



Meeting of the

**EXECUTIVE COMMITTEE**

July 17, 2008

3:00-3:30 PM Closed Session

6:00 pm

NYCDOHMH, 40 Worth Street, Rm 1601

**MINUTES**

**Members Present:** Jan Carl Park (Governmental Co-Chair), Soraya Elcock (Community Co-Chair), Eli Camhi, Felicia Carroll, Ivy Gamble-Cobb, JoAnn Hilger, Jennifer Irwin, Fabienne Laraque, MD, MPH, Julie Lehane (for T. Petro), Matt Lesieur, Walter Okoroanyanwu, MD, Edward Telzak, MD

**Members Not Present:** Gregory Cruz, Joan Edwards, Antionettea Etienne, Alexander Hardman, Darryl Ng, Alvin Perry, Edilberto Viera, JR.

**Staff Present:** NYC DOHMH: Nina Rothschild, DrPH, Anthony Santella, DrPH, Darryl Wong. Public Health Solutions: Bettina Carroll

**Material Distributed:** Agenda; June 10, 2008 Executive Committee Minutes;

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FY 2008 Reprogramming Plan; NYC Ryan White Part A Reprogramming Overview; Year 18 Base Spending Plan; 2005 Planning Council Bylaws with 5/28/08 RMC revisions; letter re: Gottfried and Daines Revised HIV Testing Bill; letter to Pelosi re: Medicaid Moratorium.

**Welcome:** Jan Carl Park opened the meeting, leading the moment of silence with special recognition of Judi Verdino, former Director of HIV Care Services, MHRA and ally of PLWHAs, who is gravely ill.

**Review of Agenda/Minutes:** Mr. Park reviewed the draft agenda for the meeting, including the MAI reprogramming & Base spending plan, the proposed changes to the Planning Council Bylaws, and policy letters re: HIV Testing and the Medicaid Moratorium. The calendar for the month's remaining meetings was reviewed. The EC agenda was approved with no changes.

Ms. Elcock reviewed the minutes from the Executive Committee meeting on April 10, 2008. Dr. Telzak clarified his comment on Page 2, line 34, to better reflect his intent: in

his statement, he referenced individuals who might not know that they were being tested and would subsequently learn that they tested HIV-positive. Members voted to accept the minutes with 1 abstention and no votes in opposition.

#### **PART A BASE SPENDING PLAN:**

Ms. Hilger's commentary was based on the NYC Ryan White Part A Reprogramming overview, with distinctions being made between Carryover dollars, Uncommitted dollars, and Under-spent monies, which become available during the course of the year:

- ***Carryover funds*** result from underspent funds from 2007, which was originally anticipated to be ~ \$ 1.4 million, but will be more in the range of \$800,000 and needs to be spent by 2/28/09. The money has already been requested and will be available shortly.
- ***Uncommitted funds*** represent funds from new contracts with a start date after March 1 and related start-up delays. There is also uncommitted funds which is ongoing through reductions and terminations of renewed contracts and new contract negotiations.
- ***Under-spent funds*** are funds available during the course of the year due to contractors' inability to fully spend down their performance-based or cost-based contracts. Programs with a history of underspending are reduced and the funds are made available on an ongoing basis.

Highlights of the FY 2008 Reprogramming Plan (approved by the PSRA on June 5, 2008) included:

- ADAP pools were reduced by \$3,000,000 at the beginning of the year and would be restored by \$2,000,000;
- Food budgets, in on-going Food & Nutrition contracts, would be enhanced by 9% to account for higher food costs, ranging from \$80-\$90,000 – \$150-\$175,000;
- Fuel cost increases of 25%, related to the price of gasoline, on a one-time basis, for the sole transportation contract, in the amount of ~ \$14,000;
- Underspending in one service category would permit a maximum of 15% to be reallocated by the grantee to another service category;
- The ability to purchase additional rapid test kits for Early Intervention & Harm Reduction programs, above and beyond the original budgeted amount, ~ \$700-\$800,000;
- Remaining funds would restore the remaining \$1,000,000 and use the additional uncommitted funds for HIV medications and outpatient care.

**RECOMMENDATION/ACTION:** The motion was made to accept the plan as proposed; motion seconded, vote taken and the motion passed.

#### **PROPOSED CHANGES TO THE PLANNING COUNCIL BY-LAWS**

Jan Park led the discussion on behalf of Dr. Walter Okoroanyanwu, Chair of the Rules and Membership Committee, who was unable to attend the meeting. The Rules & Membership Committee met on May 7<sup>th</sup> and 28<sup>th</sup>, reviewed the Bylaws, and voted on revisions with respect to membership/appointments, participation, and general language. These revisions are being brought before the Executive Committee for consideration and approval. Executive Committee members were reminded that the Mayoral Executive Order No. 28 (August 2002) established the NYC HIV Planning Council with provisions that supersede these Bylaws or any changes to these Bylaws. A brief summary of comments related to each recommendation appear within the body of the recommendation.

- **RECOMMENDATION OF RMC:** *References to CARE Act are changed to HIV AIDS Treatment Modernization Act (HATMA);*  
**ACTION:** Executive Committee members accepted the recommended change.
- **RECOMMENDATION OF RMC:** *Titles are now referred to as Parts, in order to reflect the new language in the legislation;*  
**ACTION:** Executive Committee members accepted the recommended change.
- **RECOMMENDATION OF RMC:** *Two DOHMH positions (Director of Policy, Planning & Implementation and Director of the Public Health Practice Unit) would be added to the Planning Council as full voting members.*

**Executive Committee Member Comments:** Within the current arrangement, DOHMH staff do background work and provide technical expertise. If two DOHMH voting members, who would be part of the Executive Committee, join the three DOHMH voting members already on the Planning Council, DOHMH's voting power would increase to an unprecedented level. DOHMH has been able to accomplish a great deal without additional voting seats on the Council. The general tenor of the proposed changes suggests that DOHMH would gain far more influence than the Executive Order originally intended. The current arrangement works very well without the DOHMH being the single most dominating force in the Planning Council.

