

Seattle HIV/AIDS Planning Council

Monday, August 8, 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) 📎 Attachment: white <ul style="list-style-type: none">➤ Action: Review and approve | |
| IV. | Grantee Report (Jeff) | 4:05 |
| V. | Snohomish/Island Committee Report & 2011 Service Cuts (Jonas, Ed) <ul style="list-style-type: none">➤ Action: Review and approve service cuts (Note: This committee will not meet until August 3, so materials will come via email) | 4:25 |
| VI. | 2011 Service Allocation Changes 📎 Attachments: buff & yellow <ul style="list-style-type: none">➤ Action: Review and approve service cuts; determine how to implement cuts if additional money is available, determine how to cut if additional cuts are required. | 4:45 |
| VII. | EIP Steering Committee Report (Shireesha, Jake and Richard A.) | 5:00 |
| VIII. | Break | 5:30 |
| IX. | Membership Committee Report (Oscar, Jake) <ul style="list-style-type: none">➤ Action: Vote on new member candidates Pat Migliore and Arnell Alston | 5:45 |
| X. | Consumer Caucus Report (Chris, Joachim) | 6:00 |
| XI. | Three Year Comprehensive Plan | 6:15 |
| XII. | Adjourn | 6:30 |

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

Seattle HIV/AIDS Planning Council

Minutes ☒ Monday, August 08, 2011
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Tim Blicht, Kenneth Burk, Shireesha Dhanireddy, Kate Elling, Brian Flett, Matt Golden, Oscar Grey, Joachim Hawn, Chris Haworth, Jamie Johnson, Nykia Johnson, Jake Ketchum, Gerrie LaQuey, David Lee, Higinio Martinez, Jonas Nicotra, Jodie Pezzi, Chris Porter, Richard Prasad, Germán Rodríguez, Ed Wilhoite, Paul Williams*

Persons Nominated by the Council, but not appointed by the King County Executive: George Froehle

Council Members Absent: *Amy Bennett (emeritus), Sergio Cueva Flores, Christine Oyaro, Arthur Padilla, Michael Raitt (emeritus), James Redel*

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

Public Health Staff Present: Linda Coomas, Becca Hutcheson, Jeff Natter, Joanne Stekler

Guests: Arnell Alston, Kristina Hermach (Bristol Meyers-Squibb - BMS), Jordan Konrad, Pat Migliore (BABES Network), Jenn Morton (Planning Council Intern), Pedro Pérez, Tony Radovich (Rosehedge-Multifaith), Randy Russell (Lifelong), Erick Seelbach (Health and Human Services – HHS), Debra Wafer (Gilliad Sciences)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Brian Flett announced that this would be his last Council meeting. He is leaving his job at Lifelong (on August 19) and will be working with a national consulting firm.

II. Meeting Agenda

The agenda was approved as written by acclamation.

III. June Meeting Minutes

Higinio noted that on page two, it should read, “Jeff went over more details about use of Ryan White...”

The June minutes were approved as amended by acclamation.

IV. Grantee Report

Jeff reported the following items:

- The Health Resources and Services Administration (HRSA) has still not released the 2011 Part A Award. They did release a Notice of Grant Award (NGA) that was incorrect, which they have rescinded.
- At the last meeting, Jeff reported monitoring standards. The National Association of State and Territorial AIDS Directors (NASTAD) and the Communities Advocating Emergency AIDS Relief

(CAEAR) Coalition have critiqued the standards and petitioned for them to be revised, especially since some contradicted other federal legislation. Jeff was part of a call with HRSA on which these standards were discussed. HRSA announced that they do not intend to make changes to the standards.

