

HIV Health and Human Services Planning Council of New York

Meeting of the

EXECUTIVE COMMITTEE

March 11, 2004

Friend's House, 130 E. 25th Street

1:00-4:00pm

MINUTES

Members Present: F. Oldham, Jr. (Governmental Co-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, G. Brown, MD, R. Busan, H. Cruz, S. Halperin, CSW, J. Hilger (for M. Hill, PhD), C. Kazanas (for J. Pressley), H. Melore, D. Ng, A. Paige-Bowman, T. Petro, E. Santiago, D. Singh (for B. Curry), P. Stabile, T. Troia

Members Absent: S. Abramowitz, PhD, M. Barnes, R. Chavez, C. Cobb, T. Hamilton, P. Stabile, M. Wainberg, MD

Staff Present: *OAPC:* R. Cordero, G. Moon, S. Bailous, M. Lesieur, R. Shiao, C. Silva, R. Molina, C. Mosely; *DOHMH:* S. Forlenza, MD, MPH; *MHRA:* J. Verdino, G. Kaloo, R. Miller

Agenda Item #1: Welcome/Minutes

Mr. Oldham opened the meeting, followed by introductions.

Mr. Ng led the moment of silence.

Mr. Cordero reviewed the meeting packet, asking people who have not done so to sign the conflict of interest form.

The minutes of the February 19, 2004 meeting were approved with no changes. Mr. Cruz raised an issue for follow-up???

Agenda Item #2: FY 2004 Spending Plan

Ms. Nagy: Before Mr. Kaloo and Ms. Miller lead us through the draft spending plan, I want to thank everyone for their hard work completing the spending scenarios.

Mr. Oldham: The long meetings and extra time we put into this is reflected in the plan. We will need to present our recommendations to the Planning Council on March 18th for final approval.

Ms. Miller: I am Senior Deputy Director for Operations at HIV CARE Services. I want to underscore what Ms. Nagy and Mr. Oldham said, that your hard work developing the spending scenario is reflected in this plan, on which Mr. Kaloo has been working so hard. We are lucky that the unexpected increase in the award, which was entirely in base funding, with a small decrease in MAI) will allow us to fund all new priorities, resulting in 14 new contracts in 12 categories, enhancements in several others, a commitment of \$16M to the ADAP pools (for a total budget of \$21M), restoration of last year's across-the-board cut, a long-awaited cost of living adjustment (COLA), and absorption into Title I funding of some of the contracts that were shifted to HOPWA last year (freeing HOPWA funds for other housing initiatives). The FY 2004 spending plan is on the table in the meeting packet, with FY 2003 for comparison. The award is broken down into base and MAI, with portions set aside for Tri-county based on a formula (details in packet), administration and Planning Council support. The remainder (\$116M) is for New York City programs, with the spending scenario factored in to the amounts. The carrying cost of existing programs is \$93M, which leaves \$16.7M in base funds for new initiatives, but a \$95,000 shortfall for MAI programs.

Mr. Kaloo: Originally, there was a shortfall of \$450,000 in MAI due to the decrease in the MAI portion of the award, but there was a shifting of funds that brought down the deficit to \$95,000. We will absorb this through contract amendments.

Ms. Miller: Guided by the approved spending scenario, the plan restores the ADAP pools, which had been reduced to \$12M from its original amount of \$21M, as intended by the Planning Council. After funding all priorities, there was a small surplus, which was added to the \$3.3M approved in the scenario for ADAP. Amounts are added to service categories to reflect the new initiatives, including funds for capacity building and four housing contracts that were funded by HOPWA. It should be noted that new initiatives will be implemented quickly after the plan is approved, through fundable proposals received in 2002 and 2003 RFPs. We were also able to fund some new programs under MAI with base funding (the MAI programs that are identical to base categories were given lower priority). The plan reflects the FY 2003 across-the-board cuts (\$1.3M). Also, last year, MHRA did aggressive take-downs based on three-year average under-spending, even if the third year showed improved spending. This plan restores the cuts to agencies that showed improved spending (\$400,000). The plan has a 3% COLA on top of the restoration described. The restorations and COLA only apply to base programs. Finally, there is an increase for planning and evaluation (P&E) initiatives (\$420,000).

Mr. Cordero: The EC asked the P&E Committee to provide more details on these funds, which will be used for outcome evaluation, cost effectiveness and unmet need determination. The P&E will review this tomorrow and bring back to the EC for further review, but the amount is here as a placeholder.

