Meeting of the

EXECUTIVE COMMITTEE

November 4, 2004
2:35pm-4:35pm
Friends House
130 East 25th Street, Manhattan

M I N U T E S

Members Present: B. Stackhouse, PhD (Acting Governmental Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, PhD, E. Camhi, F. Carroll, L. Dolloway, I. Gamble-Cobb, J. Grimaldi, MD, M. Hill, PhD, H. Mateo, P. McGovern, L. Morrison (for H. Cruz), D. Ng, W. Okoroanyawu, MD, T. Petro, J. Pressley

Members Absent: M. Barnes, C. Cobb, N. Nagy, T. Osubu, A. Paige-Bowman, E. Santiago, T. Troia,

Staff Present: *OAPC:* G. Moon, D. Klotz, S. Dwyer, I. Gonzalez, C. Silva, R. Molina, B. Barusek, S. Bailous; DOHMH: J. Park; MHRA: R. Miller

Agenda Item #1: Meeting Opening

Dr. Stackhouse opened the meeting.

Ms. Mateo introduced the moment of silence.

The minutes of the October 7, 2004 meeting were approved unanimously with no change.

There was a consensus to add as an agenda item FY 2005 reprogramming.

Agenda Item #2: Public Comment

M. Gold: The HIV/AIDS Services Administration (HASA) still does not have a client advisory board, many years after Local Law 49 was passed, which is unconscionable. We have reached out to HRA Commissioner Eggleston with no response. Clients need input into HASA services, and the Council should get behind this issue.

J. Livigni: The Office of AIDS Policy (OAPC) needs to make sure that the monthly calendar is accurate so that people do not mistakenly go to places where there is no meeting happening. This discourages PLWH participation.

D. Chandler: As of November 1st, NYC law requires carbon monoxide detectors in all residences. This needs to be enforced in SROs.

Agenda Item #3: Committee Reports

Mr. Abadia: The Consumers Committee had its first meeting on October 19th. These meetings are open to everyone, not just PLWHA. We discussed our roles and responsibilities. We are trying to encourage Committee members to attend all other committees to report back to us on their issues. Ms. Gonzalez reported on the Policy Committee's issues, as we intend to work together, especially given the current political climate with re-authorization coming up.

Ms. Dolloway: I am new to the process and am looking forward to working with Mr. Abadia and the Committee.

Ms. Carroll: The Over 50 and Long Term Survivor's Forum report which was a big success, with important presentations of epidemiological and other information. Thank you to the planning committee. Also, the Advisory Group decided to make its name the PLWHA AG rather than PWA or PWA/HIV. Our next meeting will be in Jamaica, Queens.

Mr. Hemraj: The Queens meeting is an effort for us to reach out to all boroughs.

Mr. Abadia: We will report on the NAPWA focus groups at the next Council meeting.

Ms. Gamble-Cobb: The Maintenance in Care Committee (MIC) had its on October 26th. There was feedback from members that further clarity is needed on the Committee's roles and responsibilities and how it relates to the Access to Care (ATC) and Integration of Care (IOC) Committees. We started looking at issues related to maintaining people in care. We stressed that it is pilot year for the new structure, and that we will evaluate how it is working to ensure a comprehensive system of care.

Dr. Okoroanyawu: It was a very good meeting, with an open dialogue, but many members need further clarity on roles and responsibilities.

Dr. Abramowitz: The Needs Assessment Committee (NA) held first meeting last month. We reviewed consultant Emily McKay's committee orientation report, looked at the addenda to the NA Update and discussed the Strategic Plan. We asked members to review them for progress or change since their publication. We also looked at compiling a bibliography of data sources for the Council that would be updated regularly. We will review a draft at tomorrow's meeting. We also discussed how NA will contribute to ATC's and MIC's work. The data that we collect and review has to be organized and presented in way that is useful and relevant to those committees' tasks and addresses their needs.