V. Snohomish/Island Committee (SIC) Report & 2011 Service Cuts

The committee's decrement plan was passed out at the beginning of this meeting (attached). Ed reported on the SIC:

- SIC has met twice.
- The first meeting was mainly to address organizational issues. Ann Dreyer, Brenda Newell, and Gregg Zylstra were added as committee members. The committee is doing some recruiting to possibly add one more member, depending on how many Council members are on the committee (because it is a prioritization committee, it must be two thirds Council members). Ed Wilhoite and Jonas Nicotra were elected SIC Co-Chairs.
- The committee met on August 3 to create a decrement plan. Unlike King County, Snohomish and Island Counties have only four funded services. The committee made cuts and rank ordered them as follows:
 1. Housing services – \$14,000. This was primarily because Catholic Community Services (CCS) also has a housing program.
 2. Food bank/home-delivered meals – \$15,000
 3. Mental health services – \$3,000
 4. Medical case management – \$18,000
- One member had reservations but supported the decision as a whole.

Jonas explained he felt that the process was rushed. Because some data was provided on the day of the meeting, it took part of the decision making time away from the meeting. He added he thought that the process was driven by providers, without much consumer input. Most suggestions for cuts were made by providers, and Jonas felt he did not have enough time to really think about the data, ask questions, and make suggestions or choices. He stated that while he can live with the plan, he still does not support it fully without enough time to consider all of the facts. He stated his hope that next time there will be more time to analyze all the services and information.

<Randy Russell entered at 4:20pm>

Ed clarified that the only cut that is out of order for consumer priority is Mental health. The other cuts are in order by reverse consumer priority.

MOTION: Ed moved to accept the SIC decrement plan. Tim seconded.

Discussion:

- Joachim explained that unfortunately there wasn't much time to make the decision. He stated the committee did look at the data they had and made decisions based on the data available.
- Higinio stated he thought the group made a good plan. He agreed the process was rushed and that it would have been better to have some of the information (that was given by the service provider at the meeting) in advance of the meeting to have more time consider it.
- Jesse explained that the data given in advance of the meeting included expenditures from the first four months of the contract year (that was all that had been due and submitted to the grantee at that time). Ed brought the additional data for the July expenditures on the day of the meeting. It was a difficult spot because while people wanted the additional data, it took a large portion of the meeting to review it.

✓ The motion passed with the following vote:

- In favor – 21 – Richard A., Tim, Kenneth, Shireesha, Kate, Brian, Matt, Oscar, Joachim, Chris H., Jamie, Nykia, Jake, Gerrie, David, Higinio, Jodie, Richard P., Germán, Ed and Paul.
- Opposed – 0
- Abstaining – 1 – Jonas

VI. 2011 Service Allocation Changes

Jesse explained the Prioritization and Allocation Committee created a new decrement plan on July 11, based on the (now rescinded) NGA received from HRSA. The Council will decide whether to approve that plan today.

MOTION: Gerrie moved to approve the plan as presented. Kate seconded. There was no discussion.

✓ The motion passed with the following vote:

- In favor – 21 – Richard A., Tim, Kenneth, Shireesha, Kate, Brian, Matt, Oscar, Joachim, Chris H., Jamie, Nykia, Jake, Gerrie, Jonas, Higinio, Jodie, Richard P., Germán, Ed and Paul.
- Opposed – 0
- Abstaining – 1 – David

Jesse explained that because the committee believed this was the true amount of the award, it did not determine the order in which to make the cuts. Now that the NGA has been rescinded, and the amount will likely be different than the cuts for which the committee planned, the Council must determine the order of the cuts.

MOTION: Shireesha proposed making the cuts in reverse priority order. Kate seconded.

Discussion:

- George asked whether it is possible apply the cuts determined in the plan based on the percentage of cut actually received. Shireesha noted that percentage does not take into account the data, but if a lower amount were cut, then the original decrement plan could be used.
- Jesse explained that the Council created a \$300,000 decrement plan, and the Council accepted that plan. Now, about half of the year's dollars will have been spent, making it really about a \$150,000 decrement plan.
- Shireesha proposed using the initial decrement plan for the first \$150,000 (or the amount that it covers). There was some discussion about whether the motion to approve the new plan eliminated the previous plan.
- Ed noted there was a very small cut to case management. This cut may be more easily absorbed than a cut to Mental health, for example. He proposed the group consider making the smaller percentage cuts first.

