Meeting of the

EXECUTIVE COMMITTEE

October 14, 2005
2:45-4:30 PM
Friends House
130 E. 25th Street

M I N U T E S

Members Present: B. Stackhouse, PhD (Acting Governmental Co-chair), S. Hemraj (Finance Officer), R. Abadia, E. Camhi, E. Cates, I. Gamble-Cobb, J. Hilger, H. Mateo, W. Okoroanyanwu, MD, T. Petro, G. Mercado (for T. Troia)

Guest: E. Gantz McKay, Consultant

Staff Present: *OPAC*: G. Moon, D. Klotz, S. Bailous, C. Silva, I. Gonzalez, R. Shiau; *MHRA*: J. Verdino

Agenda Item #1: Meeting Opening/Minutes

Dr. Stackhouse opened the meeting.

Mr. Hemraj introduced the moment of silence.

The minutes of the July 14, 2005 meeting were approved with no changes.

Agenda Item #2: Grantee Report

Ms. Hilger: MHRA is in the process of 2006 renewals, and is planning for the RFP to be released this fall. NYC has been invited to participate in a HRSA panel to develop a severe needs index for funding. The panel will look at area characteristics (others will examine patient characteristics and local resources). HRSA plans to implement this in 2008.

Agenda Item #3: Review of Planning Council Structure and Committees

Ms. McKay: The Council has worked under its new structure for one year, and we want to look at what you have learned, and see what we want to refine and/or change for the coming year. I have reviewed the Council's materials from the year, and thought that the priority setting matrix was brilliant. It is a very logical tool, very well organized, and I would like to share it with other EMAs.

Ms. Moon: The Priority Setting & Resource Allocation Committee (PSRA) did a great job, but other committees struggled with new process. They needed time to learn their roles and responsibilities and what their relationship is with other committees.

Ms. Hilger: The structure did not work as expected. PSRA took the lead, but it was not clear how other committees fed into their process.

Mr. Camhi: The Needs Assessment Committee (NA) had some concerns, e.g. with the efficacy of Data Day. Data Day had good content, but uneven attendance, especially from other committees. There was not a lot of inter-committee communication or transfer of information. Committees received needs assessment documents, but we are not sure that they were used effectively.

Ms. Moon: The Consumers Committee (CC) did good job at communicating with other committees.

Mr. Abadia: It was great having CC in the Council structure. We always had our meeting prior to the Council meeting, and so could caucus on issues coming up before the Council. Also, we had feedback from CC members who sit on all the other committees. Overall, the new structure gave us more pull on the Council.

Ms. Gamble-Cobb: There was not a lot of clarity on the role of the Access to Care (ATC) and Maintenance in Care (MIC) sub-committees. The Integration of Care Committee (IOC) did most of the work.

Mr. Klotz: The IOC worked on a system of care model and the goals/objectives of the comprehensive strategic plan. ATC and MIC played only an advisory role in the development of those products.

Dr. Okoroanyanwu: IOC did the work that they had charged ATC and MIC with. Perhaps they can be more independent, with IOC in a coordinating role.

Ms. Moon: The IOC role to look at the continuum of care, and it was impossible to not examine access and maintenance issues, which are also overlapping.

Mr. Abadia: There was a lot of overlap. My only concern with eliminating ATC and MIC is that we will get less community input.

Ms. McKay: So should ATC/MIC be doing something else? Should IOC parcel out more responsibility? Can they look at specific areas (e.g. services by borough?).

Mr. Petro: It is important to remember why the structure was created to begin with. It was supposed to address planning in narrow silos. Overall, it seemed to be effective in doing this.

Mr. Camhi: ATC/MIC were not well defined in terms of their work product. Something about their scale (large number of members) might make them less able to be productive. They did comment on IOC's work, but did not produce anything.

Ms. Gamble-Cobb: Many members dropped out because they did not feel they had clarity about their role and expected product. Only about 15 members regularly attended meetings.

Mr. Abadia: I agree. CC worked well because we got information from all other committees, but MIC did not know what to focus on. Still, we need a place for community participation.

Ms. McKay: Is there another way to get community participation?

Mr. Abadia: Perhaps through an expanded Data Day.

Mr. Camhi: An important issue is how can we cross-pollinate. Can we integrate more consumer input in way that is more effective?

Ms. Gonzalez: This past year, cross-pollination was done through staff and the few members who sat on multiple committees (e.g., ATC/MIC chairs also sat on IOC).

Dr. Stackhouse: My observation was that committees held regularly scheduled from the beginning of the process before their tasks were defined. They appeared to meet whether they needed to or not – meetings were not tied to a work plan.

Ms. Gonzalez: As the year progressed, we did meet less frequently, as products from the IOC came to us. ATC/MIC wanted IOC to define their role, but IOC said to do it themselves.

Mr. Petro: Unlike previous years, there was no charge setting out a work plan at the beginning of the year.

Ms. Moon: There was three year plan, but committees started meeting early.

Ms. Hilger: There is an inherent problem separating access and maintenance, as they overlap so much.

Dr. Okoroanyanwu: Perhaps IOC could divide into two sections.

Mr. Abadia: We were working with a completely new structure. Going forward, perhaps we can work out the timing of meetings, or do joint planning to decide who does what work.

Mr. Klotz: The original conception of the By-laws Task Force when they developed the new structure did not include ATC/MIC. They were tacked on at the last minute to satisfy complaints that community input was being reduced through the elimination of the old work groups. We can address that by expanding IOC, NA, PSRA and CC with members from ATC/MIC.

Mr. Camhi: The structure was effective overall. Perhaps we can keep a sub-committee but change its name to highlight the current theme that we are working on (e.g., special populations).

