



Meeting of the

EXECUTIVE COMMITTEE

February 14, 2008

2:45 – 4:35 PM

GMHC, 119 W. 24th St., Rm 610
NY, NY

MINUTES

EC Members Present: J. C. Park, (Governmental Co-chair), S. Elcock (Community Co-chair), E. Telzak, M.D. (Finance Officer), F. Carroll, A. Etienne, I. Gamble-Cobb, DWS, J. Hilger, F. Laraque, M.D., M.P.H., J. Lehane, Ph.D. (WCDOH), R. Miller (MHRA).

Staff Present: DOHMH: R. Molina, J. Rojas, N. Rothschild, DrPH, D. Wong

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Park and Ms. Elcock opened the meeting, followed by introductions.

Ms. Etienne led the group in a moment of silence.

Mr. Park reviewed the agenda for the meeting. The issue of conflicts of interest was discussed, highlighting the need for disclosure and abstention of voting.

Dr. Telzak sought clarification on one's ability to vote on the overall spending plan, as opposed to voting on the specific ranking and/or prioritization of specific service categories, where it would be prudent to abstain from voting.

The minutes of the December 13, 2007 Executive Committee (EC) meeting were approved with no changes.

Agenda Item #2: HOPWA/Ryan White Funding Proposals

Mr. Park: The HOPWA/Ryan White Funding Proposals were discussed at the February 7, 2008 PSRA Committee meeting. The purpose of today's discussion is to articulate the financial implications regarding the shifting of housing programs in the Ryan White portfolio and outreach programs in the HOPWA portfolio; Mr. Park introduced John Rojas, the Director of the HOPWA program in the Bureau of HIV/AIDS Prevention & Control.

Mr. Rojas: There is currently one rental assistance contract under RW in the amount of \$2,518,756 and a HOPWA rental assistance contract in the amount of \$3.7M. HOPWA is proposing, in order to maximize resources, that the Planning Council eliminate funding for Rental Assistance and for HOPWA to increase its allocation for rental assistance by the amount decreased by Ryan White, i.e., these dollars would be absorbed into the HOPWA portfolio,

thereby increasing the \$3.7M rental assistance contract to \$6.2M. The five outreach programs currently total \$2,475,000; there is a small variance which benefits the RW portfolio, but HOPWA will absorb that amount and fully fund the increase in rental assistance by the full \$2,518,756.

The proposal is for the (2) current homeless street youth & (3) SRO outreach programs to be funded under the Ryan White portfolio. These programs identify homeless street youth, engaging those who are HIV+ and linking them to care and for those of unknown/high risk status, getting them tested for HIV.

The SRO programs identify clients out of care and link them to care, medical, housing and social service entitlements. The current program models are not best suited for the HOPWA portfolio and should be included in the RW portfolio. While rental assistance is a core service under HOPWA, under Ryan White legislation it is viewed as a transitional benefit, as the grant precludes long-term rental assistance. In reality, these programs are being used as a long-term rental assistance programs, targeting undocumented HIV+ individuals who are HASA-eligible but cannot access HASA rental assistance due to their immigration status. It is very difficult to transition these clients into green card/PRUCOL status. Under HOPWA, without such time-based restrictions, long term rental assistance is permitted. Currently, there are two (2) providers (one HOPWA, one Ryan White funded). While these two programs do coordinate with each other, there are cases where services are duplicated; one provider would greatly reduce the possibility of such duplication. There would be coordination of services in order to assure that there was no loss of services currently funded under HOPWA, in addition to the corresponding benefits of (1) a reduction in administrative costs, allowing more resources to be used for program services and (2) an increase in percentage of funds allocated to core services. The portfolio is to be re-bid for 2009 and the new RFP would be developed to incorporate these proposed changes, reflecting the discussed funding allocations.

The request is for the decreased funding in Rental Assistance to be equally matched targeting these two populations – SRO residents and homeless street youth; the Planning Council would decide how these populations would be served.

Ms Gamble Cobb: What impact would these changes have on the 75%/25% Core/Non-core split?

