



CONSUMERS COMMITTEE

Wednesday, November 17, 2010 1:00 – 3:00PM

Hispanic Federation/Las Americas, 55 Exchange Place, New York, NY

Planning Council Members Present: Victor Benadava (Co-Chair), John A. Eddie (Co-Chair), Felicia Carroll, Kareem Clemons, Yves Gebhardt (for E. Viera, Jr.), Alexander Hardman, Keith Kaiman

Planning Council Members Absent: Brent Backofen, Gerald DeYounge, Steve Hemraj, Munying Hunt-Chena, Hilda Mateo, Pastor Jerome Payne

Community Members Present: Randall Bruce, Gregory Cruz (Consumer At-Large), Manuel Ducret III, Delores Henley, Mallory Marcus, Joseph Ogun, Glen Phillip, Escott Solomon

DOHMH: Rafael Molina, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda;
- Planning Council Ground Rules of Respectful Engagement/Rules for Public Comment;
- October 15, 2010 Draft Meeting Minutes;
- Where Are We Now?
- NASTAD Summary of 2010 Election Results
- AIDS Action Weekly Update, November 5, 2010
- AMFAR Issue Brief: Rolling Back Funding to FY08 Levels: Impact on the Domestic & Global Epidemic
- The Body, So Long to NY's HIV Care Networks
- HIV-related posttraumatic stress disorder, AIDS Patient Care and STDS, 24:485-91, 2010
- NAPWA Positive Voice, Issue 15
- HASA Watch 11/10/10 campaign announcement
- VOCAL/NYCAHN 11/11/10 announcement
- 2010-11 HIV Planning Council Workplan/Timeline
- Consumer Committee At-Large Consumer Member announcement
- NYC Planning Council Assessment Report
- Planning Council Assessment Report – Key recommendations & Actions Steps

INTRODUCTIONS:

John A. Eddie & Victor Benadava welcomed participants, the moment of silence was observed and the meeting participants reviewed the Rules of Respectful Engagement and Rules for Public Comment.

Darryl Wong reviewed the meeting agenda and meeting materials. The minutes of the October 15, 2010 meeting were reviewed and approved, with a change to the attendance noted.

CONSUMER AT LARGE STATEMENTS OF INTEREST & ELECTION

The decision was made to conduct the Consumer At Large Statements of Interest and election before proceeding with the agenda.

ACTION: Escott Solomon and Gregory Huang-Cruz, presented their statements to the committee. Voting was conducted by secret ballot. Gregory Huang-Cruz was elected as the Consumer At Large for 2010-11.

PLANNING COUNCIL/CONSUMERS COMMITTEE WORKPLAN & TIMELINE

The 2010 HIV Planning Council Workplan was reviewed, with a focus on each committee's activities and respective milestones achieved.

- Planning Council activities including carryover waiver, spending scenarios, spending plans, reprogramming plans and PSRA rankings and allocations were discussed.
- It was noted that Felicia Carroll was elected as the Planning Council Co-Chair of the PLWHA Advisory Group.
- Meeting participants were encouraged to complete Committee applications, which are due to NYCDOHMH by December 17, 2010.
- The LTI Planning Council Training Series was announced for 2010-11; it was noted that these trainings are being made available to Committee members during the months of January and February 2011.
- Suggestions for presentations during the current year included:
 - Health care reform
 - Hep C treatment/Co-infections
 - Nutrition for PWAs
 - Care Coordination Update – Successes & Best practices
 - Opportunities for information access & networking, incl. social media, e.g. Yahoo
 - HIV treatment updates/clinical research trials
 - HIV & Aging – morbidity issues, transportation
 - Budget reductions, incl ADAP
 - New avenues for consumer input, esp re: needs assessment
 - Smoking & HIV
 - MMP/Epi updates, incl HIV & heterosexuals
 - Quality Management

NY HIV PLANNING COUNCIL ASSESSMENT REPORT

Mr. Wong reviewed the Technical Assistance Assessment Report delivered by HRSA consultant Emily Gantz McKay, who has worked with Part A EMAs for many years and is the author of the *HRSA Part A Primer*. The purpose of the TA was to assess issues related to roles and

responsibilities, boundaries, the relationship between the Council and grantee, and to recommend best practice policies and procedures related to Council orientation and training, meetings and operations, grantee support and decision making.