Ms. Mateo: The Priority Setting and Resource Allocation Committee (PSRA) met on October 27th and reviewed Ms. McKay's report. We discussed developing scenarios in advance of the FY 2005 award (flat funding, a decrease and increased funding). Approaches discussed for a reduction in the award include: using the Council's established rankings, cutting across the board, and developing a matrix of service gaps. We also reviewed committee roles and responsibilities.

Mr. Hemraj: The Finance Committee (FC) met yesterday. We want to codify existing practice regarding implementation of the reprogramming plan: If a reprogramming item is an enhancement to a service category, the grantee will not enhance programs that are under-spending, only those that are spending fully. Thus, if not all of the funds allocated in the reprogramming plan can be allocated to a category, the funding automatically falls to the next ranked priority on the list. The FC also reviewed the 2nd quarter spending report from MHRA. As of August 31st, spending rates are virtually identical to last year, which had a record level of spending. The one category which is spending at a lower rate is Capacity Building because of new contracts, which started later in the year. The FC decided to meet quarterly, rather than bi-monthly. Meetings will be timed to MHRA's release of their quarterly reports. Finally, the Committee reviewed this year's Council survey of the contracting process. While the administrative agent was generally rated positively, the FC decided that, because of a low response rate, the data was not significant. We will work on increasing the response rate for next year, especially by making the survey web-based.

Ms. Moon: The Policy Committee met in October to discuss the Reauthorization Forum originally scheduled for November, but decided to reschedule it for January.

Mr. Pressley: Given staffing changes at DOHMH, the election results and our application pending, will the Policy Committee talk about what the EMA needs to do, working with the City's federal lobbyist, to secure resources.

Mr. Hemraj: I share those concerns, particularly in light of the Southern Manifesto and possible reallocation of resources away from New York. We need to be proactive to educate legislators.

Mr. Park: I know there are concerns about transitions at DOHMH. I will be the acting Assistant Commissioner and we will post the position within a week. Commissioner Frieden is committed to fast tracking this hiring. We are working on a transition plan. While some key positions are now filled by "acting" staff, they are filled by knowledgeable and skilled people. Also, we are working with the City's federal lobbyist, as well as CAEAR and AIDS Action to shape New York's response to reauthorization.

Dr. Stackhouse: The Urban Coalition on HIV/AIDS Prevention (UCHAPS) is looking to expand to more heavily impacted urban centers. We partner with AIDS Action on the federal prevention agenda, and there may be opportunities for prevention/care coordination, e.g. on rapid testing. Even after the OAPC director is chosen, I will continue to focus on coordination between prevention, care and HOPWA. I also want to underscore Mr. Park's comments. Staff will miss Dr. Hill, but we have good group and will continue to provide outstanding support to the Council.

Mr. Klotz: Last year, OAPC coordinated advocacy in Washington in support of the annual grant application. This should be considered again.

Ms. Gonzalez: ATC met last week and discussed similar issues to MIC. As we wait for IOC to give us our charge, we are reviewing the updated Needs Assessment in advance of its addenda.

Mr. Abadia: It is extremely important for consumers to be involved in reauthorization, and we rely on agencies to support our involvement.

Ms. Dolloway: We need to make sure that consumers participate in legislative visits and direct advocacy.

Dr. Hill: As you know, I have decided to leave DOHMH at end of this month. It was a difficult decision, as it has been such an incredible opportunity to work with the people in this room. I am impressed with the quality of the Council's leadership both locally and nationally and I am confident of a smooth transition. There is a national search for a successor while Mr. Park is acting director. Also, we just interviewed a very impressive candidate for the OAPC director and medical director positions. We will try to have both filled before my departure. It has been incredible an experience, especially working with an administration that supports our issues, like syringe exchange. I am proud of the increased visibility of our governmental partners. For example, we are looking at providing condoms to HASA. I will head the women's programs at GMHC, and am looking at how the City and community responds to women's needs. I am leaving my current position, but not this field of work, and I look forward to a continued partnership.