Ms. Miller: We examined MAI programs that had three years of data and did “enlightened” take-downs using the lesser of either the average under-spending or the most recent year’s under-spending. Finally, the last column shows the complete plan with all revisions.

Ms. Miller (in response to a question from Mr. Ng): The COLA is calculated after the restorations.

Ms. Verdino (in response to a question from Mr. Halperin): We have not discussed the criteria for using the COLA, but historically, we have not mandated that it be used for staff lines, as some agencies have given staff COLA anyway by reducing OTPS lines. Also, some agencies might have union rules that allow for only a 2% COLA, and we cannot mandate that it be 3%. We leave it to the agencies to use in the way that they think would best serve their clients and infrastructure.

Ms. Miller: COLA is really an inflation adjustment and is applied to all expenses, such as rent and supplies.

Mr. Halperin: The original impulse for this was to increase staff salaries. We need some criteria for the use of this, such as agencies, if they are not directly applying it to personnel lines must give a justification.

Ms. Verdino: It would add a step and delay the process, but that sounds reasonable, although I am not sure what we would do with the information.

Mr. Halperin: It would be important for our planning to see what the COLA was applied to.

Rev. Troia: While I appreciate Mr. Halperin’s concerns, we should not micromanage. We need to give leeway to the grantee to give an adjustment, since rents and other costs have gone up and agencies have taken funds out of the bottom line to pay for that.

Mr. Ng: I agree with Rev. Troia.

Mr. Halperin: I agree that we should allow the leeway, but we have a right to know how the COLA is applied, since the genesis of the idea was to allow increases for staff who have not gotten them. If they do not use the COLA for that because they have already given staff increases, then that is fine.

Ms. Verdino: Agencies submit modified budgets with these amounts in them. Can just do the analysis report how much went to personnel and to OTPS.

Mr. Kaloo: Agencies would have to supply us with greater detail in their budgets.

Ms. Verdino: It would be interesting for the EC to know what it is used for in future planning, but it would be impossible to collect that without building a whole new data base. This will happen in modifications throughout the year. It is better to allow us the flexibility to know that you want that information and we will try to give you a general idea at the end of the year.

Ms. Hilger: The Planning Council sets priorities for broad service categories, and this is essentially an inflation adjustment across service categories. You need to allow MHRA to work with the contractors to get this done. This will be a difficult year getting all of the funds spent, and while the information might be useful, it is essentially a contract management issue.

Mr. Halperin: Then we should not call it a COLA, because my intent was that this be for staff increases. I move to change COLA to “Inflation Adjustment” [Seconded]

Mr. Busan: The Department of Corrections is a perfect example of this problem, since due to union rules, we cannot use the increase for staff.

Mr. Halperin: With what I proposed, you would just have to give a rationale for your use of the funds, but MHRA is not willing to enforce that.

Mr. Petro: We can ask MHRA to send contractors guidance that they look at personnel costs due to concerns about staff turnover and ask them to prioritize the funds for that.

Mr. Halperin: I accept that as a friendly amendment.

Mr. Santiago: I was opposed to a COLA originally, based on the understanding that it was for personnel. A lot of agencies do not take care of their staffs, which is a big reason for turnover.

Mr. Halperin restated the motion that COLA be re-named “Inflation Adjustment”, that MHRA provide guidance that it be used for personnel, and that MHRA report back to the EC on the use of the funds at the end of the year.

Rev. Troia: I do not know if this is the place to have the discussion on how agencies treat their staffs, but perhaps we could think about a survey asking when increases were last given, what amenities are offered, etc. to give us a snapshot of what agencies have done.

Ms. Hilger: If agencies are getting both a 3.1% restoration and a 3% inflation adjustment, it would be impossible to track how they use just the 3% adjustment.

Ms. Verdino: This is true, as they will not be done as separate modifications. However, Rev. Troia has a good idea. Early in the Ryan White program, there were initiatives to train and retain staffs. Perhaps there could be a survey on HIV/AIDS staffing issues, which could inform the Infrastructure Workgroup and Council.

Mr. Oldham: We have to keep this in perspective. We have the highest award in history and all EMAs are watching us. The motion honors the spirit of the idea behind the COLA. We can look at this in depth during the year.

Ms. Nagy: The Sub-committee on the Assessment of the Administrative Mechanism has developed a survey for providers. Perhaps the committee can help MHRA with this.

Mr. Halperin restated the motion again.

Ms. Verdino: Given Ms. Hilger’s point and the way we keep data, we will not be able to report back on the use of the funds. If you want information on staff raises and related issues, I would suggest that we do something like Rev. Troia suggested.

