



Meeting of the

HIV Health and Human Services Planning Council of New York

March 20, 2008

3:00-5:00 PM

LGBT Center, 208 W. 13th Street, NY, NY

DRAFT MINUTES

Members Present: J.C. Park, MA, MPA (Governmental Co-chair), S. Elcock (Community Co-Chair), B. Backofen, R. Bramble Weed, F. Carroll, O. Clanton (for R. Spellman), G. Cruz (for G. Philip), A. Etienne, I. Gamble-Cobb, T. Hamilton (for A. Aviles, MD), V. Jarvis, MD, F. Laraque, MD, MPH, P. Laqueur (for I. Feldman), J. Leandry-Torres, M. Lesieur, J. Marciano (for E. Telzak, MD), D. Marder, MD, D. Ng, T. Petro, A. Richardson, D. Tietz (for L. Scaccabarozzi), S. Self, PhD, E. Viera, Jr.

Members Absent: S. Adams (for M. Brune), M. Bacon, L. Bishop, E. Camhi, R. Canosa, J. Edwards, T. Faulkner, L. Fraser, A. Hardman, J. Irwin, R. Jackson, T. Mack, MD, MPH, G. Mercado, L. Freddy Molano, MD, W. Okoroanyanwu, MD, MPH, A. Perry, A. Quinones

Staff Present: *DOHMH:* J. Hilger, D. Klotz, T. Nolett, N. Rothschild, DrPH, A Santella, DrPH, D. Wong. *PHS:* R. Miller

Agenda Item #1: Meeting Opening/Minutes

Mr. Park opened the meeting.

Ms. Carroll introduced the moment of silence, asking that members Myron Gold & Alvin Perry be kept in our thoughts.

Ms. Elcock reviewed the rules of respectful engagement.

Mr. Park reviewed the agenda, meeting packet and the conflicts of interest guidelines, particularly in view of the voting today on the 2008 Spending Plan. Members who receive funding or are employed by an agency receiving funding for a specific service category were reminded to recuse themselves from voting on motions directly related to that service category.

The minutes of the February 21, 2008 meeting were approved with no changes.

Mr. Park introduced *Mr. Todd Noletto* who has recently joined the Office of Care, Treatment & Housing and informed the Council that *Mr. Darryl Ng* has accepted the Co-Chair role of the Priority Setting and Resource Allocation Committee (PSRA).

Agenda Item #2: Public Comment, Part I

Ron: My understanding is that the DOHMH is diminishing the role of the consumer in the planning process. We have made great strides in the past partnering with the DOHMH and we should not lose that momentum. To diminish the 20% allocation of consumer input in the PSRA matrix would be a disservice to PLWHAs.

Yvette: As a CAB member of Brookdale Hospital, I have observed many breaches of confidentiality in clinical settings, in CAB participation guidelines and in operational standards of cleanliness.

1 *Victor:* I would like for the Planning Council to make a recommendation to HASA that the HASA Client Advisory Board
2 include at least one member of the Consumer Committee and/or Advisory Group. In addition, the selection and notification
3 process for appointment to HASA's Client Advisory Board is unclear.
4

5 *Manuel:* I have been subjected to disrespectful and unprofessional behavior by certain clinicians at Harlem Hospital and by a
6 HASA employee, all of whom were sexually inappropriate. I will pursue an ADA complaint if this situation continues.
7

8 *Linder:* In 2007, I applied to the HASA Advisory Board and never received a reply. It is unclear to me what the qualifications
9 for acceptance are and the procedures for notification.
10

11 *Ms. Carroll:* I applied to the HASA Advisory Board and never received a reply, negative or affirmative.
12

13 *Anthony:* I applied to the HASA Advisory Board and am also differently-abled. I was misled by the HASA representative with
14 whom I spoke when I inquired about the status of my application. I have still not received a response. A consumer who is on
15 the Planning Council should also be appointed to the HASA Advisory Board.
16

17 *Ms. Elcock/Mr. Park:* While it is neither the customary practice to respond to public comment nor does the Planning Council
18 have any authority or oversight of HASA operations, we can obtain information from HASA to address the issues stated and
19 provide clarity on the appointment and notification process. HASA has undergone a change in leadership, and a HASA staff
20 member is a member of the Planning Council.
21

