



Seattle HIV/AIDS Planning Council

Monday, February 14, 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 |  Attachment: white |
| IV. | Board of Ethics Annual Forms <ul style="list-style-type: none">➤ Action: Fill out annual Ethics forms | 4:07 |
| V. | Care Promotion Project (Julie Dombrowski) | 4:15 |
| VI. | Prevention Issues Check-In <ul style="list-style-type: none">• Report from the Executive Committee meeting with Karen Hartfield | 4:45 |
| VII. | Break | 5:15 |
| VIII. | Snohomish/Island Committee Check-In <ul style="list-style-type: none">• Report from the Executive Committee on duties & membership |  Attachment: yellow
5:30 |
| IX. | Membership Committee Report (Oscar, Tony) | 5:45 |
| X. | Consumer Caucus Report (Joachim, Sergio) | 5:55 |
| XI. | State EIP Check-In (Richard A.) <ul style="list-style-type: none">• What's the latest on State budget pressures and EIP program changes? | 6:05 |
| XII. | Three-Year Comprehensive Plan and Statewide Coordinated Statement | 6:15 |
| XIII. | Adjourn | 6:30 |

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

Seattle HIV/AIDS Planning Council

Minutes ☞ Monday, February 14, 2011

4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bennett, Tim Blicht, Sergio Cueva Flores, Shireesha Dhanireddy, Kate Elling, Brian Flett, Oscar Grey, Jake Ketchum, Higinio Martinez, Marcos Martinez, Jonas Nicotra, Arthur Padilla, Richard Prasad, Tony Radovich, Michael Raitt, James Redel, Germán Rodríguez, Ed Wilhoite*

Persons Nominated by the Council, but not appointed by the King County Executive Absent:
Kenneth Burk, Chris Porter

Council Members Absent: *Matt Golden, Joachim Hawn, Chris Haworth, Nykia Johnson, Gerrie LaQuey (emeritus), David Lee, Christine Oyaro, Jodie Pezzi, Paul Williams*

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

Public Health Staff Present: Julie Dombrowski, Mark Fleming, Karen Hartfield

Guests: Vanessa Barone (UW Public Health, intern with the Planning Council), Shayne Glessing-Karzmar, Ian Meyer, Faye Zeigeweid (UW Public Health, intern with the Planning Council)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

The group did a round of introductions and stated affiliations.

II. Meeting Agenda

Jesse announced that Jeff Natter would not be able to attend and there would not be a grantee report.

Jesse announced that the Council will hold co-chair elections at the next meeting. In the past, there have been four co-chairs (two prevention and two care). However, the Council will likely not elect Prevention Co-Chairs because the Council no longer does prevention planning. The group will elect two Co-Chairs: Care Community Co-Chair (currently Arthur Padilla) and Care PLWH Co-Chair (currently James Redel). Arthur does not intend to run again. Matt Golden has expressed interest in running for this position. James is interested in continuing as Care PLWH Co-Chair. Jesse encouraged anyone interested in running to let her know before the meeting, although nominations can be made on the day of the election.

Marcos requested further clarification on changes to Part D funding. The group agreed to table the Comprehensive Plan item and add an agenda item to address changes in Part D funding.

☑ *The agenda was approved as amended by acclamation.*

Germán announced that the Department of Social and Human Services (DSHS) services will now be divided into three regions: Region 1 – Eastern Washington; Region 2 – from King County to the Canadian border; Region 3 - Pierce County to the Oregon border, and the peninsula. This change will result in clients possibly not getting the same worker each time they call for assistance.

III. January Meeting Minutes

☑ *The January minutes were approved as written by acclamation.*

IV. Board of Ethics Annual Forms

<Arthur, Brian, Karen Hartfield entered at 4:10pm>

Jesse explained the method of filling out the annual ethics form, and everyone present filled out his/her form and turned it in.

V. Care Promotion Project

<Jonas entered at 4:15pm>

Julie Dombrowski presented on the Care Promotion Program (slides attached). Mark Fleming will be conducting the interviews for the program. He introduced himself and spoke some about his background and experience doing the initial interviews.