Dr. Brown: Are we really that concerned that agencies are not going to do the right thing with the money?

Mr. Halperin: As I stated before, the last time we gave a COLA, many staff members in agencies never received a raise and have not gotten one in several years.

Rev. Troia: We can amend the motion to ask for a report from providers on how in general the total increase was used to enhance both personnel services and overall program services for clients.

Mr. Halperin (in response to a question from Dr. Brown): This information is for future years, when a COLA is proposed and we can know what they have been used for in the past. And the Planning Council needs to know what they are spending their money on.

Mr. Ng: Can we just ask that MHRA report on broad trends in utilization of the funds.

Ms. Verdino: Someone should report on this, but we are not necessarily the one to do so. It would involve a whole new, separate set of tracking systems.

Mr. Oldham: MHRA is tracking under-spending, which will be judged in our application. If there is a lot of under-spending, MHRA can do take-downs, which is a mechanism for judging the use of the funds.

Ms. Melore: Why are we discussing this now, instead of at the last issue, when we reviewed the COLA?

Mr. Ng: Perhaps MHRA can just ask around in the course of their work and report back generally.

Ms. Verdino: I can report that now. In general, agencies give increases to their staffs even when they do not get a 3% inflation adjustment. The issue of whether or not they treat their staff well is separate from any increases.

Mr. Halperin: People should be aware that this is not what was intended.

Mr. Petro: While at the previous meeting we did not fine-tune this issue, Tri-county has had inflation adjustments in the past and we have always implemented them by giving them an increase to spend however they see fit. They do, for the most part, put it towards personnel, but other costs increase too. If this had not come up, it would have been done as it always was in the past.

Mr. Halperin restated the motion again.

Ms. Verdino: I do not know how the EC can vote on something that I have stated that MHRA cannot do.

Mr. Oldham: I would like to recommend that Mr. Halperin table the motion. The original spirit was that agencies would use it as they see fit. We are analyzing this in too much depth.

Mr. Halperin: I am willing to table the motion, but the Planning Council needs to know that this is not geared towards personnel, but generally towards programs. [Motion withdrawn]

Ms. Verdino (in response to a question from Ms. Melore): The restoration to the Food and Nutrition category was for one program taken down for under-spending, not an across-the-board cut.

Mr. Hemraj: As stated at the last Planning Council meeting, I will make a motion to increase the amount for Planning Council support. The Planning Council of New York currently allocates \$710,000 to the Office of AIDS Policy Coordination (OAPC) for Planning Council support. OAPC provides stellar support for the Council and all of its workgroups and committees. OAPC staff supported the planning process that resulted in our record award, and has helped improve the Council's functioning in many ways, from a revamped website to the institution of Data Days. OAPC staff has done this with minimal funding, compared to other EMAs. Our EMA allocates the second smallest percentage of its budget for planning council support in the nation (0.69%). Looking at other major EMAs based on FY 2002 awards, Los Angeles, which has an award of \$38 million, funds its planning council support at \$1.14 million, or 3%, and Houston allocates 3.1%. In Year FY 2001, when the award was \$119M, the allocation for support of our Planning Council was \$650,000. This increased to \$760,000 in FY 2002 and was reduced to

\$710,000 in FY 2003. Currently, there are minimal OTPS funds in the Planning Council support budget. OAPC has been able to cover the cost of MetroCards, audio services, refreshments, the website, equipment and other expenses through unspent personnel funds and through other City funds. With OAPC close to full staffing, the Planning Council needs additional OTPS funds to pay for these items, as well as to provide adequate resources to support the planning process, including needs assessment, priority setting and resource allocation. OAPC is also supporting a number of other initiatives that have not normally been part of our work and which result in additional expenses. These include 4 Data Days per year, supporting a number of ad-hoc committees such as the By-laws Task Force and Administrative Mechanism, and additional support for PLWH initiatives. These will increase in the coming years as OAPC works to implement HRSA requirements such as the unmet need framework.

I move to increase the OAPC allocation for Planning Council Support to 1% of the total New York City portion of the Title I grant award (\$1,100,244) in order to adequately support the planning process, including needs assessment, priority setting and resource allocation. In addition, adequate resources are required to support OTPS expenses such as audio equipment, refreshments, MetroCards for consumers, the website and meeting spaces.
[Seconded]

Mr. Halperin: I do not support this, but there are other ways to enhance the capacity of OAPC. For example, P&E can allocate funds for some initiatives. It would be a problem to be stuck with a percentage if our award goes down. I would support a fixed amount increase, but not a percentage.

