



Meeting of the
EXECUTIVE COMMITTEE

Thursday, July 23, 2015, 2:30-5:00PM
DOHMH, 2 Gotham Center, 42-09 28th St., Rm. 20-29, Long Island City, NY
Conference Call 1-866-213-1863, Access Code # 3587454

MINUTES

Members Participating: Jan Carl Park (Governmental Co-Chair), Matthew Baney (Call in), Randall Bruce (Consumer-at-Large), H. Daniel Castellanos, Carrie Davis, Sharen Duke (Call in), Joan Edwards, Billy Fields, Graham Harriman, Daphne Hazel, Christopher Joseph, David Martin, Tom Petro (Tri-County), Dan Pichinson, Claire Simon (for Ira Feldman), Lisa Zullig
Members Not Participating: Adrian Guzman, Harry Jackson, Matthew Lesieur, Lyndel Urbano
DOHMH Staff Present: David Klotz, Nina Rothschild, DrPH, Darryl Wong
PHS Staff Present: Bettina Carroll, Gucci Kaloo
Parliamentarian: Joan Corbisiero

CLOSED SESSION – Recommended 2015-18 Planning Council Appointments

Jan Carl Park, Governmental Co-Chair, opened the closed session, with Daphne Hazel, Chair of the Rules & Membership Committee facilitating the discussion regarding 2015 Planning Council recommended new appointments. *[Please note that proceedings from the closed session are confidential and are therefore excluded from these minutes.]*

Agenda Item #2: Welcome/Introductions/Moment of Silence

Jan Park, Governmental Co-Chair, opened the meeting and led the group in a moment of silence for Laverne Holley, who recently passed away. She will be remembered as a brave and outspoken advocate for people living with HIV. Member introductions followed.

Agenda Item #2/3: Public Comment/Approval of Minutes

There was no public comment. The minutes of the June 18, 2015 meeting were accepted, with an attendance correction noted.

Agenda Item #4: Priority Setting/Resource Allocation Committee

On behalf of PSRA, Sharen Duke presented the FY 2014 carry-over plan, noting that in December the Council approved an estimated FY 2014 unobligated balance, informing HRSA that the New York EMA intends to submit a request to carryover the maximum amount (5%) of allowable formula funds at the close of the grant year. All carry-over would go to ADAP. With the completion of the close-out, the Council will vote to approve the final FY 2014 carry-over request. The carry-over is typically approved by HRSA in the late fall.

The final plan requests that HRSA allow the NY EMA to use \$1,274,011 in unobligated funds (\$1,100,406 in Part A funds and \$173,605 in MAI funds), representing 1.79% of the Part A Base formula funding and 1.77% of MAI formula funding, with all but \$95,010 (used for Medical Transportation in the Tri County region) going to ADAP/ADAP+. A small portion of Tri-county carry-over (\$16,679) is allocated to ADAP.

ACTION: Ms. Duke made a motion to accept the FY 2014 carry-over plan. The motion was adopted unanimously

Ms. Duke then presented the FY 2016 service category rankings and application base spending plan. As ranking scores are required for the grant application, scenario planning for possible reductions was done in early winter 2015.

Using the four criteria of the PSRA matrix (payer of last resort, access to and maintenance in care, consumer priority, emerging need), changes were made over the last two years, including how Access to Care/Maintenance to Care criteria is used and the increase in the housing service category due to new data and the loss of HOPWA funds. Given that service data and the health services landscape is relatively unchanged this year, with the effects from the Affordable Care Act, DSRIP and the Governor's Plan to End AIDS yet to be felt, PSRA reaffirmed the current scores (which appear in the spreadsheet in columns B and C, lines 14-27) for the FY 2016 grant application. In the late summer and fall 2015, the Committee will re-examine how the ranking tool is used and will perform a re-examination and analysis of all service categories, before scenario planning is done in early 2016 in anticipation of the FY 2016 award.

With the recent trend of the NY EMA's proportion of cases nationally continuing to decline, there will likely be another decline in formula funding for FY 2016, as the 2016 appropriations requests from Congress and the President call for flat funding nationally for Part A. PSRA also reviewed the previous year's spending plan, when a \$3M targeted increase to Housing was requested, as well as an 8% proportionate increase to all other service categories, to help offset the large decrease year before.

