



Meeting of the
EXECUTIVE COMMITTEE
Thursday, December 9, 2010
3:00-5:00 pm
LGBT Center, 208 W 13th Street, Room 410, New York, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Felicia Carroll, Gregory Cruz, Marya Gilborn, Steve Hemraj, Lee Hildebrand, Fabienne Laraque, MD, MPH, Matthew Lesieur, Gonzalo Mercado, Tom Petro, Miriam Pinon, Charles Shorter, Dorella Walters, Allan Vergara

Members Not Present: Victor Benadava, Damian Bird, John Anthony Eddie, Joan Edwards, Alexander Hardman

Staff Present: NYCDOHMH: JoAnn Hilger, Nina Rothschild, DrPH, Monica Sweeney, MD, MPH, Darryl Wong

Public Health Solutions: Rachel Miller

Agenda Item #1: Welcome/Minutes:

Matthew Lesieur, Community Co-Chair of the Planning Council, opened the meeting and members introduced themselves. Gregory Cruz led the moment of silence, Allan Vergara read the Rules of Respectful Engagement and Jan Park reviewed the meeting agenda and materials. It was proposed that the Public Comment period be moved to the beginning of the meeting and announced that the Planning Council budget for FY20 will be addressed. After quorum was reached the minutes of the November 9, 2010 meeting were reviewed and approved.

Agenda Item #2: Public Comment

There were no comments from the public.

Agenda Item #3: Grantee Report

JoAnn Hilger presented the Proposed FY2010 Carryover Waiver, which needs to be on file with HRSA 60 days before the close of the fiscal year, in order for the NY EMA to file an actual carryover request at the end of the closeout period. The maximum carryover of the formula award is 5%, or ~\$4.2 million, which could be unobligated at the end of the budget period. Last year's carryover was ~\$2,000. It was noted that it is also premature to estimate which service categories would contribute to this carryover amount and that the EMA will be submitting a final FSR and a revised carryover plan with a closeout report in May 2011. It was proposed that the carryover funds would be used to reimburse the ADAP program, for ~11,161 prescriptions at an average cost of ~\$380 per prescription, representing a 30 day supply of drugs for approximately 3,858 participants.

ACTION: *The motion was made and seconded to accept the FY 2010 Carryover Waiver; the motion passed.*

Agenda Item #4: Planning Council Support Budget

Pursuant to the recommendation made in the Planning Council Assessment by HRSA consultant Emily Gantz-McKay, the 2010 Planning Council Budget (3/1/10-2/28/11) was presented for review and feedback.

- The budget (\$927,050), as presented, aggregates personnel costs for six (6) Planning Council staff (\$591,777) but does not include other CTH program staff who contribute their time and effort regarding data, information collection & analysis and needs assessment for Planning Council planning activities, as well as the fringe benefit rates for the budget period.
- The Other Than Personnel Services (OTPS) category (\$335,277) was enumerated, including staff local and out of town travel expenses, contractual services for special projects, offices supplies, advertising expenses relate to Planning Council recruitment, Planning Council training, child care, audio visual and space rental expenses, meeting participant travel expenses and nutritional snacks.
- It was noted that the budget line allowing for four (4) Planning Council members to attend HRSA – sponsored meetings was restricted to grantee and governmental representatives.
- In response to a query regarding the reduction in the fringe benefit rate, it was reported that the rate for the initial 3 month period was actually higher than that charged to the grant; further information will be shared when it becomes available.
- In reference to the Contractual consultant line which funds the CAB project, there was an update on the Community Advisory Board (CAB) project which has received DOHMH Office of General Counsel approval. A survey will soon be formatted on line for completion by Ryan White Part A agencies.
- It was suggested that the Needs Assessment Committee might be charged with identifying special research projects regarding emerging populations in tandem with the program's Research & Evaluation Unit.
- It was noted that the 16% indirect rate accounts for services which are currently contracted through Public Health Solutions.
- Funds budgeted under the training category represent, in part, a placeholder for training activities to be identified.
- Interpretation and translation services have been provided in the past, both at committee meetings and full Planning Council meetings, based on advance notice and request.
- It was suggested that re-instatement of the past practice of periodic reporting from the Finance Committee to the full Council on the spend-down of the Planning Council support budget may be useful for monitoring purposes; a process needs to be articulated by the Finance Committee as to how this activity should proceed.

