



Meeting of the
EXECUTIVE COMMITTEE
Thursday, February 21, 2013, 3:00-5:00pm
DOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 22-12,
Long Island City, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Dorella Walters (Community Co-Chair), Robert Cordero (Finance Chair), Victor Alvarez, Victor Benadava, Randall Bruce (Consumer-At-Large), Gerald DeYounge, Sharen Duke, Joan Edwards, Marya Gilborn, Graham Harriman, Lee Hildebrand, DSW, Tom Petro

Members Not Present: Nancy Cataldi, Gregory Cruz, John-Anthony Eddie, Sam Rivera, Charles Shorter

Staff Present: Planning Council: Rafael Molina, Nina Rothschild, DrPH, Darryl Wong

NYCDOHMH: Anna Thomas, Jacqueline Rurangirwa

Public Health Solutions: Bettina Carroll, Gucci Kalloo, Rachel Miller

Parliamentarian: Joan Corbisiero

Agenda Item #1: Welcome & Introductions

Jan Carl Park, Governmental Co-Chair, opened the meeting, followed by member introductions. Randall Bruce led the Committee in a moment of silence in honor of our NYCDOHMH colleague, JoAnn Hilger, Ryan White Grant Administrator, who passed away on February 1, 2013. Several colleagues shared remembrances of JoAnn and her unwavering, steady leadership in assuring that the NY EMA: 1) received top ratings in its annual HRSA application, 2) was in full compliance with grant and reporting requirements and 3) had established a nationally-regarded continuum of care for PLWHAs. Darryl Wong reviewed the meeting agenda and meeting materials.

Agenda Item #2: Review of Minutes

The minutes were distributed to members electronically for review and comments. The minutes were approved as presented.

Agenda Item #3: Scenario Planning: 2013 Base and MAI Spending Plans

Marya Gilborn, Co-Chair, reported that the PSRA Committee met twice this month to review and approve the proposed 2013 scenario plan, which show reductions based on the preliminary spending plan approved this past April for the application with approximately \$972,196 uncommitted funds re-allocated to enhance Food & Nutrition (FNS), Housing Placement Assistance and Supportive Counseling & Family Stabilization (SCF), and with additional uncommitted funds from Harm Reduction remaining in that category. The proportionate reductions approved by PSRA were based on the enhanced amounts.

The issue of conflict of interest, as it applied to the approval of the 2013 scenario plan by PSRA was raised by Graham Harriman, Interim Director of the Care & Treatment Program, eliciting comments from various Executive Committee members. A summary of the discussion follows:

- *Mr. Harriman* noted that those who voted, even when fully disclosing their conflict, represented agencies who receive funding in the service categories to receive enhancements and thus were conflicted in their vote. He then read from the latest Planning Council Bylaws (amended 1/23/13), Article VIII (Conflicts of Interest, p.14) stating "... This shall not preclude such a member from voting on matters affecting a group of service categories that includes the one in which he or she has an interest".
- *Robert Cordero*, Finance Chair, who voted to not support the proposed spending plan, stated that he did not believe the above clause regarding Conflict of Interest applied to the current situation, but rather to the entire spending plan and that this issue in terms of process, needs to be addressed further in order to assure complete and full understanding by all involved stakeholders.
- *Lee Hildebrand* stated that the role of Needs Assessment Committee is to identify the services most needed by PLWHA, among which are Food & Nutrition Services.
- *Marya Gilborn* stated that the discussion focused on the process of decision-making and the best way to proceed.
- *Sharen Duke* added that the portrayal of PSRA Committee members as conflicted, self-serving, conflicted individuals representing their agencies in their voting was unfair. The guidance provided to members specifically outlined the parameters of the voting process and voting proceeded according to the shared understanding of the process.
- *Randall Bruce* noted that voting members stated their conflict, understood the process and questioned why this issue was being discussed after a decision had been reached.
- *Dorella Walters*, Community Co-Chair, recognized that in view of the intensity of comments elicited in the discussion, there may be opportunities for the Planning Council's Rules & Membership Committee to re-examine the voting process/structures utilized for future decision-making.
- *Jan Park* noted that this issue is dealt with differently depending on the EMA; a roll-call vote could be taken in order to have a permanent voting record of individual member's decisions. He re-iterated that the Planning Council ByLaws are clear as to eligibility of voting.
- *Victor Benedava* stated that the voting process has always been followed faithfully and that the spirit of collaboration should always be a shared value.

