



Meeting of the
EXECUTIVE COMMITTEE
Thursday, July 28, 2016, 2:00 – 5:00PM
NYCDOHMH, 42-09 28th Street, Room 3-32, NY, NY

MINUTES

Members Participating: Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Katrina Balovlenkov, Matthew Baney, Sharen Duke, Joan Edwards, Billy Fields, Graham Harriman, Daphne Hazel, Christopher Joseph, Claire Simon, Andrea Straus, Derrick Weekes, Lisa Zullig

Members Not Participating: Randall Bruce (Consumer-at-Large), H. Daniel Castellanos, DrPH, Carrie Davis, Dan Pichinson

DOHMH Staff Present: David Klotz, Darryl Wong

WCDOH Staff Present: Julie Lehane

PHS Staff Present: Christine Nollen

Others: Joan Corbisiero (Parliamentarian), Raffi Babakamian, Annette Gaudino, Timothy Lunford, Carlos Rosario, Luis Santiago, Bryn

CLOSED SESSION – Recommended 2016-19 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 2016 Planning Council recommended new appointments. *[Please note that proceedings from the closed session are confidential and are therefore excluded from these minutes.]*

Agenda Item #1: Welcome/Introductions/Moment of Silence/Approval of Minutes

Matthew Lesieur, Community Co-Chair and *Jan Park*, Governmental Co-Chair, opened the meeting, followed by member introductions and a moment of silence led by Christopher Joseph in memory of those who have passed and those who continue in their struggle. The minutes of the May 19 and June 23, 2016 meeting were accepted as presented.

Agenda Item #2: Public Comment

Jan Park opened the public comment with a statement to the Executive Committee asking members to consider supporting the establishment of a local ADAP program (Local Pharmaceutical Assistance Program) in New York.

Annette Gaudino of Treatment Activist Group (TAG) expressed concern that while there have been pricing agreements reached with New York State and a number of pharmaceutical manufacturers of Hep C Direct-Acting Antivirals (DAAs), there is still no agreement with Gilead, the manufacturer of Sovaldi, Harvoni and Epclusa, which provide an effective cure for the widest range of genotypes. *Carlos Rosario*, Planning Council member and VOCAL organizer, expressed his support for expanded access to Hep C medications. *Luis Santiago* of ACT-UP, pointed to the need for renewed activism and urged the Committee to support the establishment of an LPAP. *Raffi Babakamian* described the mental health side effects of interferon-based anti Hep C medications and *Timothy Lunford* of ACT-UP and *Bryn Gay* of TAG implored the committee to take immediate action. A letter to the NYS ADAP Program from ACT-UP, TAG and VOCAL was read before the Committee.

Agenda Item #3: Priority Setting/Resource Allocation Committee

FY 2015 CARRY OVER PLAN

Sharen Duke presented the FY 2015 carry-over plan, which was approved by the PSRA on July 25. In December, the Council approved a preliminary carry-over request to HRSA that asks for permission to carry-over as much as 5% of the previous year's unspent funds into the current fiscal year. Now that the Grantee and Master Contractor have completed their close-out of FY 2015 spending (as will be discussed in the Finance Committee report later in the agenda), we know that the grant was underspent by only \$659,919 (0.65% of Base, 2.4% of MAI). This amount may be adjusted slightly after final reconciliations. This is money left over after all possible enhancements have been done to over-performing contracts during the previous fiscal year as per the reprogramming plan. Approval for use of carry-over usually comes in late fall (as late as December) and must be used by the end of the fiscal year, February 28, 2017, or be returned to HRSA. After extensive discussion, PSRA recommended that the FY 2015 Base carry-over be allocated to two over-performing categories (Food and Nutrition and Legal Services) and MAI carry-over (\$225,320) to ADAP to pay for medications for 110 PLWHA.

On behalf of the PSRA Committee, *Mr. Baney and Ms. Duke*, moved that the Council adopt the FY 2015 carry-over plan as presented. *Jan Park* asked if the ADAP program could be directed to use this carryover of \$659,919 to purchase Hep C DAAs. *Joan Edwards and Claire Simon*, NYSDOH, stated that further discussions with the ADAP program are necessary and that applications for ADAP enrollment are considered on a rolling basis. *Graham Harriman* reported that while the Planning Council can award additional funds to over-performing categories, there exists some latitude in the amount. Carryover funds are received in November/December and must be spent by the close of the grant year, 2/28/17. *Christopher Joseph* re-stated the increased need for housing units as a result of changes in HASA eligibility, but due to limited supply of units, PSRA voted to direct the carry-over to ADAP. Historically, ADAP has always been able to absorb these additional funds.