<Joanne entered at 4:40pm>

Amendment to the motion: Shireesha amended her motion to state that the original decrement plan should be used if the cut is below \$150,000. If the cut is greater, the July 11 decrement plan should be implemented in reverse priority order. Kate accepted.

Discussion:

- Paul stated he agreed with Ed's idea of making the smaller percentage cuts first.
- Nykia disagreed, and noted the reason the cuts were small was that these services were ranked very high. Making these cuts first would not honor the priority list. Paul stated that

although these services were ranked as higher priorities, it is not necessarily true that consumers would prioritize them over other categories facing extinction.

- Kate stated her understanding that some of the cuts are larger to some programs because they have other funding sources, but Jesse noted to that Referral, which was completely defunded in both plans, has no other funding source.
- Jodie noted that sometimes service categories are defunded as opposed to just cut because it would be too difficult to sustain the service on such a small amount of money.
- Ed stated he does not advocate for reworking the plan, and if the committee has already rank ordered them, he believed the group should go with the prioritization committee's order. Shireesha clarified that the committee did not rank order the cuts in the July 11 plan, but when they created the cuts, they considered the service categories in reverse priority order.
- Gerrie noted that some of the lower prioritized services were already cut in the first plan. The committee considered whether programs could be sustainable when determining whether to make larger cuts, and if not, decided to eliminate the service and not cut other programs. She stated that in light of budget cuts, we may not be able to maintain the wider continuum, but that some services could be retained and not cut too deeply. Several people agreed.
- Ed stated that the Council voted on the July 11 decrement plan and his understanding that this would mean the original decrement plan is negated. Shireesha pointed out it is possible to have separate decrement plans for separate amounts.
- Jesse asked the group if they interpreted the first vote on approving the July 11 decrement plan to mean that the plan would only be implemented if the cut was greater than the amount of the original decrement plan (as opposed to negating the original plan regardless of the amount of the plan). Several people said yes, but some said no. Those who said no were willing to live with it, but Ed expressed concern it would not be defensible because the July 11 plan was approved.
- Gerrie reminded the group that the prioritization committee committed to supporting the plan they created on July 11, and choosing to implement the original decrement plan if the cut is \$150,000 is not in full support of the July 11 plan.
- Shireesha noted that there is not a procedural issue because the prioritization committee approved the original decrement plan. She added that at the time the committee agreed to defend the plan it believed that was the final award. However, she agreed to rescind her amendment.

Amendment to the motion: Shireesha rescinded her previous amendment. Kate accepted. The motion now on the floor is to implement the new decrement plan in reverse priority order (for a cut of any size).

Discussion:

- For the first two cuts, the plan was to eliminate the entire category. If there were a small amount of additional funds left in Medical nutrition therapy after the 64,000 cut, the program would continue for a short amount of time longer.
- Gerrie noted that the Council is faced with making its best guess. The Council could spend a lot of energy of reworking this plan and still not know for sure.
- George asked whether the pharmaceutical companies and insurance plans had been asked to give a reduction in rates. He noted that the Council puts its second largest amount of money into an industry that has the most profits of any other company in the country, and several people agreed. Richard explained that EIP gets significant discounts for medications already through participation in the NASTAD. He added that insurance companies are assessed a fee to pay for insurance policies in Washington State High-risk Insurance Pool (WSHIP).
- George expressed concern that the first service to be cut would be hit the hardest and proposed that smaller cuts could be spread across the continuum.
- Jesse explained that the Council does make phased decrement plans. If the Council really wants to do that they would need to send it back to the prioritization committee. The

committee's plan would then have to go back to the Council for approval, and then Jeff would need to give agencies 30 day notice for change of contract. The later the process goes, the fewer funds there are from which to cut.