Dr. Stackhouse: People who were involved in the old structure continued on in the new, but were redistributed to new committees. There is a formal process for appointment of full Council members, but not currently for committees. It might be useful to have some kind of formal process.

Mr. Abadia: The idea was to make sure that the new committees had people with expertise in all areas (health, mental health, housing, etc.).

Mr. Klotz: There has been a formal process for committee appointments, which was last done two to three years ago, but for the sake of continuity during this transitional year, we kept the current membership.

Ms. Mateo: I agree that the membership process has to be formalized.

Dr. Stackhouse: For example, the CDC requires a specific set of background representation areas for PPG membership. We can develop something similar.

Mr. Hemraj: We can also require 33% consumer participation on committees, as on the full Council.

Ms. Hilger: The by-laws have ceilings on the number of committee members, but they can be smaller.

Ms. McKay: There is a consensus that whatever the outcome with committee structure and roles, we need to look at membership issues (consumer involvement, level of participation, selection process). We have discussed three options: 1) keep ATC/MIC and give them a clear task; 2) keep ATC/MIC as a floating ad-hoc committee and define their work based on the needs of the planning cycle; 3) eliminate ATC/MIC and put their members on the other standing committees.

Mr. Klotz: All possible Council tasks were already considered by the By-laws task Force and assigned to the committees in the structure. Options 1 and 2 would still leave no task for ATC/MIC.

Mr. Abadia: A standing committee being shifted around would mean asking them to do NA's or IOC's work. What is the point of that?

Ms. McKay: Can we use community forums to focus on specific issues (e.g., spec populations)?

Mr. Abadia: If we know there is a need (e.g., the needs of Asians/Pacific Islanders), we can focus just on that area and get information directly.

Ms. McKay: So, if you do not need the sub-committees, the main reason to keep them would be to not lose the participation of some people.

Mr. Klotz: That is why expanding the other committees will keep community representation.

Ms. Hilger: It is only a relatively small number that needs to be dispersed over four committees, if you only consider those with regular attendance.

Mr. Petro: Maybe the structure could be even more streamlined, with IOC and NA merged, as they have closely related tasks. They can come up with products for PSRA.

Mr. Abadia: NA had a very specific role with data. It would be too much work with NA and IOC combined.

Mr. Shiau: The By-laws Task Force matched committees to each of the Council's legislatively mandated responsibilities. To do needs assessment activities and the comprehensive plan is too much for one group.

Mr. Camhi: Is there a committee that we might need to create to cover the role of provider input.

Ms. McKay: That would be subsumed by IOC. There is a consensus that ATC/MIC be eliminated, with regularly attending non-Council members from those sub-committees dispersed according to how needed. The Rules and Membership other committees can figure out the exact mechanics.

Dr. Stackhouse: It is confirmed that the consensus, as described by Ms. McKay, is to eliminate ATC/MIC, with regularly attending non-Council members from those sub-committees dispersed according to how needed.

Ms. Verdino: The by-laws already define that NA be not more than 30% Council members, and that broad service areas represented in all committees.

Ms. McKay: We can look at current composition, see what you have, and decide how you want to integrate people from ATC/MIC.

Ms. Hilger: We should consider having a uniform cap on number of members like NA for all committees.

Ms. McKay: Let's look now at the role of the committees for this year's planning process. Do you want to build on the matrix? Can we build on our knowledge of demographics and service gaps and look more in depth at topics like special populations?

Mr. Camhi: Yes, with the caveat that we get data from NA that supports our work.

Ms. McKay: For example, you will be getting viral load data for the first time. That can help give you characteristics of people in care.

Mr. Camhi: We also get state Medicaid data. We can look at the total numbers, at those without viral load tests in lat 12 months, and can extrapolate to people not in care, using the HRSA definition of not in care. We also have neighborhood profiles with data we can use (e.g., high death rates).

Ms. McKay: So we have a variety of epidemiological and other data on unmet need. We can also look at service utilization, using weighted population-based surveys.

Mr. Camhi: W should examine the loss of provider sites – a new trend with the first designated AIDS-designated medical center recently closed (St. Mary's in Brooklyn).

Ms. McKay: NA can provide that data to IOC, which can examine the implication for the system of care.

Mr. Camhi: NA would present IOC with a data set, as well as ask what they want to know and how can use the data.

Ms. Verdino: CHAIN data can also be cut similarly.

Ms. McKay: IOC will define what it needs to know to respond to interruption in service, access and maintenance issues, etc., and the implications for getting people into care.

Mr. Camhi: This brings up the issue of capacity, especially in the context of the expansion of rapid testing.

Ms. Mateo: Are we looking at new sources of data, especially on emerging populations?

Ms. McKay: You need to ask if there are gaps in data.

Mr. Camhi: We need to decide early on in the year if there are gaps in data and what sources we need to fill them.

Mr. Abadia: A good example of that is issues that arose in the Spanish-language community forum.

Ms. McKay: So, you have to get an integrated sense of issues across populations (e.g., dual Medicare/Medicaid eligible, new prison discharges, provider capacity, service categories that may need a different model or more funding). You can use the PSRA tool and have members of all four planning committees expand on different parts of it, and which committee will look at them. The priority areas for this year are special populations and geography (special populations include those designated by HRSA and locally).

Ms. Moon: We will bring the EC's consensus to the full Council next week, and refer it directly to R&M to revise the by-laws, then review committee member assignments.

Agenda Item #4: New Business

Mr. Abadia: The Consumers Committee reauthorization forum is on 10/21 and the Spanish reauthorization forum on 10/28. Both are open to all.

Mr. Shiau: Applications for the HOPWA Advisory Working Group are due tomorrow.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on February 9, 2006.