

Executive Order No. 162

August 8, 2012

HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL

By the power vested in me as Mayor of the City of New York, it is hereby ordered:

Section 1. HIV Health and Human Services Planning Council Continued. There is hereby continued an HIV Health and Human Services Planning Council of the City of New York (the “Planning Council”).

§ 2. Purpose. The Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act of 1990, 42 U.S.C. §§ 300ff et seq., as amended (the “Ryan White Act”) provides emergency assistance to localities disproportionately affected by the HIV epidemic. Eligibility for grants under the program requires the establishment of the Planning Council, which has as its primary duty the establishment of priorities for the allocation of funds the program will make available for the development, organization, coordination and operation of more cost effective systems for the delivery of essential services to individuals and families with HIV disease.

§3 Membership.

(a) The Planning Council shall be appointed by the Mayor and shall consist of not less than 35 and not more than 50 members, exclusive of those non-voting, *ex-officio* members appointed pursuant to subsection (g) of this section. The members of the Planning Council designated to serve as voting participants of the Planning Council pursuant to subsection (h) shall serve at the pleasure of the Mayor. An employee of the New York City Department of Health and Mental Hygiene (“DOHMH”) appointed by the Commissioner of Health and Mental Hygiene (“the Commissioner”) shall serve as the Governmental Co-Chair of the Planning Council unless the Mayor designates another employee of the City of New York who is a member of the Planning Council to serve in this capacity. From among the members of the Planning Council, a member who is not an employee of the City of New York or of any other governmental entity shall be selected to serve for a two year term as the Community Co-Chair of the Planning Council. The method of selection for the Community Co-Chair shall be election

by a majority of the members of the Planning Council at a meeting for which proper notice of such election has been given. No person shall serve for more than two consecutive two-year terms as the Community Co-Chair.

(b) The membership of the Planning Council shall include representatives of health care providers including federally qualified health centers; community-based organizations serving affected populations, and AIDS service organizations; social service providers, including housing and homeless services providers; mental health and substance abuse providers; local public health agencies; hospital planning agencies or health care planning agencies; affected communities (including individuals with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations); non-elected community leaders; State government (including the State Medicaid agency and the agency administering the program under Part B of the Ryan White Act (42 USC §300ff-21 et seq.)); grantees of categorical grants for early intervention services under Subpart II of Part C of the Ryan White Act (42 USC §300ff-51 et seq.); grantees under section 2671 of the Ryan White Act (42 USC §300ff-71 et seq.), or, if none are operating in the New York Eligible Metropolitan Area, representatives of organizations with a history of serving children, youth, women and families living with HIV and operating in the New York Eligible Metropolitan Area; grantees under other federal HIV programs, including but not limited to providers of HIV prevention services; and representatives of individuals who were formerly federal, State or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released. At least one member of the Planning Council shall represent separately each of these specified categories.

(c) At least thirty-three (33) percent of the positions on the Planning Council shall be allocated to individuals who are receiving HIV-related services pursuant to a grant under section 2602 [Part A] of the Ryan White Act (including the parent of, or a caregiver for, a minor child who is receiving such services) but are not officers, employees, or consultants to any entity that received amounts from such a grant, and do not represent any such entity, and reflect the demographics of the populations of individuals with HIV/AIDS as determined under paragraph one of subsection (a) of section five of this Executive Order. The Planning Council must reflect the demographics of the population of individuals with HIV disease in the New York Eligible Metropolitan Area.

(d) The Mayor shall also appoint two members who are mutually acceptable to the Mayor and the County Executives of Westchester, Rockland and Putnam Counties to represent these political subdivisions or Health Resources and Services Administration grant recipients therein on the Planning Council. One of those members shall be an employee of the Westchester County Department of Health, which serves as administrator for the Ryan White funds in the Tri-County

region. The second representative, to be known as the Tri-County Consumer Representative, shall be an individual who is receiving HIV-related services in the Tri-County region pursuant to a grant under section 2601 of the Ryan White Act (including the parent of, or a caregiver for, a minor child who is receiving such services).

(e) The term of each non-governmental member of the Planning Council, including the Tri-State Consumer Representative, shall be three years. No such member shall serve for more than two consecutive three-year terms.

(f) The Planning Council shall also include as members the following individuals or their designees: the Governmental Co-Chair; the Commissioner; the Executive Deputy Commissioner for Mental Hygiene of DOHMH; the Administrator of the New York City Human Resources Administration; the Commissioner of Homeless Services of the City of New York; the Commissioner of Correction of the City of New York; the President of the Health and Hospitals Corporation; the Director of the Division of HIV Health Care of the AIDS Institute of the New York State Department of Health, and the Deputy Director of the Division of HIV Health Care of the AIDS Institute of the New York State Department of Health.

