

HIV Health and Human Services Planning Council

Meeting of the

EXECUTIVE COMMITTEE

April 1, 2004

4:00-5:25pm

Bedford-Stuyvesant Multi-Service Center, 1958 Fulton Street, Brooklyn

MINUTES

Members Present: F. Oldham, Jr. (Governmental Co-chair), N. Nagy (Community Co-chair), F. Carroll (for R. Abadia), C. Cobb, M. Hill, PhD, H. Melore, D. Ng, E. Santiago, P. Stabile

Members Absent: S. Abramowitz, PhD, M. Barnes, G. Brown, MD, R. Chavez, B. L. Curry, H. Cruz, S. Halperin, S. Hemraj, T. Petro, J. Pressley, T. Troia, M. Wainberg, MD

Staff Present: *OAPC:* R. Cordero, D. Klotz, S. Bailous, C. Mosely, R. Molina, I. Gonzalez, G. Moon, C. Silva; *DOHMH:* J. Hilger; *MHRA:* J. Verdino

Agenda Item #1: Welcome/Announcements/Minutes

Mr. Oldham opened the meeting.

Mr. Ng introduced the moment of silence in honor of Joe Bostic whose memorial service is tomorrow.

Mr. Cordero reviewed the meeting packet.

The minutes of the March 11, 2004 meeting were approved with one correction from Ms. Melore.

Agenda Item #2: Assessment of the Administrative Mechanism

Ms. Nagy: The Ryan White CARE Act requires all planning councils to assess the efficiency of the administrative mechanism in rapidly disbursing Title I funds. This means how well the grantee and master contractors get the money out to the providers, based on the priorities, allocations and guidance approved by the Planning Council. This assessment is included in the annual grant application for Title I funds.

Earlier this winter, the Executive Committee created an ad-hoc committee to revise the assessment of the administrative mechanism. The committee met four times. They reviewed guidance on assessing the administrative mechanism from the HRSA Title I Manual, from HRSA Project Officer Sheila McCarthy and from TA consultant Emily McKay. The committee also reviewed assessment tools used by other EMAs. The committee developed the following recommendations: 1) the principle vehicle for assessing the administrative mechanism should continue to be the Finance Committee (FC). The FC receives fiscal updates from the grantee on spending rates by service category, analyzes that data, and identifies areas of under-spending. The Ad-hoc Committee on the Administrative Mechanism recommends that the FC update its schedule of fiscal reports in collaboration with the grantee and master contractors. We also recommend that the FC submit a report to the Executive Committee by the August meeting on the grantee's performance in rapidly disbursing Title I funds according to the priorities and allocations set by the Council. This will fulfill the CARE Act's basic legislative requirement on the assessment of the administrative mechanism. 2) In addition to fulfilling the above mandate, the Ad-hoc Committee thinks that it is important to identify potential problems in the procurement and contracting process that may impact the planning and delivery of Title I services. For example, if providers decided not to respond to an RFP, there may be problems with the way the service is structured in the template that makes it difficult for providers to respond to. This would be an issue that the Planning and Evaluation Committee and relevant

workgroup would consider in reassessing this service in the subsequent planning year. The committee developed a survey instrument to accomplish this goal. The survey should be implemented by the Office of AIDS Policy Coordination in time for the results to be analyzed by the EC and included in the application.

The Ad-hoc Committee decided not to ask extensive questions about the contract negotiation, execution and monitoring processes because these are not related to the assessment of the administrative mechanism as HRSA defines it. Also, MHRA undertakes its own survey of contractors on these issues. These recommendations, which will be implemented immediately as a collaborative effort of the Planning Council and grantee.

Mr. Klotz (in response to questions from Ms. Melore and Mr. Stabile): The assessment evaluates past RFPs. After reviewing the evaluation results, the Planning Council can make changes to service categories to address the issues identified.

Ms. Verdino: This survey may not address issues around specific service categories, but rather about the RFP process.

Mr. Klotz: We can make the survey more explicit to address that specific issue.

Ms. Verdino: Concerning survey question #16, we already have a grievance procedure. The RFP says that providers can request information on why they were not funded. This year, we sent information to everyone whether or not they requested it. We can do a presentation for the Planning Council on how a template becomes a contract.

Ms. Nagy: This can be revised in the survey. I request a vote to approve the survey with the changes noted. Passed 10-0-1 (Y-N-A).

Follow-up/Action Items (Responsible Parties/Timeline)

- Revised survey and implement assessment of the administrative mechanism (OAPC staff, Finance Committee, August 2004)

Agenda Item #3: Workgroup and Committee Reports

Mr. Santiago: The AOD Workgroup is reassessing their templates and looking at condensing categories.

Mr. Stabile: The Health Workgroup is meeting intensively to their reassess templates. We will address possible new priorities at our April meetings. We are also looking to enhance consumer participation.

Mr. Klotz (reading a statement faxed by Rev. Troia): The Social Services Workgroup is working with diligence on review and revisions of the templates to reflect the current state of the epidemic. I acknowledge the tremendous work of staff members Mr. Klotz. The Workgroup has completed work on two templates: Food and Nutrition and Client Advocacy and has begun work on Custody Planning and Case Management. A sub-committee is meeting next week to refashion the Custody Planning template.

Also, the Mental Health Workgroup has reviewed half of its templates and should be completed by the end of the month.

