



Meeting of the  
**EXECUTIVE COMMITTEE**

Thursday, July 28, 2011

2:00-5:00 pm

NYCDOHMH, 2 Gotham Center, 42-09 28<sup>th</sup> Street, Herman Briggs Auditorium, 3-32,  
Long Island City, NY

**MINUTES**

**Members Present:** Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Victor Benadava, John Anthony Eddie, Marya Gilborn, Alexander Hardman, Steve Hemraj, Julie Lehane (for T. Petro), Kali Lindsey, Dorella Walters

**Members Not Present:** Sean Cahill, Damian Bird, Joan Edwards, Graham Harriman, Lee Hildebrand, Gonzalo Mercado, Miriam Piñon, Charles Shorter, Allan Vergara

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

**Parliamentarian:** Joan Corbisiero

**Public Health Solutions:** Gucci Kaloo

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**Agenda Item #1: Welcome/Minutes:**

Matthew Lesieur, Community Co-Chair and Jan Park, Governmental Co-Chair opened the meeting and members introduced themselves. Victor Benedava and Jan Park led the group in a moment of silence, noting the passing of Planning Council member Susan Wayne. The Rules of Respectful Engagement were reviewed by Steve Hemraj and Darryl Wong reviewed the meeting agenda and materials. The minutes of the June 16, 2011 meeting were deferred until quorum was reached, at which point they were reviewed and approved, with no changes.

**Agenda Item #2: Public Comment I**

There was no public comment.

**Agenda Item #3: Substance Use Service Directive – Review & Discussion**

*Dr. Nina Rothschild* reported that the Integration of Care Committee (IOC) began to reexamine the Harm Reduction, Recovery Readiness, and Relapse Prevention (HRR) service category in the winter/spring of 2010 after the grantee was informed by HRSA that we could no longer serve high-risk HIV-negative and status-unknown individuals within this service category. IOC developed a revised services directive which was brought to the EC and accepted by the full Planning Council on July 29, 2010. That directive allowed the inclusion of an evidence-based behavioral intervention but did not specify any particular intervention.

In the fall of 2010, the grantee convened a working group comprised of selected staff members and external experts to flesh out the details of the behavioral intervention. On February 3, 2011, the grantee sponsored a community forum at which it introduced the community to the selected behavioral interventions – Community Reinforcement Approach, Seeking Safety, and Therapeutic Education System. Community members voiced concern about the behavioral interventions and about the process by which

those interventions were selected. The Executive Committee agreed that the HRR service directive should be sent back to IOC for reexamination.

IOC listened to the concerns of numerous community members. On July 8, 2011, it approved revised service guidance for alcohol and other drug use with the following features:

- Optionally, outreach and clinical providers in co-located and affiliated medical and mental health settings may choose to use a standardized brief intervention for referral and treatment.
- Use of standard measurement tool for AOD assessment for providers and patients (self-assessment).
- Organizations must provide medication-assisted interventions, either directly or through formal linkages. Methadone services should be available through linkages.
- All newly funded programs are required to incorporate evidence-based practices including motivational interviewing, stages of change, and contingency management into their service delivery.
- Agencies may but are not required to use an evidence based intervention. Trainings on Seeking Safety, Therapeutic Education System, Healthy Living, and Matrix will utilize a train-the-trainer model and will be coordinated by the New York City Department of Health and Mental Hygiene.
- The requirement that programs should progress toward client graduation was eliminated.
- Providers are required to ensure that their clients are also linked to other needed services and are enrolled in a medical case management program if needed.

This revised and approved guidance is being brought to the Committee for review and approval. A concern was voiced regarding the time frame during which clients could receive services; those who were actively using or had recent drug using history and need relapse prevention services would be eligible for services. A distinction was made to differentiate client eligibility vs. agency eligibility. Jan Park noted the comprehensive review process implemented during the review of this service directive

***ACTION:*** ***Lacking quorum, the motion to approve was initially tabled. Once quorum was achieved, the motion to accept the proposed Substance Use service guidance, with noted changes, was made, seconded and approved.***

#### **Agenda Item #4: FY 11 Spending Plan & FY12 Draft Application Spending Plan**

Mr. Lesieur began the discussion by noting that in June, lacking a formal notice of award, the Executive Committee approved the request to authorize DOHMH to apply the final award based on the PSRA's methodology so that ~150 contract renewals could be executed expeditiously and in place by the end of August 2011.