<Ian Meyer entered at 4:35pm>

After the presentation, the following questions were discussed:

- Tony stated that it seems like the program involves forming some relationship with PLWH. He asked whether this is a one time call or if there is more follow up. Julie explained that the program is meant to be an opportunity to discuss treatment outside of a case manager or doctor. Mark explained that the interview is done in one sitting, and at the interview they determine a time for one follow up. He added he does give people his card if they need a referral in the future, but that it is not intensive counseling and not case management.
- Tony asked what reasons the initial interviewees gave for not being on antiretroviral therapy (ART). Mark explained there were no clear trends so far because so few people have been interviewed. Some people did not have a case manager; some had not had a conversation with their doctor in awhile; some felt their doctor does not have time; some get flustered during appointments and do not want to talk to their doctor or case manager.
- For those PLWH not in care at all, the priority will be to connect them with care. Most of the people interviewed would be defined as "in care" but it may not be an ideal level of care. It was clarified that PLWH will be identified through the HIV/AIDS Reporting System (HARS) database, and this includes contact information.
- Richard A. noted that a program in Tacoma follows up with people who test positive on whether they establish care. Julie explained that in King County 93% of those who test positive do link to care for a first visit; however the concern is the much lower percentage of second visits.
- Julie clarified that the program will contact a closed pool of people. Later on, the program may address newly diagnosed PLWH. They have submitted an application to the National Institute of Health (NIH) to conduct an evaluation of the program.
- Marcos asked whether Julie would see a role for community-based organizations (CBO) in this program. Julie explained that Lifelong case managers are already working with the program, and Evergreen AIDS Foundation will be conducting the intervention in Snohomish County.
- The program will not contact incarcerated PLWH.
- The primary data outcome of this program will be undetectable viral loads. However, the program will still track reported barriers to care, referrals, etc. This information will be shared in aggregate with the Planning Council.
- Tony expressed concern that the information gathered will not directly help consumers. Julie explained that the goal is to make sure consumers are informed about ART, and the program will make referrals to care where needed. Additionally, the information gathered will be shared for planning. Julie invited Planning Council members to make comments and suggestions about the project.

- Tony also noted that in the past the Council has been told that the number of PLWH not in care is low in the area. He pointed out that the Council decided not to do a Consumer Awareness Project because of the low numbers of people not in care. The NOTICE project showed that a very low number of people are out of care. Julie explained that by the definition of “in care” for NOTICE, it’s true the numbers are low. The Care Promotion Program will contact around 1,000 PLWH who have viral loads above 1,000 and CD4 below 500. Some of them will be not in care at all, and these folks will be referred to services. Many will not be in optimal care. Shireesha explained for example that someone may be going to the doctor only for acute issues and not addressing viral load.
- Kate suggested that information from this intervention be compiled in some format to be shared with newly diagnosed PLWH.

VI. Prevention Issues Check-in

<Shayne Glessing-Karzmar entered at 4:55pm>

Marcos explained that at the previous Planning Council meeting the group discussed community input for prevention planning, and the Council passed a motion for the Executive Committee to discuss the issue and create a letter to Public Health. The Executive committee met with Karen Hartfield who explained that the community input committee would likely be an ad hoc committee that might include some Planning Council members, but also a range of other representatives from target populations, service providers, academics. The group would be facilitated by Public Health. The group would provide the Department of Health (DOH) with some meaningful input to the statewide planning process, but DOH has not yet clarified what the input process will look like. The Executive Committee determined that the community input group would not be a committee of the Planning Council.

Karen added that because there is no guidance yet from DOH on the community input, she will not yet develop a group and process. Some Planning Council members may participate. Karen will come to the Planning Council meeting at least quarterly to give updates, ask for input, etc. Public Health will conduct a prevention request for proposals (RFP) process in June of 2012, so the community input process will be well underway by that time.

Jesse noted that many Council members have expressed that the connection between care and prevention is important. She emphasized that the Council will still communicate with prevention staff. Public Health is revising its strategic prevention plan, which will include linkage to care. There will be more integration of prevention and care, and Public Health will need input from the Council.

BREAK 5:05 – 5:20

Ed announced he is a co-chair of the New Planning Group (NPG) – the state prevention planning body. The NPG is currently reviewing applications for membership. He stated that the NPG is aware of the link between care and prevention, and membership will reflect that. NPG membership will be finalized in March.

VI. Snohomish/Island Committee Check in

Jesse went over the document on the committee for Snohomish and Island Counties (attached). She explained that the expectation of the Executive Committee is that the five Snohomish/Island representatives on the Council would participate in this committee. The number of non-Council members who may participate in the committee as active voting members will be determined by the total number of Council members who serve on the committee. The committee must be two thirds Council members. Those Council members on the committee would act as a steering committee, and at the first meeting, they would determine other people for membership of the committee. The data will not be available for the Snohomish/Island allocation process until the fall.

✓ Ed, Jonas and Tim agreed to participate as Snohomish/Island representatives. Jake, James and Higinio also volunteered. Jesse will send out an email to the rest of the Council not present at the meeting, asking for more volunteers.

Shayne thanked the Council for its ability to compromise and come to a decision on this committee.

VII. Membership

Tony reported the Membership Committee cancelled its meeting this month because there was not pressing business. The committee meeting time has changed to the third Tuesday of each month (still 1:30 – 3:30pm). The Council is still in need for African American male consumers.

