



Meeting of the

**EXECUTIVE COMMITTEE**

March 13, 2008

3:00-5:00 pm

GMHC, 119 West 24<sup>th</sup> Street, Room 230

**MINUTES**

**Members Present:** Victor Benadava (alt. for Antionettea Etienne), Eli Camhi, Joan Edwards, JoAnn Hilger, Jennifer Irwin, Julie Lehane, PhD (alt. for Tom Petro), Jan Park (Governmental Co-Chair), Ed Telzak, MD, Daniel Weglein, MD (alt. for Fabienne Laraque, MD, MPH)

**Staff Present:** David Klotz, Rachel Miller, Todd Noletto, Nina Rothschild, DrPH, Anthony Santella, DrPH

**Welcome/Moment of Silence/Contents of Meeting Packet/Introductions:** Jan Park welcomed participants to the meeting. Matt Lesieur led the moment of silence. Members introduced themselves. Mr. Park reviewed the contents of the meeting packet, including the agenda; the minutes from the previous meeting of the Executive Committee on February 14, 2008; the Notice of Grant Award from HRSA; a comparison of FY 2006 and FY 2007 Ryan White Program Part A Funding; the Year 2008 (Year 18) Ryan White BASE spending plan; the Tri-County Ryan White Part A BASE and Minority AIDS Initiative budgets; the CAEAR Coalition's Ryan White Program appropriations request for FY 2009; a draft of a letter generated by the Policy Committee to the leaders of the Senate and House Labor, HHS, and Education Appropriations Subcommittees; an announcement from the Federal Register of HRSA's 24-month cumulative lifetime limit on housing paid for with Ryan White dollars; a Call to Action on the HRSA housing policy from the CAEAR Coalition; a draft of a letter generated by the Policy Committee to Secretary Mike Leavitt requesting local discretion about implementing the 24-month limit; a draft agenda for the full Planning Council meeting on March 20, 2008; the March Planning Council calendar; and an overview of an study on HIV Choices in Care (Bruce Rapkin, PhD, Principal Investigator).

**Notice of Grant Award/Grantee Report:** The New York EMA received an increase in its supplemental award. The formula portion of the award is \$74,867,223 (same as last year). The supplemental portion of the award is \$27,562,982 (an increase of \$1,564,625 over last year). These amounts do not include our MAI award.

**Year 2008 (Year 18) Ryan White BASE Spending Plan:** The New York EMA needs to adjust its spending plan because of the funding increase. Members of the Priority Setting and Resource Allocation (PSRA) Committee initially discussed an adjustment on March 11, 2008, as follows:

- \$1,311,146 is available in additional program funds from the new award
- An overall increase of \$910,218 in carrying costs is subtracted from \$1,311,146 for a sub-total surplus in funding of \$400,928
- \$891,551 is newly available from terminations of 4 contracts
- \$400,928 + \$891,551 = \$1,292,479
- \$554,239 (the cost of housing programs for 7 months) is subtracted from \$1,292,479, leaving \$738,240 for additional program funds from the new award
- \$3,000,000 is available as an upfront reduction to the ADAP pools (to be restored later via carryover and uncommitted funds)
- A total of \$3,738,240 is available in additional funding for new programs

The PSRA Committee recommended allocating the amount of \$3,738,240 as follows:

- \$625,185 to mental health services
- \$446,691 to treatment adherence
- \$900,000 for HIV test kits
- \$363,878 for early intervention services
- \$1,500,000 for maintenance in care

The decision to allocate \$1.5 million for maintenance in care (MIC) was a response to a proposal by The Department of Health, HIV Care, Treatment and Housing Program (DOHMH/CTHP), which plans to address the problem posed by the large number of clients who are lost to follow-up. Since the proposal applies to MIC contracts that are fee-for-service, agencies will only be paid for successful completion of their duties, meaning that the money will not be spent (and the dollars will not be lost by the EMA) if the clients are not restored to and maintained in care.