ACTION: *A motion was made and seconded to approve the FY2015 Carry-Over Plan, with funds allocated to Food & Nutrition, Legal Services and ADAP. The motion was approved unanimously.*

FY 2017 SERVICE CATEGORY RANKINGS

Ms. Duke reported that over the course of the year, PSRA did an extensive review of the entire portfolio, looking in depth at trends in spending, utilization, payer of last resort issues, and system-level considerations. Using this data, PSRA reviewed the all the scores on the service category ranking tool, systematically reviewing the score for every criteria. At the conclusion of this process, the only change PSRA recommended is an increase in the "Access to Care/Maintenance in Care" score for Food and Nutrition Services from 5 to 8 to reflect the importance of food, along with Housing, in linking people to medical care and maintaining them in care. Food and Nutrition Services is now tied with Housing as the 2nd highest ranked category.

ACTION: *A motion was made and seconded to adopt the FY 2017 service category rankings as presented. The motion was approved unanimously.*

FY 2017 APPLICATION SPENDING PLANS

Ms. Duke and Mr. Baney presented the FY 2017 Base and MAI application spending plans. With the expectation of level funding, PSRA has recommended, as has been done in previous years, that the FY 2017 MAI application spending plan be kept at flat funding. All increases to the FY 2017 spending request are in the Base portion of the grant. Given that President Obama has signed into law that revises the HOPWA formula, which we estimate will result in the loss of between \$7-10M over the next five years to the New York grant area. Given this and the general need for housing services, PSRA recommends requesting an increase in \$2 million for housing in FY 2017 Base funds.

There was also consensus at PSRA to not recommend an across-the-board increase, but to recommend targeted increases based on performance and utilization data in the service category fact sheets that the Committee reviewed extensively over the course of the planning cycle. PSRA has not recommended any changes in the ADAP allocation this year, but has requested a template analysis of the ADAP program for next year's PSRA work. With the remote likelihood of additional funding, PSRA has recommended an increase in three over-performing categories (Food and Nutrition - \$196,878, Transitional Care Coordination - \$505,785, Legal - \$510,944), using the average of the past three years of over-performance. The Base plan also includes an increase of \$460,407 to the Tri-County allocation. The total increase in the award that PSRA is requesting is \$3,371,024, with an overall total core/non-core breakdown of 62% core, 38% non-core, requiring a waiver of the 75% core services minimum (as has been the case for several years). *Katrina Balovlenkov* suggested that there be analysis next year of the impact of the ACA on the ADAP program.

ACTION: *A motion was made and seconded to adopt the FY 2017 Base and MAI application spending plans as presented. The motion was adopted.*

FY 2017 TRI-COUNTY APPLICATION SPENDING PLAN

Andrea Straus presented the Tri-County (TC) FY 2017 application spending plan. Based on the data from the February Community Briefing, the Needs Assessment Committee recommended that there be an increase in short-term housing assistance in the Tri-County region. This data was supported by information on waiting lists from the TC housing providers, where there are 66 people on a waiting list for Ryan White housing at one agency (with no more people being accepted onto the list). The SC estimated the cost of providing housing assistance (which can pay for rent, utilities and one-time expenses such as broker's fees) at \$10,000 per year per client. For the FY 2017 applications, the TC Steering Committee is requesting an additional \$300,000 in housing services, which will serve 20-30 more clients. This was considered an amount that could be absorbed by the TC providers. The Tri County Steering Committee also recommended incorporating upfront reduction that was made in the current year into the carrying cost of Medical Transportation. With an additional 10% for administration (\$43,627), the total additional funds requested for the TC spending plan is \$436,266.

ACTION: *A motion was made and seconded, on behalf of the TC Steering Committee, that the PC accept the Tri County 2017 spending plan as presented. The motion was adopted unanimously.*

Agenda Item #4: Community Briefing: Needs Assessment Recommendations

Mr. Park began the discussion by reviewing the three recommendations that came out of the Needs Assessment Committee (NA) half day community briefing in February of this year. All recommendations were approved; the recommendations were then sent to the Integration of Care Committee for development of service directives and then to PSRA for funding allocations.