Based on trends in spending, the Grantee has proposed targeted decreases in three categories to be re-bid for FY 2016: \$190,097 in Harm Reduction, based partly on expected State approval of Medicaid for these services; \$109,123 in Mental Health and \$33,493 in Home and Community-based Services. The committee voted to accept those decreases and to re-allocate the total of \$332,713 savings to Food & Nutrition and Housing (proportionate to those categories' allocations of 38.2% for Food & Nutrition Services and 61.8% for Housing). Housing Placement Contracts were excluded due to underspending (given the difficulty finding affordable units).

Tom Petro proposed that the \$40,659 difference between the 4.71% Tri-County allocation of the base spending plan, \$4,779,397 and \$4,820,056 Tri County budget be allocated to the Food & Nutrition services category. It was recommended that the Tri County Steering Committee convene a meeting or conference call to vote on where to allocate these funds.

PSRA also recommends an across the board 3.5% cost of living (COLA) increase for the entire Base award, to be distributed to all categories proportionately based on rank, with the three reduced categories (HR, MH and HOM) excluded from an increase. The MAI spending plan, 100% formula funded, would remain at its current FY 2015 level. Along with re-examining the ranking process, PSRA will begin a process in the fall to develop a new methodology for determining funding based on need, unit cost and impact on health outcomes.

ACTION: Ms. Duke made a motion to adopt the service category rankings and Base, MAI and Tri-county application spending plans as presented. A roll call vote was taken, excluding conflicted members. The motion was adopted unanimously.

Agenda Item #5: Planning Council Updates

Finance Committee

Daniel Pichinson, Finance Officer, reported that 94% of the Planning Council support budget was spent in FY 2014. Some under-spending was due to a staff vacancy and for staff being paid for time detailed to the Ebola response. 100% of program funds were committed for the year. One-time expenses, such as the revamping of the Planning Council website, conference related costs, will be offset by personnel costs accruals. Many spaces where Planning Council committees meet are provided gratis. The Year 25

Planning Council Support budget includes costs related to the Tri County Steering Committee and consumer participation through the region's psychosocial group, Living Together.

In the Base portion of the grant, 99% was spent (leaving \$1,075,490 for carry-over), far under the allowable 5% under-spending for formula funds. In the MAI portion of the grant, 98.23% of the award was spent, with only \$173,606 unspent, far below the Committee's recommended limit of 8% under-spending. Almost half the Base under-spending was in quality management due to staff vacancies. This means that program under-spending was extremely low, or about 0.5%. Unspent funds will be spent according to the carry-over plan approved earlier this meeting.

Funds were re-programmed according to the Council's plan, beginning with 5 months of funding for Early Intervention Services (EIS) programs that were ending so as not to apply the Council's cuts to those programs retroactively and followed by take-downs for under-performing programs and enhancements for over-performing ones. In all, 87% of all contracts were adjusted during the year. In the Tri-county portion of the grant, 100% of funds were committed and 98% spent as of the end of the fourth quarter.

The Assessment of the Administrative Mechanism checklist, which is a snapshot of the Finance Committee's oversight of grantee spending over the course of the year and summarizes the findings, as reported to the Committee, in several key areas, including executed contracts/renewals, procurement issues, sub-contractor payments and spending.

ACTION: A motion was made to accept the Assessment of the Administrative Mechanism as presented. The motion passed unanimously.

Policy Committee

Nina Rothschild, on behalf of the Committee, provided an update on:

- HIV+ Organ Transplantation: The Federal Register has provided a period for public comment on the HOPE (HIV Organ Policy Equity) Act, which permits the Secretary of US HHS to formulate and circulate criteria for research on donation of HIV+ organs and transplantation into HIV+ recipients.

ACTION: A motion was made to approve the draft letter for Planning Council sign on. The motion passed unanimously.

- NYC Community Initiatives: the HIV/AIDS community requested \$10 million from the NYC Council for several initiatives including PrEP and job training, but no money included for any of these items in the City's Executive Budget. Ms. Davis added that funds for HIV should not be pitted against Mental Health or other programs in the City budget, but that there should be advocacy to increase the entire pool.
- Big Pharma: Pressure is building on large pharmaceutical companies to reveal the costs of R&D, drug price histories and earnings
- Federal Appropriations (no movement likely prior to August break, advocacy is needed to fight proposed cuts to a number of federal HIV programs)

Needs Assessment Committee

Carrie Davis reported that the NAC met on July 9th, when the Bureau of HIV/AIDS presented on the RSR. Dr. Maria Caban of BOOM!Health presented on HIV/Hepatitis C education, outreach, screening, and linkage. Dr. Castellanos met with staff from the Planning Council, from the Research and Evaluation Unit, and from Care and Treatment to plan for the committee's products. Planning Council staff will develop the HCV needs assessment during August and September and bring to the committee in the fall for the Integration of Care Committee to develop a service directive.

