, GMHC is sponsoring a mayoral candidates forum on August 17th on HIV issues with Housing Works, AIDS Housing Network and others. I urge everyone to attend.

Agenda Item #3: PLHWA Advisory Group Report

Ms. Carroll: On Saturday July 9th at GMHC, the AG meeting focused on women. Reena John of the Women's HIV Collaborative of New York presented their report on Service Access, Stigma & Advocacy. Juanita Chestnut led a

panel of women advocates who spoke about their work as advocates and the importance of women in the reauthorization effort. In addition, on behalf of the AG, I make a motion that the Council endorse C2EA. [Seconded]

Ms. Carroll (in response to a question from Mr. Cobb): An endorsement would mean putting the Council's name on C2EA materials.

Mr. McGovern: Do people have enough information about C2EA to make a decision?

Ms. Curry: I think we have to endorse this effort.

Mr. Pressley: The New York AIDS Coalition endorses it and is working across New York State to inform people about it.

Ms. Paige-Bowman: As one of the country's major planning bodies, we have to endorse this.

Mr. Cobb: What does endorsement actually mean (e.g., mean putting our support is in writing)? Can we ask the Council staff to find out what other steps might be required?

Ms. Carroll: If you need more information, see the C2EA website.

Mr. Ng: I propose a friendly amendment that we endorse the mission of C2EA and may disseminate information about it, and if any further actions are required, then we will take it back to the Policy Committee. [Accepted]

The motion passed with one abstention.

Agenda Item #4: Proposed Changes to Planning Council Bylaws

Mr. McGovern: The Rules and Membership Committee (R&M) worked long and hard on updating the bylaws. R&M made additional changes after they were presented at the last Council meeting, and the Executive Committee (EC) reviewed and approved the version being presented here.

Mr. Cobb: We took the recommendations from the last Council meeting back to R&M, and we deleted the proposed language to give the co-chairs the authority to act on behalf of the Council when the Council or EC can not meet. Also, we revised the conflicts of interest language to be more specific and comprehensive. Mr. Barnes helped craft the language with his legal expertise, and it was approved by the EC last week. I move that the Council accept the changes approved by the EC. [Seconded]

The motion carried unanimously.

Agenda Item #5: FY 2006 Spending Plan

Mr. McGovern: Last year, we did scenario planning in case of a cut, and decided to do an across-the-board cut. We did this because we felt that we did not have enough data to do more surgical cuts. In response, we charged a Task Force on Priority Setting with developing a tool and criteria to do more rational cuts.

Ms. Moon: The meeting packet includes the following materials, all sent out prior to the meeting: a summary of the EC approved recommendations; today's presentation; an article on health care priority setting; a summary of the Task Force's work (who participated, attendance, conflicts of interest information, summaries of meeting discussions, a checklist of data sources, and a grid showing how each category was assessed according to the agreed upon criteria); and the proposed spending plans for the whole EMA and Tri-county.

Mr. Pressley: The Task Force and Priority Setting and Resources Allocation Committee (PSRA) concluded that we had to present a spending plan to HRSA in our application that showed how we used an unbiased process to develop priorities and resource allocation. Mr. Camhi and Mr. Petro and the Task Force members, and staff Ms. Moon and Mr. Shiau did an excellent job creating that.

Mr. Camhi: The commitment of the members to the Task Force was phenomenal. 17 of us met over months to develop these recommendations. Through 2001, the New York EMA could rely on increases in Title I appropriations to sustain a growing service portfolio. With additional funds, the Planning Council expanded programs and developed new programs. In FY 2003 (Year 13), the New York EMA received an unexpected \$14M cut in its Title I award. There have been challenges in developing a spending plan that cuts programs, which resulted in an agreement that in the future, the Council needed to develop a more systematic and rigorous scenario planning process. Key issues during the PSRA's 2005 scenario planning process were: across-the-board cuts (planning vs. "paralysis"); best available data vs. "impressionistic" info; lack of a transparent, repeatable process for setting priorities and allocating resources from year to year. It was decided to convene a task force to address priority-setting and resource allocation issues. The Task Force, composed of 17 members from the Council and grantee, met seven times for a total of over 28 hours. The Task Force was charged with developing a priority-setting "tool" that would provide a rational way to evaluate the portfolio given the data that we have, applying the tool in a transparent process to the service categories, and developing recommendations for changes/recommendations to the service portfolio.

