



Meeting of the

HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL

Thursday, July 29, 2004

2:10-4:55pm

Local 1199, 310 West 43rd Street

MINUTES

Members Attending: R. Cordero (Acting Governmental Co-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), F. Carroll (for R. Abadia), P. Avitabile (for E. del Campo), M. Barnes, C. Barometre, P. Berrios (for J. Pedraza), R. Bonilla, K. Butler, P. Catapano, DDS (for S. Abramowitz, PhD), R. Chavez, C. Cobb, C. Craig, H. Cruz, B. L. Curry, D. DeLeon, S. Elcock (for P. McGovern), I. Feldman, L. Fraser, R. Gonzalez, E. Handelsman, MD, T. Hamilton (for B. Chu, MD), R. Joyner, C. Kazanas (for J. Pressley), H. Mateo, D. Ng, A. Paige-Bowman, F. Prioleau (for H. Melore), P. Quintero (for M. Bacon), A. Raiola, J. Park (for M. Hill, Ph.D.), B. Reyes (for T. Petro), M. Reynolds, E. Santiago, P. Stabile, T. Troia, D. Woodard

Members Absent: A. Ali, L. Bishop, G. Brown, MD, F. Carbone, C. Dzubilo, S. Halperin, M. Wainberg, MD, B. Watts

Staff Attending: *OAPC:* D. Klotz, S. Dwyer, G. Moon, I. Gonzalez, C. Miller, C. Silva, R. Molina, B. Barusek; *DOHMH:* S. Forlenza, MD; *MHRA:* B. Carroll, R. Miller

Agenda Item #1: Welcome/Announcements/Minutes

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

Mr. Joyner read the rules of respectful engagement, prefaced by a statement of gratitude for Mr. Cordero's contributions to the HIV Planning Council and his support of PLWH.

Mr. Cobb introduced the moment of silence, noting that AIDS is the worst epidemic that humanity has ever faced.

Mr. Cordero reviewed the meeting packet.

Mr. Cordero (in response to a question from Mr. Cruz): We will distribute the State's comments on reauthorization in response to the federal register and post it on the Planning Council website (www.nyhiv.org). The City and State coordinated closely on our comments.

The minutes of the July 15, 2004 meeting were approved with no changes with four abstentions.

Mr. Cordero reviewed the agenda.

Agenda Item #2: Public Comment

O. Martin: People are invited to attend a forum on affordable housing on the west side of Manhattan.

M. Gold: PLWH constantly face challenges. For example, I recently began a new drug regimen and subsequently developed chest pains. I went off the regimen and then developed thrush. As we go forward with changes to the Planning Council, I want to remind everyone that the focus needs to be on PLWH.

Agenda Item #3: PWA/HIV Advisory Group Report

Mr. Bailous: We have completed three NAPWA/HRSA focus group of PLWH, with one more this evening. One focus group was conducted in Spanish. The facilitators have been excellent, and the participants have provided useful feedback on keeping PLWH involved as we go into reauthorization. The PWA/HIV Advisory Group's annual picnic will be held on August 14th, and all are invited. The Over 50 and Long Term Survivors forum will be in October.

Agenda Item #4: Proposed Planning Council Restructuring

Mr. Cordero: As presented previously, the process to update the Planning Council's by-laws began last September. The proposed structure responds to HRSA mandates and integrates our current "silo" planning. It should be noted that the new structure increases the number of committees and workgroups from 14 to 16, not including ad-hoc committees (e.g. spending scenarios, administrative mechanism, by-laws). Several Planning Council members have further discussed better integrating planning, reducing conflicts of interest, plus integrate planning, lowering the workload for members attending multiple meetings, and spreading legislative mandates more equitably.

Those Planning Council members have offered a friendly amendment to the proposed new structure, which essentially keeps the same structure except for changing the six content-area workgroups (WGs) into two integrated committees: Access to Care and Maintenance in Care. All current WGs would be represented on the new committees. Council co-chairs would appoint three people to represent each WG (one Planning Council member, one non-aligned PLWH, and one other WG member). The Data Committee was set up similarly and worked well.