The first recommendation, *Increasing funding for short-term housing assistance in the Tri-County region*, was addressed in the Tri-County FY 2017 spending plan which was approved earlier in the meeting.

The second, *Addressing income/finances and employment as determinants of health*, is currently being addressed by the grantee through CDC funding and includes a conference geared towards providers (for more information please refer to the Grantee Report). In response to the final recommendation (#3), *Expanding access to the new Hepatitis C DAAs*, the Needs Assessment Committee recommended creating a local pharmaceutical assistance program (LPAP) in New York State.

Mr. Joseph, Co-Chair of the Integration of Care Committee (IOC), began his discussion by stating that approximately 221 Ryan White Part A Co-infected clients in New York have ADAP only and thus have limited access to DAAs. LPAPs have been established in other jurisdictions where 1) Medicaid has not been expanded, 2) ADAP income eligibility is below Ryan White Part A guidelines, 3) ADAP has a limited formulary and 4) ADAP has a waiting list. Per *Kate Penrose* of the Research & Evaluation Unit, the DOHMH has been receiving negative RNA Hep C viral test results, showing that there was no significant difference

in cure rates among clients with public insurance (Medicare and Medicaid), private insurance or ADAP only, meaning that regardless of insurance status, those who are co-infected are effectively accessing DAAs.

Lisa Zullig, Co-Chair of IOC, reviewed the factors in support of an LPAP being established, including the high cure rate for HIV/HCV co-infected clients who access these newer DAAs; the provision of DAAs would fill a gap in the current ADAP formulary and “pave the way” for other new medications not immediately included in the formulary by establishing a mechanism to react more expeditiously to new and emerging needs.

Conversely, an LPAP would be 1) costly, due to the costs of DAAs and the burden of administrative costs/fees, impacting the administrative fees charged by ASOs, 2) subject to strict HRSA requirements regarding operational aspects of LPAPs, resulting in one year delays, at a minimum, before DAAs could be provided, 3) unable to treat all co-infected clients at once, due to drug costs, potentially resulting in a waitlist for these medications and 4) duplicative if ADAP adds DAAs to the formulary before the LPAP is established.

There was agreement between the Needs Assessment and Integration of Care Committees that improved access to HCV DAAs was worth exploring further. However, there was not agreement that an LPAP was the best model of care to address this issue. The IOC voted not to support the NA’s recommendation to establish an LPAP for two reasons: 1) there is little to no evidence to suggest that co-infected PLWHAs are being denied DAAs and 2) it is likely much more cost-effective to focus on strategies that introduce, build upon or enhance best practices for accessing HCV DAAs, including trainings on the prior authorization process, appeals to insurance companies and assistance in completing Patient Assistance Programs (PAPs) applications, as well as the availability of HCV-trained Benefit Specialists at venues where co-infected clients are receiving primary care.

In response to *Ms. Duke’s* query as to whether the Needs Assessment Committee over-reached in its role by recommending a service directive/model, as opposed to solely identifying the need for expanded DAA access, *Joan Corbisiero*, Planning Council Parliamentarian, advised that given time constraints, the Executive Committee is charged with making the final recommendation. In order to vote on both proposals, one committee’s recommendation should be put forth for approval or disapproval. Disapproval would then allow the other committee’s recommendation to be considered for approval (or disapproval).

Mr. Park noted that the Needs Assessment’s arguments in favor of establishing an LPAP are highlighted in red in the document prepared by the IOC, “Summary of IOC Discussion & Decision Regarding the Establishment of an LPAP in the NY EMA”. He then made a motion, on behalf of the Needs Assessment Committee, that an LPAP be created in order to address the need for qualified co-infected Part A clients to access Hep C DAAs. This motion was then withdrawn, given the lack of data in support of whether to move forward (or not) with this recommendation.

ACTION: ***Given the conflicting NAC and IOC recommendations on the creation of an LPAP, the Executive Committee recommended that the motion be tabled until Fall 2017. The motion was approved.***

The IOC also developed and voted in support of the Planning Council sending a letter to ADAP (included in meeting materials) recommending that negotiations with Pharma continue and that DAAs be added to the ADAP formulary.