The tool that the Task Force developed does the following: defines the set of features to take into account or evaluation criteria; Decides on the relative importance of the features or evaluation criteria ("weighting factors"); Ranks from 0 (None/Poor) to 3 (Excellent) how well each item meets each evaluation criteria. The weighting factors are: Payer of Last Resort, Access/Maintenance, Service Gaps/Needs, HRSA Core Service Category, and Consumer Priority. During the Task Force's deliberations, all members disclosed their conflicts of interest, all members voted, votes of members with conflicts were noted and tracked, and PSRA voted to include all votes. Data sources used were: 2005 Needs Assessment Update; CHAIN (various reports from 2004 and 2005); Service Gaps/Needs data; Consumer Advisory Board Survey; 2004 & 2005 Community Forum Reports; 2004 NAPWA Focus Group Reports; 2005 Data Days; expertise of the group.

Ms. Mateo: The recommendations of the PSRA, approved by the EC, are: 1) Air Bridge, Adult Day Care, Buddy Services, Housing Enhancements for Special Populations, and Tuberculosis Services will not be in the Year 16 Spending Plan submitted to HRSA. 2) Limit Technical Assistance to 2.5% of total program funding and target to Title I providers (except for housing TA). LTI is not part of the reduction. 3) Use the funds allocated to the above to enhance service categories that improve access to and maintenance in care: 3a) Ambulatory Outpatient Care/Outstationed Medical Care Teams in Commercial SRO Hotels and Homeless Shelters (+\$576,394); 3b) Ambulatory Outpatient Care/Maintenance in Care: fund additional programs; all new programs to be base-funded; provider eligibility expanded to any organization with on-site HIV primary health care services (not just limited to Article 28 facilities (+\$700,000); Mental Health Services: additional programs out-stationed/co-located within HIV/AIDS supportive housing programs (+\$500,000); Substance Abuse Services/Integrated HR/RR/RP & Family HR/RR/RP: additional programs out-stationed/co-located within HIV/AIDS supportive housing programs (+\$1,000,000); Housing/Emergency Rental Assistance (+\$1,732,787); Housing/Emergency and Transitional Housing: provide additional units of emergency/transitional housing for various populations (+\$1,000,000); Outreach Services/Access to Care: fund additional programs; all new programs to be base-funded (+\$700,000); Early Intervention Services: fund additional programs with broader service settings to include all appropriate settings with high HIV prevalence (+\$700,000).

PSRA also recommends funding additional initiatives through a request for funds above the current level of funding for the following: Early Intervention Services (\$571,600); ADAP Pools (est. \$4M – full cost of the program); Emergency Rental Assistance (\$500,000); Outstationed Medical Teams in SROs (\$500,000); Housing Referral Coordination (\$500,000 in MAI); P&E Initiative - Primary Care Status Measures & CHAIN (\$360,000). These initiatives, formerly funded through reprogramming, would be put into the base award.

Dr. Lehane: The Tri-county spending plan represents a continuation of FY 2005 programs. The only change is to add \$225,000 to treatment adherence.

Mr. Hemraj: I want to acknowledge the participation of over 40% PLWHA on the Task Force. They were instrumental in developing this plan.

Dr. Abramowitz: For new funding, maintenance in care (MIC) activity will be allowed in all facilities, not just Article 28 (medical) facilities, but the outcome evaluation of those programs has demonstrated that MIC activities are most effective in medical facilities.

Mr. Pressley: PSRA discussed how there are CBOs that have co-located primary care programs through partnerships with Article 28 providers.

Mr. Camhi: We wanted to expand the MIC options to CBOs that partner with Article 28 facilities.

Mr. Ng: This decision came out of broad thinking on how to expand services to non-medical providers that link with medical providers.

Dr. Abramowitz: The Council should use the evaluation results that we have paid for.

Ms. Hilger: The proposed MIC programs would only be avail to agencies that provide on-site medical care.

Dr. Telzak: The provision of on-site medical services is the key to this, and so it does respond to the research.

Mr. Barnes: Thanks to Task Force for so much time and effort. I make a motion to adopt these recommendations. It is always difficult to make a decision to cut one program in favor of another. It may not be my personal preferences to make the exact cuts proposed, but it was done through a fair, transparent process with significant consumer participation, and was as scientific as possible. If we try to pull the plan apart with our own preferences, it would be a zero-sum game based on our own interests or preferences, and the data-based, independent results would fall by the wayside. Twelve years ago, Mr. Cruz and I created the Air Bridge Program, and it breaks my heart to cut its funding, but the redirecting of that funding to other programs is a wise thing to do given the current epidemic.