Matt Lesieur expressed concern that putting \$1.5 million in MIC is not the best use of the money. He stated that case management (CM) also promotes maintenance in care. Eli Camhi noted that the EMA is currently spending \$1,573,078 on MIC but is losing a lot of people to care. Daniel Weglein, responding on behalf of DOHMH/CTHP noted that the low level of current funding for MIC may contribute to the loss of some clients to care. He also underscored the importance of having case management or return to care services integrated with medical care.

Mr. Lesieur commented that DOHMH/CTHP was asking the EC to double the amount of money allocated to a relatively new category that is already underspending. He asked whether there are some already existing case management programs focusing on finding and bringing clients into care. Dr. Weglein noted that his unit conducted a qualitative survey of CM programs and found that few – perhaps only one program – reported returning patients to and maintaining patients in care as their core objective.

Mr. Lesieur asked whether Public Health Solutions has some performance data on the MIC programs to date, bearing in mind that the programs are starting up and have to hire staff. Ms. Miller responded that the real issue was that they are new contracts. Some are performing very well – over expectations – and others were underperforming. She noted that it was not clear at this point whether they were underperforming because they were new or because they have more serious problems that are likely to persist into the new year. She emphasized that this is a small portfolio – there aren't many contracts – and doubling them, even if they were all over-perform, would be a challenge. If the contracts do not spend the money during the year, the money could be reprogrammed and given back to the pools or distributed elsewhere. Planning Council members have to make the decision about the opportunity cost of not giving the money somewhere else right now. Dr. Weglein responded that he is working closely with Public Health Solutions to improve data flow. Performance data should be available in August – a fairly short timetable. Mr. Lesieur noted that while many other programs in the portfolio were cut last year and didn't receive the increase for which they were hoping, the MAI proposal seeks to double funding to one program. He underscored that we are dealing with opportunity costs here.

Dr. Telzak noted that 13 MIC programs were recently funded, 9 of which would be eligible for enhanced funding. If \$1.5 million is divided among these programs, they may not be able to absorb the money. We could ask what we want to do with the portion that is not accepted – and the amount that is not accepted may be a surprisingly large sum. Mr. Camhi said that we can act on the PSRA Committee proposal or move beyond that proposal and suggest another motion. Mr. Park noted that the PSRA Committee had some discussion about the utility of using the increase in the award to restore funding across the portfolio by the proportion by which service categories were cut, but such a move would not be productive because the amount of money that would be restored at the contract level would be very small. Mr. Camhi noted that the placeholder suggestion was to put all the extra money into early intervention. He suggested as a compromise to the PSRA proposal that the EC reduce the maintenance in care amount by a portion that would offset the reduction to case management, restoring \$427,714 (money that was cut last year because of the reduction in the EMA's total award). He noted that such a compromise would be more sensitive to the other programs. Mr. Lesieur stated that he would accept that compromise.

Dr. Weglein noted that the objective is to reach and retain people in care, then MIC is the appropriate service. If there's another similar objective in case management, we can address it, but that he was leery of talking about a case management provider that seems to be a maintenance in care provider. Rachel Miller addressed the problem of operationalizing the DOHMH/CTHP proposal, stating that the 9 contracts in the MIC portfolio will not be able to absorb \$1.5 million. She noted that these contracts are already almost one-twelfth through the year, and the prospect is not realistic. Some of the case management programs have similar models, and while it wouldn't be identical, we could make requirements for work products that would meet the objectives of the MIC programs. Dr. Telzak noted that a hospital would be challenged by the prospect of trying to provide intensive follow-up to patients who had not been in

care for 9 months. Mr. Camhi suggested allowing the programs to continue to do CM and having the CM run in parallel with MIC.

Ms. Hilger stated that we have to be careful about funding proposals as we are effectively at the end of March. She noted that the entire CM category will be re-bid in 2009. The Planning Council has to consider how much time, effort, and money we want to invest in programs that do good work but are going to be changed once the category is re-bid. By the time we finish all the negotiations, we'll be in September and won't have spent a penny. It's not a lot of money, but it's enough money to get us into trouble. Mr. Lesieur stated that he sees the same problem with the MIC category that Ms. Hilger articulated with respect to CM. He suggested that rather than putting all of our eggs in one basket, we try a mixture of the two. Dr. Weglein stated that he respectfully disagreed with Ms. Miller. He stated his MIC goals are achievable, and technical assistance will help the contractors scale up. He noted that he did not disagree at all with the priorities of funding community based organizations, case management, and early intervention. In his proposal, he tried to come up with something that was reasonably achievable; and if the plan is not achievable, nothing is lost – the money goes back into the pool. Mr. Lesieur, however, reminded the group of the 2% carryover rule: we have to be careful about underspending.