Mr. Park: In the distributed spending plan, the Emergency Rental Assistance column shows \$2,518,756 in carrying costs. The 2009 spending plan will be developed late this Spring/early summer 2008. The proposal being entertained would remove Rental Assistance as a RW service category, to be replaced by the same amount by outreach activities, whether delivered through EIS or other outreach activities. The support of this Committee is being sought that this is a conceptually feasible exchange.

Ms. Etienne: How does this proposed change affect currently funded housing programs, whose clients are, in reality, long-term (> 2 years) clients, as opposed to transitional clients?

Mr. Rojas: While RW legislation dictates that housing services should be transitional in nature, the population being served is in fact, long term. Under HOPWA, absent these time regulations, clients could continue accessing these long term services. HOPWA contracts, which are called Long-Term Rental Assistance, currently serve HASA non-eligible clients who are medically eligible for HASA services (AIDS diagnosis). Eighty percent (80%) of the \$3.7 M in rental assistance services are long term, with ~10% Short Term Rental Mortgage Utility Assistance. This pays up to 21 weeks of rental arrears, or anticipated arrears and is targeted to those who need temporary short term, financial assistance. HOPWA regulations

also allow start-up costs, broker's fees, security deposits and the first month's rent, with Ryan White covering the difference.

Ms. Miller: Part A were to provide Emergency Rental Assistance, would there no longer be any short-term housing assistance?

Mr. Rojas: In addition to RW Transitional Housing, HOPWA funds congregate facilities, where transitional housing is provided.

Mr. Park: We are seeking the Committee's support of the proposal and need a motion to support these proposed changes.

Dr. Gamble-Cobb offered the motion, which was seconded, voted upon and moved.

Agenda Item #3: HOPWA/Ryan White Transitional Housing Funding Proposals

Mr. Park: HOPWA program picked up a number of transitional housing proposals last year on a one time, one year basis. This agreement will be expiring (7/31/08) and the PSRA Committee, in looking at 2008 spending plan, had identified unspent dollars to help cover the majority of the expenses of those contracts.

Ms. Hilger: The PSRA has been discussing the 2008 scenario plan, in anticipation of DOHMH receiving it's base grant award by March 1, 2008. The Committee has been considering the possibility of receiving less funding than the current amount of funding. While it is unlikely that we will receive the \$115 million that we have applied for, the PSRA Committee had proposed that we use the formula which was developed last year (proportional cuts) and apply it to the 2008 award.

The MAI non-competing grant application arrived last week and made note that our EMA has not yet arrived at a decision as to how we would fund the transitional housing programs currently funded by HOPWA. Last year, we received a cut in the award and there was available HOPWA funding to pay for the transitional housing programs, which were previously part of the MAI portfolio and are expiring on 7/31/08.

It is expected that a Feb. 15th HRSA TA call will inform us as to the current amount of MAI funding. At the current level of funding, there is not enough money to take these HOPWA-funded programs back into the portfolio. With a greater than anticipated award, we could consider taking some of these programs back. At the last PSRA Committee, it was proposed that because of the existence of unobligated funds, the PSRA would allow the grantee to use these funds to support the transitional housing programs, as of 8/1/08.

The 2008 spending plan identifies the permanent reductions of \$625,185 in mental health programs, \$168,865 in Early Intervention Services and \$97,511 in TB services, totaling \$891,551. Because these funds are not obligated to any contracts, as of 3/1/08, we are proposing that these funds be used to support the RW emergency transitional housing contracts currently being funded by HOPWA. The PSRA Committee noted that this is a preliminary plan and that these funds are not needed until August 2008. There may also be possible underspending in 2008 and subsequent reprogramming. There may also be carryover in MAI that could be applied to the 2008 budget.

Ms Elcock: If we receive our total MAI request, why would we not restore the total amount back to these housing programs?

Ms. Hilger: We will be informed by HRSA Feb. 15th what our MAI award is, which is unprecedented. During yesterday's HRSA conference call, grantees were informed that the 3% increase in MAI allocation will have to be split by 15 EMAs, with 5 cities losing funding. Because this is a progress report and not a grant application, we will report on progress, client utilization and start up for the period from August – December 2007.