Marya Gilborn reported that the Priority Setting & Resource Allocation Committee met on July 27, 2011 to develop a final budget without a formal notice of grant award, based on the numbers related to us by HRSA via phone. The projected base award is a total of \$111,354,790, which is about \$1.3M less than the previous year. 4.71% goes to Tri-county, 10% to administration and \$3M to quality management, leaving \$92,498,981 for NYC programs, resulting in a negative net change of \$917,079, mitigated by an increase in the MAI award of \$929,818. There was a change in the carrying cost of programs from FY 2010, resulting in a deficit for FY 2011 of \$2,885,436, which was made up by reducing the award to ADAP by the same amount (\$1.9M of which the Council pledges to restore through reprogramming during the year, with the possibility of more should additional under-spending become available). It was noted that the \$917,079 reduction to ADAP is one time and not ongoing.

The FY 2011 MAI award is \$9,507,230, representing an increase of \$1,067,369 over FY 2010, or \$929,818 in programmable funds. With an over-commitment of \$105,360, \$824,457 remains for programming in the MAI portfolio. HOPWA director John Rojas informed the PSRA and EC that the Emergency Rental

Assistance program, which pays rents for non-HASA eligible clients) had a number of people on a waiting list, and was overcommitted with current clients. As this is a base-funded program, some base-funded Housing programs (e.g., Housing Placement, Transitional Housing), totaling \$541,270, will be moved to MAI in order to free up base funds for Rental Assistance. Should not all of the freed-up base funds be able to be used for Rental Assistance, any remaining will be used for other Housing programs. The additional MAI EIS funds, \$283,187, will be used to fund two additional programs under the recent RFP in that service category.

***ACTION: Lacking quorum, the motion to approve the 2011 spending plan was initially tabled. When quorum was achieved, the motion to accept the 2011 Spending Plan was made, seconded and approved.***

Ms. Gilborn began the discussion of the FY 12 Draft Application Spending Plan noting that the 2012-13 service category rankings have been re-affirmed by the PSRA Committee. The preliminary FY 2012 spending plan for the Part A grant application was then presented, noting that the base plan calls for the FY 2011 carrying costs, with an increase of \$2,885,435 to ADAP, which equals the amount reduced to ADAP in the FY 2011 plan. The MAI funding request is the same as the FY 2011 plan.

Gucci Kaloo of PHS and Julie Lehane of WCDOH reported that the Tri-County Region Steering Committee has requested an increase of 5% in cost of living adjustment (COLA) representing increased salaries and an expansion of services, including \$100,000 in Housing and \$100,000 in Food Services and \$400,000 for ADAP. It was acknowledged by PHS that in 2010 many contracts received COLA increases. There was discussion regarding the necessity of a request of 5% increase in COLA for the Tri-County allocation, which some members felt was over-stated and may not be prudent given current economic realities. The Committee then agreed to remove the \$400,000 ADAP request and references to COLA.

***ACTION: Lacking quorum, the motion to accept the FY 2012 preliminary spending plan, was initially tabled. When quorum was achieved, the motion to approve the FY 2012 preliminary Application Spending Plan, with two changes as noted above, was made, seconded and approved.***

***ACTION: Lacking quorum, the motion to accept the FY 2012 MAI Spending Plan, was initially tabled. When quorum was achieved, the motion to approve the FY 2012 MAI Spending Plan, with two changes as noted above, was made, seconded and approved.***

#### **Agenda Item #5: FY 2011 Reprogramming Plan**

Ms. Gilborn reviewed the FY 2011 reprogramming plan noting the restoration of the \$1.9M upfront reduction to ADAP, enhancements to high-performing contracts (up to a 15% change in service category allocations), and additional enhancements to ADAP/ADAP+. Mr. Lesieur inquired whether the request for the increase in support for CHAIN budget could be funded through re-programmed funds. Mr. Kaloo stated that the initiative is currently funded through the Administration budget and would exceed the 10% cap allowed by legislation; Mr. Lesieur then withdrew his request.