Ms. Melore: I agree with Mr. Halperin. I was at the City Council preliminary budget hearing today, where Dr. Frieden said that the Planning Council is under DOHMH. If that is true, then let DOHMH provide the funds.

Mr. Ng: If there is a percentage, then OAPC may get less, which could be a performance-based incentive. I support the motion. Given what it takes to support all these meetings, the current amount is too low, but perhaps it should be a fixed amount.

Ms. Nagy: I support the motion. I have been working hard with Mr. Oldham and Mr. Cordero to plan a retreat in October for the full Planning Council to help us improve our functioning. The PWA/HIV Advisory Group has many other ideas, such as the Over 50 forum. OAPC has actually had a decrease over the last years.

Rev. Troia: I support this motion. We need an integrated infrastructure so that this office can do what is needed to sustain this award. We know that some programs provide up to 12% in administrative support. 1% is reasonable for all the work that needs to be done.

Mr. Halperin: Rev. Troia's words reflect what I said at the last meeting about supporting personnel. I do not think that this motion is defensible in the community. It will raise serious questions about us as a body.

Dr. Brown: We need to think about the message it sends that we provide the appropriate level of support. Given that most EMAs provide 1-3% for planning council support, if we try to do it on the cheap, the message is that we do not have the level of commitment that is needed to do what is necessary.

Ms. Nagy: With reauthorization coming up, without this increase, we will not be able to support the level of PLWH advocacy needed.

Mr. Santiago: I support the motion. I do not know if the community will respond negatively.

Mr. Oldham: We have strived for a transparent process, including the application process and many more meetings to support. We are doing far more PLWH initiatives; if you remember the OAPC's organizational chart when I arrived and the current one, PLWH initiatives were under the workgroups, but now at the top of the chart.

Mr. Ng: What hits me as the value of OAPC's support, when we discussed using an outside note taker, we found out that it would over a hundred thousand dollars just for that. We demand and expect a lot of OAPC, and so the current allocation is not proportionate to what it takes to fund all of the functions of the Planning Council.

Mr. Halperin: The EC should remember the community reaction when we put forward a doomsday scenario that they had to rescind.

Mr. Hemraj: Planning Council support is analogous to administration, which is tied to a percentage. Given all the new initiatives, it should be a similar formula.

Ms. Hilger: The Planning Council should support the OAPC to the amount that is necessary. The work to support the Planning Council is fixed, no matter what the award is, unlike the administration. Also, other EMAs do not receive awards nearly as large as ours but have to do the same kind of work. The Planning Council needs to know what it is buying, and if the cost of a consultant for the Strategic Plan is included.

Mr. Busan: I support this, knowing how hard OAPC works, as a former staff member, as we always struggled to pay for everything.

Mr. Kaloo (in response to a question from Ms. Melore): When we added all items from the spending scenario, there was about \$422,000 left over in base funding. In this plan, we should that added to the ADAP pools. This proposal would use \$390,000 of that surplus to supplement Planning Council support.

Mr. Hemraj: No program funds would be used for this.

Mr. Cruz: I support this proposal, but I ask that in the future, you do not use the ADAP pools for a placeholder. It creates an appearance that is not comfortable for the AIDS Institute. The proposal is a small amount, and the Planning Council has a right to ask for a greater level of work, but we should realize that OAPC has done an incredible job bringing us a record award.

Mr. Hemraj restated the motion. The motion was approved 10-2-3 (Y-N-A).

Ms. Verdino and Mr. Kaloo (in response to a question from Rev. Troia): Restorations of take-downs are only for providers whose spending increased in the third year (take-downs were figured on a three-year band). For an example, a provider may have spent 100% in the third year (demonstrating that they were could spend their funds in the next year), but were taken down by an average of the three years. We had asked the Planning Council to reconsider this, but there was such a great need for funds to cut last year that it was not approved.

Rev. Troia: Thank you also for restoring the HOPWA-funded housing programs.

Ms. Verdino (in response to a question from Mr. Petro): The use of the MAI (and base) carry-over will be addressed when the Planning Council develops a reprogramming plan. It can be used for the ADAP pools or another initiative. We cannot use carry-over to restore contracts because it comes too late in the year.

Ms. Verdino (in response to a question from Ms. Melore): There is no proposal in this plan to give any MAI money to the ADAP pools. Also, we have not decided if the MAI program that will move to base funding will continue to participate in the evaluation. My feeling is that they should.

Mr. Cruz: Historically, the AIDS Institute did not want to take MIA funds, but last year, when ADAP took a drastic cut, we agreed to take MAI reprogrammed funds.