- Jonas stated that he heard Jeff say that the Council should not eliminate categories because they would be difficult to reinstate. Jeff clarified that his intention was to say that if the Council cuts a small amount of funds from a category, it is possible that the remaining funds would be insufficient to continue to run the program. For example, even if the Council takes a smaller amount from Medical nutritional therapy, the program may still have to be eliminated.
- Randy Russell introduced himself as the new Chief Executive Officer of Lifelong. He stated that it is clear that the prioritization already conducted a lengthy process. He suggested the Council use a percentage model to prorate the cut; if a program had insufficient funds to continue, the turned back funds could be reallocated.
- Tony reminded the group that while priorities are important, the group must also think about gaps. Oral health care was the top consumer gap; it was cut severely in the original plan but not in either decrement plan.
- Ed stated that a proration is something that the prioritization would have already considered. The conversation has already been had, and the Council should not make that decision today.

<Chris P entered at 5:10pm>

- Kenneth stated he favored the proration idea. There may be some decisions the grantee will have to make, and it would be better to have the proration as a guide. Jeff explained that making the cuts by proration would be difficult. For example, prorating a cut to Referral may leave \$3,000. That program would then have to turn back the funds. If Jeff were to reallocate them, he would have to make new contract amendments.
- Jesse reminded the Council of its role. Jeff's job is to decide which agencies are funded. It is the Council's work is to decide how much funds to allocate to each service category, and the Council cannot abdicate its responsibility. Jesse noted the prioritization committee went through a 30 hour process to make this plan. If the Council is going to change it, it needs to have a solid plan.
- Gerrie added that the Council determines allocations for service categories; it has no say in the amount of funds allocated to an agency and should not think in terms of whether an agency can use the funds.

☑ The motion (to implement cuts in the July 11 decrement plan in reverse priority order, regardless of the size of the final award) passed with the following vote:

- In favor – 21 – Richard A., Tim, Kenneth, Shireesha, Kate, Chris P., Matt, Oscar, Joachim, Chris H., Jamie, Nykia, Jake, Gerrie, David, Jonas, Jodie, Richard P., Germán, Ed and Paul.
- Opposed – 2 – Higinio and Brian
- Abstaining – 0

BREAK – 5:15 – 5:30

Joachim noted he had seen business cards handed out on the break of the meeting and cautioned the group against participating in any lobbying.

VII. Early Intervention Program (EIP) Steering Committee Report

Shireesha reported the following items:

- The EIP steering committee met last week.
- Jake was officially elected onto the committee.
- EIP has had a backlog of applications. They are currently catching up on them. The program needs to know how many clients are on the program so they can get a better sense of how

the cost saving measures have taken effect. So far, it appears that expenditures have been flat.

- Washington currently does not have waitlist, but there are 13 states that do.
- Last year there was AIDS Drug Assistance Program (ADAP) emergency funding available for states implementing cost saving measures, and Washington was awarded \$200,000. This year Richard applied and asked for \$2 million.
- EIP has been checking to see that people who say they are in Group 1 are really in Group 1 (picking up their anti-retroviral [ARV] prescriptions). About 50 people were moved into Group 2. The requirements will be more restrictive now. Clients on Group 1 must pick up two months worth of ARVs in one quarter.
- Currently there is not a person who represents Medicaid on the steering committee, so the group is looking into this for discussions of an 1115 waiver. This should be a representative from Healthcare Authority.
- There was a Medical Monitoring Project (MMP) presentation at the meeting, and the major finding was that housing and substance abuse services did not affect adherence or viral load.
- There are some new Hepatitis C medications, which are currently being studied for people living with HIV (PLWH). They cost between \$50,000 and \$60,000, so they will not be added to EIP formulary. There was a discussion of whether to take the old Hepatitis C medications off the formulary, but the committee decided to keep them.
- The committee also decided to add the following items to the formulary:
 - Herpes eye drops
 - Rilpivirine – a newly approved ARV, which is in the same class as Sustiva and Efavirinz.