**DOHMH Response:** The inclusion of these two positions allows them to fully participate and contribute their expertise to discussions, as opposed to solely making presentations upon request.

**ACTION:** Executive Committee members stated that they prefer the current Planning Council membership structure and did not accept the RMC's recommended changes.

- **RECOMMENDATION:** *The Director of Care, Treatment & Housing would be added to the following Committees: Rules & Membership, Integration of Care, Priority Setting & Resource Allocation, & Finance.*

**ACTION:** Executive Committee members accepted the changes recommended by the RMC.

- **RECOMMENDATION:** *Language which refers to the coordination of efforts between the Planning Council and DOHMH would use the terminology “In concert with the DOHMH...”*

**Comment:** Executive Committee members inquired about the logic behind the inclusion of the phrase “In concert with DOHMH,” asking for an explanation about what was insufficient in the previous language.

**Response:** The language is a statement that the Planning Council works in coordination with the DOHMH.

**Comment:** The intent of CARE Act legislation and Congress is to allow the Planning Council the autonomy to develop binding priorities, and the grantee (DOHMH) is charged with implementing the recommendations. The proposed change in language establishes a relationship between the Planning Council and the DOHMH that is contrary to the Congressional intent and the current statute, which has not changed. The proposed language does not make clear that the Planning Council decides how funds are spent. In the worst case scenario, all decisions made by the Planning Council would have to be done in complete agreement with the DOHMH.

**Response:** The proposed language simply recognizes the fact that the Planning Council and the DOHMH work together in partnership.

**Comment:** The appearance of this proposed language in certain areas is too vague, allows for broad interpretation, and does not clearly delineate the purviews of either party. If the inclusion of this language is to indicate an overarching operating principle, its appearance in certain areas creates an impression that the Planning Council can make certain decisions which can be overridden by the DOHMH (or vice versa).

**ACTION:** Executive Committee members rejected the recommended changes, stating that a broad statement of Planning Council and DOHMH “partnership” should appear at the beginning of the document.

- **RECOMMENDATION:** *Membership attendance should be increased to 75% of meetings.*

**Comment:** Increasing the attendance requirement will not necessarily increase attendance, as participation places great demands on individuals. We should actively look at members’ current attendance history and identify those who would fail to meet current requirements (50%) before

we move forward with a higher requirement. We also need to understand that if we increase and enforce attendance requirements to 75%, the grantee (DOHMH) could find itself out of compliance with HRSA requirements to maintain a minimum of 33% of non-aligned PLWHAs on the Council. The consequences of changing this requirement and enforcing it should be understood. Regulations and demands do not necessarily result in behavior change.

**Response:** At the end of the planning year, we could look at attendance history and not allow those with poor attendance to come back the following year. In addition, a mandated Alternate will help count towards attendance requirements.

**ACTION:** Executive Committee members did not accept the recommendation, choosing instead to enforce the 50% attendance requirement and noting that a member's attendance will be assessed after his/her first term. Continuing service is dependent upon their record.

- **RECOMMENDATION:** *Each member will have to select an Alternate.*

**Comment:** We should think about identifying Alternates at the time of the annual Planning Council application process and ask whether applicants would consider becoming alternates.

**ACTION:** No action was taken. Executive Committee members recommended that the issue be further clarified by the Rules & Membership Committee.

- **RECOMMENDATION:** *Committee Member terms of service would be limited to (2) consecutive three-year terms.*

**ACTION:** The Executive Committee agreed to term limits for Committee membership, noting that there should be a Chair-Elect/Co-Chair for every Committee so that the Chair-Elect or Co-Chair can assume the role of the Committee Chair.

- **RECOMMENDATION:** *The size of the Executive Committee should be decreased from 24 to 17 members.*

**ACTION:** Executive Committee members noted that the Executive Committee should reflect the community composition and the governmental composition of the Planning Council.

- **RECOMMENDATION:** *The size of the Integration of Care Committee should be maintained at 30 members.*

**ACTION:** Executive Committee members recommended that the Integration of Care Committee retain a maximum of 30 members.

Executive Committee recommendations will be sent back to the Rules and Membership Committee for further review. Proposed changes will be made available to the public on two weeks prior to the next Planning Council meeting.

### **Committee Updates:**

#### **Policy Committee:**

Two letters were brought to the Executive Committee for immediate action as they both are time-sensitive.

- **RECOMMENDATION:** Letters in support of A11461 (HIV Testing) to NYS Assemblyman Richard Gottfried and HR2642 (moratorium on Medicaid changes) to US House Speaker Nancy Pelosi were presented. EC members were informed that DOHMH has not taken a position on the Gottfried bill.

**ACTION:** Executive Committee members voted to accept and send both letters.

#### **Finance Committee:**

The EMA demonstrated a record low for underspending, far below the 2% HRSA threshold.

Due to lack of time, other Committee reports were deferred to the full Planning Council.

#### **Public Comment:**

GMHC will convene its CAB on June 12, and all Planning Council members are invited.

The meeting was adjourned.