VIII. Consumer Caucus

Jake reported that the last Consumer Caucus meeting had great attendance. The group adopted rules of conduct, planned an outreach meeting at BABES, and had a report on the AIDS Advocacy Taskforce (AATF) training. The AATF invited members of the Consumer Caucus to participate in a day of advocacy in Olympia on March 3.

IX. State Early Intervention Program (EIP) check in

Richard A. distributed a document (attached) explaining changes and potential cuts to EIP. He went through the information and the following questions were addressed:

- State and federal awards will not be known until April. The federal budget for this year has not been passed. It is a continuing resolution that ends March 3. If Congress passes the president's proposed budget, there is an additional \$60 million for ADAP across the country. The president released this budget this morning for 2012 which includes an additional \$80 million for ADAP. However, the Republican controlled House has discussed cutting programs by 5%.
- Richard A. noted that some have mentioned that starting a waiting list may bring attention and funds to the program. EIP is doing everything to avoid a waiting list because of the impact on the individuals on that list.
- The program plans to create a data matrix to show viral load and CD4 counts for each of the client groups.
- In response to a question Matt had submitted before the meeting, Richard A. explained that EIP will track (ART) usage quarterly. In April, DOH will look at prescriptions filled for ART. Clients will fill out new forms when their situation changes. Clients not on ART (in Group 2) will have access to psych medications. EIP will not cover mental health services.
- There will be conference calls to address client questions and concerns. Evergreen AIDS Foundation is hosting a call on February 15, and Lifelong is hosting a call on February 16.
- The nature of the waitlist, if it were instated, would be decided at the EIP steering committee. One state is prioritizing its waitlist by medical measures. Waitlists in other states have not been in place for very long, and they have not likely had a chance to study outcomes.
- The Washington State High Risk Insurance Pool (WSHIP) requires clients to have been tobacco free for 12 months in order to not incur a surcharge. If a client quits use of tobacco, they may fill out an affidavit, after they have been tobacco free for 12 months. WSHIP charges an additional \$200 - \$300 per month for clients that use tobacco. EIP pays this "smoker rate" for WSHIP clients. As of April 1, EIP is considering charging clients \$50 to offset this cost.
- There are between 6,000 and 7,000 PLWH on waitlists for ADAP throughout the country.
- The idea of contracting with a single lab or pharmacy is that EIP then could then negotiate for lower costs – this could be a chain pharmacy or a mail-order pharmacy. Richard A. explained that the list of ideas under "next steps" are just *possible* changes.

- Michael noted that Group 2 includes cervical cancer screening and asked whether it would also include anal cancer screening. Shireesha explained that anal cancer screening is not covered because it is not recommended as strongly. Some experts consider anal cancer screening important, but there is no data to show improvement of outcomes.
- The form clients fill out to indicate whether they are on ART is now part of the annual application. Those clients renewing in January, February and March will not be *required* to fill it out again (although EIP would like to have it filled out). Anyone renewing after April 1 will be required to fill out the form or the application will be incomplete.
- EIP does not encourage clients to send applications overnight mail because EIP can accept faxed applications. Faxed or overnighted applications will not automatically be put to the top of the list; however a client may call their Client Services Representative (CSR) so that their application will be processed more quickly. CSRs are currently processing applications from January.
- It was clarified that the doctors sign the ART forms.

X. Part D changes

Marcos stated he asked for this to be put on the agenda because of concern over the decision to defund Psychosocial support. He expressed concern that BABES Network would be completely defunded (noting that the Planning Council defunded Psychosocial support for Part A).

Richard A. explained that the current grantee, Public Health - Seattle & King County (PHSKC), decided not to reapply for the Part D grant. DOH will apply for the grant. The current grantee made a recommendation to defund Psychosocial support based on Health Resources and Services Administration (HRSA) guidance. The current grantee also suggested funding Outpatient/ambulatory care and Medical case management. DOH looked at the needs assessment data and determined it supported these recommendations (Outpatient/ambulatory care and Medical case management are the second and third priorities). Richard added that the guidance for the grant was released last week, and the grant will be due on March 11, which gives very little turnaround time, and DOH is quickly putting together information. The guidance in the grant application says that states need to look at the current status of the AIDS Drug Assistance Program (ADAP), and funding should be designated to ADAP if there is need. Additionally, the guidance states that applicants should be in line with the national strategy to identify people out of care and get them into care.

The Part D consortium was not convened and consulted on this decision. Gerrie LaQuey is the Part D Representative on the Planning Council.

Kate asked whether the funding would go to women, and Richard stated the funds would serve women on ADAP (63 that would potentially otherwise be on a waiting list would be given priority).

The meeting adjourned at 6:05pm.

NEXT MEETING: Monday, March 14, 2011, 4:00 – 6:30pm at the **2100 Building – 2100 24th Ave. S, Seattle 98144.**