Mr. Petro: Thank you, Dr. Hill, for your dedication. I want to stress that support goes both ways. We need to support people like Mr. Park and Ms. Moon who have taken on unanticipated roles. We need to unite in perilous times, especially given the anxiety of the upcoming award and the recent election results.

Mr. Pressley: Thank you to Dr. Hill for your work. I echo Mr. Petro's statement. We want to continue in a spirit of cooperation to make sure that we move forward in a way that helps PLWHA.

Agenda Item #4: FY 2005 Spending Scenarios

Dr. Stackhouse: The Council needs to consider spending scenarios for the FY 2005 award. The principles developed for the FY 2004 scenarios are in the packet for informational purposes. This year, we want to have the scenarios ready by January.

Mr. Pressley: As the possibility of a cut is real, we need to be proactive in planning. Given the by-laws, I think that the EC should charge PSRA with this task. We can look at the options discussed last year. One option is to cut items in rank order from bottom up. The disadvantage of this approach, as an example, is that, while the category of Outpatient Medical Care might be ranked high on the list, there might be less essential services within that category. Another option is to create a matrix of what the service portfolio should look like, then cut items that do not fit into it. Another option is across-the-board cuts. We do not want to scramble last minute when the award comes in. Also, in the past we have held ADAP harmless. We should discuss whether or not to continue to do that.

Ms. Mateo: PSRA members also discussed principles, such as making sure that Title I is the payer of last resort, and looking at new data and other tools to help make decisions.

Mr. Pressley: At the end of the year, PSRA will look at the overall allocations, and so it will be very important to consider other payers.

Mr. Abadia: PSRA will really have to look closely at categories where there may be overlapping funding sources, even before an across-the-board cut, as those effect smaller contracts disproportionately.

Dr. Abramowitz: I worry about this process happening before IOC, ATC and MIC have input. Whatever changes happen, they need to reflect the goals of ATC and MIC. Also, we need to marshal data to support any decisions.

Mr. Pressley: PSRA discussed how the new model that IOC will develop must inform our work.

Mr. Camhi: I recommend looking at programs that deliver outcomes and provide the best value for the dollar. Also, it should be a dynamic process, allowing for new initiatives that may change the need for services (e.g. rapid testing).

Mr. Ng: Looking at last year's scenarios, most of these suggestions are already there. In addition, we have mostly the same portfolio. Thus, there is no need to reinvent the wheel, as a lot of work went into it. Also, last year, we wanted the workgroups to use the principles to develop ideas for cuts. We will have to modify that approach.

Mr. Hemraj: It is appropriate for PSRA to do the scenarios, as all committees are represented on it. I move to charge them with the task of developing scenarios. [Seconded by Mr. Pressley]

Mr. Abadia: I offer a friendly amendment to get input from ATC, MIC, and the Consumers Committee.

Dr. Stackhouse: As there are representatives from all other committees on PSRA, we can rephrase it so that PSRA outlines a process to assure that the perspective of the restructured Council be included.

Mr. Petro: I suggest that ATC and MIC review all services, as this sets us up for next year's priority setting.

Mr. Ng: Add IOC to that.

Dr. Stackhouse (in response to a question from Dr. Grimaldi): PSRA will look at all relevant approaches and come back to the EC with recommendations.

The motion passed unanimously.

Mr. McGovern: The principles and process are only as good as the data that informs them. In the past, MHRA did not have up to date information on service categories. Perceptions of services are often rooted in the original RFP and are not reflective of how services have evolved. We need accurate, relevant data, or else we will have the same problems as in the past.

Dr. Hill: Commissioner Frieden, the HIV/AIDS Bureau and MHRA have had discussions that data should be what both DOHMH and the Council needs for planning as well as contract monitoring. It may not necessarily be as far as we need for this process, but that is the direction we are going in.

Mr. Pressley: I request that an MHRA representative be at the PSRA scenario planning meeting.

Mr. McGovern: I am pleased to see that housing services are being asked to document how they are supporting access and maintenance in care.