Mr. Pressley: I second the motion. We wanted a plan that was in tune with best data we have. It was a difficult process, since we are talking about services for PLWHA and a hostile federal government. We had to make painful decisions in a tough environment with limited funding, but the results reflect the best approach that we could use, arrived at through open debate and discussion.

Ms. Omi: It is important to emphasize that the process was outstanding. The tool was simple but comprehensive. 28 hours of work only reflects the time in meetings, not all the other time spent on this. I am very impressed with the work, and thank you to everyone who helped on the process and the result.

Mr. Hemraj: At the EC, I included a friendly amendment that the CAB Survey become incorporated into provider contracts. This was a crucial tool for consumer input that was used in the process, and we have to insure providers participate.

Mr. Barnes: I accept the amendment.

The motion carried 28-0-2 (Y-N-A).

Mr. Pressley: I want to acknowledge Ms. Moon and Mr. Shiao for their fantastic work to support this process. Also MHRA staff Ms. Miller and Ms. Carroll, who provided us with so much useful information.

Agenda Item #6: Grantee Report

Ms. Hilger: There is no guidance or time frame yet for the Title I grant application. When we know, we will schedule the review period for Council members. The process to implement changes in the portfolio will take place over a couple of years. Programs that applied for funding through the RFP released last fall will begin March 2006 (Legal, Supportive Counseling, Treatment Adherence). Current programs will be extended to February 28, 2006.

Agenda Item #7: Recognition of Retiring Council Members

Dr. Stackhouse: This is the last meeting of this planning year, and it has been an honor to have been Acting Governmental Co-chair during the year, and now it is my honor to recognize members whose terms are ending and

are not returning to the Council: Susan Abramowitz, Gina Brown, Ken Butler, Ryan Chavez, Brenda Lee Curry, Chloe Dzubilo, Reinaldo Gonzalez, Darryl Ng, Jairo Pedraza, Edwin Santiago, and David Woodard.

Also, Dr. Susan Forlenza is retiring. She has done great service to the Council and PPG, giving epidemiological support. She's a great communicator, a wonderful doctor and scientist, and it has been a pleasure to work with her.

Dr. Forlenza: It is always a pleasure to work with people who are dedicated to the fight against HIV. I have made many friends here, and the Council is one of the most dedicated bodies in the country. New York has one of the best programs in the country because of the people here.

Agenda Item #8: Public Comment, Part II

J. Smith-Houk: I am from Citizens Advice Bureau. There are a lot of exciting advocacy efforts, but many specifics of the Campaign to End AIDS are lacking, and the Council should look into it more carefully.

M. Gold: When talking about payor of last resort, we have to think about the effect on ADAP of changes in Medicare Part D. In the next planning cycle, we need to have a task force on this issue. Even providers are confused about this issue, and we need to understand it and respond.

M. Ducret: With these cuts, it would be in our best interest to mobilize all New Yorkers to tell the federal government that, as the epicenter of the epidemic, we need the resources here.

O. Martin: It is important that the Council endorsed C2EA. Also, congratulations to the PSRA Task Force on its impressive work.

J. Livigni: The Council must address Medicare Part D issues. I attended Task Force meetings, and on day two of a two-day meeting, only half showed up, mostly providers. They never heard about a report on the abuse of payments for people in SROs.

T. Welsh: As Executive Director of the HIV Law Project, I appreciate the update on the RFP. There has been a serious lack of communication, and I do not understand the reason for the delay. I know that it is not in hands of the Council or MHRA, but I hope that you can put pressure on the responsible parties to speed up the process so that we can serve our clients.

B. Turtle: We need better communication with providers. We need to expand ambulette service. One service told clients that Medicaid would not pay for it anymore.

Agenda Item #9: New Business

Ms. Moon: We received a letter from HRSA about the Comprehensive Strategic Plan. We are responding, and then will finalize the plan. Also, DOHMH announced a condom distribution initiative. For information go to the DOHMH website – www.nyc.gov/health - or call 311.

Dr. Stackhouse (in response to a question from Ms. Paige-Bowman): The condom initiative is not Title I money, only City budget funds, and so it is only for within New York City.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on September 15, 2005



Bill Stackhouse, PhD
Acting Governmental Co-chair