Consumers Committee

Billy Fields and David Martin reported that at the July 21 meeting, Dr. Lucia Torian of the Field Surveillance Program at NYCDOHMH gave an epidemiologic overview of HIV/AIDS in the Transgender population. David Martin announced that he will not be seeking re-appointment to the Planning Council for this coming planning cycle. Mr. Fields expressed his gratitude to Mr. Martin for his leadership and support as Committee co-chair. Mr. Martin thanked the Committee and Council for a great learning experience and expressed his hope to keep in touch and continue his participation in the future.

Rules & Membership Committee

Daphne Hazel, Cahir of the RMC, presented two proposed amendments to the Council Bylaws, approved by RMC and sent to the Council on July 14.

The first amendment formally elaborates on language already in the Bylaws that allows meetings to be conducted via conference call. The expanded language specifies that meetings may be conducted through electronic means, such as teleconference and the Internet, provided that all participants can communicate simultaneously. The amendment also codifies that any business may be conducted through electronic means, including voting, which is current practice. The language of the amendment was suggested by our parliamentarian, Ms. Corbisiero.

The second set of amendments formally incorporates the Tri-county Steering Committee (TCSC) as a standing committee of the Council. RMC developed its recommendation over many meetings and received extensive input from current members of the TCSC. The amendment maintains the status quo: the TCSC will continue to conduct all planning activities (needs assessment, service directives, priority setting and allocation) for the Tri-county portion of the EMA. The amendment spells out the roles and composition of the TCSC in the same format as the other Council committees, using existing language from the Bylaws that describe the full Council and its other committees (PSRA, IOC, etc.). The TCSC will be subject to the same policies and procedures that all Council committees follow (e.g., appointments, terms of service, chairs, voting rules, etc.). The TCSC's recommendations will continue to be reviewed and approved by the Executive Committee and the full Council. The RMC recommends that the full Council include at least one representative from each county of the entire EMA, and that term limits be eliminated for all committee members.

Agenda Item #6: Grantee Report

Graham Harriman, NYCDOHMH, began his report by noting that it is challenging to provide Grantee updates at the end of Planning Council meetings, when there is compressed period of time. It was suggested that the agendas be developed to address this issue.

- HRSA recent announced that they will be implementing “Eligibility Scope Reporting” instead of the current “Funded Scope Reporting” that has been used since the client-level RSR replaced previous Ryan White data reports. This means providers will be expected to report to HRSA on a variety of services that Ryan White eligible clients received in 2015 regardless of payer. The Grantee has serious concerns that this will significantly increase the data reporting burden on providers and is working with the New York State to discuss the implications of this with HRSA.
- The New York Eligible Metropolitan Area (EMA) received its final Notice of Award (NoA) earlier this month. The Award breakdown is as report below, a reduction of 1.825 million dollars - approximately 1.76%. The entire reduction in the award is from the formula funds [both Part A, often called ‘base funding,’ and Minority AIDS Initiative (MAI)] which is calculated based on our portion of the epidemic compared to other Part A Grantee jurisdictions.
- A letter regarding legal services expansion has been sent to HRSA for their review

- The NYCDOHMH and the NYSDOH AIDS Institute are jointly convening the “Power of Quality Management” conference to be held in the Fall. More information will follow.
- Planning Council Members are invited to join the Care and Treatment Program in our interagency meeting with the New York State AIDS Institute to discuss service category and system-level quality management data. These meetings take place every month at either the AIDS Institute or the DOHMH Offices. There is a call-in option. If you would like to receive the email that goes out to participants, which includes the agenda, meeting materials, and the call-in information for people who cannot attend in person, please contact Tracy Hatton at teh04@health.state.ny.us or 212.417.4617.

TRI-COUNTY:

Tom Petro, on behalf of the Westchester County Department of Health, reported that the Steering Committee approved the final spending plan on June 10, reflecting a decline of \$85,971 in the base award, or \$77,374 in program services. The TCSC met in July with the Medical Transportation carrying costs being reduced by \$35,000. Reductions to service categories were not huge and ranged from 1.87% to 3.05%.

Public Comment/Adjournment:

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