Mr. Ng: The Housing Workgroup met yesterday, where we walked through the procedure for reassessing our templates. The Workgroup is looking forward to reviewing the HOPWA-funded housing needs assessment, currently under City review. Also we are discussing HOPWA issues.

Ms. Moon: The Data Committee is planning for the “Applying Data Work Session” to be held on April 16th with a focus on unmet need and cost effectiveness. The schedule for this year’s planning cycle has been finalized.

Mr. Cordero: The Policy Committee is waiting for the CAEAR Coalition's reauthorization policy paper, which will be released this summer.

Mr. Ng: The By-laws Task Force is working hard on a new Planning Council structure. They are looking at checks and balances and how each committee will fit HRSA's mandates. We want to make sure that all Planning Council members are involved in workgroups and committees. There will be a presentation of the new structure to the EC in May, and we are hoping for ratification by the full Planning Council in July for implementation in September.

Ms. Melore: The PWA Advisory Group is planning for the April 10th PWA Summit. Our next meeting is April 17th at the LGBT Center. Mr. Abadia has been talking with OAPC staff and Sheila McCarthy to develop a plan for use of the \$33,000 for PLWH initiatives.

Mr. Cobb: The Rules and Membership Committee will meet soon to begin the annual membership process. We are looking to increase representation of Latinos and consumers.

Mr. Cordero: We will post the membership application on the website. In future years, people will be able to apply online.

Agenda Item #4: Public Comment

T. Smith-Caronia: Ms. Nagy and I recently attended the Presidential Advisory Council on HIV/AIDS (PACHA) in Washington, DC. Representatives from other EMAs asked HRSA why so many EMAs were cut. They discussed their tiers of funding and that many states do not have the numbers of cases to be in top tiers. HRSA said they are not looking at the Southern Manifesto, and they defended New York, saying that last year New York had a poor application, but that this year, the awards were influenced by a flat national appropriation, the formula (10-year AIDS case band with hold harmless), an external review, and that New York had a great supplemental application. Also, is there a way to have a map that shows distribution of Title I dollar amounts by geographic areas?

M. Gold: The Social Services Workgroup added PLWH over 50 as a special population to some of their templates. Also, you need to emphasize the work of PWAs at workgroups.

V. Mooney: I am sailing from West Africa to New York to raise awareness of HIV. Also, the Faces of AIDS photos were displayed recently at a treatment conference, where they had a big impact on people.

Ms. Melore: I also experienced animosity towards New York in other forums.

Mr. Oldham: That is why I always stress the need to maximize spending.

Agenda Item #5: FY 2004 Reprogramming

Mr. Ng (on behalf of Mr. Pressley, P&E Chair): We need to have a plan in place early for under-spending in order to maximize spending of our increased award. The P&E has developed criteria for reprogramming, as in every year. We will solicit ideas for reprogramming that must fit within the criteria. Workgroup chairs will bring ideas back to the a joint EC/P&E meeting on May 13th.

Mr. Cordero: Reprogramming will be on the agenda of every workgroup. Please note that in the FY 2004 spending plan, there are some already two priorities for reprogramming – the first \$5.3M goes to ADAP, followed by an allocation for “one-shot” P&E initiatives. New initiatives will be funded after those. The EC/P&E will prioritize the new initiatives based on the FY 2004 spending plan's priorities. This is a new process – the ideas come from the workgroups.

Ms. Verdino (in response to a question from Mr. Ng): The carry-over from FY 2003 will be under \$5M. We will not know the exact amount until after close-out. The other portion of dollars for reprogramming will come from new contracts that will not start until July or September. By the EC/P&E meeting, we will

have some handle on the amount. We suggest that you plan for up to \$10M in priority order so that we can fund items in rank order as funds become available. Also, there will be some on-going funds available if contracts come in at a lower amount than planned for.

Ms. Hilger: Given that programs will not start until July, then there will be at least one third of that amount available. Also, as long as we have a working, prioritized list, we can fund things as funds become available during different times in the year.

Mr. Oldham: It is good that we are doing this early, as we are being watched with our award.

Agenda Item #6: Other Business

Mr. Cordero: For the first time, the CAEAR Coalition and AIDS Action Council are working together on reauthorization. This is good, since there is a lot of New York leadership in the process. We will be present at the table for all reauthorization discussions.

Ms. Nagy: I went to PACHA to listen to what HRSA had to say. The highlight was that HRSA defended New York and explained the complex nature of Title I formula funding. Also, there was an unfortunate emphasis among PACHA members on abstinence as the main strategy for prevention. Finally, they need to address emerging needs, particularly concerning women and support services.

Ms. Melore: HRSA said that they are also looking at the formula for MAI, and we have to monitor that.

Mr. Cordero: MAI funding is from the Congressional Black Caucus. Also, the CAEAR board is meeting next month, and will focus on advocacy with the Congressional Black, Hispanic and Asian/Pacific Islander Caucuses.

Dr. Hill: April 10th is the PWA Summit, on which the PWA community has worked very hard.

Mr. Oldham: Thanks to Ms. Nagy and Ms. Smith-Caronia for going to PACHA and representing New York. We need to keep up a strong coalition to defend New York.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on June 3, 2004

Frank J. Oldham, Jr.
Governmental Co-chair