

Seattle HIV/AIDS Planning Council

Monday, April 11, 2011 4:00 p.m.–6:30 p.m.
2100 Building: 2100 24th Avenue South

AGENDA

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|-------|--|--------------------------|
| I. | Welcome, Introductions and Announcements | 4:00 |
| II. | Meeting Agenda (2 min) <ul style="list-style-type: none">➤ Action: Review and approve | |
| III. | Minutes: (3 min) <ul style="list-style-type: none">➤ Action: Review and approve | <i>Attachment: white</i> |
| IV. | Grantee Report (Jeff) <ul style="list-style-type: none">• Some year-end information | 4:05 |
| V. | State EIP Check-In (Richard A.) <ul style="list-style-type: none">• What's the latest on State budget pressures and EIP program changes? | 4:40 |
| VI. | Membership Committee Report (Oscar, Tony) | 5:00 |
| VII. | Consumer Caucus Report (Joachim, Sergio) | 5:15 |
| VIII. | Break | 5:30 |
| IX. | Report from the Executive Committee <ul style="list-style-type: none">• Changes to Council transportation policy | 5:45 |
| X. | County Ordinance 16997 – What You Need to Know (Kelli Williams) <ul style="list-style-type: none">• This new County ordinance was created to ensure that members of King County boards and commissions comply with the state public records act. This training is a requirement of the ordinance. | 6:00 |
| XI. | Adjourn | 6:30 |

***Barrier-free location
Reasonable accommodation for persons with disabilities
available upon advance request.***

Seattle HIV/AIDS Planning Council

Minutes ☼ Monday, April 11, 2011
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bennett, Kenneth Burk, Sergio Cueva Flores, Shireesha Dhanireddy, Kate Elling, Matt Golden, Oscar Grey, Joachim Hawn, Chris Haworth, Nykia Johnson, Jake Ketchum, David Lee, Higinio Martinez, Chris Porter, Richard Prasad, Tony Radovich, Michael Raitt, James Redel, Germán Rodríguez, Ed Wilhoite, Paul Williams*

Council Members Absent: *Tim Blicht, Brian Flett, Gerrie LaQuey (emeritus), Jonas Nicotra, Christine Oyaro, Arthur Padilla, Jodie Pezzi*

Planning Council Staff Present: Jesse Chipps, Diane Ferrero, Courtney Speigner (minutes)

Public Health Staff Present: Jeff Natter

Guests: Jamie Johnson (Evergreen Health Insurance Program), Jordan Konrad, Mike Luck, Pedro Perez, Debra Wafer (Gilead), Kelli Williams (King County Executive Services)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

The group did a round of introductions and stated affiliations.

Tony reported that Gay City will be hosting a forum titled “The Magic Pill?” on April 27 at the Erickson Theater. The forum will address Pre-Exposure Prophylaxis (PrEP).

Germán announced that due to a new tax law, domestic partners are required to file taxes together in Washington State.

Chris P. announced that Representative Jim McDermott is going to try again for a universal healthcare bill in the House.

Jesse announced that Chris P. and Kenneth have been appointed by the King County Executive and can now vote.

II. Meeting Agenda

The agenda was approved as written by acclamation.

III. March Meeting Minutes

The March minutes were approved as written by acclamation.

IV. Grantee Report

Jeff reported that the Ryan White Program and the AIDS Education and Training Center (AETC) put on a HIV-related dementia training on Wednesday, April 6, 2011 to address the changing presentation of HIV-related dementia.

Jeff reported end of year data (and distributed three handouts – attached). He encouraged that group to seek data throughout the year.

Jeff went over the following points on the Case Management Client Demographics:

- These data include all clients served (includes Part A and City of Seattle funding). Of the total 3,500 clients, 2,800 are funded with Ryan White dollars.
- Women, Blacks and Latinos are overrepresented in the case management system. The majority of Asian/Pacific Islander people living with HIV (PLWH) are in case management.
- Children living with HIV go to Children's Hospital (and are not represented in these data because Children's is not funded by Ryan White). The population of people who are 60 and older is growing; this population is also experiencing more health needs related to age.
- There has been an increase in clients living in South King County. Clients outside of the Transitional Grant Area (TGA) are not funded with Part A dollars. Most clients listed under unknown place of residence are homeless. Jordan asked whether this is residence at diagnosis, and Jeff explained that it is current address.
- Jeff offered that people may want to request further data such as cross tabs of race and residence, etc.
- Medium income is about \$45,000, and 50% median is about 200% federal poverty level (FPL). The very low and low categories are eligible for Ryan White. Many listed under unknown income have zero income. Richard A. noted that 2010 FPL did not change (from 2009), and 2011 FPL increased by four or five dollars per month.
- Under other demographic indicators, the percentage of homeless clients (14%) has increased by about one third in the past five years.
- Higinio asked for the race of children living with HIV, and Jeff explained that most are Ethiopian immigrants adopted by White, high-income families that do not qualify for Ryan White.
- The County definition of homelessness includes anyone without fixed addressed at some point during the contract year. Under the 10-year Plan to End Homelessness, there has been a new move toward less transitional housing and more permanent housing. If people are moved into permanent housing without support, there is a greater chance of failure. Transitional housing is often very service-rich, with on-site support. A lot of the housing developers are now providing linkages to supportive services with other agencies (off-site services).

Jeff went over the Categorical Cost Per Client sheet and the Part A Versus Total Categorical Funding handouts:

- Categorical cost per client is all Part A expenditures divided by the number of clients. It does not reflect the total cost of the service.
- When programs apply for funds, they have to report their total program costs, so the Ryan White program only gets this information every other year.
- *Home and community-based healthcare (HCBHC)* – Part A funds are 18% of the total funding for the program. However, the total funding includes other types of services in the program. Other funding in this category includes Medicaid, private insurance, and client fees (at 30% of clients' income).
- Housing Opportunities for People With AIDS (HOPWA) funds a wide range of housing programs, including permanent housing (which cannot be funded by Ryan White). HOPWA has been allocating funds to areas based on cumulative AIDS cases; they are now moving to allocate funding based on living cases of HIV, which will likely be beneficial for Seattle.
- *Medical case management* – Other funding includes general funds from Madison Clinic and Lifelong AIDS Alliance as well as Ryan White Part C and D funds. The only duplication of clients in this category is with Jail Health clients.
- If the Ryan White program wanted information on total funding in years when there is not a request for proposal (RFP) process, they would have to directly ask the agency for the information. The total funding column only includes programs that were awarded funding.

- *Mental health services* – Other sources of funding include Part C, general funds, Medicaid and private insurance.
- *Medical nutritional therapy* – these programs are at Lifelong and Madison Clinic. Their other funds include general hospital or agency funds. Funds for these programs are dependent on County funds and fundraising, so they are not solid. The programs get a good deal on supplements, so most of the funds got to the staffing.
- *Oral health care* – the two providers are Neighborcare, and Early Intervention Program (EIP). The total funding does not reflect the total cost of dental services. Additionally, the only populations that will qualify for dental care paid for by Medicaid are pregnant women and developmentally disabled persons. The AIDS Care Access Project (ACAP), which provides dental referrals to PLWH, will be meeting with someone from the Public Health dental program to seek advice about referring people.
- *Outpatient/ambulatory medical care* – this only includes Ryan White funded programs – Madison Clinic, Country Doctor and medication management at Bailey-Boushay House. Total funding does not reflect uncompensated care. Last year, \$2.2 million was written off in charity care. These clinics cannot deny care; however, they can create waiting lists if there is not enough funding for services.
- *Psychosocial support* –BABES Network was the only funded provider. This service is no longer funded by Part A or Part D.
- *Referral* – This is ACAP. It is now only funded by Part A dollars and is housed at Public Health.
- *Substance abuse services* – this includes methadone programs (HIV positive clients jump the methadone wait list), group treatment, and substance abuse counseling in housing through Lifelong AIDS alliance. Right now, some insurance programs will allow for funding for substance use. The client co-pay for most of those programs is 40% of the cost. A lot of clients cannot pay their copays, and agencies are losing funds or clients just do not get services. Jeff is working with agencies to see if they may be able to pay for client co-pays. The cost of methadone is also very high. Kate asked what the overall cost of Methadone program is, and Jeff answered that the program spent about \$2,500 per client, but the cost is higher than that.

👉 **ACTION ITEM:** Jeff will find out the actual total cost of methadone.