Ms. Hilger: Initially, we could not give MAI funds to the drug reimbursement pools, but only the other components of ADAP, but HRSA changed its ruling on the matter.

Mr. Singh: As a consumer, I want to state my strong support the ADAP program. Any funds that could be allocated for it should be.

Ms. Nagy: Motion to accept the FY 2004 spending plan. [Seconded]

Mr. Halperin: I cannot support this spending plan because the Planning Council is sending a message that we are not ensuring the infrastructure of our programs by making sure the staff gets the increases they need, but on the

other hand, we are willing to support the infrastructure of OAPC. This is contradictory. Also, we do not have a budget for OAPC.

Mr. Singh: The Planning Council should be trained to understand infrastructure issues.

The spending plan was approved 15-1-0 (Y-N-A).

Ms. Nagy: We will present this plan to the full Planning Council at the March 18th meeting.

Mr. Petro: The Tri-county Title I Steering Committee passed a spending plan yesterday for \$5.48M. The increase in the award will support: a 3% COLA, additional housing assistance, restoration of the Tri-county contribution to the ADAP pools to the level of two years ago, and funds to bring HIV primary care to Putnam County, a rural county that just lost its only HIV-specialist.

Mr. Oldham: We will schedule for the April Planning Council meeting a presentation to the full Planning Council to familiarize people with the Tri-county region.

The Tri-county spending plan was approved 12-0-2 (Y-N-A).

Actions Taken/Follow-up (Responsible Parties/Timeline)

- Recommend FY 2004 spending plan to Planning Council (EC/March 18)
- Presentation to Planning Council on Tri-county Issues (Mr. Petro/April 15)

Agenda Item #4: Public Comment, Part II

M. Gold: The State Office of Medicaid Management is circulating a directive that there be no more automatic renewal of medication. They will have to call the doctor or pharmacy. Also, the directive is saying that pharmacies cannot eliminate the co-payment or give out beepers, etc. as an incentive to attract new customers. People who are blind need the beepers for treatment adherence. DOHMH should look into this. Finally, regarding the COLA, while I understand that staff gets burned out and need raises, PWAs who receive benefits (e.g. HASA) are living below poverty levels and have not gotten any increases.

Mr. Cruz: I will send information on these Medicaid issues to Mr. Cordero for distribution to the Planning Council.

Mr. Ng: The Policy Committee is the appropriate place to look into these issues.

Agenda Item #5: New Business

Mr. Singh: More Asians and Pacific Islanders and people over 50 should be included in the CHAIN study, even if their numbers are relatively low. Also, the Title I transportation program is having problems with their service, including not being able to get through on the phone. They need to have an open forum to inform their clients about what is happening.

Rev. Troia: Project Hospitality is in its second week of operating the transportation program since the transfer from the American Red Cross. Unfortunately, after June 30, we will not have additional AIDS Institute funds. Yesterday, the Social Services Workgroup's Transportation Sub-committee met, including getting consumer feedback about setting up a new toll-free number, which we are researching. We intend to speak with the PWA/HIV Advisory Group, and our goal is to understand people's concerns and ideas on priorities and how to maximize Title I funds. I invite you to participate in the sub-committee, and I appreciate your patience with the transition.

Mr. Cordero: The special populations that Mr. Singh discussed should be brought to the P&E Committee. Once it is recognized by the P&E, then all workgroups must consider them while planning. We should look at all special populations that may need to be added to the HRSA-mandated ones.

Ms. Verdino: I would like to publicly acknowledge Rev. Troia and her staff and Bettina Carroll of HIV CARE Services and her staff for undertaking the very complicated effort of transferring the transportation contract. While there were some complications, we completed the transfer with only one day interruption in service.

Mr. Abadia: The PWA AG survey went out to all providers. Please make sure you respond.

Mr. Ng: A letter to Commissioner Frieden was sent regarding the HOPWA RFA, as approved at the last EC meeting.

Mr. Oldham: The reception hosted by Mr. Barnes follows this meeting at 5pm.

Rev. Troia: Project Hospitality invited Vito Fossella, Congressman from Staten Island and the only Republican in the City's delegation, to tour our HIV facilities. He shook hands with and spoke to clients. We have asked him to advocate among his colleagues for the CARE Act.

Mr. Oldham: I want to acknowledge Rev. Troia for obtaining support from Congressman Fossella and giving us an ally on the Republican side of Congress.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on April 1, 2004

Frank J. Oldham, Jr.
Governmental Co-chair