



Meeting of the
EXECUTIVE COMMITTEE

Thursday, April 14, 2011

3:00-5:00 pm

Cicatelli Associates, 505 Eighth Avenue, Lavender Rm, NY, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Victor Benadava, Sean Cahill, Felicia Carroll, Gregory Cruz, John Anthony Eddie, Joan Edwards, Marya Gilborn, Alexander Hardman, Steve Hemraj, Lee Hildebrand, Fabienne Laraque, MD, MPH, Kali Lindsey, Gonzalo Mercado, Tom Petro, Miriam Piñon, Charles Shorter, Allan Vergara, Dorella Walters

Members Not Present: Damian Bird

Staff Present: David Klotz, Graham Harriman, JoAnn Hilger, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong

Public Health Solutions: Bettina Carroll, Rachel Miller

Agenda Item #1: Welcome/Minutes:

Matthew Lesieur, Community Co-Chair, opened the meeting and members introduced themselves. Victor Benadava reviewed the Rules of Respectful Engagement, Kali Lindsey led the group in a moment of silence and Darryl Wong reviewed the meeting agenda and materials. The minutes of the March 10, 2011 meeting were reviewed and approved.

Agenda Item #2: Public Comment

Several members of the public expressed comments regarding the Substance Use and Harm Reduction Service Guidance:

- Ms. Mateo remarked that the current approved service guidance which incorporates the Community Reinforcement Approach (CRA) is a high-threshold, abstinence-based model which will fail to reach the goals identified in the 2009-12 Comprehensive Strategic Plan;
- Mr. Morales stated that CRA and Seeking Safety interventions are not evidence-based interventions that have been tested among non-white, male actively-using populations;
- Mr. Cordero stated that by neglecting to offer an open-ended, non-abstinence based service model, a large number of substance users will be denied life-saving medical care. He recommended that the Planning Council direct the Integration of Care Committee and Grantee to re-examine the guidance to insure that the model incorporates harm reduction principles;
- Mr. Chandler and an un-identified speaker credited harm reduction programs with helping them to stop using drugs and maintain their physical and emotional health and expressed their disappointment that the input of affected populations was not sought in the development of the guidance. Mr. Tolbert stated that his input was sought after the guidance had been developed and that in his view, the model must include harm reduction principles in order to be successful;
- Ms. Algarin expressed her frustration that during the NYCDOHMH-sponsored AOD forum participants' concerns regarding the exclusion of harm reduction approaches were re-buffed and dismissed and recommended that the guidance be re-examined.

Mr. Gold expressed his disappointment that the PLWHA Advisory Group (AG) has been suspended. Mr. Rivera announced that he his resigning as Co-Chair of the AG due to competing commitments.

Agenda Item #3: Substance Use & Harm Reduction Service Guidance

Jan Park outlined the process by which guidance was developed, noting that the discussions began at the Integration of Care (IOC) Committee in January 2010 and that over the course of eight (8) two-hour meetings, evidence-based interventions, epidemiologic data of drug use among PLWHAs and currently-funded harm reduction programs were examined. The IOC accepted the proposed guidance on July 13, 2010, which was then brought to the Executive Committee on July 22, 2010. On July 29, 2010, the Planning Council voted unanimously to endorse the approved service guidance.

Mr. Cordero reviewed the March 23, 2011 letter from the Injection Drug Users Health Alliance (IDUHA) to Dr. Sweeney, NYCDOHMH. Before presenting Dr. Sweeney's April 14, 2011 response to the group, Dr. Fabienne Laraque thanked the public for sharing their concerns and emphasized that in her view there has been a misunderstanding in the interpretation of the guidance, possibly because much of the discussion at the AOD forum focused on the Community Reinforcement and Seeking Safety approaches. She stated that the Department firmly supports harm reduction services, that the program is firmly rooted in harm reduction principles and that the Grantee will follow the guidance when developing the RFP to be released mid year 2011. While abstinence has been included as an outcome for some program participants, there is no externally-imposed timeframe for program completion.

Dr. Laraque offered the following clarifications in response to concerns voiced by Committee members:

- The RFP will not be targeted to large health care providers in lieu of smaller CBOs;
- The co-location and affiliation provisions have always been part of the accepted model;
- Approximately \$12 million is spent on current substance abuse/harm reduction programs;
- The CRA intervention will be available for those clients who are ready to undertake it;
- CRA and Seeking Safety interventions are the behavioral change, evidence-based approaches included as options in the program model;
- Urine testing will not be included as part of the model;
- CRA is the most tested evidence-based behavioral intervention and has been tested in adolescents and young adults, with Hispanic homeless adults and African American young adults in urban settings;
- The Computer component is optional for those who are ready;
- There will be no penalties for those who choose not to enroll in the CRA model;
- Comments gathered from the AOD community forum, were presented to the IOC for discussion in early 2011;

Charles Shorter added that while the IOC Committee supported the overall guidance, it did not engage in specific discussions related to individual components of the interventions. Steve Hemraj echoed the concern that underspending of 53% as of the end of quarter 2010 among Care Coordination providers has heightened sensitivity to possible underspending in harm reduction contracts which may employ these new service models. He recommended that more information and data be made available for review before moving forward. Tom Petro and others reminded the Committee that the recent HRSA technical assistance visit underscored the autonomy and responsibility of the IOC to thoroughly vet all components of service models under consideration and that it is within the purview of the Planning Council to amend the model, if needed. He suggested that CRA should be included as a possible component, without penalties for exclusion of this intervention. Steve Hemraj suggested that the model should be re-directed to the IOC for re-examination. Mr. Park reminded the Committee that the issuance of the RFP would thereby be delayed.