Mr. Camhi summarized the discussion thus far: he noted that we had a proposal to use \$1.5 million for MIC programs. We had another proposal to restore the cuts to case management, and then we went off on a tangent about whether or not we can make conditions to that restoration. He suggested giving extra money to case management, equivalent to the amount that was cut, and give \$1.1 million for maintenance in care. We could try this and see where we end up. Ms. Hilger asked about the need on which the suggestion to increase funding to case management programs was based, noting that case management is the 7<sup>th</sup> ranked priority. We have to say what this need is. Mr. Camhi explained that all the priorities above the line had already been addressed with restorations. Ms. Miller stated that she cannot address the epidemiological question about need but noted that the allocation to case management would be permanent and would become part of the RFP next year.

Mr. Lesieur offered a compromise proposal to put \$1.1 million into maintenance in care and to restore the cuts in case management. Victor Benadava, alternate for Antionettea Etienne, seconded the motion. Mr. Camhi noted that if Mr. Lesieur's motion does not pass, the next motion will be for the PSRA Committee's proposal. Dr. Telzak observed that the PSRA Committee voted to enhance MIC by \$1.5 million, but he noted that there was a possibility that the entire sum will not be accepted by MIC programs, suggesting that if it is not accepted, the amount up to \$427,714 could be offered to enhance CM.

Mr. Lesieur voiced some questions for Public Health Solutions about the mechanics of Dr. Telzak's proposal, asking how long would it take for the MIC programs to reject the proposal to enhance their programs, and then how long would it take similarly enhance funding to the CM programs? How much longer are we delaying the implementation of this decision? Dr. Weglein affirmed that we want the MIC programs to succeed and will not wait past the April 1<sup>st</sup> deadline to hear from them.

Mr. Camhi restated Mr. Lesieur’s motion; namely, we reduce the MIC proposal by the portion that we would restore to CM. That proposal has been seconded. Dr. Telzak noted that he has programs in both MIC and CM but participated in the PSRA vote. Ms. Irwin asked Ms. Miller whether either one of these proposals could work in her time frame. Ms. Miller noted that different ways of distributing the money for either proposal could make the process either faster or slower, depending on whether it is competitive. Mr. Camhi suggested that Dr. Telzak recuse himself from the vote because of a potential conflict of interest but asked whether the group agrees about Dr. Telzak voting; if the group agrees, he has no problem with the situation. Mr Lesieur noted that because Dr. Telzak has both MIC and CM programs, he benefits either way. Mr. Park asked for a roll call vote. The vote on Mr. Lesieur’s motion was as follows:

Joan Edwards	Yes
Jennifer Irwin	Yes
Ed Telzak	No
Matt Lesieur	Yes
JoAnn Hilger	Abstain
Julie Lehane	Yes
Eli Camhi	No
Jan Carl Park	No
Victor Benadava	Yes
Daniel Weglein	No

Five Committee members voted in favor of the proposal; four voted against it; one member abstained. The motion carried, and this proposal will be voted on by the full Planning Council.

**Tri-County Spending Plan:** Dr. Lehane reviewed the Tri-County spending plan. No questions were raised. All Executive Committee members voted in favor of approving the budget, with one abstention.

