

HIV Health and Human Services Planning Council of New York

Meeting of the

EXECUTIVE COMMITTEE

February 19, 2004
Local 1199, 310 W. 43rd Street
2:20-5:20pm

MINUTES

Members Present: F. Oldham, Jr. (Governmental Co-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, PhD, G. Brown, MD, R. Busan, R. Chavez, H. Cruz, S. Halperin, J. Hilger (for M. Hill, PhD), J. Magisano (for J. Pressley), H. Melore, D. Ng, T. Petro, C. Rivera (for A. Paige-Bowman), E. Santiago, P. Stabile, M. Wainberg, MD

Members Absent: M. Barnes, C. Cobb, T. Hamilton, T. Troia

Staff Present: *OAPC:* R. Cordero, D. Klotz, G. Moon, S. Bailous, M. Lesieur, R. Shiau, C. Silva, R. Molina, C. Mosely; *DOHMH:* S. Forlenza, MD, MPH; *MHRA:* J. Verdino; *NYSDOH AIDS Institute:* L. Cross

Agenda Item #1: Welcome/Minutes

Mr. Oldham opened the meeting, followed by introductions.

Mr. Cordero reviewed the meeting packet.

Mr. Oldham: The table of Planning Council and Executive Committee (EC) actions taken in FY 2003 shows how much we have done, including the difficult task of creating a final FY 2003 spending plan.

Mr. Santiago led the moment of silence.

The minutes of the February 5, 2004 meeting were approved with changes to reflect that Mr. Halperin made a comment originally ascribed to Mr. Hemraj and made two additional comments not reflected, and from Mr. Petro that HIV reporting began in June 2000, not 2002.

Agenda Item #2: Public Comment, Part I

O. Martin: I am concerned that the already overworked PWA/HIV Advisory Group (AG) has been presented with a time-sensitive task regarding a survey for the planning process. The original survey process resulted in great accomplishments, including engaging many consumers and developing concrete recommendations for priority rankings. This should not change without full AG input.

P. Warren: NDRI is offering technical assistance, for which AIDS service providers are encouraged to apply.

C. Cooper: I am from the NYC AIDS Housing Network. Outreach in SROs is needed, as there are no medical or social service providers there. Restore funds for social services in SROs.

D. Chandler: The HOPWA Advisory Committee is sending a letter to Health Commissioner Frieden to ask him to rescind the recently released RFP for harm reduction in SROs and to restore funding for social services in SROs. The services that will be cut help me as a current resident of an SRO.

G. Moore: As a client of HASA and Housing Works, the services that will be discontinued are vital to my health. SROs are already terrible places to live, and without social services, they will be even worse.

J. Flynn: Save social services in SROs. The recent HOPWA RFP cuts \$300,000 without community input. This is a bad message if Commissioner Frieden wants to expand harm reduction, as he has stated.

D. Miller: The Columbia clinical trials group CAB meets next week on new drug trials.

Mr. Abadia: We should keep in our thoughts our fellow Planning Council and AG member Brenda Lee Curry, who's sister passed away recently.

Agenda Item #3: Policy Report

Mr. Cordero: We expect the notice of grant award will come out around March 1st. The President's FY 2005 budget request calls for flat funding the CARE Act except for a \$35 million increase for ADAP, far below what advocates have asked for. There is also a \$3 million increase for MAI, but spread out over a number of programs (HRSA, SAMHSA, etc.). The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is asking for a \$86.9 million increase for Title I for a total of \$702 million. New York is well represented on the CAEAR board, which meets this weekend. I will report on that meeting at a subsequent meeting.

Agenda Item #4: FY 2004 Spending Scenario C (Increase) and MAI

Ms. Nagy: The timeline for approving the FY 2004 spending plan began at the December 11, 2003 EC meeting with the approval of principles for scenario A (level funding). The EC approved revised principles for scenario B (decrease) on February 5th, and we will approve scenarios for an increase and MAI funding today. The full Planning Council will implement these scenarios after the award comes in at its March 4th meeting, or on March 18th if they do not complete the spending plan at that meeting.

Mr. Oldham: The original Planning Council commitment to the ADAP pools was \$26 million for Fiscal Years 96, 97 and 98. From FY 1999-2002, the commitment was \$21 million. In FY 2003, the ADAP pools were funded at \$19 million due to the cut in the award. Proposed for FY 2004 is a \$12 million commitment to the ADAP Pools plus any available carryover funds. At level funding for FY 2004, this would represent a significant cut to the \$19 million commitment to the ADAP pools.