- Jeff explained that to meet the Women Infants Children and Youth (WICY) requirement, Part A must show that the percentage of funds spent on each population is proportional to the numbers living with HIV in the TGA. In the TGA, 10.67% of PLWH are women; 0% are infants, less than 1% are children, and 1.7% are youth (between the ages of 13 and 24). At least 12.6% of Ryan White Part A funds must go to serve the WICY population. Last year, the percentage of funds spent was about 16%. None of the Ryan White funds are used for services for the 14 children in the TGA. Jeff must apply for a waiver and verify that the amount of funds going to serve those children equal or exceed \$9,700. Children's Hospital spent about \$300,000 serving these children. Women are defined as ages 14 – 65 (this overlaps with youth).
- Chris P. asked for the breakdown of ADAP's cost per client. Richard A. answered that about 93 – 95% of the funds spent on prescription drugs are spent on antiretroviral therapy (ART). The 92 clients listed under ADAP are only on ADAP for a period of time until they can be moved onto insurance.

Jeff again encouraged the Council to ask any questions that may come up as they read through this data and/or for any further data they would like.

V. State EIP Check-In

Richard A. reported the following items:

- *Federal budget* – The House, Senate and President have come to a compromise on the Federal budget. The Department of Health received its notice of grant in the amount of 49% of the existing amount for this year to carry forward until budget has passed. In the budget compromise, a number was agreed upon to cut, but the details have not yet been fleshed out.
- *State budget* – The House has proposed its budget; the Senate will release its budget on April 12, 2011. Then it will go to a compromise committee. There is a five billion dollar deficit for this year. The governor had proposed a \$1.78 million cut to HIV (\$1 million from prevention, and \$780,000 in care). In the House budget, the notes state that DOH will reduce administrative costs and prevention grants, and shall not reduce HIV client services. It is the intent of the legislature that the reductions to the HIV program will come from administrative costs that do not affect direct client services. If reductions to administrative costs are insufficient, prevention services will be reduced as necessary. Agencies shall not change client eligibility standards or benefit levels in the 2011-13 fiscal biennium. Richard A. explained that there is no administrative cost left to reduce, so in order to maintain the same client eligibility standards, funds would have to come from prevention.
- Richard A. distributed a handout (attached) on cost share in EIP. He explained that the tobacco user rate applies only to clients in Group 1 (Groups 2 and 3 do not have insurance). Those clients with insurance plans that charge a higher premium for tobacco use will pay a cost share of 5% of gross monthly income. The Washington State High-risk Insurance Program (WSHIP), for example, has an affidavit that clients fill out to report tobacco use. If WSHIP were to find out that someone had misrepresented their tobacco use, that client could be charged the premiums retroactively. WSHIP considers clients to be tobacco-free if they have not used tobacco in 12 months.
- There was a national meeting in Washington DC, called A Bridge for AIDS Drug Assistance Programs (ADAP) to 2014. It included client advocacy groups, major pharmaceutical companies, and about eight ADAPs. The purpose was to discuss how programs can survive until 2014, when healthcare reform is fully enacted. In 2014, people will have to purchase insurance, but they will pay copays, etc. (greater than amount than the required cost shares for EIP). Anyone with income below 133% of federal poverty level (FPL) will go onto Medicaid, whether or not they are disabled. There will no longer be high-risk pools; there will be health exchanges at which people can buy insurance policies. People above 133% up to 400% FPL can get a discount on policies. Because the system will be confusing, there will be navigators to help people navigate the system, determine subsidies and choose a plan. Healthcare reform will include changes to income determination. There will be penalties for not reporting income changes in a timely fashion. Ryan White is up for reauthorization in 2013, and they talked about ways to advocate that it be reauthorized again in 2013. The group also talked about whether case managers could become “navigators.”
- As of April 7, 2011, there are 7,900 people on waiting lists in 11 states. The bulk of those people are in Florida. States close to us with waiting lists include Idaho (10 people), Montana (22) and Wyoming (3). Jesse reported that she had looked into the most recent Ryan White expenditure reports (as of 2008). In the state of Florida, which has the largest number of people on ADAP wait lists, there are six Eligible Metropolitan Areas (EMA) and TGAs, and only one of them allocated money to ADAP.
- Kate asked what were the penalties for not reporting income changes in healthcare reform. Richard A. replied they did not say, only that it would be strict.
- David asked whether there was any discussion at the meeting in Washington DC about the price of Truvada. Richard A. explained that the change in price of Truvada will not affect ADAP. ADAPs receive discounted pricing. Also, as a member of the National Alliance of State and Territorial AIDS Directors (NASTAD), they get additional rebates.

