



Meeting of the

## EXECUTIVE COMMITTEE

Thursday, February 10, 2004

2:45-4:30PM

Friends House, 130 East 25<sup>th</sup> Street

### MINUTES

**Members Attending:** B. Stackhouse, Ph.D. (Acting Governmental Co-chair), P. McGovern (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, Ph.D., E. Camhi, F. Carroll, C. Cobb, H. Cruz, H. Mateo, D. Ng, W. Okoroanyawu, M.D., J. Park, T. Petro, J. Pressley, T. Troia

**Staff Attending:** *OAPC:* G. Moon, D. Klotz, R. Shiao, S. Bailous, R. Molina, I. Gonzalez, C. Silva, B. Barusek; *MHRA:* R. Miller, B. Carroll, P. Jensen

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#### Agenda Item #1: Welcome/Introductions/Minutes

*Dr. Stackhouse and Mr. McGovern* opened the meeting.

*Ms. Mateo* introduced the moment of silence.

The minutes of the December 9, 2004 meeting approved unanimously with no changes.

#### Agenda Item #2: Public Comment

*A. Preston:* I am a PLWHA asking for the Executive Committee (EC) to vote to not have Planning Council support held harmless. If there are cuts to community programs, there should also be cuts to DOHMH. These programs work and need to be protected. If you really care about PLWH, preserve services as much as possible.

*C. Miha:* As an HIV-positive mother, legal services have been vital to me. If there has to be cuts, cut programs evenly.

*G. Dorsky:* I am from Women's Action Network and have been HIV-positive for over 15 years. Legal services gave me confidence and the ability to advocate for myself.

*D. White:* If it weren't for legal services, I would be homeless. Think about what cutting services would do to the HIV community.

*M. Gold:* People need to understand what PLWHA go through. The biggest, most deplorable cut is Bush's proposal to cut the HEAP program that helps people pay for heating bills. Also, Medicare changes will be devastating for PLWHA, who may lose home care and other services. It is urgent that the Council respond and plan for this and advocate for people with disabilities to be exempt.

*J. Livigni:* The new Secretary of Health and Human Services is problematic. Changes in Medicare were approved a year ago and we need to respond.

*M. Milano:* The current Title I RFP eliminates community-based treatment education by requiring collection of data on the most recent date of a primary care visit, viral load test, etc. This moves all treatment education into the clinical setting. Community-based treatment education programs provide information that doctors and nurses do not have time to give, and peers educators can give a personal perspective. The RFP ensures that people not already in care will not get this service. Many people enter into care through our education efforts. I urge you to restore this service. It is possible, even after the grants are awarded, e.g. through reprogramming. There is no other funding for this service.

*J. Magisano:* Tuesday is AIDS Awareness Day in Albany. The New York AIDS Coalition favors the across-the-board (ATB) approach to cuts and that nothing should be held harmless. We are disappointed that not enough program level data is available to make more surgical cuts. We hope that in the future data will be available to make better decisions. Direct services should be protected as much as possible. Also, look at organizational capacity building as a crucial part of the continuum of care. In a changing environment, CBOs that provide services to PLWHA need assistance.

*E. Levine:* I support an ATB cut. As a technical assistance provider that is over capacity, serving agencies that provide in all services, I urge you to protect direct services as much as possible. If there are cuts in direct services, there should also be cuts in research, etc.

*T. Welsh:* I am Executive Director of the HIV Law Project. There is an error in the allocation of funds to the Legal Services category. The intent of the Social Services Workgroup was to split the funds from the former Custody Planning category between Legal and Supportive Counseling. That keeps the service but integrates it. There will be a motion today to rectify the error that I hope you will support so we can continue the work at the same level. The dollar amount should be \$800,000.

*N. Dennison:* As a Bronx AIDS Services (BAS) Legal Program client, I reiterate the above speaker's points. I also agree with ATB cuts as the most equitable approach. The data to do more targeted cuts is available, which raises questions about selective use of data. I suggest appointment of a person to collect all available service data. Also, legal services should be ranked higher.

*C. Knox:* As BAS Legal Services Director, I urge the adoption of ATB cuts. Our data shows our program serving double the contracted target numbers. We have already taken cuts in City and AIDS Institute funding. Also, there is emerging data on the link between legal services and access to and maintenance in care. Legal services are needed for survival issues, like housing.

*D. Barkley:* I support ATB cuts. The tiered approach is flawed. The ranking was not predicated on data. Non-ATB cuts diminish the ability to effectively serve clients. Consumers ranked legal services high as a service gap. Also, we need to start at same baseline amount as before, otherwise there is a disproportionate cut to the service.