Mr. Cruz: The Planning Council should be commended for supporting the ADAP program. The decision to use carry-over funds has been wise and beneficial, allowing us to carry a larger portfolio than the actual award. However, circumstances have changed, and due to the cut in the award in FY 2003, there was not enough carry-over to fulfill the Planning Council's commitment. The Planning Council needs to consider factors, such as the higher number of people using ADAP and the rising cost of medications, and restore its commitment to the ADAP pools.

Ms. Hilger: It should be clarified that the \$12 million is the base commitment, with the understanding that the first \$7 million of carry-over would go to the ADAP pools.

Mr. Cruz: Also, for FY 2003, the base commitment was originally \$13 million, but the AIDS Institute offered to reduce it to \$12 million for one year in order to help the Planning Council with the cut in the award, with the hope that there would be enough carry-over to make up for it.

Mr. Halperin: I am uncomfortable that there is no data to back up the request (e.g. medication costs). What is the status of ADAP's negotiations to reduce drug prices? Are we paying the same amount for how much less in services? It seems "shadowy" that we do not have the data here.

Mr. Cruz: The AIDS Institute does a presentation every year for the Planning Council on ADAP statistics, and we will be always available to do so again, as well as make the data available to the Planning Council again in writing. Also, the ADAP Steering Committee has representatives from the Planning Council and Health Workgroup. Mr. Cross is here to answer questions and can follow up with a written document. ADAP is the most accountable program we have.

Mr. Halperin: While not implying otherwise, I would like the data now.

Ms. Melore: I have the same reservations as Mr. Halperin. Dr. Forlenza recently presented data that 11% of PLWA in NYC are undocumented immigrants. Who is using ADAP? Are undocumented immigrants and women?

Dr. Forlenza: The data was on the portion of PLWA who are foreign born (the number has been stable for some years). We have never asked – and will never ask – about immigration status.

Mr. Oldham: The ADAP data has been distributed to the Planning Council in the past, and we can do so again. We should remember that we made a commitment to the ADAP pools.

Mr. Santiago: I have no problem with a \$19 million commitment, but Mr. Hemraj moved at the last meeting to increase it, which we need to discuss.

Ms. Nagy: At the last EC meeting, there was some confusion on the ADAP commitment in Scenario C. If we get a small increase, will we use it for the ADAP pools or another initiative?

Mr. Chavez: I made the motion at the last meeting to use the first portion of any increase in award to increase the base commitment to the ADAP pools, as we need to restore our commitment.

Ms. Verdino (in response to a question from Ms. Nagy): While we do not know yet what the carry-over from this year will be, all indicators (e.g. budget modifications, spending rates) point towards a low amount. The carry-over from FY 2002 was \$5.9 million, and this year's will likely be less.

Mr. Cruz: I suggest that the Planning Council consider giving an increased amount up front to reduce the uncertainty of relying on the carry-over.

Ms. Verdino (in response to a question from Mr. Petro): The Planning Council authorized for FY 2003 up to \$19 million for ADAP. During the year, there are take-downs and other measures that free up some funds that go to ADAP, and so it is not just carry-over. However, if there is no increase in the award, we will not have as much freed up during the year to give to the ADAP pools.

Ms. Nagy: We should put on the table the possibility of giving the first \$3 million of any increase in the award to the ADAP pools.

Mr. Cruz (in response to a question from Mr. Abadia): The original base commitment last year was \$13 million with the first \$6 million of carry-over committed, but last year the base was reduced to \$12 million for one year with the first \$7 million of carry-over to help balance the budget. Any increase for FY 2004 would be for one year only.

Ms. Hilger: The increase would actually be the first \$4 million of any increase to bring the base commitment to \$16 million.

Ms. Nagy: Motion to bring the base commitment to \$16 million, depending on the notice of grant award (plus carry-over). [Motion seconded.]

Ms. Nagy (in response to a question from Mr. Petro): To clarify, this means we will only use money from an increase in the award to increase the commitment to the ADAP pools, not that we will take \$16 million off the top of the award.

Mr. Halperin: When the data is in doubt, I try to vote in the way that will best help PLWH. \$300,000 for social services is a small amount, but we know that we get a big impact from it. We do not know what we buy with the money we give to ADAP.

Mr. Cruz: We know exactly what it buys.

Mr. Oldham: We appreciate the work done by social services providers in SROs and will look into the issue further.

Ms. Melore: ADAP is a big portion of the Health Workgroup's portfolio. I would like to see what the impact would be if we do not increase the ADAP amount. Title I money should be payor of last resort.

