



Meeting of the

EXECUTIVE COMMITTEE

Thursday, April 14, 2005

2:45-4:30PM

Friends House, 130 East 25th Street

MINUTES

Members Attending: P. McGovern (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, PhD, F. Carroll, C. Cobb, H. Cruz, I. Gamble-Cobb, J. Hilger, H. Mateo, T. Petro, J. Pressley

Staff Attending: *OAPC:* G. Moon, D. Klotz, S. Bailous, I. Gonzalez, C. Silva, M. Lesieur; *DOHMH:* J. Park; *MHRA:* R. Miller

Guest: M. McClain

Agenda Item #1: Welcome/Introductions/Minutes

Mr. McGovern opened the meeting.

Mr. Pressley introduced the moment of silence.

Ms. Moon reviewed the meeting packet.

The minutes of the March 9, 2005 meeting were approved with no changes.

Agenda Item #2: Public Comment

P. Pavich: We need technical assistance (TA) programs to shore up the infrastructure of small community-based organizations (CBOs). TA has allowed Helping Hands Unlimited to secure additional funding from federal sources for a new housing program. TA funds should be put back into the FY 2005 Title I budget, as it is an on-going need.

B. Lopez: The Latino Commission on AIDS (LCOA) North Brooklyn Project has been helping Latino-serving CBOs to build their capacity. We have helped 13 organizations in 31 different areas of TA (e.g., fiscal, grant writing, board development). Brooklyn only receives about 2% of foundation money in the City, and Title I TA funds are crucial to capacity building for small non-profits that serve Latinos in Brooklyn.

E. Greeley: Brooklyn AIDS Task Force (BATF) supports continued Title I TA funding, especially in Brooklyn, where it has been instrumental in supporting small CBOs to build infrastructure. As a conduit for the New York AIDS Coalition's (NYAC) collaboration project, we have been named a finalist for a prestigious \$100,000 award. We provide legal services to agencies as a business service, and without Title I funds, we would not be able to continue this service.

F. Soto: Small grass-roots organizations do not have the infrastructure to do big projects and get grants. The After Hours Project has benefited from Title I TA, making it possible for us to get funding, improve staff skills and save lives with our programs.

J. Magisano: Since 1998, NYAC has helped hundreds of organizations with legal services, co-location of treatment services, targeting communities of color, women and immigrants, etc. we have more than doubled the number of collaborations in the last year, helping to connect PLWHA to case management and medical care (e.g., developing housing for women in Brooklyn). It would be a tragedy to stop this program.

R. Algarin: The Lower East Side Harm Reduction Coalition accessed NYAC TA services to establish a mobile medical clinic to serve drug users. We have provided screening for a wide range of health problems, from HIV to diabetes, and are expanding our gynecological and dental services and referrals to specialty care. This program has a track record of success and funding for it should continue.

D. Barkley: South Brooklyn Legal Services asks that Title I TA funds be continued. We provide direct legal services to 1000 clients per year, as well as legal TA to providers on issues such as housing, confidentiality and benefits. We do this with only seven attorneys. Our TA adds exponential value to our services by allowing case managers and other care providers to do client advocacy.

D. DeLeon: If we pull out funding from the Title I TA program, it will collapse. LCOA is building capacity to provide services in Bushwick and other neighborhoods with Latino-serving CBOs. We do individualized needs assessments and mentoring, and our work is just beginning. This is a long-range process and must continue.

G. Zelaya: El Puente serves 2000 youth per year with peer education and prevention. LCOA and NYAC TA has been very effective with staff development, fiscal infrastructure and other assistance.

R. Bannon: The Hudson Planning Group has helped organizations develop over 1000 units of housing and are now developing 300 more. Housing is the number one priority of PLWHA in New York City, but there are many barriers. Developing housing is a complex undertaking, and CBOs need TA. We have connected CBOs to sources of funding (e.g., HPD) for pre-development funds. We have never been able to meet the demand for housing TA.

L. Holley: Few Planning Council members attended the recent community forums. They should have been there to hear the concerns of the community, not just read the report.

Agenda Item #3: Committee Reports

Mr. Cobb: The Rules and Membership Committee is meeting this month to review proposed changes to the by-laws.