22 **Agenda Item #3a: Ryan White Part A Spending Plan**

23
24 *Mr. Park:* For the purposes of today's discussion of the 2008 Spending Plan, we will be referring to the large spreadsheet
25 included in today's packet, entitled "Year 2008 (Year 18) Ryan White BASE Spending Plan". The current plan reflects an
26 increase in our award, which totals \$102,430,205 and includes both the formula and supplemental awards. The Tri-County
27 portion is \$5,087,252. After deducting the allocations for NYC Administration (\$9,734,295) and Quality Management
28 (\$3,000,000), the amount remaining for program costs is \$84,606,658, which is allocated for the portfolio of services. With a
29 slight increase in funding for this year, one of the priorities of the Planning Council is to restore the funding to programs which
30 have been cut. The PSRA has had continuing discussions on the re-allocation of funds across program categories.
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32 On March 13, 2008 the Executive Committee reached consensus on funding recommendations, consisting of increases in
33 Mental Health Services (\$625,185), Treatment Adherence (\$446,691), Integrated Harm Reduction, Recovery Readiness and
34 Relapse Prevention (\$141,008), Early Intervention Services (\$889,342), Maintenance in Care (\$1,072,286) and Case
35 Management (\$426,714), totaling \$3,601,226. In order to fund the difference between this total amount and the increased
36 award of \$ 1,311,146, funds allocated to the ADAP pool are leveraged to fund this shortfall. Over the course of the year, funds
37 are returned to the ADAP pool with carryover funds and contract take-downs. The first action today is to vote upon the budget
38 presented today; the second action addresses a spending plan surplus of \$136,016.
39

40 *Dr. Telzak:* For the benefit of those who were unable to attend either the PSRA or Executive Committee meetings, it would be
41 useful to review how these amounts and allocations were derived.
42

43 *Mr. Park:* With regard to Mental Health Services, this amount reflects funds that were restored, from dollars not previously
44 allocated. With regard to Harm Reduction & Early Intervention Services, these funding increases represent the funding of HIV
45 testing kits, which the Planning Council voted on this year and last as important initiatives. There have been long discussions
46 on the Maintenance in Care service category and its value in returning HIV+ clients to care; using this increased funding,
47 programs can expand the number of clients to be served. Last year, Case Management had a reduction in funding; the
48 Executive Committee voted to increase such funding. All the funds being re-allocated are returned to the top-ranking
49 categories.
50

51 *Ms. Hilger:* With respect to Early Intervention Services, the allocation is a combination of the costs for purchasing additional
52 HIV test kits and \$168,855 in unobligated funds that were turned back last year through contract negotiation.
53

54 *Mr. Lesieur:* Does the Emergency Transitional Housing category need explanation?
55

56 *Mr. Park/Ms. Hilger:* The Emergency Transitional Housing funds represent the one-time HOPWA transfer last year. Due to a
57 shortage in funding, HOPWA picked up the costs of those contracts on a one-year basis, through July 2008. The \$554,239 in
58 reallocated dollars will carry the programs from August 2008 through February 2009; they will be fully funded by the Part A
59 grant in March 2009.

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Mr. Tietz: Measures of program effectiveness and outcomes should be used to maximize the funding these programs receive. It is equally as important for the funds to be used to enhance OTPS or infrastructural costs where there may be a longer lasting benefit, as opposed to the time-limited benefits of hiring staff for a short period of time.

Mr. Park: The total 2007 reductions across all service categories due to funding cuts was \$9,765,283. This year's award could not cover those cuts, so Committee members voted to restore funding to the top-ranked service categories.

Ms. Elcock: We are looking at categories that address fundamental care and treatment needs for PLWHAs. We also have to be mindful of the 2% carryover maximum in re-allocating funding increases.

Mr. Lesieur: Both the PSRA and Executive Committee discussed returning the funds across all service categories as opposed to re-allocating to top-ranked categories; the budget being presented today represents a thoughtful and efficient use of additional funds.

Mr. Petro: Many of the categories to be enhanced are performance-based contracts; this additional funding allows already high-performing contracts to increase their service deliverables.

Dr. Laraque: The combination of increasing performance-based contracts and Maintenance in Care and Treatment Adherence contracts is in line with the Bureau's objectives. In addition, we are currently developing a Case Management & Treatment Adherence RFP.