*D. Bryan:* Brooklyn Legal Services has been serving PLWHA since 1992. Without attorneys, no one else can do our job, like guardianship for an HIV-positive teen who has lost their parents, or a woman faced with cutoff of benefits. These are multifaceted services. Legal programs for the poor have been targeted for elimination since the Reagan administration and we are already working with much reduced resources. This makes us a high priority for Title I funding.

*C. Hazel:* As a BAS client, I hope that services will not be cut.

*T. Smith-Caronia:* New York suffered a big loss of HOPWA money, and legal services help prevent eviction. When planning for Title I, you need to look at the impact of other programs. Everything in the Title I portfolio should be on the table for a possible cut. Direct services are too important. I disagree with ATB cuts; it's lazy planning. If we can get data for enhancements, than we can get data for strategic, surgical cuts. We did that when we had to cut in FY 2003. That is responsible planning.

### Agenda Item #3: Committee Reports

*Mr. Abadia:* I remember painful FY 2003 cutting process, and am glad that consumers are at the table. Also, we use the consumer advisory board survey data for planning, so make sure your agency completes it.

*Rev. Troia:* The Access to Care Committee had a great meeting last month where we fleshed out the service categories in the Comprehensive Continuum Model. The next meeting in March will focus on the 2005-2008 Strategic Plan.

*Dr. Okoroanyanwu:* The Maintenance in Care Committee met last month and approved the definition of “maintenance in care” and developed a service list for the model. The next meeting in March will focus on the Strategic Plan.

*Mr. Hemraj:* The Finance Committee met last week. We reviewed FY 2004 3<sup>rd</sup> quarter spending rates, which are comparable to last year’s, well within our goals.

*Ms. Moon:* The Policy Committee meets next week to discuss the NYC strategy on reauthorization.

*Mr. Cobb:* Rules and Membership meets next February 28<sup>th</sup>.

*Mr. Ng:* The Integration of Care Committee presented its system model at Data Day. At yesterday’s meeting we started working on the Strategic Plan goals and objectives, which we will finish next month.

*Mr. Camhi:* The Needs Assessment Committee reviewed the Data Day 1 evaluations and started planning for Data Day 2. We also focused on the charge from the Priority Setting and Resource Allocation Committee (PSRA) to develop measures for service categories to have data for more strategic cuts in the future. A sub-committee will meet to begin this process soon. We need to clarify what kind of data is needed (e.g., contract performance data might not be what is needed).

*Ms. Carroll:* I would like to make a motion to correct the allocation to legal services.

*Dr. Stackhouse:* Let’s hold off on any motions until the presentation of the PSRA report.

*Ms. Carroll:* The PLWHA Advisory Group (AG) will have a memorial for Cliff Moseley on February 25<sup>th</sup> at the LGBT Center. Also, congratulations to Mr. McGovern on his election as Community Co-chair. The next AG meeting is this Saturday.

### Agenda Item #4: FY 2005 Spending Scenario

*Mr. Pressley:* Developing the FY 2005 spending scenario was a painful process that started in December 2004. The EC will discuss the PSRA recommendations now for forwarding to the full Planning Council for a final vote next week.

*Ms. Mateo:* For background, the FY 2004 was \$122M, the highest Title I award to any EMA in history, and our huge increase came at the expense of 41 other EMAs. PSRA met to develop a plan ahead of the FY 2005 award announcement to address a potential cut in the EMA’s funding.

*Mr. Pressley:* We will probably get our award notification soon. There are indications that there will be a cut, but we do not know how much. PSRA was charged with planning for possible extensive cuts. Also, given the national political context, NYC is a prime target for cuts from the federal government.

*Ms. Mateo:* PSRA developed scenario planning principles with goal of maintaining a continuum of care that serves as many communities as possible. The principles are: 1) Maintain Title I funded services that provide access to and maintenance in quality HIV/AIDS primary care; 2) Ensure that Ryan White Title I funds are the payer of last resort; and 3) Utilize the best available accurate and detailed information. Base any scenario planning on last year’s

comprehensive review of all Title I services. PSRA did not re-rank the priorities as set by the Planning Council at the end of last year's planning cycle. PSRA reviewed the resource allocation of the spending plan to determine how resources should best be used.