Mr. Petro: I want to caution that MHRA might not have all the data you need this winter for scenario planning.

Mr. McGovern: We have to be realistic about what data we can have, but we still need to be clear on how programs have adapted for access and maintenance.

Dr. Abramowitz: I applaud the Commissioner's interest in this. Many of us provide this data for the federal government, but MHRA asks for different data. If there is a change in what is collected, it will be useful for the Planning Council (i.e., NA) to be involved along with MHRA so that we can collect data that informs our goals and objectives.

Dr. Hill: We will share this conversation with the Commissioner. The challenge is to explain the needs of both DOHMH and the Council, as it is more work for providers.

Ms. Mateo: PSRA also discussed looking at HRSA guidelines to guide us, particularly around core services.

Mr. Hemraj: We will eventually revisit the entire portfolio again. We can integrate this into planning.

Ms. Moon: The Council reviewed the entire portfolio last year. This year, PSRA will look at resource allocation to distribute resources to best meet the needs of PLWHA.

Mr. Pressley: Although as new data becomes available, we can make adjustments.

Dr. Stackhouse: This has been a good discussion, and I look forward to PSRA moving forward with this.

Agenda Item #5: New Business

Dr. Stackhouse: There is still no definitive word from HRSA on when the carry-over will be available.

Mr. Hemraj: As HRSA approval for the carry-over is so late, if we the give money to programs so late in the fiscal year, it will be hard to spend. ADAP can spend the dollars efficiently. This year is a test to our funders, given our increase in the award, to prove that we can spend our award effectively.

Ms. Miller: As way of background, MHRA tries to spend as close to 100% of the grant as possible, and during the year identifies under-spending for reprogramming as per direction of the Council. There are three types of under-spending: uncommitted funds, accruals, and carry-over from the previous year. The carry-over this year is $3.5M (a record low), which HRSA has to approve the use of, based on the Council's reprogramming plan approved in May. ADAP was the highest ranked reprogramming item, both because it is the top ranked service priority, but also because the base amount for ADAP was reduced in the spending plan with the intent of making up the difference with reprogrammed funds. MHRA has been implementing the reprogramming plan as funds become available. We have given funds to the Emergency Rental Assistance program and have prepared a plan to distribute funds to Food and Nutrition (F&N) programs, but HRSA delayed approval of the carry-over for a long time, thus it has not been implemented yet. Our HRSA project officer informed us recently that it has been approved, but because of a HRSA administrative glitch, they only gave us $100,000 not $3.5M. It is likely that this will be corrected within a couple of weeks, but it has delayed enhancements of contracts, given a lack of formal notice of approval. This gives us little time to implement enhancements. The F&N enhancement was meant to be for the last six months of the contract year. Now, it will not be until December before we could get funds to them, which is too late for enhancements. MHRA is also now renewing contracts and doing budget modifications, as well as an RFP. The EMA's goal is to spend as much of the grant as possible. We have conferred with the State AIDS Institute, which says that it can absorb up to $1.5M more. The ADAP pool this year was funded at $21M, down from $26M in past years. We are asking the Council for flexibility to ensure maximum spending by authorizing $1.5M more for ADAP. If not, we ask that we only fund food enhancements and pro-rate their enhancements to cover half of the period that they were meant to enhance (i.e. $600,000 to $300,000). Even then, we still do not know if they would be able to spend it. There are no clear historical trends.

Mr. Petro: Tri-county is also facing this issue. ADAP can absorb several hundred thousand of our dollars, and we are bringing this to our Steering Committee this month.

Dr. Abramowitz: Perhaps other initiatives on the list can be selected, e.g. service directory or research projects, which are easier to contract for.

Mr. Ng: We have a prioritized list. Given the glitch, can't we go down the list and fund what we can until some drop dead date (e.g. December 15), then go to ADAP as a fall back plan.