Ms. Nagy: In a conference call with HRSA Project Officer Sheila McCarthy, she said that original proposal essentially looked the same, continuing the planning in silos. It was made clear to us by HRSA that we need to update the way we do things, or it will negatively affect our next application.

Mr. Cordero: The amended proposal reduces the number of committees from 16 to 12.

Mr. DeLeon: I compliment the By-laws Task Force for working so hard to identify problems in our current functioning. The original proposal goes a long way towards integrating planning and addressing the problems. I disagree, however, with the elimination of WGs. President Bush, Congress and HRSA want the CARE Act to meet mostly medical needs. The amended structure looks like an extension of that effort. We need to maintain the six content-focused WGs in order to make sure that we focus on these important services. Eliminating them would also harm small, minority CBOs that focus on one area, like case management. We cannot force small agencies to apply for article licensure 28 to apply for Title I funds.

Mr. Barnes: I have seen the planning process since the beginning of the Title I grant. Small organizations that have one service contract send staff to WGs to protect their contracts, rather than looking at the outcomes of services. Silos do not help PLWH, who often have multiple needs. The amended proposal meets our goal, as well as HRSA's, which has decreed that we integrate planning. Also, staff is limited. With so many committees, we would be diverting staff time from improving the outcome of planning, putting the emphasis on process rather than outcome.

Ms. Prioleau: I agree with Mr. DeLeon. I do not think it will ensure diverse community representation, particularly if the committee members are selected by only two people. Also, we need to follow the CARE Act, not HRSA, which is being pushed by administration to "medicalize" it. Our concern is not the staff, but PLWH who attend meetings despite health problems. This proposal will concentrate power in fewer hands.

Mr. Catapano: Integration is a good goal, but the friendly amendment narrows representation too much.

Mr. DeLeon: I appreciate the concern about staff time, but that should not be a factor. As for conflicts of interest, that is why I have not joined workgroups. The original proposal has an integration committee to act as a buffer. As for HRSA, while they were involved in the development of the original proposal, I question their involvement in the development of the amendment.

Ms. Mateo: I come across many people who are not in care, and this focuses on getting them into care and keeping them in care. HIV/AIDS has no color. The WGs will be represented in every committee. Right now, I see big agencies dominating the WGs and consumers getting lost. We can do outreach to smaller agencies to get involved if needed.

Mr. Bonilla: The conflict of interest issue always comes up and needs to be addressed. There are not enough non-aligned PLWH coming to the meetings. Many PLWH feel comfortable going to small CBOs, and we need to reach out to them.

Mr. Cruz: I have been involved in the process for a long time, and things needed to be changed. The first proposal really only super-imposes a new process over the existing one. The friendly amendment moves things in the right direction. To address concerns that have been raised, we can change the 25-person limit for voting on the new committees to broaden participation.

Mr. DeLeon (in response to a question from Mr. Cobb): Many consumers prefer small CBOs to big agencies or hospitals and the amendment supports the move to “medicalize” that will hurt small CBOs.

Ms. Hamilton: As a point of information, could Mr. DeLeon please address the specific issue he raised that the proposed structure would result in small agencies not getting Title I contracts.

Mr. Cordero: Let us not put the cart before the horse. This proposal is not about RFPs, but about a Planning Council structure that creates integrated care planning, reduces conflicts of interest and that results in a more comprehensive system of care. With silo planning, we have had major complaints about the lack of coordination of services. PLWH have multiple needs and we need to create an integrated system of care where planning for health, mental health, substance use, housing, etc. gets together to develop comprehensive, integrated templates. This is responsive to the CARE Act. HRSA interprets the CARE Act.

Mr. DeLeon: We should look at what is best for the client. I think that clients know best. They go to small agencies because they like them. Eliminating WGs will not make the conflict of interest issue go away.

Ms. Nagy (in response to a question from Ms. Elcock): The PWA/HIV Advisory Group is advisory. The Consumer Committee gives PLWH voting authority on the Planning Council. In addition, PLWH participation is required on each committee.