Ms. Moon: The Policy Committee is holding the Reauthorization Forum on April 22nd. CAEAR Coalition, AIDS Action Council, NASTAD and others will be presenting on their recommendations, and NYAC and Harlem Directors Group will be there to help develop NYC reauthorization strategies.

Mr. Abadia: The Consumers Committee is hosting its first forum to discuss changes that will affect the dual Medicare/Medicaid eligible. The forum is open to all. Also, the Consumer Training, part 2 is taking place on April 29th, with HRSA training on priority setting and resource allocation (for consumers only).

Ms. Gamble-Cobb: The Maintenance in Care Committee (MIC) had a presentation from Mr. McClain on the Strategic Plan. We discussed the goals and objectives developed by the Integration of Care Committee (IOC) and submitted comments to IOC.

Ms. Gonzalez: The Access to Care Committee conducted a parallel discussion to MIC.

Mr. Klotz: IOC spent the last two meetings developing goals and objectives for the Strategic Plan, which Mr. McClain will present soon.

Dr. Abramowitz: The Needs Assessment Committee is examining ways of thinking about unmet need in preparation for the next Data Day. We want to help its use in the resource allocation process. Tomorrow, we are meeting with ADAP to get data and analysis on that program's utilization and impact.

Ms. Carroll: The PLWHA Advisory Group (AG) met last Saturday to discuss the Client Advisory Board (CAB) survey results. The final results will be disseminated soon. Also, Dolores Dockery of McClain & Associates gave an update on the Strategic Plan.

Mr. Pressley: The Priority Setting and Resource Allocation Task Force is meeting next week to develop criteria for priority setting and resource allocation. We will report to the full EC and PC as we progress.

Agenda Item #4: 2005-2008 Comprehensive Strategic Plan

Mr. McClain: The 2005-2008 Strategic Plan for HIV/AIDS Services for the New York EMA will have three basic chapters (a structure suggested by HRSA): 1) the current picture, 2) goals and objectives, 3) monitoring progress of chapter 2. There is a vision statement that that PLWHA in the EMA will have access to and maintain appropriate, quality services across the continuum of care, resulting in the best possible health and quality of life. IOC developed initial overarching goals: to improve the health outcomes and quality of life for people living with HIV disease; to reduce the transmission of HIV; to increase the number of individuals who are aware of this HIV status. These goals break down into three large themes: access to care, maintenance in care, and the system as a whole. There are subsidiary goals for each of these, and measurable objectives for each of the subsidiary goals, developed by IOC and reviewed by ATC, MIC and the PLWHA AG. Goals and objectives were refined and action steps added by the committees, and IOC will be meeting again to finalize these with the input of the sub-committees. A draft plan will be submitted in mid-May for review, with a final plan published in July.

Agenda Item #5: FY 2005 Reprogramming

Ms. Mateo: The Planning Council needs to develop a FY 2005 reprogramming plan now that the spending plan has been finalized. It is critical that we develop reprogramming ideas so that all Title I funds, including potential unspent funds, are spent in accordance with identified service priorities. The Council's first priority identified in the FY 2005 spending plan is the \$4 million commitment to the ADAP pools. Reprogramming funds come from three sources: uncommitted funds from FY 2005, under-spending from FY 2005, carryover from FY 2004. Most of the funds will be available on a one-time basis; however there may be a small amount available for ongoing priorities. If recurring funds are identified, the Council may use those to fund additional programs proposed in response to previously issued requests for proposals. The Council will develop a priorities plan for both one-time and on-going initiatives which the grantee will implement as reprogramming funds become available.

The timeline for the development of a FY 2005 reprogramming plan should allow for minimal disruption of the FY 2005 planning process. The co-chairs of the Integration of Care, Access to Care and Maintenance in Care committees must submit prioritized reprogramming ideas with proposed resource allocations to the Priority Setting & Resource Allocation Committee for review, approval and prioritization by May 25, 2005 in order to be considered. The timeline for development of the reprogramming plan is: April 14: EC discusses FY 2005 reprogramming plan criteria; April 26: IOC, ATC, MIC and Consumers Committee develop reprogramming ideas; May 11: IOC reviews and finalizes reprogramming plan; May 25: PS&RA reviews and finalizes reprogramming plan; June 9: EC reviews and finalizes reprogramming plan; June 16: Planning Council finalizes and approves reprogramming plan.