Ms. Miller: It is already late to spend money in many categories. Providers are screaming that they are being asked to do budget modifications as well as applications for funding and do not want to do enhancements also. We will already not be able to do them until December, and it is a risk that the funds will not be spent.

Ms. Miller (in response to a question from Dr. Stackhouse): This is for funds to ADAP beyond the amount already approved in the reprogramming plan.

Mr. Camhi: The plan was based on an assumption of a full length implementation period, but the priority is to maximize spending. Can we buy things that will be used in next year?

Ms. Miller: Funds have to be encumbered by certain time.

Ms. Miller: They have to be used in the contract year.

Mr. Camhi: There still may be things that can be spent on this year quickly within those constraints.

Ms. Miller: Keep in mind that this is considerably more work, as there are already 30 contracts in the top two reprogramming items.

Mr. McGovern: If we directed more to ADAP, would we be replacing State funds? What will happen if we do not?

Mr. Ng: If we open this up, then we should open it to brainstorming for other creative ideas. It may turn out that ADAP is the only viable option, but we need to open it up to other possibilities.

Ms. Miller: Any other item will have the risk of not being able to spend the money.

Mr. Petro: To answer Mr. McGovern's question, it is my understanding that the State can delay use of some its Title II funds to next year and use our Title I funding this year instead, so there is no loss of overall funds. If we do not have an iron clad guarantee of receiving the carry-over approval, as a funder, I would not contract for these items knowing that the money may not materialize. We have to deal with fact that the carry-over was not approved on time.

Ms. Miller: Any enhancements will not be authorized until the carry-over is approved.

Mr. Ng: Perhaps OAPC can list ideas proposed here and do quick e-mail/fax vote.

Ms. Miller: Good ideas might have an operational complexity that not everyone is aware of. MHRA feedback on that is needed.

Ms. Miller (in response to a question from Mr. Pressley): If the spending plan changes, it has to go back to the full Council on November 18th.

Mr. Abadia: If we bring this to the full Council, then the EC has to approve it first.

Dr. Abramowitz: We are not in the position to solicit new ideas. We already have a ranked list. Ease of funding has to be a major factor in our considerations.

Mr. Pressley: Even if we ranked items with the best possible process, we have to be concerned about what HRSA thinks.

Mr. McGovern: I move, in the interest of spending down in an extraordinary circumstance, that we increase the amount allocated to ADAP in the reprogramming plan by up to $1.5M. [Seconded by Mr. Abadia]

Ms. Miller (in response to a question from Mr. Ng): I think can do some F&N enhancements, but there is some risk.

Mr. Ng: I offer a friendly amendment that we do what is realistic on the existing priority list.

Mr. McGovern: As an F&N contractor, I feel it will be difficult to spend the money and do not accept the amendment.

Mr. Camhi: I support the motion, but suggest that we develop a rapid response mechanism to deal with this kind of emergency.

Ms. Miller (in response to a question from McGovern): It is possible that there will be more than $1.5M available, depending on take-downs, but not likely.

The motion passed 13-2-1 (Y-N-A).

Ms. Moon: There are some changes in November calendar. The training for committee chairs by Emily McKay will be on November 12th at the LGBT Center. The PPG meeting is at 5 Penn Plaza and the MIC will be on November 17th, 3-5pm.

Ms. Gonzalez (in response to a question from Ms. Carroll): The MIC meeting time was based on member polling.

Mr. Abadia: Many PLWHA out of town on advocacy that day also.

Dr. Hill: Can we move the PLWHA AG committee meetings to 1-3pm to not overlap with MIC?

Ms. Carroll: OK, even though some members will be out of town.

Ms. Moon: The evaluation of the new member orientation held on October 14-15 is in the packet. All but one new member attended, plus many alternates. It was a long session, full of complex information, but was well received. Speakers were rated highly and the orientation deemed helpful.

Dr. Stackhouse: Thank you for a great discussion.

Mr. Abadia: I will forward to OAPC for forwarding to the Council information on a new STD emerging among gay men.

There being no further business, the meeting was adjourned.