Mr. Cordero: Currently, some committees and WGs have no non-aligned PLWH. The new structure would mandate it. Now, WGs are full of providers who show up when they have a financial interest at stake. This does not eliminate WG content areas, but integrates them. The chairs of the Access and Maintenance Committees will have the ability to bring on additional PLWH and community members.

Mr. Santiago: I have always addressed conflict of interest issues. Planning has never been data-driven enough, but rather depended on who had the most influence in the WGs. As a WG chair, I always felt that I had to look out for my WG’s issues at the Planning and Evaluation Committee level, rather than looking at the bigger picture. The new structure will help fix these problems. I am concerned, however, with the appointment process being concentrated in too few hands and that DOHMH will have too much control over membership.

Mr. Cordero (in response to a question from Mr. Joyner): The friendly amendment was developed by Planning Council members and e-mailed out yesterday to the full Planning Council.

Mr. Joyner: The process needs to be transparent and not concentrated with a small number of people. Also, conflict of interest rules are not consistently enforced. Also, people should not make decisions for people of different races.

Mr. Dwyer: The Planning Council makes the ultimate decisions and can change how people are appointed. In the current by-laws, the governmental co-chair appoints all committee and WG members in consultation with the community co-chair. This proposes that there be additional input by committee chairs, but you can further amend that.

Mr. Cordero: Perhaps we can change the amendment so that both co-chairs make the appointments.

Dr. Handelsman: I recognize the problem of silo planning. For example, the Health WG discussed home-based psychiatric services, but it went nowhere because it was not the WG's content area. Not all proposals have to be comprehensive. Also, given past history, we can not trust that an independent community co-chair will be re-appointed.

Ms. Nagy: This proposal is not written in stone. As Community Co-chair, I need to honestly express my feelings. Having the conflict of interest issue come up constantly and seeing its influence in template development, and seeing PLWH excluded from the process, I think that the new structure will address these issues. If one person's interest is AOD services, there will be other people at table (e.g. housing, health) that will provide a broader perspective. This was a long process with many people who participated and looked long and hard at this, and we need to move agenda along.

Mr. DeLeon: I agree with the original proposal, but we received the friendly amendment only yesterday. If you want to eliminate conflicts of interest, enforce the no voting rule on issues where there is a financial interest.

Ms. Prioleau: I have been keeping track of the process and still have concerns. New PLWH are not coming to the table. This model does not help new PLWH get involved. When people see that their voices do not count, they do not want to participate.

Mr. Barnes: It is wrong to impute bad motives to people who worked diligently to help improve this process. One of the best things we can do for PLWH is to have an application that is responsive to what HRSA wants. That is how we will get more money into NYC to fund more services. HRSA asks in the application what we have done to integrate the medical and human needs of PLWH. If we do not pass something like this proposal, what will we say in the application? If there is not a real change in the process, we will lose points, resulting in a reduction in the award and will have to cut the budget again. That is the real interest of PLWH. I move to accept the proposed by-laws change with the friendly amendment, with a few further changes: increase the number of WG representatives on the Access and Maintenance Committees from 3 to 5 each, and increase the number of additional unaffiliated members from 7 to 10 each. I propose that we call the question immediately. This proposal is about planning. The RFP will include, as always, requirements that cultural appropriateness and acceptability to clients are criteria for getting an award.

Mr. Cordero: I propose another friendly amendment – that the appointments are done by both Planning Council co-chairs jointly.

Mr. Barnes: I meant to add that, thank you.

Mr. DeLeon: I am prepared to support the main proposal. To ask me to vote on an amendment the day after is not a proper process. We also should not consider hypothetical criticism by HRSA. We have done what HRSA wants with the Integration of Care Committee.

Ms. Prioleau: I am concerned that some people want to mute others' voices, particularly PLWH who have a problem speaking out in bigger groups. This amendment is not in interest of PLWH.

Mr. Cordero restated *Mr. Barnes'* motion: to accept the original proposed by-laws change with the friendly amendment, and to accept addition to changes to the friendly amendment to increase the number of WG representatives on the Access and Maintenance Committees from 3 to 5 each, and increase the number of additional unaffiliated members from 7 to 10 each. The motion was seconded by *Mr. Cruz*.