(g) The following shall serve as non-voting, *ex-officio* members of the Planning Council: Director of the Office of Management and Budget of the City of New York; Chairperson of the City Human Rights Commission; Commissioner of Aging of the City of New York; Director of the Mayor's Office of Operations; and Director of the Mayor's Office for People with Disabilities.

(h) There must be at least one member of the Planning Council from each of New York City's boroughs.

(i) The Commissioner (or his or her designated representative) shall be a voting representative on the Planning Council and the following committees: Executive, Needs Assessment, Integration of Care, Priority Setting & Resource Allocation, Finance, and Policy Committees.

(j) In the event of a vacancy, the Planning Council may within ninety (90) days after the vacancy occurs recommend to the Mayor the names of three individuals who would satisfy the relevant qualifying criteria to fill that vacancy.

§4. Prior Appointments to Planning Council Continued. Persons who are members of the Planning Council on the effective date of this Order shall continue as members of such Planning Council, with the terms of members who have been appointed to two-year terms under Executive Order No. 28, dated August 20, 2002, extended to three-year terms: (a) unless such continued membership is not authorized by this Order; and (b) for members who are subject to a three-year term, until the expiration of such

member's current three-year term or the earlier termination of such membership by resignation, removal, or other event causing a vacancy.

§5. Functions. The Planning Council shall:

(a) Perform the duties of a Planning Council as set forth in the Ryan White Act, including the following:

(1) determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who were unaware of their HIV status;

(2) determine the needs of such population, with particular attention to (i) individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services; (ii) disparities in access and services among affected subpopulations and historically underserved communities; and (iii) individuals with HIV/AIDS who do not know their HIV status;

(3) establish priorities for the allocation of funds within the New York Eligible Metropolitan Area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant based on the (i) size and demographics of the population of individuals with HIV/AIDS (as determined under paragraph one of this subsection) and the needs of such population (as determined under paragraph two of this subsection), (ii) demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available, (iii) priorities of the communities with HIV/AIDS for whom the services are intended, (iv) coordination in the provision of services to such individuals with programs for HIV prevention and for the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for such abuse, (v) availability of other governmental and non-governmental resources, including the State Medicaid plan under title XIX of the Social Security Act (42 USC §1396 *et seq*) and the State Children's Health Insurance Program under title XXI of such Act (42 USC 1397aa *et seq*) to cover health care costs of eligible individuals and families with HIV/AIDS, and (vi) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities;

(4) develop a comprehensive plan for the organization and delivery of health and support services described in section 2604 of the Ryan White Act (42 USC §300ff-14) that (i) includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize

the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds, (ii) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse), and (iii) is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS, and (iv) includes a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604 of the Ryan White Act (42 USC §300ff-14), with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities;

(5) assess the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need within the New York Eligible Metropolitan Area, and at the discretion of the Planning Council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting identified needs;

(6) participate in the development of the statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under part B of the Ryan White Act (42 USC §300ff-21);

(7) establish methods for obtaining input on community needs and priorities which may include public meetings (in accordance with section 2602(b)(7) of the Ryan White Act (42 USC §300ff-12(b)(7)), conducting focus groups, and convening ad-hoc panels; and

(8) coordinate with federal grantees that provide HIV-related services within the New York Eligible Metropolitan Area.

(b) Perform such other functions and assume such other additional responsibilities as the Mayor may from time to time propose.

§6. Quorum and Voting Requirements.

(a) A quorum of the Planning Council shall be fifty percent plus one person of the Council's membership. Once a quorum is present at any meeting, the Planning Council may proceed to transact all business.

(b) Any act, determination or decision of the Planning Council must receive a majority of the votes of those present and voting at a meeting thereon in order to be held to be the act, determination or decision of the Planning Council.

§7. Reporting Requirements. The Planning Council shall report all of its decisions and recommendations to the Mayor through the Commissioner. In addition, the Planning Council shall submit an annual report to the Mayor on the delivery of services under Part A of the Ryan White Act. Such report shall also contain the Planning Council's recommendations regarding the delivery of such services under Part A of the Ryan White Act as well as the delivery of other HIV/AIDS services needed to effect a comprehensive continuum of care for persons impacted by the HIV/AIDS epidemic.

§8. Staff. The Planning Council may recommend and shall be provided with such paid staff members as are approved by the Commissioner.

§9. Rules and Regulations. The Planning Council may adopt such bylaws and rules of procedure for the conduct of its meetings or other activities as it deems necessary to perform its functions as enumerated in this Order.

§10. Prior Executive Order Repealed. Executive Order No. 28, dated August 20, 2002 is hereby repealed.

§11. Effective Date. This Order shall take effect immediately.

Michael R. Bloomberg
Mayor