Jake added the following items:

- Some consumers were paying their own co-pays for prescriptions. This does more harm than good because EIP gets rebates for drugs when they pay the co-pay.
- The EIP steering committee did not come to consensus about starting a waitlist. Richard A. has said that the program can likely make it through the year with no waitlist.
- Jake stated the Council should address the Medicaid 1115 waiver and consider determining its position on the issue. There was not consensus on this issue at the EIP steering committee meeting. Kenneth stated that he thought that the Council had decided to urge the Healthcare Authority to apply for the waiver. Jesse clarified that the Council had said that they would like to get more information on the waiver; the Consumer Caucus has expressed some interest in supporting the waiver.

VIII. Membership Committee Report

Jake reported the committee did not meet in July. At the June meeting, the committee interviewed two candidates, Pat Migliore and Arnell Alson, both of which they recommend for Council membership:

- Arnell introduced himself. Arnell noted that agencies do not seem focused on the needs of PLWH who are just maintaining their lives. He stated his concern that PLWH are always kept at the door of being homeless. He added he feels conflicted but is glad to be participating in the Council and looks forward to learning a lot. He is an unaligned consumer.
- Pat introduced herself. She stated she is excited to be considered for the Council. She has been in the community for many years and wants to bring her voice and experience working with women and families to the table. She would serve as a Women, Infants, Children and Youth (WICY) representative.

MOTION: Jake moved to nominate Pat Migliore for Planning Council membership. Jodie seconded. There was no discussion.

☑ The motion passed unanimously with the following members in favor: Richard A., Tim, Kenneth, Shireesha, Kate, Higinio, Matt, Oscar, Joachim, Chris H., Jamie, Nykia, Jake, Gerrie, David, Jonas, Jodie, Richard P., Germán, Brian, Chris P., Ed, and Paul.

MOTION: Jake moved to nominate Arnell Alston for Planning Council membership. Paul seconded.

Discussion:

- Nykia asked whether Arnell intended to say he was conflicted about participating in the Council or is committed to joining now. Arnell clarified he does want to join the Council now and that his conflicted feelings are around his experience with services.
- Chris P. stated that it seemed like Arnell has rich and emotionally charged incentives for participating in the Council. Arnell stated he is willing to work and to learn. He added that in any role, one brings personal beliefs and emotion.
- Joachim noted that unaligned consumers bring both their ability to interpret data concerning the needs of the greater population of PLWH as well as their personal experiences and beliefs.
- Kate noted that Arnell is coming from out of state and asked whether he is coming to the Council with an open mind and a focus on the services in the Seattle Transitional Grant Area (TGA). Arnell stated he is very open minded and takes time to think about decisions. Kate asked whether he is able to make decisions in the moment, because this is sometimes required on the Council. Arnell stated that is used to having to make decisions in the moment and live with those decisions. He added that he hopes to make good decisions based on data at the Council.
- Jesse added that Arnell's references were all positive and confirmed he has a lot of experience working in groups and works well with others.

☑ The motion passed with the following vote:

- In favor – 21 – Richard A., Tim, Kenneth, Shireesha, Kate, Higinio, Matt, Oscar, Joachim, Chris H., Jamie, Nykia, Jake, Gerrie, David, Jonas, Jodie, Richard P., Germán, Brian and Paul.
- Opposed – 2 – Chris P. and Ed
- Abstaining – 0

Gerrie announced that her tenure as Part D Grantee is ending and this would be her last Council meeting. She announced that the Washington State Department of Health (DOH) has received the NGA for Part D for full funding. She stated to the group that while part of the job of Council members is to bring the voice of the constituency they represent, it is also their job to sit and listen to others' positions. At the end of the day, the real job is to see the larger picture and each do the best they can to be the voice of reason.

<David left at 5:55pm>

IX. Consumer Caucus Report

Chris H. reported the following items:

- The Consumer Caucus voted to approve Kenneth Burk as Co-Chair.
- The group will continue to meet in the Chinook Building.
- The group spent most of the meeting discussing the two decrement plans.