**Committee Updates:** Matt Lesieur presented a letter generated by the Policy Committee concerning HRSA’s 24-month lifetime cap on Ryan White-supported housing, scheduled to go into effect on March 27<sup>th</sup>. The letter asks Secretary Leavitt to repeal the policy. Mr. Park noted that the Planning Council wrote a letter objecting to the proposed policy in the past, and generating another letter now is in keeping with this past activity. Members noted that the 24-month limit does not apply to HOPWA-funded programs; committee members’ recent decision to transfer some funding for housing to HOPWA was foresighted. The letter should be sent before the policy is enacted on March 27, 2008. The version of the letter circulated to the EC contains data on the number of clients in New York City receiving Ryan White housing services and on the vacancy rates in each borough. A suggestion was made to add the number of clients served in Tri-County and the vacancy rates in each of the three counties that constitute Tri-County. Mr. Camhi noted that the new policy would be an administrative burden for the contractors and would be hard to monitor. The New York Congressional

delegation is also writing a letter to Secretary Leavitt. Nine members of the EC voted in favor of sending the letter to the full Planning Council for approval.

Mr. Lesieur presented a second letter generated by the Policy Committee. This letter is addressed to the Chairs of the Senate and House Appropriations Committees. The letter is reflective of the CAEAR Coalition's request. Mr. Lesieur noted that an internal discussion had taken place regarding whether the letter should focus just on funding for Ryan White and MAI or whether it should focus on HIV/AIDS funding as a whole (i.e., including CDC, NIH, etc.). A proposal was made to add information on Tri-County in the New York-specific portion of the letter. Mr. Camhi expressed frustration with the fact that PEPFAR received a funding increase of \$50 billion over five years while Ryan White did not and asked whether the Planning Council could borrow the rationale used to advocate for increases in funding to developing nations and use that rationale to advocate for domestic HIV/AIDS funding increases. Mr. Lesieur stated that that AIDS community has stayed away from that strategy. All EC members present voted to approve the letter and forward it to the full Planning Council.

Jennifer Irwin reviewed the Needs Assessment (NA) Committee meeting on February 26<sup>th</sup>. Committee members discussed the decision to move some housing money from Ryan White to HOPWA and to move some money focusing on programs for homeless and street-involved youth and SRO residents from HOPWA to Ryan White. NA Committee members also spoke about obtaining data from CHAIN regarding homeless/street-involved youth. Committee members have also been charged with giving CHAIN a list of possible topics for research. At the meeting, Dr. Weglein also provided an overview of treatment adherence models. The Committee will meet again on April 1.

The Integration of Care Committee discussed comprehensive care models and will have a presentation on comprehensive care in Tri-County at the next meeting on March 18.

The Consumer Committee is developing a process for facilitating consumer input into the PSRA tool.

The Finance Committee will have a conference call regarding MAI spending on March 27<sup>th</sup>.

The Rules and Membership Committee will meet on March 27<sup>th</sup> and begin to look at possible revisions to the bylaws.

Members of the PWA Advisory Group have invited representatives from MTA to speak about half-fare Metrocards. They may also invite speakers on transgender health.

**Planning Council Agenda Review:** Dr. Bruce Rapkin of Memorial Sloan-Kettering's Community Outreach and Health Disparities Lab has been invited to speak about his study on HIV Choices in Care at the full Planning Council meeting.

**Public Comment:** A PWA AG member spoke about increasing the membership of the AG. He noted that LTI had a training on group facilitation, but the training was suspended. Many people don't know how to work together and could benefit from that type of training. He advocated for offering the LTI training. He also noted that the AG has been trying to recruit youth, but none attended this EC meeting. Offering a stipend to participants, especially to young people, might be helpful. He offered to go to the NA Committee or the Consumers Committee to pose the suggestion. Mr. Park commented that the issue of stipends has been revisited, but stipends are not within the scope of our grant. We did a brief survey of other jurisdictions, but their policy on stipends is the same as New York's. Chicago does offer a stipend, but the money comes from City tax dollars, not from HRSA. Mr. Park agreed that the AG should represent the scope of PLWHAs, including young folks. Dr. Telzak asked whether a grant from a foundation might pay for stipends.

Victor Benadava asked about holding meetings in different boroughs. Mr. Park stated that changing the locations of the meetings is an excellent idea.

**Activities Completed:** Spending plan modified; Tri-County spending plan approved; Policy Committee letters approved for forwarding to the full Planning Council.

**Adjournment:** The meeting was adjourned at 5:00.