Mr. Cruz: We can give you all the data you have requested in writing, including the impact and the cost of drugs by category. Regardless of what happens, we will try to maintain the program at its current level of service, but we have a cost-savings plan in place.

Mr. Ng called the question and *Ms. Nagy* re-stated the motion, which was approved 15-0-0 (Y-N-A).

Ms. Nagy: We would be happy to have ADAP present to the Planning Council, AG and Health Workgroup. The EC now needs to consider whether to fund new initiatives fully in rank order, or one program in each category until funds are used up.

Ms. Nagy (in response to a question from Mr. Petro): This consideration is only for new base services approved by the Planning Council for the application in August 2003. The EC can decide whether to rank this higher than a cost of living adjustment (COLA), new P&E initiatives or restoration of the FY 2003 across-the-board cut.

Mr. Ng: Motion to rank new P&E initiatives after the ADAP pools and before new services. [Seconded.]

Mr. Halperin: A COLA is needed. We must consider agencies that have not gotten an increase in years, which is effectively a cut, causing problems with staff turnover and disruption of services.

Ms. Hilger: To clarify, the new service initiatives were ranked by the Planning Council in August, but the categories of increases (new services, P&E, COLA, restoration) was not ranked, but deferred for consideration until the spending scenarios are done.

Mr. Chavez: The EC asked for more information on the P&E initiatives. The proposed amount is not nearly enough to do outcome evaluations.

Mr. Cordero: The proposal (unmet need, unit cost, outcome evaluation) is to fulfill CARE Act requirements. Currently, the only base-funded P&E initiatives are CHAIN and the Delayed Care study, which ends this month.

Mr. Chavez: Since the MAI funds an outcome evaluation, do we still need another one with base funds?

Mr. Cordero: The proposal is for placeholders, after which the P&E would have to develop templates, should there be money, perhaps for a pilot, which could help the P&E decide if it wants to undertake more extensive projects.

Mr. Oldham: Overall, we do a very good job of getting data.

Dr. Wainberg: We should consider looking for other, non-Title I, research money we can access.

Ms. Hilger: We are already out of compliance with HRSA requirements on outcome evaluation. We have been covering it with CHAIN, but need to conduct service-specific outcome evaluations.

Mr. Petro: Friendly amendment that we keep the proposed amount as a placeholder and ask for a more detailed budget, which may have to be revised. [Accepted.]

Mr. Stabile: The Health Workgroup is always asking for outcome data.

Mr. Cordero (in response to a question from Mr. Halperin): The evaluation would be bid out, unless the Planning Council wants to make it part of the Planning Council support budget.

Mr. Ng restated the motion, which was approved 15-0-0 (Y-N-A).

Mr. Halperin: Motion that the 3% COLA be the next priority for an increase.

Ms. Nagy: Friendly amendment to move the COLA down the list after new services. New needs were identified for housing, etc.

Mr. Halperin: While new services are important, we must also protect existing services and support workers providing those services.

Mr. Cordero: Remember that the first \$3.7 million of any increase will go to ADAP and P&E. We should look at what we can do 100% of. If the increase is \$5 million, there will only be \$1.3 million left, not enough for a meaningful COLA.

Mr. Santiago: We should not be using funds for pay raises rather than services. If people working in AIDS want to make money, they should go to the business sector.

Dr. Brown: This is not about pay raises, but level funding. The reality is that staff will leave, new staff will continually have to be trained, and there will not be anyone to provide these services.

Ms. Melore: I agree with Dr. Brown.

Dr. Abramowitz: When there are no Title I salary increases, services are weakened because providers take funds from other grants to pay for cost of living increases.

Mr. Halperin: There are employees who are single mothers who need a COLA to survive. Years without a raise is bad for staff morale.

Mr. Oldham: The political reality is that we are forced to make these hard choices in the hostile environment of flat funding.

Mr. Halperin re-stated the motion, which passed 11-0-4 (Y-N-A).

Dr. Brown: Should we consider restoring the across-the-board cut before considering new initiatives?

Mr. Ng: Motion to next fund new initiatives with one program in each category until funds are used up. [Seconded.]

Ms. Hilger: If there is not enough for a COLA, do we then go to new initiatives? We need a workable plan.

Mr. Ng: I agree. We can vote, and if that scenario comes to pass, we can modify the rank.

Mr. Petro: If there is an odd amount after ADAP and P&E (e.g. \$1 million), do we use that for a 1% COLA, which would translate into an insignificant increase for current contractors?