VI. Membership Report

Tony reminded the group that the Membership Committee meets the third Tuesday of the month. He reported that at the last meeting, the group discussed what other types of providers could be added to the Council, now that the Council is no longer filling prevention slots and there is a greater percentage of unaligned consumers. The group is interested in adding other providers that serve low-income people living with HIV and discussed adding another medical provider as well as an insurance provider – Jamie Johnson (EHIP) has applied for this. Also, the group elected Oscar and Jake as Membership Committee Co-Chairs.

VII. Consumer Caucus Report

Sergio reported that the Consumer Caucus elected Co-Chairs: Joachim and Chris H. The group also decided to continue the meeting structure it piloted a few months ago – voting in the beginning of meetings and open discussion in the second half. They discussed the name Consumer Caucus (which some had previously felt it may not be a welcoming name) and agreed it would still be the best name to describe the group. The group currently meets at the Yesler Building but will not be able to do so after the summer, so is considering meeting at libraries or unfunded agencies.

The group thanked Tony and Sergio who had served as co-chairs of the Membership Committee and the Consumer Caucus, respectively.

BREAK 5:30 – 5:45

Jesse announced that Gay Pride will be in June. The Council has not had a contingent in the parade because many members have other commitments. However, Council members are invited to participate in the Public Health contingent of the parade. Public Health is looking for volunteers for the “Condom Queen.”

<Pedro Perez entered at 5:50pm>

VIII. Report from the Executive Committee

<Kelli Williams entered at 5:55pm>

James reported on the changes to the Council's travel policy. Jesse distributed a handout to the group (attached). James explained that the group had to make some changes because at the rate the Council was spending on travel support, it would spend \$4,000 this year (the budget is \$1500). The group looked at removing food from the budget, after checking in with consumers that use travel support, people agreed they would rather keep the food and reduce spending on travel support. The changes are as follows:

- Everyone who is a Council member and a PLWH is eligible to receive transportation support for all Council and committee meetings.
- Transportation support includes reimbursement for mileage at 14 cents per mile (this is the volunteer rate claimed on federal taxes) or bus fare reimbursement.
- Parking reimbursement is no longer available.
- Taxi vouchers are no longer available.

Carpooling is appreciated but cannot be forced. The group respectfully requests that only those members that need travel reimbursement request it. Members may phone in for committee meetings but not for Council and prioritization meetings.

IX. County Ordinance 16997

Kelli Williams, King County Public Records Officer, gave a presentation on King County Ordinance 16997 and Records Retention and the Public Records Act. She distributed handouts (attached). She explained that the ordinance states that all board members must be trained on public records and get a King County email addresses.

The group discussed records retention specific to the Council:

- Email communication with Co-Chairs about creating the agenda should be kept.
- Anything pertaining to how a decision was reached should be kept.
- Jesse can be the official record keeper when she has been cc'd on emails.
- Social emails and reminders about meetings may be deleted.
- Records requests may be verbal or in writing. If someone requests something that a member has a copy available, they may fulfill the request simply by giving it to them. If someone requests records that are any more complicated, the request should be forwarded to Jesse.
- Ed asked whether notes that members make to themselves must be kept. Kelli explained that if members are keeping notes to remember what they heard, this does not have to be kept. The Administrative Specialist takes the official record of the meeting, which members vote on. However if a member were taking notes that they would use to later write a report later, for example, those notes should be kept.
- Tony asked whether Council applicants' application information, as well as the Membership Committee's discussion of it, is public record, noting this sometimes may include information about chemical dependency issues, mental health issues, etc. Kelli explained that it would be public record, but parts of the record are not required to be disclosed. Applications are exempt. Personal contact information, chemical dependency and mental health status are exempt. However, it's required that the records are kept.
- Emails and other communication members may have that is not related to the Council, for example communication two case managers may have as service providers and not as Council members, does not have to be kept as Council record. Members must consider what "hat" they are wearing for each communication.

Members of the Council signed an agreement to uphold the policy.

NEXT MEETING: Monday, May 9, 2011, 4:00 – 6:30, at the **2100 Building – 2100 24th Ave. S, Seattle 98144**.