Agenda Item #5: By Laws Revisions

Gonzalo Mercado and Dorella Walters presented the Rules & Membership Committee's (RMC) recommendations on proposed Bylaws changes:

- *Article V: Officers, Section 3. Vacancies:* The RMC would conduct a nominations process on a strictly interim basis for the time left of the current pool of Planning Council members and an election of that nominated individual. Dr. Laraque suggested that the Planning Council Co-Chair be elected in June/July of the planning cycle, thereby allowing seated members to vote for candidate(s) with whom they are already familiar, as opposed to having newly-seated members voting for a candidate with whom they have little or no familiarity. Dr. Sweeney suggested that a succession process should be put in place so that a vacuum in leadership would not occur. The Executive Committee agreed that this issue should be referred back to the Committee for further discussion, the outcome of which will be presented at the next Executive Committee.
- *Article VII: Committees, Section 51.2, Executive Committee Composition:* Given the Executive Committee duties of the Consumer At Large, which include voting on the budget, service models, new member slate and all matters of importance, the RMC recommends that the Consumer At Large representative should be a Mayorally-appointed Planning Council member, but that such individual should be elected jointly by both the PLWHA Advisory Group (AG) and the Consumer Committee. It was recommended that this vote be taken at the January 2011 full Planning Council meeting in order to allow for a two week notice, as required by the Bylaws. Ordinarily, this election

would occur during the same month as the election of the Council's officers. It was suggested that in the context of this Bylaws revision, there should be an analysis of the roles and responsibilities of the AG & the Consumer Committee. However, it was also noted that historically that the Consumer At Large has always been an individual who is not an appointed Planning Council member. In addition, it was noted that in the Planning Council organization chart the reporting relationship of the AG to the Planning Council differs from the Consumer Committee, which is a voting committee of the full Planning Council. There was consensus that this discussion should be brought back to the RMC so that a more inclusive discussion, including any AG or Consumer Committee members who wish to participate, may occur.

Agenda Item #6: Draft 12/16/11 Planning Council Agenda

The agenda was approved with the inclusion of Committee and Advisory Group updates.

Agenda Item #7: HRSA Planning Council Assessment

In response to the November 9, 2010 Executive Committee recommendation that a more detailed discussion of this assessment and recommended course of action be convened, Jan Park presented an overview of the HRSA's Planning Council Assessment, noting that the HRSA technical consultant, Emily Gantz McKay, is currently not available to discuss the results and conclusions of her findings, due to the expiration of her contract with HRSA. However, it is anticipated that there will be opportunities to have a dialogue with her in the near future.

Mr. Park underscored that the assessment identified that the NY HIV Planning Council is a highly-functioning decision-making body supported by a high degree of member expertise and diversity, commitment to cause, consumer involvement and community involvement. In addition, the priority setting and resource allocation process and overall Council operations and staff support were identified as strengths.

The report also identified weaknesses including the relationship between the Council and Grantee, a less than optimal understanding of roles, responsibilities and its relationship to the Grantee, members not working together as a team, the need to adjust and fully understand the chronic care model, the need for more orientation and training and the discomfort of service providers and consumers in taking positions not supported by others.

The four broad issue areas identified included 1) **training**, 2) **differences in perception and approach** vis a vis differing philosophies and priorities regarding Ryan White-funded services, among others, 3) **roles of the Planning Council** and 4) **Planning Council Staffing and Budget** issues.