Mr. Park: This is a prudent approach given the information available at this time.

Dr. Telzak: Would not these emergency transitional housing programs be more appropriately placed in the HOPWA program and vice versa?

Mr. Rojas: These programs were funded by one time carryover funds. There could be reallocation toward rental assistance and other initiatives, but an overriding consideration is to not reduce services in the community, the priority being to keep clients housed. The non-core services currently funded under HOPWA are the five programs that were just voted upon. The other services are housing services and housing placement, supportive housing, tenant-based rental assistance and housing information. If NYC's HOPWA application, called the Consolidated Plan, results in an increase, we will explore ways to alleviate the burden if Ryan White does not receive an increase in award. If there is an increase, these programs could be absorbed by the plan that has just been articulated by Ms. Hilger and we will seek additional ways to reduce the burden.

Mr. Park: We need to vote on this proposal, which was accepted by the PSRA Committee and brought forth to the Executive Committee today:

The \$891,551 of reprogrammed funds would be moved into the emergency transitional housing service category in order to pick up programs that have been supported by one year funding through MAI.

A motion was made to accept this proposal, seconded, voted. The motion carried.

The next vote to be considered is to accept the budget which has just been changed by \$891,551 and to concur with the PSRA Committee's decision to apply a scenario spending plan that would apply proportional cuts throughout these service elements based on the priority scores.

Ms. Elcock: Have we already approved this plan, as a whole?

Mr. Park: Yes, this is the plan that has been accepted. We are voting on this modified budget.

A motion was made, seconded, voted and so moved.

Agenda Item #4: Committee Updates

Ms. Gamble-Cobb: The Integration of Care Committee, having met just once, will be meeting again on February 26 at GMHC. The agenda will be produced shortly, including the Comprehensive Strategic Plan and case management service models.

Ms. Carroll: The Consumers Committee discussed the utility of repeating the former CAB survey, the proposed focus group draft for eliciting consumer input around consumer needs and priorities with the Public Health Practice Unit, headed by Dr. Weglein.

Mr. Wong: The next Consumers Committee will convene in March, as well as a focus group draft feedback session among interested consumers. This feedback will be conveyed to Dr. Weglein and incorporated into the implementation of the consumer focus groups. Because the timeline is short, there are some logistical challenges to be addressed.

Ms. Elcock: Given that this information is a critical planning tool, how is the Return to Care survey connected to and coordinated with the other committees, including the Needs Assessment Committee?

Dr. Laraque: The Bureau has been looking for alternative ways to elicit Consumer input, including surveying clients served by the Maintenance in Care & Return to Care programs, where we will seek information as to why consumers dropped out of care and what brought them back into care. Currently, the survey is under review at the DOHMH Institutional Review Board (IRB) and must be approved before it can be implemented. The focus groups will replace the CAB surveys, which presented several challenges with respect to implementation and did not address individual consumer priorities.

Mr. Park: This has not been included as an agenda item in the Needs Assessment Committee's work at this point in the planning year.

Ms. Etienne: The Advisory Group met the past Saturday, February 9, where there was a presentation by an HIV+ adolescent, arranged by Ms. Irwin. The Community Co-Chair, Ms. Elcock also was present. At the Advisory Group Executive Committee, there was discussion around the utility of the three Advisory Group sub-committees since there has been inconsistent attendance, lack of participation by some members in leadership roles and the meetings are resource intensive.

Mr. Park: There is discussion around convening these sub-committee meetings at the Saturday Advisory Group, where attendance is stronger and the opportunity for communication between sub-committees may be improved.

Agenda Item #5: Third Quarter Financial Report

Dr. Telzak: The Finance Committee met on January 31 and reviewed the 3rd quarter spending report, which had been distributed calling attention to the need to spend at least 98% of the grant award. The rate of under-spending by the end of the third quarter is 34%; last year at this time under-spending was at 38%. There are some missing reports due to the transition from URS to AIRS and spending may actually be higher, contract enhancements may also account for increased under-spending. For example, legal services had under-spending at 40% this year, compared to 30% last year, but there was a \$400,000 contract enhancement.