Mr. Chavez: can we vote on incremental steps?

Mr. Cordero: After voting on the motion on floor.

A vote was taken and the motion passed 19-14-3 (Y-N-A).

[5 minute break]

Mr. Klotz re-stated the motion for clarification.

Mr. DeLeon: We need to reconcile the language of original proposal to meet the requirements of the friendly amendment.

Mr. Cordero: Since we have lost a quorum, we can vote on that at the September meeting. This was only the first part of the change to the by-laws. The Planning Council will reconvene to work on the rest in the fall.

Ms. Kazanas: With the change, the proportion of PLWH on committees falls from one third to one quarter. Also, the language needs to be clear regarding "PLWH" and "consumers" (who can include caregivers).

Mr. Cordero: The By-laws Task Force will work on all of these suggestions.

Action Steps/Follow-up (Responsible Parties/Timeline)

- Incorporate amendment into current by-laws as approved by the Planning Council (OAPC staff/ASAP)
- Reconcile language in current by-laws to reflect amendment (By-laws Task Force and Planning Council/September 2004)

Agenda Item #5: The Administrative Mechanism

Mr. Hemraj: The Finance Committee will discuss the results of the survey of the administrative mechanism in September and develop any possible recommendations for presentation to the Executive Committee and full Planning Council. But we are sharing the results with you now for informational purposes. *Bettina Carroll* from MHRA/HIV CARE Services will provide a presentation on the administrative mechanism, which the Finance Committee helps evaluate.

Ms. B. Carroll: Funding for services begins with the service priorities developed by the Planning Council/ after Congress appropriates money and HRSA awards the year's Title I grant to the City, DOHMH decides how best to implement the priorities (e.g. RFP, enhancement, sole source). MHRA/HIV CARE Services develops the solicitation, oversees the proposal review process and negotiates sub-contracts with HIV/AIDS service providers. There are 317 Title I contracts with 157 agencies. The proposal review and contracting processes are described in the presentation.

Mr. Park: There is no grantee report this month, except for the announcement that *Grace Moon* will serve as Acting Director of the Office of AIDS Policy Coordination. We will announce the selection of an interim governmental co-chair of the Planning Council before the September meeting.

Agenda Item #6: Public Comment, Part II

J. Livigni: I have been living with HIV/AIDS for over 20 years. My significant other has no inclination to attend these meetings. We need to support greater PLWH involvement.

L. Smith: I am living with AIDS since 1987 and this is my first Planning Council meeting. I am dismayed by what I have seen, including people using the race card and saying who can take care of other people. I am African-American and I receive excellent care because I have a very knowledgeable doctor, who happens to be white. Yesterday, I participated in one of the NAPWA/HRSA focus groups and one thing that many of us agreed on is that more attention needs to be paid to heterosexual issues.

M. S. McLaughlin: The new Planning Council structure will keep people of color out of the process. If there are not enough PLWH on the workgroups, then we need to increase that number, rather than concentrating them in one committee.

O. Martin: I applaud the people who have stayed with this process. I suggest having someone serve as a parliamentarian to help during the meetings.

A. Richardson: I have been disabled visually by HIV. Why are there not more supportive services for disabled PLWH? Disabled PLWH need help to overcome social isolation and to promote self-sufficiency.

Agenda Item #7: Other Business

Ms. Nagy: Thank you to members who have completed their terms and are retiring from the Planning Council. Plaques are being made to thank them for their dedication and will be sent. The first person I want to recognize is the late Joseph Bostic who helped pave the way for me and other PLWH. The other former members we recognize for their service are: Bobby Watts, Dr. Milton Wainberg, Candia Richards, Dr. Ed Handelsman, Spence Halperin, Lloyd Bishop, Amjad Ali, Jerome Brown, Fatima Prioleau and Paul Hatchett.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on September 23, 2004

Bill Stackhouse
Acting Governmental Co-chair