ACTION: ***A motion was made and seconded to approve this letter to the ADAP program. The motion was approved and will be sent immediately.***

Agenda Item #5: Finance Committee

FY 2016 PLANNING COUNCIL SUPPORT BUDGET

Darryl Wong presented the FY 2016 Planning Council support budget, negotiated between the Finance Committee and the grantee and approved by the Finance Committee. The total budget is \$1,039,849 (about two-thirds of which is personnel), representing an increase from FY 2015 despite the decrease in the grant award, but due to approximately \$60,000 accruals from two open staff lines the amount requested will be approximately the same as the previous year. It was noted that several of the OTPS expenses are one-time initiatives, which include a social media needs assessment, the re-design and re-development of the Planning Council website, the Planning Council strategic thinking retreat and the Planning Council staff team building retreat). In addition, the amounts budgeted for many OTPS line items are the maximum possible projected expenditure but actual amounts will likely come in lower (e.g., staff travel, parliamentary services). *Mr. Harriman* noted that the FC discussed moving toward using a fixed percentage in future years (e.g., 1% of the overall grant award), as the grant administration must do, and working within that amount.

ACTION: *A motion was made and seconded to adopt the Planning Council FY 2016 support budget as presented. The motion was adopted unanimously.*

FY 2015 CLOSE-OUT REPORTS/ASSESSMENT OF THE ADMINISTRATIVE MECHANISM

David Klotz reported that the Finance Committee met to review the FY 2015 close-out reports. 100% of all Base, MAI and Tri-County funds were committed for the year. This was another year of record low under-spending: Base: \$382,383 (0.4%), MAI: \$225,320 (2.34%) and Tri-County: \$24 (0%)

Mr. Klotz explained that the assessment of the administrative mechanism chart summarizes the Council's legislatively mandated work to oversee the grantee's spending. The assessment summarized the following areas: 1) Executed Contracts/Renewals; 2) Procurement; 3) Subcontractor Payments; and 4) Spending. The Council must approve the assessment for the grant application. In addition, the FC reviewed the results of a 2015 contractor satisfaction survey, which is administered every two years. 96% of contractors said that Public Health Solutions' performance meets or exceeds expectations.

ACTION: *A motion was made and seconded to accept the assessment of the administrative mechanism. The motion was approved.*

Agenda Item #6: Planning Council Updates

Planning Council Chairs Report

Mr. Park reported that the newly-hired Planning Council Community Coordinator will begin in early August. Candidates are currently being interviewed for the remaining Planning Council City Research Scientist vacancy and a hire is anticipated for late Fall. In August, *Mr. Park* and *Mr. Harriman* will be attending the CAEAR coalition meeting in Washington, D.C., during which time Community Co-Chair *Matthew Lesieur* and *Mr. Park* will be meeting with Congressional representatives and staffers. It was reported that the 2016-19 Planning Council new member application process has concluded and that Mayoral appointments are expected in the Fall. However, irrespective of the status of these new appointments, the Planning Council is expected to reconvene in October. Planning is underway for the fall Planning Council Strategic Thinking Retreat.

Consumers Committee

Billy Fields and *Ms. Balovlenkov* reported that the Consumers Committee (CC) received a briefing from *Sandra Huston*, the writer of the statewide Integrated Plan. The Committee also reflected on its successes and challenges over the past year and discussed priorities for the upcoming year, including increasing consumer involvement, particularly from youth and the provision of trainings addressing trauma-informed care and transgender issues. Planning Council Committee chairs were reminded that they are always welcome to attend consumer committee meetings.

Agenda Item #7: Grantee Report

Graham Harriman reported that the NY EMA will have a number of presentations at the upcoming August Ryan White all grantees conference in Washington, including Ending the Epidemic, Emergency Management and Preparedness, Peer Navigation and Tobacco Control. In July, provider meetings were held for new Mental Health and Harm Reduction contractors on the new service models (which emphasize serving active users). The FY 2015 progress report was submitted to HRSA. Members were reminded to register for the November 9th Quality Management Conference at NYU, as well as for the Income as a Social Determinant of Health Conference on August 19th. The Grantee is developing a Hepatitis C grant application, which will include the provision of training to front-line providers on the patient assistance application (PAP) process, prior approvals, etc. in order to increase access to curative Hep C DAAs.

Agenda Item #8: Adjournment

There being no public comment or further business, the meeting was adjourned at 4:45pm.