X. Three Year Comprehensive Plan

Jesse explained that guidance has just been released for the comprehensive plan, and the plan is due in May 2012. The Council has created this plan by different means in the past, which have included: a dedicated committee creating the plan and having the full Council set goals and had staff do the rest of the work. The guidance asks you to say where you have been as a TGA and where you are going. It should include the overall goals for the TGA for the next three years. These goals can be work the Council already does or new goals. Last time, the plan mainly focused on core services.

Tony asked about the cooperative agreement, and the group agreed to finish discussion on the comprehensive plan and address the cooperative agreement afterward.

MOTION: Gerrie moved to have the Executive Committee work on the Comprehensive Plan and then bring this to the Council for final approval. Kate seconded.

Discussion:

- Chris P. asked if the plan *typically* changes dramatically and if it *should* change dramatically from the last plan. Gerrie stated that historically, the comprehensive plan is general enough that it touches on some of the changes but not really specific; it is an outline of values and goals. Jesse noted the Council could choose to have it be more focused on changes in healthcare reform, etc.
- Chris H. asked how the most recent plan was created. Jesse stated the Council used the second half of three meetings to discuss goals, and she wrote the rest of the text.
- Richard A. asked whether this plan has always been just around care (and not prevention) and Jesse answered it had.
- Matt stated that at the Executive Committee meeting, the group discussed whether the plan should include some new objectives, specifically an advocacy role around what Ryan White will look like in the future. He stated that one option would be to have the Executive Committee come up with some general goals and have the Council discuss these goals.
- Erick Seelbach stated that likely more attention will be focused on these comprehensive plans because of healthcare reform and the National AIDS Strategy. An important piece of this would be care as prevention. This should not be a boiler plate plan.
- Randy Russell stated that it is important to address the Centers for Disease Control's (CDC) social determinants of health, the National AIDS strategy, and healthcare reform. He noted that by the time the end of the scope of the plan, there may no longer be Ryan White funding.
- Jeff stated that the Council should expect the project officer to read this plan. This plan should be a guiding document. Jeff has to report back to HRSA on the Council's progress on the plan, so the Council should be holding itself accountable to it.
- Gerrie clarified that her motion was not intended to create a boiler plate plan. She noted that doing that work is very difficult in such a large group, so the idea was to have the Executive Committee do the first pass, and then Council would then look at it.
- Chris P. stated that the Council needs to take the time to create a plan to which it can hold itself accountable.
- Jesse reminded the group that any Planning Council member can attend and vote at any Executive Committee meeting – on the fourth Monday of the month, 4:00 – 5:30, at the Chinook Building, Room 126 – 401 5th Ave., Seattle 98104.

☑ The motion passed with the following vote:

- In favor – 21 – Richard A., Tim, Kenneth, Shireesha, Kate, Higinio, Matt, Oscar, Chris H., Jamie, Nykia, Jake, Gerrie, Jonas, Jodie, Richard P., Germán, Brian, Chris P., Ed, and Paul.
- Opposed – 1 – Joachim
- Abstaining – 0

<Ed left at 6:10pm>

XI. Cooperative agreement between Public Health and the Council

Jesse reported:

- At the meeting Cooperative Agreement meeting, Matt, Jeff, Gary Johnson and Frank Chaffee representing Public Health; Sergio, Jake, Arthur, and James representing the Council.
- Most of the proposed changes were approved. There was not much opposition among the group.
- As of 2009, federal legislation no longer requires TGAs to have Planning Councils. There was discussion around language to justify why the Council exists.
- There continues to be a local Public Health representative on the Council, and that person will be appointed by Public Health. The position can be filled for an ongoing period of time. The Council may want to have a similar arrangement for other positions, such as Part B representatives; this will be addressed when the Council revises its bylaws.

Jesse noted that sometimes drug company representatives offer things such as taking members out to lunch; she reminded the group that this is a conflict of interest.

NEXT MEETING: Monday, September 12, 2011, 4:00 – 6:30 at the **2100 Building – 2100 24th Ave. S, Seattle 98144**