Mr. Ng restated the motion, which passed 13-0-0 (Y-N-A).

There was a consensus that the restoration of the across-the-board cut will be the last priority.

Mr. Oldham: Do we fully fund each MAI priority in rank order or fund one of each priority in rank order until funds are used?

Dr. Wainberg: Noting that Mental Health services are the top ranked priority, I move that we fund one of each priority in rank order until funds are used. [Seconded.]. The motion passed 13-0-0 (Y-N-A).

Mr. Chavez: Given the time, I propose tabling the committee and grantee reports from the agenda.

Actions taken/Follow-up (Timeline/Responsible parties)

- Recommend Spending Scenario C and MAI plan for approval by Planning Council (EC/March 4th)
- More detailed plan for P&E initiatives (OAPC and P&E/March 18th)

Agenda Item #5: Public Comment, Part II

M. Gold: There are still new deaths among PWAs. The AG's Title I Issues Committee has prioritized the over 50 population and women. There is also a lack of services for youth and prisoners.

L. Holley: PLWH in SROs need social services. You need to go to SROs and see what is being cut.

P. Risin: As a former SRO resident, I know that without services, people go downhill.

R. Jones: SROs are not good places to live, but are for emergency housing. People need a place to go and service are more important than staff salaries. Talk to the people who need services.

L. Jones: Save services in SROs. As a provider and resident, I know that social services link people in SROs to primary care and permanent housing.

W. Rodriguez: I lived in an SRO for three years. Cutting services will hurt people, who will end up on the street.

C. Craig: As a consumer and Planning Council member, I agree that a COLA is needed. But we need people working in HIV services because they want to help people, not just to make money.

O. Martin: We need to remember the transgender population. Also, why are we using Title I funds for ADAP? The State should fully fund it.

Agenda Item #6: New Business

Mr. Ng: Within the HOWPA portfolio, there is a move to transfer funds for social services in SROs to youth outreach that the HOPWA Advisory Group opposes. Although this is not in the Planning Council's purview, we can endorse the HOPWA Advisory Group's view and ask the Policy Committee to draft a letter of support.

Mr. Ng (in response to a question from Mr. Halperin): I hope that this issue will be resolved soon.

Mr. Halperin: I'm OK with having the EC endorse a letter without going through the Policy Committee.

Mr. Ng: If people want a fully knowledgeable vote, we should go through the Policy Committee.

Mr. Oldham: This is procedure for policy issues for the Planning Council.

Mr. Ng: Motion that the EC supports a letter similar to the HOWPA Advisory Group's and by-pass the Policy Committee. [Seconded.]

Ms. Nagy: Friendly amendment to go through the Policy Committee in an expedited process. I will help expedite it with a conference call. [Accepted.]

Mr. Halperin: It should be noted that the Policy Committee chairs are not here.

Ms. Nagy: I will reach out to the Policy Committee chairs tomorrow.

Mr. Ng: I'm OK with that.

Ms. Hilger: There is no loss of money, but rather it is targeted to another population. We have only heard one side of the issue.

Mr. Ng: I will work with the Policy Committee chairs and inform them fully of the issue.

Mr. Chavez: As the chair of the HOPWA Advisory Group, I trust Mr. Ng's knowledge of the issue.

Mr. Halperin: I am concerned that key EC members are absent on a regular basis and we have to go to them for a critical decision.

Mr. Ng restated the motion.

Mr. Santiago: Disclosing a conflict of interest (my agency will be cut), I am concerned about timeliness. In the past, the EC has made time-sensitive decisions.

Ms. Nagy: I pledge to make this happen quickly.

The motion passed 10-0-4 (Y-N-A).

Dr. Abramowitz: The State just funded a number of youth outreach programs. We should ask if the new ones will be coordinated with those.

Mr. Abadia: The AG discussed this issue and we support the letter. Also, the AG is holding its second faith based summit this Saturday. It is open to the public.

Ms. Melore: The City Council Health Committee is holding a press conference on HIV in women, and Manhattan Borough President C. Virginia Fields is having a public hearing on health disparities in women of color.

Mr. Petro: Former Planning Council member Victor Alvarez of Tri-county's Living Together had open heart surgery, is home and doing well. I can forward cards and well wishes to him.

Actions taken/Follow-up (Timeline/Responsible parties)

- Draft letter on HOPWA-funded RFP (Policy Committee chairs and Ms. Nagy/ASAP)

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on March 11, 2004

Frank J. Oldham, Jr.
Governmental Co-chair