***Motion made to approve the budget as presented by M. Lesieur, seconded by A. Etienne.
Vote: 16 yes, 0 no, 1 abstention. Motion approved.***

Mr. Park: The surplus of \$136,016 this year could be directed to Maintenance in Care programs or to Early Intervention Services or used to reduce the \$3,000,000 ADAP takedown.

Ms. Elcock: Distributing this surplus amount over several service categories would not be useful or efficient.

Mr. Lesieur: Given the high ranking of Mental Health services and their role in returning and maintaining clients in care, would it be feasible to allocate these funds to contracts in that service category?

Dr. Laraque: The DOHMH would prefer to use these funds to link as many individuals to primary care as possible.

Ms. Hilger: These funds represent monies that were turned back last year from new contracts. It would be more prudent to maintain these contracts at the previously agreed levels as opposed to enhancing them.

Mr. Cruz: Could some of these funds be used to enhance LTI, Housing TA and other Planning and Evaluation activities?

Mr. Park: This is not possible since those programs are funded through the grant's administrative budget. This amount represents funds which have to remain in program services.

Ms. Bramble Weed: Many clients are unable to keep appointments because of a lack of transportation options. Can these funds be used to increase those services?

Ms. Hilger: The transportation contract in place is a centralized transportation service utilizing vans purchased with grant funds and may be not be able to utilize this amount of money given the specific program design.

Ms. Carroll: Can these funds be used for additional Food and Nutrition services?

Mr. Laqueur: If these funds were returned to Integrated Harm Reduction services, could HIV tests kits be purchased with those funds? Would these funds be used as contract enhancements?

Mr. Park/Ms. Elcock: Discussions with the PSRA and Executive Committees have focused on returning people to care. While we are not minimizing the importance of other services, the Maintenance in Care, Early Intervention and ADAP programs were identified as being highly effective core and critical program areas that could benefit from contract enhancements.

1 *Mr. Lesieur:* Since Early Intervention Services has already received a significant amount of funds for HIV test kits, could
2 these funds be used for post-test counseling services?
3

4 *Ms. Hilger:* NYC DOHMH has purchased HIV test kits for all the Harm Reduction and Early Intervention Services programs.
5 Reprogramming funds are then used at the end of the year to pay for the kits. The agencies themselves will not have enhanced
6 contracts to pay for the kits.
7

8 ***Motion was made to return the \$136,016 to the Maintenance in Care category by Ms. Elcock, who stated that she
9 had no conflict of interest in so doing; the motion was seconded.***

10 ***Vote: 15 yes, 1 no, 4 abstentions. Motion approved.***
11

12 *Mr. Park:* We have now approved our 2008 Spending Plan which provides a wide array of services for PLWHAs in NYC. As
13 we move forward, there will be many opportunities for discussion regarding utilization, quality management, and program
14 effectiveness. Council members are urged to participate in these discussions.
15

16 **Agenda Item #3b: 17 **Tri-County Ryan White Part A (Base & MAI) 2008 Spending Plan****

18
19 Mr. Petro reported that The Tri-County budget, including the Base and MAI budgets, was passed by the Tri-County Steering
20 Committee. Tri-County's portion is 5.1% of the total award, or \$5,223,940. Of that, \$136,688 is administered by the
21 NYSDOH AIDS Institute for Treatment Adherence. The base budget is \$5,087,252. Due to some permanent contract
22 takedowns last year, the surplus of \$97,451 has been temporarily placed into the ADAP budget line. The MAI budget of
23 \$482,126 also includes an increase of \$433,913 to the Early Intervention Services category. Tri County's core/non-core ratio
24 (68:32), while less than the 75:25 ratio, does not affect the City's core/non-core ratio overall.
25

26 ***Motion made by T. Petro to pass the budget as presented; motion seconded by A. Richardson. Vote: 17 yes, 0 no, 0
27 abstentions. Motion approved.***
28