The assessment involved individual interviews of the Council leadership, grantee, and administrative agent; small-group meetings of the Executive Committee (EC), Council staff, and grantee staff; an online survey (N=35); and a review of the bylaws, memorandum of understanding, service model templates, etc.

Highlights of the report include:

- The EMA has a functional Planning Council with an identified need for additional training on PC roles, responsibilities, boundaries.
- There are differences of opinion about the system of care and the need and responsibilities for changing it.
- There are issues around PC staffing and budget.
- There are difficulties in the relationship between the Grantee and Council.
- There are challenges in the relationship between Part A program and parts of the community.
- Strengths identified: Council member expertise; diversity and commitment to cause; consumer involvement; the priority setting and resource allocation process; community involvement; and Council operations.
- Weaknesses identified: the relationship between the Council and Grantee; less than full understanding of roles, responsibilities and relationship to Grantee; Council members not working together as a team; the need to adjust to chronic care model; the need for more orientation and training; a fear of taking positions not supported by others.
- Findings from group interviews include: committees need to have more “voice”; Council members need more information and time to review it before making decisions; Public Health Solutions provides fewer reports resulting in an information gap; the Council does not have sound procedures for managing public input; the relationship between the PC and the PLWHA Advisory Group seen as difficult and unclear; and managing conflicts of interest.
- Four broad issue areas were identified:
 - 1) Training (some members do not fully understand roles and responsibilities; a one-day orientation is not sufficient preparation; some members are unable to attend orientation and never receive training; alternates not adequately trained; committee members receive insufficient committee-specific training; grantee staff, including those at operational rather than management levels, need to participate in trainings);
 - 2) Differences in Perception and Approach (differing philosophies and priorities regarding: Ryan White-funded services; HIV as a chronic disease; input into service guidance and community planning; and personality and style);
 - 3) Roles of the Planning Council (engagement in legislatively defined roles and responsibilities is unclear regarding needs assessment, etc.), and
 - 4) Planning Council Staffing and Budget (administrative funds are used to support Council operations, but the Council must negotiate budget with Grantee).
- Proposed action steps in the area of training include: develop a training plan for PC and Grantee staff; consider mandating trainings for PC and Grantee staff; provide web-based online trainings; provide small group in-depth trainings for PC and Grantee staff; provide

leadership training for EC; provide web-based online parliamentary procedures training for EC; establish a mentoring program for new members; provide training to alternates.

- Proposed action steps in the area of perceptions/approach include: Commit to open discussion regarding the changing environment of RW-funded services; seek HRSA TA regarding PC role in developing and approving service models; adhere to HRSA *Planning Council Primer*; adhere to rules of respectful engagement, value diversity of opinion, focus on issues not personalities.
- Proposed action steps in the area of Council Roles include: Ensure active partnering in development and implementation of needs assessment; continuing to assess the efficiency of the administrative mechanism; provide additional data for priority setting.
- Proposed action steps in the area of Council Budget and Staffing include: seek HRSA TA to clarify requirements and expectations around budget; clarify in MOU how the Council budget will be negotiated and managed; provide Council with FY10 and proposed FY11 budget; clarify procedures for selecting support staff and consultants; seek HRSA TA to clarify requirements and expectations around PC staff; maintain a separation of PC and Grantee staff

Mr. Wong stated that this discussion will take place at the November full Planning Council meeting as well as the December Executive Committee, during a special session to address the issues raised in the report; the EMA may ask for additional TA from HRSA. Mr. Cruz suggested that consumers be familiar with this assessment, especially regarding the technical assistance request.

The possible synergies of the Advisory Group and the Consumers Committee were addressed, although there has been no discussion to date formalizing the relationship.

NEW BUSINESS:

There was no new business.

PUBLIC COMMENT & ANNOUNCEMENTS:

The Consumer Involvement Committee of the Manhattan HIV CARE Network will be meeting with the NYS AIDS Institute on November 23 to discuss possibilities for future collaboration, after the closing of all five borough-wide networks.

It was announced that Michael Dunham, program manager for the CARE networks of the NYS AIDS Institute passed away from a severe asthmatic attack. A memorial service is being scheduled. Condolences may be sent to Marilyn Toney, his supervisor, at the NYSDOH/AIDS Institute.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 3:30PM.