

# Seattle HIV/AIDS Planning Council

Monday, January 12<sup>th</sup>, 2009-- 4:00 p.m.–6:30 p.m.  
2100 Building – 2100 24<sup>th</sup> Avenue South

## AGENDA

- |       |  |             |
|-------|--|-------------|
| I.    | <b>Welcome, Introductions &amp; Announcements</b>  | <b>4:00</b> |
| II.   | <b>Meeting Agenda</b> (2 min)<br>➤ <b>Action:</b> Review and Approve   |             |
| III.  | <b>Minutes:</b> (3 min) <span style="float: right;">📎 Attachment: white</span><br>➤ <b>Action:</b> Review and Approve  |             |
| IV.   | <b>Grantee Reports</b> (Jeff & Barb)   | <b>4:05</b> |
| V.    | <b>Care Increment/Decrement Plan for 2009</b> (Tony, Higinio) <span style="float: right;">📎 Attachment: yellow</span><br>•Review of work accomplished on December 15, 2008<br>➤ <b>Action:</b> Vote on Increment/Decrement Plan  | <b>4:20</b> |
| VI.   | <b>State Budget and EIP Report</b> (Richard, Shireesha, Ron)   | <b>4:35</b> |
| VII.  | <b>Comprehensive Care Needs Assessment</b> (Jesse)<br>➤ <b>Action:</b> Recruit members for the Workgroup   | <b>4:45</b> |
| VIII. | <b>Committee Reports &amp; Other Brief Reports</b><br>•Prevention Prioritization, meeting #1 (Erick, Bob)<br>•AACT (Ron, Higinio)<br>•Membership (Gerrie, Jodie)<br>➤ <b>Action:</b> Vote on new member candidate(s)<br>•Administrative Mechanism of the Grantee assessment (Jesse)<br>•Work to date on Substance Abuse Prevention assessment (Jesse)        | <b>4:50</b> |
| IX.   | <b>Break</b>   | <b>5:15</b> |
| X.    | <b>Prioritization of Cuts to the Early Intervention Program</b> <span style="float: right;">📎 Attachment: green</span><br>•The EIP Steering Committee will be prioritizing potential cuts in February<br>•The Council is prioritizing these in order to direct the input of its representatives (Ron & Shireesha)<br>➤ <b>Action:</b> Prioritize cuts to EIP | <b>5:30</b> |
| XI.   | <b>Other Business/Next Meeting</b>   | <b>6:25</b> |

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

# Seattle HIV/AIDS Planning Council

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**Minutes** ☼ January 12, 2009

4:00pm - 6:30pm

**2100 24<sup>th</sup> Avenue South Seattle, WA 98144**

**Council Members Present:** *Richard Aleshire, Amy Bauer, Shireesha Dhanireddy, Philip Doles, Brandie Flood, Joseph Grant, Bill Hall, Sarah Kent, Kieu-Anh King, Higinio Martinez, Ruth Njoroge, Kris Nyrop, Ron Padgett, Arthur Padilla, Kevin Patz, Jodie Pezzi, Tony Radovich, Michael Raitt, James Redel, Germán Rodríguez, Pam Ryan, Erick Seelbach*

**Council Members Absent:** *Charlie Curvin, Kate Elling, Melinda Giovengo, Gerrie LaQuey, David Lee, Marcos Martinez, Eric Miles, Bob Wood*

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

**Public Health Staff Present:** Jeff Natter, Barb Gamble, Joshua O'Neal, Diane Ferrero

**Guests:** Ryan Ceurvorst, Randi Shepler, Michelle Desmond, Sergio Cueva Flores

*Italics denote Planning Council Membership.*

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## **I. Welcome, Introductions and Announcements**

Erick announced that February 18 is AIDS Action Awareness Day in Olympia. For more information, look on the Lifelong website, Facebook, or Myspace.

Higinio announced he would leave early.

Jesse announced Marcos, Gerrie and David would not be attending.

The group went around the room and introduced themselves.

## **II. Meeting Agenda**

*The agenda was approved as written by acclamation.*

## **III. December 2008 Meeting Minutes**

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## **IV. Grantee Reports**

### Prevention

Barb reported prevention planning staff is mainly working on things for Prevention Prioritization. Barb is participating in the Interventions Committee, the Steering committee, and preparing data summaries for the prioritization process.

### Care

Jeff reported that Medical Case Management programs funded by MAI dollars in 2007 exceed all goals for the Latino population and met or exceeded all goals for the African American population.