A summary of major issues raised and actions steps follows in the table below:

ISSUE	RECOMMENDATION/ACTION STEPS
<p>TRAINING: Need for more Trainings</p>	<p>Develop a training plan: Planning Council staff agreed to present a training plan, in lieu of a one-day orientation, for the entire Planning Council, alternates and committee members that will outline various mandated training requirements and modalities, i.e. web-based, small group workshops. A Council-wide training plan will be presented at the next Rules and Membership committee for further discussion.</p>

	<p>Develop a training plan specifically for Planning Council committee work: Develop and present a training plan specifically for the Executive Committee to include online training in parliamentary procedures and a possible one-day team-building retreat. An Executive Committee-specific training plan will be presented at the RMC for further discussion. Online parliamentary procedures training will be made available to EC members within a matter of weeks.</p> <p>Develop and present a training plan that is specific to Planning Council committee work (a Committee-specific training plan will be presented at the RMC for further discussion).</p> <p>Request technical assistance from HRSA regarding roles, responsibilities of Planning Council members and grantee staff: As background, distribute the <i>HRSA Planning Council Primer</i> and develop a plan to provide training in roles and responsibilities outlined therein.</p> <p>Planning Council to request HRSA TA prior to the 12/16/10 Planning Council meeting on issues raised in the Assessment Report.</p>
<p>ROLES OF THE PLANNING COUNCIL Need for greater clarity regarding Planning Council's ability to define service models</p> <p>Need for provision of timely data for planning purposes</p>	<p>Share process used to define service models and issue service directives Request HRSA TA to clarify the Planning Council's ability to define service models (request to come from the Planning Council as follow-up to the Assessment report). Planning Council staff to offer the EC an overview of templates used in the development of service model directives and the process involved in changing a service model for future RFPs.</p> <p>Planning Council staff will prepare for the next EC meeting</p> <p>Provide regularly updated report cards Grantee agreed to provide PSRA Committee and PC with current service utilization, cost and capacity data (when available) in the form of updated service category report cards.</p> <p>Service category reports cards are updated on a regular basis. Service utilization and cost data are being collected and will be made available upon completion of the research.</p>

PLANNING COUNCIL BUDGET & STAFF

Lack of clarity regarding Planning Council Support Unit budget

Review line items of Planning Council budget, questions regarding use of other administrative dollars

Prompted by HRSA Assessment Report, a review of the entire FY20 Planning Council budget, including PS and OTPS categories, resulted in a discussion of various line items (see Agenda Item #4 for details), Planning Council ability to determine amount of budget and identify research projects and hire consultants, need to identify a process in which regular spending reports are delivered and decisions re: reprogramming of unspent dollars are determined and reported back to the Planning Council.

Identify uses of administrative budget that supplement and add value to Planning Council budget

The review led to further discussion of staff and work supported by the administrative budget not identified in the Planning Council budget.

The grantee agreed to detail Ryan White funded administrative support staff and projects e.g. CTH staff, CHAIN study, LTI trainings, and QM activities. Planning Council and CTH staff will prepare for the next EC meeting.

Need to address grantee and Planning Council staff reporting structure.

Provide organizational charts of lines of reporting

Grantee agreed to provide the Executive Committee with organizational tables of the Office of the Mayor, the DOHMH, the Division of Disease Control, the Bureau of HIV/AIDS and the Care, Treatment and Housing Program as a way of determining Planning Council staff and grantee reporting relationships.

Reporting structure will be reviewed.

Grantee agreed to assess and develop a plan to address the grantee/Planning Council staff reporting structure.

Assistant Commissioner noted that the Bureau is in discussions as to what will satisfy the Planning Council and the grantee. The Bureau will work on what makes the Planning Council staff function independently.

Assistant Commissioner, Grantee and Planning Council staff will examine the issue and report back to the EC at January 2011.

In closing, it was agreed that this discussion will be continued at the January 2011 Executive Committee meeting

Agenda Item #8: Public Comment

It was suggested that stakeholders, principally PLWHAs, should be given the opportunity to be involved in discussions outside of the customarily-allotted two (2) minute time period.

There being no further business, the meeting was adjourned at 5:30 PM.