29 **Agenda Item #3c: Grantee Report**

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- 32 ▪ Ms. Hilger reported that NYC DOHMH has just received its score for the 2008 HRSA Grant Application of 96%.
33 There were no weaknesses cited in any part of the application. Many of the positive comments were related to how
34 the Planning Council does its work and how it is perceived by reviewers. In particular, strengths included: the
35 documentation of needs and service challenges of emerging populations, the coordination of our scenario planning
36 processes, NYC's efforts to promote HIV testing as a gateway to care with a well-developed service network in place,
37 the EMA's contracting process/reporting requirements, our performance-based reimbursement model (which may be
38 replicated nationally), the EMA's process for using unexpended funds through the development of an annual re-
39 programming plan, the Quality Management Program, and the Quality Learning Network's TA.
 - 40 ▪ We will begin working on the 2009 application in the late summer, with an anticipated due date of October/November
41 of this year.
 - 42 ▪ The MAI non-competing application for 2008 was submitted today for \$9,450,000, covering services from August-
43 December 2007 and the plan for 2008.
 - 44 ▪ The fiscal year ended February 29, 2008 and the close out process continues through March, with final reports due on
45 March 31. The performance-based contractors will have to reconcile an itemized listing of billable services. High
46 performing contracts will have the opportunity to bill for additional services.
 - 47 ▪ With the submission of the Financial Status Report, which is due 90 days after the close of the year, a complete
48 accounting of all monies spent and services delivered will be available in late Spring/early Summer of this year.
 - 49 ▪ As in past years, the availability of the EMA's reprogramming plan supports the efficient and timely re-direction of
50 funds toward prioritized initiatives.
 - 51 ▪ Contract renewals for 2008 are underway.

52 **Agenda Item #4: PLWHA Advisory Group Report**

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54 Ms. Etienne reported that the Advisory Group has modified the structure of the Sub-Committees and the roles of Sub-
55 Committee chairs, due to challenges around participation and attendance. AG members have been urged to attend the full
56 Planning Council and its Committees and to report on that information at monthly Advisory Group meetings. Last month's
57 meeting focused on women's health issues. Future agendas will include discussions and presentations on issues affecting
58 immigrants, issues affecting individuals who were formerly incarcerated, as well as domestic violence concerns. Several AG

1 members will be attending AIDS Watch in Washington DC at the end of April and have also applied for scholarships to attend
2 the International AIDS Conference in Mexico City this August.
3

4 The Advisory Group sent a letter of invitation to City Council members to attend its monthly Advisory Group meetings, but
5 none have attended. As there is a perception among some Advisory Group members that there is diminished interest in
6 engaging in meaningful dialogue with PLWHAs and consumers in NYC, the Advisory Group also extended, on a continuing
7 basis, an open invitation to Planning Council members and the larger provider community to attend its monthly meetings.
8

9 Mr. Park and Mr. Wong, NYC DOHMH, were recognized for their continuing advice, support and encouragement of the work
10 of the Advisory Group and the Consumers Committee. Mr. Lesieur of the New York AIDS Coalition was recognized for his
11 work in organizing the Advocacy Day initiative in Albany.
12

13 **Agenda Item #5: Committee Updates**

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15 **Priority Setting & Resource Allocation** (delivered by Mr. Park): The PSRA developed the budget which was approved today
16 and will focus on the Ranking and Allocation tool to set the EMA's 2009 priorities and allocate resources.
17

18 **Needs Assessment** (delivered by Mr. Park): The Needs Assessment Committee has received a number of presentations
19 recently.
20

21 **Finance** (delivered by Mr. Park): The Finance Committee will be conducting a conference call on March 27th to discuss the 4th
22 quarter close-out and expenditures.
23

24 **Policy** (delivered by Mr. Lesieur): Two letters were presented in members' packets for Planning Council approval. The first, to
25 Secretary Mike Leavitt of DHHS, is a request to repeal Policy Notice 99-02 which imposes a 24 month maximum lifetime cap
26 on the utilization of short-term and emergency housing assistance. This cap would affect all housing programs, including
27 rental assistance, housing placement assistance, and supportive housing and would be effective on April 1.
28

29 *Dr. Marder:* Commissioner Hess of the NYC Department of Homeless Services (DHS) should also be copied on this letter and
30 a separate letter from NYC DHS, using this as a template, should also be developed and sent.
31

32 *Mr. Park:* The Planning Council sent a letter to DHHS when the policy was originally open for the public comment period.
33

34 ***Motion made to approve the letter and seconded. Vote: 17 yes, 0 no, 1 abstention. Motion approved.***
35