*Mr. Pressley:* This has been a circular conversation. Last year, The Planning and Evaluation Committee had a lot of discussion on data needs, especially outcome data and how services doing with access to and maintenance in care. The task force will develop criteria for evaluating the service plan for the next allocation process.

*Ms. Mateo:* PSRA considered several possible scenarios: 1) ATB cuts; 2) Proportionate cuts; and 3) Dividing categories into ranked tiers with tier I held harmless. The final recommendation was an ATB cut up to 15%, with four categories held harmless: Quality Management, Planning and Evaluation Initiatives, Planning Council Support, and Data Link. There was also a recommendation to form an ad hoc task force to develop a process for determining what services are essential and/or no longer needed and to evaluate data for that purpose.

*Mr. Cruz:* Planning for a cut was more difficult this year because of the effectiveness of our earlier efforts. We eliminated bad performers, reduced contracts, eliminated some categories, etc. These options are no longer available for producing the level of savings needed to address the potential cuts we may be facing. Also, there is much data collected from many sources, but it is collected for different purposes. Using it for purposes different from those it was collected for may not be possible. Also, some critical data is not collected. While an ATB cut may be an easy way out, we have to do it in certain circumstances. We are facing a cut for one year only, since we do not know what will happen with reauthorization. We may have to throw out all our work from this year, and so an ATB cut is transitional until we know what we will face. It is best to go with the PSRA recommendation.

*Mr. Hemraj:* I recommend looking at three services – Air Bridge, which was set up before Puerto Rico had any EMAs (it now has now 3); Supportive Counseling, which is being re-bid and so cutting it might be less harmful to cut since it is transitional; and Buddy Services, which may be paying for recreation services, not what it was originally intended for. We should look at service categories to preserve the most essential, life-sustaining services.

*Rev. Troia:* The allocation for Legal Services in the draft FY 2005 spending plan does not reflect the intention of the former Social Services Workgroup's (SSWG) planning process, due to an oversight by me that was not corrected earlier. In the planning for FY 2005 services, the SSWG eliminated Custody Planning as a stand-alone category. This category was originally set up to provide a distinct legal service – creating plans for child custody in case of the death of a parent. These programs mostly evolved into more general family-centered supportive services. The SSWG decided that the funds currently paying for programs that provide only the legal service would be folded into the Legal Services (Client Advocacy) Category, and that the rest would be folded into the Supportive Counseling Category, now renamed Supportive Counseling and Family Stabilization Services.

At the July 8, 2004 Executive Committee meeting, where the preliminary FY 2005 spending plan was finalized, the amount was erroneously presented as an enhancement to be funded should there be an increase in the award. A similar mistake was made with Treatment Adherence funds, which should have incorporated the funding from the former Treatment Education category. I pointed out the error, but in my alarm and confusion, I mistakenly approved moving all the Custody Planning funds into the Supportive Counseling line. It is this amount that I am now asking be corrected. I move that a portion of the funds now in the Supportive Counseling line should be moved to Legal Services. This amount should reflect the portion of the direct legal advocacy services provided under custody planning contracts (MHRA can determine that). This motion will not change the overall amount in the spending plan, but only shifts a small amount between existing categories. [Motion seconded].

*Mr. Klotz (in response to questions from Ms. Miller and Mr. Petro):* This motion is not related to any enhancement funds, but only moving base-lined funds between two existing categories in the current budget. It would not affect any contracts as both categories are being re-bid.

**The motion carried with 1 abstention.**

*Mr. Cruz:* In response to Hemraj's suggestion, selective cuts require a fair process. Legal services advocates came here because they had prior knowledge of the spending scenario. Advocates for the services Mr. Hemraj proposed for cuts do not have an opportunity to speak to us. Also, what is the recommendation based on? We did an ATB cut

because there was no opportunity to review data on specific services. Also, recreation services is not legal for CARE Act funds.

*Ms. Miller (in response to a question from Mr. Camhi):* There are Supportive Counseling services in place now, but the category has been reconfigured and is being re-RFPed with changes in the model. The category will include new money from the former Custody Planning category. When new contracts are executed, the programs will start up again and many may be the same as exist now.

*Mr. Camhi:* Looking at the inception of new services may be a way to look at possible cuts in the portfolio. If we do not fund new services, we can offset cuts in the rest of the portfolio.

*Rev. Troia:* Supportive Counseling programs are not new services. The Social Services Workgroup took some Custody Planning money and used it for family services as part of an expanded model for Supportive Counseling.

*Mr. Cobb:* If Planning Council support is cut, be mindful that with the Council's restructuring, there is an extra burden on staff. If it is held harmless, it should be only beyond a 5% cut.