Quarterly reports will now show takedowns (reductions through contract reductions, terminations and under-spending) totaling ~ 2.7M which will be re-allocated to ADAP and other programs. The budget is over-committed by \$1,400,000, which represents the carryover from the current year to next year, or the maximum 2% carryover of the formula grant allowed by HRSA. The Planning Council voted to use these carryover dollars for the ADAP Drug Reimbursement pools. It is expected that this over-commitment will be covered by impending under-spending and takedowns. Additional takedowns are anticipated before the end of the fiscal year and must be executed in a timely manner and then distributed through enhancements.

While the level of spending for performance-based contracts represents a small proportion of the overall portfolio, these amounts will likely change as the service categories are re-competed, including mental health, harm reduction, maintenance in care, early intervention

services and housing placement, under-spending was high than last year. A meeting is scheduled in late March and May to discuss MAI spending and a fiscal year 2007 close-out. In summary, based on third quarter spending, our EMA is doing quite well.

Ms. Elcock: Is the majority of under-spent funds in Year 17 explained by contract enhancements?

Dr. Telzak: Rather than using calendar months to measure spending rates, where spending is usually less robust at the beginning of the fiscal year, we are using prior years' spending rates for a better gauge of our spending. However, we still need to monitor our spending rates to assure that we spend down our award.

Ms. Miller: MHRA is completing the last round of take-downs and is awaiting some missing contractor reports. There are ~ 30-35 programs which will be taken down. Also, the spending report is not on the Formula award, but the Part A award, which includes both the formula and supplemental awards. It is also important to acknowledge that the ADAP Drug Reimbursement pools of \$1,400,000 was very advantageous for NYC, in that this amount would reduce any potential carryover next year, in advance of any other under-spending.

Agenda Item #6: Grantee Report

Ms. Hilger: The Continuing Funding Application for the MAI is due on March 21, 2008.

Dr. Laraque: The underlying philosophy of the Bureau is to work in concert with the provider, consumer and research communities to improve the health of HIV-infected persons in NYC. Specific goals are early diagnosis, decreased morbidity, mortality, and to eventually decrease the community viral load and HIV transmission. Under my direction, the Office of Care, Treatment & Housing within the Bureau of HIV/AIDS Prevention & Control will include the HOPWA Unit, the Ryan White Unit, and the Public Health Practice Unit headed by Dr. Daniel Weglein. The Research & Evaluation Unit is headed by Dr. Mary Irvine and will focus on more outcome evaluation of care and treatment areas. We have recently established the Policy, Planning & Implementation Unit which will be headed by Dr. Anthony Santella. The Ryan White Planning Council staff, headed by Jan Park, will also be under my oversight.

Ms. Miller: MHRA changed its name to Public Health Solutions, as of February 27, 2008, which better describes the breadth and scope of its current program initiatives. The organization can be contacted now through www.healthsolutions.org

Agenda Item #7: Planning Council Agenda Review

Mr. Park: At the February 21st full Planning Council meeting, there will be a CHAIN study presentation on employment and economic well-being, as well as a policy update, including a discussion of the issues at the recent CAEAR Coalition meeting in Washington, D.C.

Ms. Elcock: We need to allocate sufficient time in order to allow Planning Council members to fully discuss salient policy issues, recent developments at the DOHMH, updates from the CAEAR Coalition, scenario planning, Committee updates and their impact on the work we are charged with.

Ms. Elcock: We need to both gauge the relevance and adjust the schedule of CHAIN presentations in order to encourage rich discussions of issues which directly impact our work.

Agenda Item #8: Public Comment

Speaker #1: In order to increase the participation of all affected persons, especially young people, the Planning Council should consider financial stipends for participation.

Speaker #2: Some Community Advisory Boards do provide stipends.

Speaker # 3: We need to provide incentives to encourage greater participation; youth, in particular, need some measure of respect and nurturing in order to participate and to keep coming back.

There being no further business, the meeting was adjourned.