ACTION: A motion was made and seconded to return the current Substance Use and Harm Reduction Service Guidance to the IOC for further examination of concerns raised at this meeting. The motion was carried and will be brought to the full Planning Council its consideration.

Agenda Item #4: Rules & Membership Committee: Bylaws Revisions

Based on the HRSA technical assistance site visit, the Rules & Membership (RMC) Committee proposed and approved on March 23, 2011 the following Bylaws amendments:

- **Article II: Membership**
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 - Changes PC member term to 3 years; grandfathers in current members (p. 3, lines 31-34)
 - Eliminates alternates (p. 3, line 37).
 - Adds mandatory orientation for new members before being allowed to vote; adds other mandatory training as decided by EC (p. 3, lines 39-43).
- **Article IV: Meeting Procedures**
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 - Allows co-chairs to appoint a parliamentarian to advise them at meetings on Robert's Rules of Order (p. 5, lines 26-28).
- **Article IV: PLWHA Advisory Group**
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 - Discontinues the PLWHA AG as part of the PC (p. 7, line 15).
- **Article VII, renumbered VI: Committees**
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 - Eliminates alternates for committee members (p. 7, line 36)
 - Deletes AG co-chair as member of EC (p. 9, line 22)
 - Limits the Consumer at-Large representative to the Executive Committee to Planning Council members elected by the Consumers Committee on the same timeline as Planning Council officers (p. 9, lines 23-30).
 - Deletes the Director of CTHP as member of Finance Committee (p. 10, line 16).
 - Deletes Dir. of CTHP as member of RMC (p. 10, line 39).
 - Changes Director of CTHP to Part A grantee representative or designee as non-voting member of Needs Assessment and Integration of Care Committees (p. 11, line 33; p. 12, line 39).
 - Limits membership on Priority Setting/Resource Allocation Committee members and raises the maximum number of PSRA members from 25 to 35 (p. 13, lines 7-8).
 - Eliminates Director of CTHP as member of PSRA (p. 13, line 16).
- **Article IX, renumbered VIII: Conflicts of Interest**
 - Adds a requirement that committee members fill out conflict of interest disclosure forms (p. 16, line 1).

Mr. Hemraj suggested that all committees be composed of at least 25% of people living with HIV/AIDS. It was recommended that this proposed change be referred back to the RMC for further consideration. In addition, language regarding the Consumer Committee composition of 50% PLWHA AG (p. 12, lines 9-11) is to be included in the Bylaws amendments being considered. Voting was conducted electronically. It was noted that the Executive Order still needs to be amended. NYCDOHMH is currently interviewing candidates who can act as Parliamentarian at full Planning Council meetings.

ACTION: *A motion was made to approve the Bylaws, as a slate, and as amended. The motion was seconded and carried (95%) and will go before the full Planning Council with the required minimum two week notice before being voted on at the May 2011 meeting. .*

Agenda Item #5: Committee Updates

PLWHA Advisory Group: The AG did not meet in April.

Consumer Committee: Mr. Benadava reported that last month the Committee received an extensive Federal policy update from Mr. Lindsey, Co-Chair of the Policy Committee and a presentation on the PSRA process; this month's meeting will feature an HIV/AIDS Treatment Update by ACRIA.

Integration of Care Committee. Mr. Shorter reported that reported that IOC reviewed the HRSA site visit and received Dr. Yoran Grant's presentation. The next meeting will follow up on revisiting the substance abuse service guidance and will examine the issues raised by the community, including the evidence on CRA and other treatment models. This will be followed by a review of the mental health services guidance.

Needs Assessment Committee. Dr. Hildebrand reported that NAC reviewed the HRSA site visit and also received Dr. Grant's presentation, as well as a presentation on the various data sources available for planning .

Finance Committee: Mr. Hemraj reported that Finance Committee met on March 11 to review the 3rd quarter spending report. 100% of both grants were committed and spending rates are generally on target. There will be a FY 2010 close-out report in June. The Committee also reviewed the research and evaluation activities funded through the administration portion of the grant, and reviewed a draft checklist of activities undertaken to assess the efficiency of the administrative mechanism..

Policy Committee:. Dr. Cahill reported that the Committee began discussing allowable HRSA-funded policy-related activities, alternatives to those activities not allowed by HRSA and several Medicaid Redesign proposals. Jan Park clarified that activities asking for increases in funding are not permissible.

Agenda Item #6: Grantee Update

Jan Park noted that HRSA conducted a technical assistance site visit from March 16-18 and met with the PLWHA Advisory Group after the Planning Council meeting.

JoAnn Hilger reported that the NYCDOHMH & WCDOH are completing their closeouts. National programmatic, fiscal and universal monitoring standards, effective April 1, 2011, have been released from HRSA and are available at the HRSA/HAB website.

Julie Lehane reported that that the Tri-County region is engaged in scenario planning and is using the priority setting tool to rank service categories and arrive at allocations.

The agenda for the April 21, 2011 full Planning Council meeting was reviewed and approved. It was noted that only one Bylaw Revision (election of Officers in the Spring) is up for voting at the full April meeting. It was announced that the NY EMA should receive its Year 21 award within the next 30 days.

Agenda Item #7: Public Comment

There was no public comment.

There being no further business, the meeting was adjourned at 5:00PM.