Jeff reported that Seattle is one of 8 TGAs and EMAs to be selected for a new project called Consumer LINC. The project is designed so that consumers help link other consumers who are not in care into care. The program begins in March and requires a consumer representative. Jeff passed out an information sheet on the project and explained that an ideal consumer representative would be passionate about the issue of access to care and comfortable reading strategic documents, policy information, etc. The consumer representative will attend a one and a half day training (at another city participating in the program).

***✓ Tony agreed to be the consumer representative for Consumer LINC.***

Jeff passed out the 2009 Ryan White funding recommendations. Twenty three proposals were received, but none for psychosocial support by the deadline, so there was a rebid in that category. Allocation panels met for all categories but psychosocial support in early December and then for the psychosocial support rebid in late December. The funding recommendations have been approved by the Director's office. The Council's work is to assure the grantee's work was in line with the plan, and not to address the amounts of individual awards. Jeff made the following clarifications about the funding recommendations:

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- Substance Abuse Services
  - The category was under-requested, and the remaining \$5,800 will not be rebid because it is too small an amount. The proposed Increment-Decrement Plan states that if there is an increment, the \$5,800 will go into the increment, which will go to ADAP, and if there's a decrement, the first \$5,800 will come from Substance Abuse Services.
  - Methadone maintenance – In the past, there have been other monies to fund this program, but they have many times had to use the Ryan White funds as well. There is no guarantee of access to other monies. In the case that the program does receive other funding, and Ryan White monies are unused, they will be returned and reallocated.

***✓ The Council approved the funding recommendations by acclamation.***

Jesse passed out the completed Comprehensive Care Plan and thanked Arthur, Sarah, Courtney, and Jeff for their contributions. She noted the Council will do a quarterly check in to ensure they are following the plan. Page 4 is currently blank and will be a letter of concurrence. The letter was originally going to come from the King County Executive, but will now come from the Director of Public Health or the Manager of the Prevention Division as the designee of the Executive.

## **V. Care Increment/Decrement Plan for 2009**

Tony explained a group had created a Care Services Increment/Decrement Plan at a \$200,000 increment level and at \$250,000 and \$400,000 decrement levels. He noted the process was extremely painful. He explained that the cuts were based on the data.

Jesse noted some key provisions from the plan:

- ADAP was of particular concern in the process. An increment of any amount will go to ADAP.
- The group made cuts to support services first (starting with the lowest prioritized service), followed by core services and maintained at least 75% for core services.
- The group discussed the possibility of implementing the decrement plan (even if there is level funding) to put more money into ADAP.

- MAI funds (which have gone solely to Medical Case Management in the past) will be awarded in part to ADAP, due to some underperformance in Medical Case Management. These funds will be attributed to minority populations in ADAP.
- Giving extra money to ADAP does not upset the 75%/25% core service/support services ratio because ADAP is a core service, and it is acceptable to go over 75%, just not under it.

**MOTION:** Higinio moved to approve the Increment/Decrement plan. Jodie seconded. There was no discussion.

**☑ The motion passed with 21 in favor, none opposed and Sarah Kent abstaining.**

Jesse announced that Joseph and James are now voting members.

## VI. State Budget and EIP Report

Richard reported that the Governor's proposed budget came out on December 17, 2008 for the biennium July 1, 2009 – June 30, 2011. The next step is that the house and the senate will propose their budgets. In April, they will work together to create a final budget. The Department of Health's (DOH) funds will be cut from \$295 million by \$74.5 million (a 25.4% reduction), which will come from many parts of the department, including each program's administrative cuts. HIV Client Services has cancelled CAREvent, and currently has two unfilled vacant staff positions. They have projected being able to save about \$805,000 from this fiscal year with no impact on client care. The Governor has recommended EIP's budget be capped at 95% of anticipated expenses, which is a cut of about \$3 million. EIP will not be required to put a cap on clients and start a waiting list; they have the freedom to make cuts where they choose. EIP had requested a \$6 million maintenance level package based on expecting new clients, cost increases, and new medications. The \$3 million cut will come from the additional \$6 million. The EIP Steering Committee had brainstormed options to reduce costs by \$3 million annually, so will now only have to reduce costs by \$3 million per biennium (\$1.5 million annually). Again, this is only a recommendation, and further budgets from the house and senate may result in larger cuts.

The Governor has recommended four cuts for the Infectious Disease and Reproductive Health Office (IDRH):

- EIP – \$3 million
- State Omnibus – \$1.5 million
- Family planning – \$1 million
- Elimination of GACHA

Other cuts the Governor recommended for DOH include:

- Eliminate universal vaccines which would cut \$50 million
- Discontinue colorectal cancer screenings, miscarriage management, rare blood and bone marrow, and eliminate additional funds for digital mammography.