*Mr. McGovern:* We undertook a comprehensive planning process based on best available data, and not impressions. Given the limitations of data, the plan is to do the least harm.

*Mr. Petro:* What is on the table is an ATB cut that corresponds to the cut in the award. The table in the packet just shows what the cut would be at 5%, 10% and 15%. Also, for clarification, the RFP solicits for additional programs should there be an increase in the award, which is not reflected in the table.

*Dr. Stackhouse:* Let's consider possible adjustments. There is no motion on floor right now, but we can make a list of proposals, then entertain specific motions.

*Mr. Cruz:* There may be a consensus to move in a certain direction.

*Mr. Pressley:* I move that the EC adopt an ATB cut as presented, with the four specified categories held harmless. [Seconded]

*Mr. Hemraj:* I offer a friendly amendment to look at three specific categories – Air Bridge, Supportive Counseling and Buddy Services – for possible cuts.

*Mr. Pressley:* Friendly amendment not accepted. We do not have the data to fairly evaluate that. Let the task force do the work for next year.

*Mr. Ng:* I can explain why the four items need to be held homeless, but the large dollar amounts involved means increasing the cut to the remaining programs. I offer a friendly amendment to hold them harmless beyond a 5% cut. [Accepted by Mr. Pressley]

*Mr. Park:* These programs are the foundation that all support services are built on. They allow us to meet HRSA requirements. Also, our Planning Council support allocation is, in proportion to other EMAs, almost at the bottom of the list. Thus, a cut is still painful for us. Still, it is best not to hold them totally harmless, and so a 5% cap is reasonable. Also, I want to thank PLWHA for coming today to speak out. Concerning questions of whether people at this table care about PLWHA, that is asking if I care about myself, as a person living with HIV for 23 years. We need to work together to deal with cuts to services.

*Dr. Stackhouse (in response to a question from Dr. Abramowitz):* We need to have a recommendation for the full Council next Thursday. A spending plan should be in place when the award is announced, which might be soon.

*Mr. Pressley:* The task force would present criteria for categories by April for this year's priority setting process.

*Ms. Moon (in response to a question from Dr. Abramowitz):* If we decide that the 3 re-bid categories are reduced, then the amount allocated to those programs (to begin in September) will be reduced.

*Mr. Cruz:* As a clarification, we need to continue funding existing programs until September when the new programs start.

*Ms. Miller (in response to questions from Mr. Camhi and Mr. Ng):* The first half of the year we will have current programs continuing in the three re-bid categories. In Supportive Counseling, after August 31<sup>st</sup>, those programs will cease and new programs will begin called Supportive Counseling and Family Stabilization Services, with funding from two previously existing categories (Supportive Counseling and Custody Planning). Some of the new programs will look same as the old ones, and some will look different. The funds for the three re-bid categories are technically unobligated funds, but they are planned for services. The categories in the RFP are subject to the ATB cut.

*Ms. Miller (in response to a question from Mr. Abadia):* The Supportive Counseling service is not just changing names. The SSWG changed the configuration of the service.

*Mr. Pressley* restated motion: ATC cuts to the entire spending plan up to 15%, with four categories (Planning and Evaluation initiatives; Quality Management; Data Link and Planning Council support) held harmless after a 5% cut. **The motion carried 13-3-0 (Y-N-A).**

*Mr. Pressley:* I move that the EC support the PSRA proposal to implement a task force to look at each service category and come up with criteria for evaluating them for prioritization in next year's spending plan.

*Mr. McGovern (in response to a question from Dr. Abramowitz):* We looked for cross-membership on the task force so that the Needs Assessment Committee is represented.

*Mr. Cruz:* The task force should look at what basic elements are needed for the priority setting process.

*Mr. Abadia:* The Consumer Committee can work in conjunction with the task force.

*Rev. Troia:* When SSWG did the template review last year, we saw the possibility that when we reconfigured services to respond to the changing environment that it would put them at risk. The proposals made earlier makes people reluctant to change services to meet new needs in order to preserve funding.

**The motion carried unanimously.**

#### **Agenda Item #5: New Business**

*Dr. Stackhouse:* Flyers for upcoming community forums are available.

*Ms. Miller:* The Planning Council approved in the reprogramming plan an additional allocation to ADAP of up to \$1.5M. We would like to enhance by only \$22,816.

**A motion was made, seconded, approved to increase the reprogramming amount to ADAP by \$22,816.**

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on March 10, 2005.