The criteria for the FY 2005 reprogramming plan are: 1) identify one-time, non-recurring initiatives; 2) develop ongoing initiatives that reflect the FY 2005 priorities; 3) implementation must not require a full solicitation; 4) funds may not be used for capital construction or other expenses prohibited by federal rules; 5) funds must be spent by February 28, 2006; 6) existing service categories should be enhanced if needs are identified; 7) carryover funds may not be used for Planning & Evaluation initiatives, but uncommitted and underspending can be used to fund one-time P&E initiatives.

Mr. Hemraj: Can we continue funding the TA programs with reprogramming funds?

Ms. Miller: As the PS&RA memo said, there is a timeline for developing reprogramming proposals. No funds are distributed until the Council finalizes a reprogramming plan. Funds are available from different sources at different times (e.g., carry-over is not available until HRSA approves the request, which last year came in December).

Mr. McGovern: For the record, I serve on the boards of directors of agencies that receive Title I funds for this program and thus I will refrain from voting and ask Ms. Moon to facilitate the discussion.

Mr. Pressley: As Executive Director of NYAC, we are impacted by this discussion, and so I will also not vote.

Ms. Miller (in response to a question from Mr. Abadia): There are no uncommitted funds this year. By early May, we can project the carry-over (which again, can not be spent until HRSA approves the EMA's carry-over request). The other source for reprogramming funds is takedowns, which will be done after the 2004 close-out. We will propose permanent take-downs for chronic under-spenders. There is a process for providers to appeal such a decision. Last year, takedowns were a relatively low amount (approx. \$200,000); contractors got the message that we are serious about it and are spending better. As for new programs, old contracts were extended.

Mr. Hemraj: I make a motion that TA programs be part of base funding in the future, and that TA be funded through reprogramming through the end of FY 2005.

Mr. Abadia: There is a process for reprogramming as outlined by the PSRA memo. This motion violates that procedure. While I favor funding TA, it is not appropriate to vote now without the committees considering proposals. This discussion should happen in those committees.

Mr. Pressley: This is a dilemma for a number of groups. The EC discussed briefly last year that TA should be part of the base spending plan, but no further action was taken. We want to be clear where funding comes for these services. There is an acute situation facing TA programs.

Mr. Cruz: I want to make sure we all understand the issue and background. There were some contracts that were meant to be paid for with one-time funding. There was an attempt to put them into base funding to make them ongoing. The contracts are coming to an end on April 30th, which is a crisis for providers who will lose funding, and people want to identify a mechanism to transition these programs, requiring immediate action. Also, there is a process in place that goes through May to identify reprogramming proposals and we do not have knowledge of available funding.

Ms. Hilger: The public comments suggest that there will be no TA left after April 30th. This is not true. In FY 2005, there is about \$4 million for TA still in the budget for both general TA and housing-specific TA.

Mr. Petro: What is the amount of contracts and money involved? If it has to be allocated by the end of the month, it would have to come out of our commitment to use carry-over funds for ADAP. We have already committed \$4M for the ADAP pools. If we commit carry-over now, it will mean not fulfilling our commitment to the ADAP pools.

Ms. Miller: This issue affects 7 contracts worth \$1.74M. The proposal is for 10 months of funding (through the end of FY 2005), for about \$1.5M.

Mr. Hemraj: I restate my motion.

Ms. Moon: The FY 2005 spending plan has been passed. If the funds are baselined, that means reviewing the entire spending plan. If it is approved, it would mean a larger across-the-board cut to the entire portfolio in order to pay for these programs.

Mr. Hemraj: The proposal is to consider baselining this for the future.

Mr. Park: If this were done, there would be a period of time when contracts would have no money.

Ms. Hilger: This discussion is a consideration of individual contracts, not a service category. The Council allocated \$4M for capacity building. The Council does not have the authority to discuss contracts. They can choose to enhance the category.

Mr. Abadia: We have made a commitment to ADAP and do not know how much we will have for them. ADAP has already been very generous to us, and I am concerned that if we commit reprogramming funds to TA, we will not be able to fund ADAP.

Ms. Mateo: It is unfair to all other possible proposals to consider this outside of the agreed process.