36 The second letter in the packet, directed to the Chairmen (Harkin & Obey) and Ranking Democrat & Republican (Walsh &
37 Specter) in the Appropriations Subcommittee of the House & the Senate, addresses funding for national domestic HIV/AIDS
38 programs. The President's proposed budget provides level funds, and in some cases, cuts significant portions of the domestic
39 AIDS budget. We have several months to work with our Congressional delegation and other members of Congress to ask for
40 increases in funding.
41

42 *Mr. Park:* The President's 2009 budget request shows a net loss of \$7.7 MYN nationally; a gain for our EMA would reflect a
43 loss for another EMA. There will be more service impacts if funding continues to be cut. There is also a proposed \$1 MYN cut
44 to CDC AIDS Surveillance Programs.
45

46 *Ms. Hilger:* Why are there no increases for MAI?
47

48 *Mr. Lesieur:* The budget chart does not separate out MAI.
49

50 ***Motion made to approve the letter as presented and seconded. Vote: 18 yes, 0 no, 0 abstentions.***
51 ***Motion approved.***
52

53 Mr. Lesieur urged the Council to reproduce both letters and to send on individual letterhead. A letter signed by almost every
54 NY Congress member is being sent to Secretary Leavitt regarding the proposed housing policy.
55

56 **Integration of Care** (delivered by Ms. Gamble-Cobb): After a hiatus, the Committee recently met. Mr. Petro made a
57 presentation on case management in Westchester County, and Dr. Laraque presented NYC DOHMH's proposed integrated
58 model of care, which will serve as the basis for the RFP to be developed next year.
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60 *Ms. Elcock:* Will a decision on the model to be adopted be reached on April 15?

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Ms. Gamble-Cobb: While the Committee received a presentation proposing that the Outpatient Medical Care, Case Management, and Treatment Adherence service categories be consolidated, many IOC members expressed a need for additional information and discussion in order for this model to be approved and moved to the PSRA within a tight timeline because of the RFP to be developed and solicited.

Ms. Carroll: The Consumers Committee met yesterday in an extended session with Dr. Santella, Mr. Park, and Mr. Wong to discuss the Focus Groups and the Return to Care Survey, all scheduled to be conducted in April. Consumers are concerned that they are not being included in the discussion and are inviting Dr. Laraque to the next Consumers Committee meeting, on April 16 to discuss those concerns. After much discussion, the Committee voted to accept the focus groups and the survey and to conduct a follow-up meeting/de-briefing with NYC DOHMH after the survey is conducted to discuss the focus groups' implementation and overall process issues.

Mr. Park: The two surveys to be conducted will help provide information and data reflecting consumer need, barriers to and gaps in service. This information will be used in the PSRA matrix which is currently being revisited.

Agenda Item #6: Public Comment, Part II

Mr. Miller: As the Co-Chair of the Advisory group, we have repeatedly asked Planning Council members to attend the monthly Advisory Groups. With the exception of a few individuals, members have not attended. The PWA community must be represented and included in all discussions affecting the PWA community.

Ms. Sweety: I am a peer educator and my agency has suffered budgets cuts. It is vital for us to survive.

Mr. Livigni: I am speaking on behalf of those who have died, who are sick, homebound, or voiceless. I exhort the Planning Council to live up to its responsibilities and to remember why they are doing the work they do.

Mr. Soares: I am an Advisory Group member and I am speaking out against the perceived diminished level of input that PLWHAs are experiencing in the planning process.

Ms. Hamilton paid a tribute to the late Dr. John Corser, a clinician who has treated and cared for many people living with HIV and AIDS. A moment of silence was observed. The thoughts of the Council are with Dr. Corser's family at this difficult time.

Mr. Viera: Too many organizations are receiving funding to provide "quality" services, which in reality are sub-standard and disrespectfully delivered. There is a contemptuous dynamic which adds to discrimination and stigma. I urge Council members to be reflective about their motivation to serve people whom they were chosen to represent.

Agenda Item #7: New Business

Mr. Lesieur: The Planning Council, New York AIDS Coalition, and the Bronx HIV Care Consortia are conducting a series of Town Hall meetings, the first of which will occur on Tuesday, April 15. Input from consumers and providers will be elicited on the types of services accessed and the barriers to access and care and will be used to shape the discussion on the next re-authorization of Ryan White.

Ms. Etienne: The New York Academy of Medicine will host a Women's Health Conference on April 6 & 7. For information, contact 212-731-7590.

There being no further business, the meeting was adjourned.