Ms. Gilborn reported that the PSRA Committee voted this month:

- to maintain Home Care as a service category in the portfolio, subject to a proportionate reduction based on its ranking score, and
- that the first \$2,766,244 of any cut to the grant award will be offset by an upfront reduction to ADAP with the promise that those funds will be restored as the first item in the Council's reprogramming plan and that ADAP will not be held harmless from any further proportionate cuts above the upfront reduction.

ACTION: A motion was made, seconded and approved to make proportionate cuts in a reduction scenario above the \$2.76M taken from ADAP using the amounts in the application spending plan (with the uncommitted funds allocated to enhance the three service categories).

Rachel Miller of Public Health Solutions suggested that each year specific assumptions related to spending plans developed in anticipation of funding increases or decreases should be articulated in writing, in order to avoid divergences of opinion with respect to process.

Agenda Item #4: HIV Criminalization

The Positive Justice Project's consensus statement on HIV Criminalization, which calls upon federal and state officials to modernize criminal laws and policies and to eliminate HIV-specific statutes, was presented to the Committee for their review and discussion.

ACTION: A motion was made, seconded and approved for the Committee to endorse the PJP Consensus statement, for final approval and sign on by the Planning Council.

A draft letter from the Planning Council to Mayor Bloomberg outlining the Planning Council's concerns regarding HIV Criminalization and impending legislative matters, such as S2189a-2013 (if approved) and asking for Mayoral support of the PJP Consensus Statement, was reviewed.

ACTION: A motion was made, seconded and approved for the Committee to send this letter to the Mayor for his support of the PJP Consensus statement and to take a position on this issue.

Ms. Duke reported that the Policy Committee is reviewing all service categories and related units of services and re-examining the Payer of Last Resort study in order to gain a broad overview and understanding of our EMA's service delivery continuum in view of the full implementation of the Affordable Care Act in 2014. She also alerted the Committee of the Governor's budget which proposes to eliminate the AIDS Institute of the NYSDOH and to fold it into the Bureau of Community Health. Given that ADAP funding and services are managed through the AIDS Institute, transparency and access to information is of paramount importance to assure that Parts A and B funding are utilized as efficiently as possible.

Agenda Item #5: Grantee Report

Graham Harriman, Interim Director of the Care and Treatment Program, announced that:

- the NY EMA expects to receive it's entire award in July 2013; notification of 50% of the Formula award and 45% of the MAI award is expected within the month. New York's HRSA Project Officer will be visiting New York from March 26-29 and will attend the March Planning Council meeting;
- Contract renewals and contract closeouts are underway;
- \$2.7 million in contract enhancements for over-performing contracts were put in place;
- Mental health contracts undergoing renewal are being given the option, as of June 2013 to include a mental health advocate role [up to 25% of the Maximum Reimbursable Amount (MRA)] which will support maximal engagement and utilization of mental health services.

Mr. Park asked if this service amendment represents a change in the Mental Health service directive, what its implication is for future modifications in other services and whether the Grantee is unilaterally permitted to make such changes without consultation with the Planning Council and what the theoretical limits of these changes might portend.

Ms. Gilborn noted that the amendment should be consistent with the service guidance and that if there is a substantial difference, the Planning Council should be consulted.

Mr. Harriman added that this amendment acknowledges the decreased utilization of mental health services and should help clients better utilize available services.

Ms. Miller reminded the Committee that the Harm Reduction contracts were given the opportunity to amend their contracts until IOC developed the new service guidance and that the mental health services modification is following that precedent.

Mr. Cordero suggested that an emergency meeting with the Executive Committee be convened to develop a plan on how to increase coordination between the Grantee and the Planning Council.

Agenda Item #10: Public Comment

There was no public comment.

Agenda Item #11: Adjournment

There being no further business, the meeting was adjourned at 5:15PM.