Ms. Miller (in response to a question from Mr. Pressley): We have not identified the estimate of carry-over, and can not until we have finished closing out FY 2004 contracts.

Ms. Mateo: HRSA must approve a carry-over request, and so it would still mean a long gap when these programs would not have funding.

Ms. Hilger: Once the Council approves a carry-over plan, we submit it to HRSA. Then we have to fulfill our conditions of award. This means not submitting a request until almost October. Approval could come as late as December.

Mr. Pressley: I want to say that, as chair of PS&RA, we had numerous discussions of whether we were looking at the entire spending plan to find ways to cut if there were a decrease in the award. We decided not to do a surgical cut to the portfolio, but an across-the-board cut. Eliminating the funding for these TA programs is in essence a surgical cut.

Ms. Hilger: In 2003, there was not enough money to fund these programs. The City decided to use HOPWA funds. When we got the larger award in FY 2004, they were switched to Title I, but it was always the plan to fund them for one year only.

Mr. Pressley: There was a lack of communication regarding whether the funding was renewable after putting it back into Title I funding.

Ms. Miller: While it is difficult to face the end of a program, MHRA communicated clearly and consistently about the one-time nature of the funding, and have many communications showing that, including a mid-year semi-annual report (which is only done for one-time funding), and reports where we asked about attempts to continue the program after funding ends. All 7 agencies returned completed reports which were signed by the senior administrator or executive director of each organization, and reviewed with MHRA program monitoring staff. There was no ambiguity.

Ms. Moon: There is no second to the motion, and so it is not considered.

Mr. Petro: If this proposal returns through the reprogramming process, contracts will have ended by the time funds become available.

Ms. Hilger: Correct. We would have to do some kind of solicitation.

Agenda Item #6: New Business

Ms. Moon: In your packet is a letter from the New York Academy of Medicine (NYAM), with a request from a graduate student to approve the use of data from the Council's Asian/Pacific Islander needs assessment for a paper for his class. It will follow the NYC Institutional Review Board (IRB) process. As it is a Council project, it requires our approval.

Ms. Moon (in response to a question from Mr. Abadia): The study will be completed this fall. Whatever the student he writes will come back to the Council.

Mr. Abadia: We should review data before an outside person, as it's our study.

Mr. Park: There could be a legal question. We commissioned the study and put it through our IRB process. If the data will be used by an outside party for another purpose, this sets a precedent for future studies. I agree with Mr.

Abadia that the Council has not gotten its deliverable yet and it is problematic to share the data with others before we review it.

Ms. Moon: We were informed that it would be legal, but it is up to the EC.

Mr. Abadia: I move that we not share the data until we get the report. [Seconded. Carried 9Y-0N-1A]

Ms. Moon: In your packet is a letter to the grantee from the Senate Health Committee, which is responsible for reauthorization, requesting information on Council membership. We have to comply and will keep you informed.

Ms. Hilger (in response to a question from Ms. Gamble-Cobb): All EMAs got this letter. We are meeting tomorrow on how to respond.

Mr. Abadia: We should coordinate with CAEAR.

Mr. Cruz: Troubling issues are raised by this letter. We do not know the criteria they are using for reviewing the information they gather or where they are going with this. Implicit in their request is that people serve on planning councils for their own gain, but the nature of councils is to include service providers in the process. Almost everyone at the table is a provider or client of a CARE Act program. This could be a way to do an analysis that funding is channeled to organizations that sit on planning councils. Also, we have a right to know what the sanction would be if we did not comply with the request.

Ms. Moon: This could be part of a strategy to justify elimination of planning councils. We are talking with CAEAR and other EMAs about this.

Ms. Carroll: At the last Council meeting, the AG co-chair requested a consultant to do a study on the functioning Title I CABs. I want to consider a motion now to fund this.

Mr. McGovern: This would be a reprogramming item and can be done through that process.

Ms. Moon: The AG should bring this proposal to the April 26th meeting,

Mr. Pressley: NYAC is hosting a community dialogue on April 19th on the future of HIV testing, with Dr. Frieden and community representatives.

Mr. Cruz: One more concern on the Senate letter – that we will get a request for the amount of funding agencies represented on the Council receive.

There being no further business, the meeting was adjourned.