Other cuts outside of DOH recommended by the Governor include:

- The elimination of General Assistance Unemployable (GAU – short-term disability at \$339 a month and medical coverage) in DSHS - \$160 million
- 5% cut in nursing home services to Medicaid patients
- \$20 million cut from Adult Day Health
- \$252 million cut in Basic Health
- \$1 million cut from emergency shelter funds
- Reduction in amount of reimbursement to hospitals for inpatient/outpatient care, substance abuse treatment and mental health.

In the Governor's budget there is no proposed cut from IDRH to viral Hepatitis.

DASA will reduce but not eliminate its funding support for adult outpatient, detox and residential services for low-income clients.

## VII. Comprehensive Care Needs Assessment

Jesse announced it is time to begin working on the Comprehensive Care Needs Assessment, and there have been many recent changes to services, so this is a particularly important assessment. Members of the Comprehensive Care Needs Assessment workgroup will look at the current assessment tools, take into account feedback from the last assessment, and create new tools. They will also determine questions for focus groups and provider interviews. Jesse called for volunteers for the workgroup.

🔴 **ACTION ITEM:** Kevin Patz, Philip Doles, Amy Bauer, James Redel, Erick Seelbach, Higinio Martinez, Ron Padgett, Sarah Kent, and Bill Hall will participate in the Comprehensive Care Needs Assessment workgroup, which will begin in mid-February.

Richard also suggested that Karen Robinson participate.

## VIII. Committee Reports & Other Brief Reports

### Prevention Prioritization

Erick reported the first meeting was on Monday, January 5, and included an overview of the prioritization process, CDC guidance, introduction to the rules, and the "Big Picture" presentation. The meeting went well. The Interventions Committee has scheduled its final meeting for February 2 and will hopefully complete the Interventions Plan that day.

### AACT

Ron reported the committee cancelled its last meeting because of the snow. The next meeting will be on Wednesday, January 21, from 4:00-5:30pm, at the Yesler building.

### Membership

Jodie reported the committee has received two applications from Ryan Ceurvorst and Randi Shepler. The Council needs:

- One female consumer (or two, if additional males are identified), who is White or US born Black or foreign born Black
- Male consumers who are White, US born Black or foreign born Black

Jodie introduced Sergio Cueva Flores, whom the committee would like to put forth to the Council for a vote. Sergio is a Latino, unaligned consumer. He stated he would like to join the Council to join the conversation and provide perspective as a young, gay, Latino consumer. He has worked for King County Council member, Dow Constantine, and was recently hired by Patty Murray as the King County outreach director (but still qualifies as a consumer due to the fact that he receives the same services as a Ryan White consumer).

**MOTION:** Philip moved to approve Sergio Cueva Flores for Planning Council Membership. Amy seconded. There was no discussion.

☑ **The motion passed unanimously.**

<Brandie entered at 4:55pm.>

It was clarified that the time in a Council member's term is counted from the date on the letter of appointment from the King County Executive.

#### Administrative Mechanism of the Grantee assessment

Jesse explained this process assess the administrative mechanism's ability to rapidly allocate funds. The way this Council does that is to interview providers about the RFP process. Jesse was able to speak with every person who wrote a grant and ask questions such as how were the forms, what was confusing, what worked well, etc. Jesse will email the Council the full evaluation. The overall response was that applicants had a greater level of discontent, which was not focused on the grantee, rather on King County Procurement. Jesse stated some of the key recommendations from applicants:

- For the grantee – The rules state that each document has to have one inch margins, but the forms have one half inch margins.
- For the procurement office:
  - For electronic submission, only one word file was allowed. Applicants found this challenging and recommended two documents be allowed (1 Word, 1 Excel).
  - One requirement was to turn in a CD version of the application, but many applicants could not find a CD burner within their agency and recommended an email version be allowed instead.
  - The pre-proposal conference was two weeks into the allowed six weeks for writing the grant, which gave those with little experience only four weeks to work. Applicants recommended moving it to the beginning.
  - The RFP stated there was a deadline for technical assistance. However, the procurement office decided it was unfair to not answer questions after the deadline, which resulted in some applicants getting questions answered after the deadline, while others did not ask questions after the deadline. It was felt this undermined the integrity of the process.
  - Make the directions related to turning in the addenda and guidance pages clearer. It seems as though the pages were *wanted* with the application, but they aren't really *required* until contracting time. Make it absolutely clear.