The Committee then discussed whether the 15% cap on changes to service category allocations applies to both enhancements and reductions. Ms. Hilger stressed that going back to the Council for approval of under-spending leaves the possibility of not being able to reprogram those funds, due to timing issues and the difficulty in stopping the process in order to reconvene a body to vote on the changes. Mr. Hemraj added that the Finance Committee should be able to report projections of categories exceeding 15% changes to the Council. As a practical matter, ADAP will probably absorb any large amounts of under-spending at end of year during close-out. The Committee agreed to the

**ACTION:** *The motion was made, seconded and approved to accept the reprogramming plan as presented, with the 15% stipulation applying to both reductions and enhancements of service categories.*

#### **Agenda Item #6: FY11 & Proposed FY12 Planning Council Support Unit Budget**

Mr. Lesieur introduced the negotiated Planning Council Support Unit Budget, which supports the salaries of the Planning Council staff and all related OTPS expenses, including consultants and other contractual services needed for the Council to perform its work. It was noted that the increase in the request for the CHAIN project has been eliminated and that the LTI contract has been moved back to the grantee administrative budget. In addition, the contractual line of \$30,000 for the Needs Assessment consultant has been removed. New additions include the Planning Council online training and costs for the services of the Parliamentarian. Mr. Kaloo noted that there are different overhead expenses, i.e., 8% for OTPS expenses and 16% for procurement.

**ACTION:** *Lacking quorum, the motion to approve the FY12 Planning Council budget was initially tabled. Once quorum was achieved, a motion was made, seconded and approved to accept the FY12 Planning Council budget.*

#### **Agenda Item #7: Committee Updates**

Consumer Committee: Benadava reported that the Committee will be meeting on August 3, at which the Consumer at Large election will occur, an update on the CAB survey will be delivered, and updates on the PSRA process and the year in review.

Needs Assessment Committee: Dr. Rothschild reported that NAC met July 7<sup>th</sup> and received a presentation from the DOHMH HIV Bureau's Research and Evaluation Unit on its return-to-care survey, which looks at people who have fallen out of care. The Committee discussed the 2009 consumer focus groups and ways of including in the upcoming formal needs assessment information about barriers to care.

Policy Committee: Kali Lindsey reported that the Committee discussed a letter to FDA chair Dr. Margaret Hamburg on organ transplantation between HIV+ people, and discussed how to engage in advocacy around Medicaid reform.

Rules & Membership Committee: Dorella Walters reported that the Committee will review the HRSA recommendations regarding the Memorandum of Understanding between the Planning Council and the Grantee. Ms. Hilger noted that an executed MOU will be due by December 2011.

Finance Committee: Mr. Hemraj reported that the FC met to review the FY 2010 close-out report. In FY 2010, the MAI portion of the grant committed 100% of its funds and had \$63,305 (1%) in under-spending. \$52,824 of the under-spending was in NYC Early Intervention Services, and \$10,479 was in Tri-county. The FC reviewed the take-downs and enhancements made over the course of the year to the MAI service categories. The largest take-down was in Care Coordination. The bulk of reprogrammed MAI funds (\$1,003,549) went to ADAP Plus.

In FY 2010 the base grant of \$112,471,603, 100% was committed and only \$177,243 (0.16%) unspent. Almost all the under-spending was in Tri-county. Only \$507 in NYC program dollars was unspent. This is a new record low under-spending. The grantee was aggressive with enhancing ADAP upfront during the year, and so there was less available for enhancing the rest of the portfolio, but with the increased award, those service categories all received significant increases near the beginning of the year. Congratulations go to DOHMH, Public Health Solutions and the Council on the record low under-spending.

### **Agenda Item #8: Planning Council Update**

Jan Park provided an update on Executive Order 28, noting that some bylaws changes require changes in the Executive Order in order to take effect (i.e., 3-year terms and eliminating alternates). The revised EO also recommends that various City officials currently listed as non-voting ex-officio members who have not been attending for many years no longer be included as members. The administration is examining this last item before making a final decision on an amended EO.

The Council has signed a memorandum of understanding (MOU) with the HOPWA program to shape a future integrated HIV housing plan. Some Part A contracts are managed by HOPWA staff within DOHMH, and so this enhances coordination.

The agenda for the August 4, 2011 full Planning Council meeting was reviewed and approved.

### **Agenda Item #9: Public Comment II**

There was no public comment.

There being no further business, the meeting was adjourned at 5:30PM.