The group discussed whether these recommendations will be given to the procurement office. Employees of Public Health must follow chain of command in communicating with other offices. Some Council members felt that as a King County board, the Council should be able to address procurement directly because the assessment of the Administrative Mechanism of the Grantee is a Council document. The group decided the discussion would be revisited at the Executive Committee Meeting.

- Jesse added she had also talked with applicants to the Black MSM Prevention RFP but did not find similar themes. Neither applicant requested technical assistance. Their RFP process also included an additional step that the review panel meet with the applicants. One agency liked this, while the other felt unprepared for the meeting.
- For both the procurement office and the grantee – Make a checklist of all required pieces at the front of the application.
- For the Planning Council – Recommendation to make caveats clearer. The caveat for Housing Services stated that the applicant had to agreed to participate in an incarceration workgroup, and some applicants were confused about whether they were required to initiate the group.

Sarah added that she felt the technical assistance part took a lot longer than previous processes, however Jesse noted that most respondents said the response was “very timely.”

### What's Up Survey

In December the Council had decided to do a care needs assessment on people initiating drug use after HIV diagnosis, and the focus is on MSM. Jesse reported the instrument has been completed, and the team is ready to start interviewing HIV positive MSM. Providers at agencies will be getting calls to request appropriate referrals. Providers should let Josh O'Neal, who is leading the interview team, know who will be the best contacts at agencies. Jesse and Josh explained details of the study:

- The focus is mainly on MSM who began substance abuse after diagnosis, but they will also be interviewing some participants who started before diagnosis to compare. This also includes people who greatly increased use after HIV diagnosis.
- The number is 205-1415.
- It takes about an hour.
- Participants receive \$25 cash.
- There will be no recruitment cards because of the narrow focus of the project, however some cards may be made and given to specific referrals.
- The study also includes transwomen and transmen who have sex with men.
- The study is unique in that they're attempting to collect quantitative and qualitative data at the same time. The idea is to create a story with the participant using a timeline.
- Jesse thanked Kevin and Tony, who have already completed the survey. Both said the process of being interviewed was intense, so the interviewers will be giving participants resources and making sure they have a place to go after the conversation.
- Interviews will be at the Yesler building, however, interviewers are willing to do interviews at Madison Clinic or Lifelong, if there is space available. Tim Menza, who has been working on a contingency management study at Lifelong, has seen a lot of MSM who initiated use after learning they are positive.
- The study focuses on three drugs: problem drinking, meth, and crack/cocaine.
- Participants do not need to be currently using and can be in a stage of recovery, especially if they began use after diagnosis.

**BREAK – 5:25 – 5:40pm**

### **IX. Prioritization of Cuts to the Early Intervention Program**

Richard stated that given the possible budget cuts, EIP will have to find ways to reduce their costs. The EIP Steering Committee has been going through a three part process to develop a contingency plan. In November, the steering committee brainstormed a list of 27 potential cost-saving items. In February, the committee will prioritize those ideas, and in May finalize a plan. There is a subcommittee looking at potential dollar amounts attached to different items, and they will meet next week to make recommendations to the steering committee. The items will be grouped into tiers. Richard passed out a handout that explains the tiers and lists each item and potential cost, where possible. The costs listed are per year (the goal is to cut cost by \$1.5 million per year). He explained that the Council will prioritize the list in order to advise their representatives at the EIP steering committee, Shireesha and Ron. Richard went over each idea on the handout and made clarifications on the following items:

1. Mandatory WSHIP/insurance – 734 EIP clients do not have insurance.
2. Case managers assist clients to move to insurance – Case managers help clients with Medicare Part D as well as apply to insurance companies, collect denial letters, and then apply for high-risk insurance.
4. Reduce/eliminate contributions to Regions – The figures on the sheet are totals for all regions, based on level funding from the federal government. For Region 4 – a 10% request back from

Parity would equal \$606,000 of gross amount or \$468,000 of net amount. A 5% request back of gross equals \$303,000 or 5% of net is \$245,000. This would include the \$132,000 already allocated to ADAP.

8. Re-address with insurance providers to accept clients – This would again include case managers getting denial letters from insurance providers and applying for high-risk insurance.

<Higinio left at 4:50pm.>

20. Only pay CD4 and Viral Load tests twice per year – Currently EIP pays for about 2 ½ viral loads and 3 CD4s per year, per person. This would cut about \$70,000 on viral loads and around \$50,000 on CD4s.
24. Single pharmacy provider (mail order) – Currently EIP works with about 500 pharmacies.
26. Calculate effect of no payment for Medicaid SpendDown – This would have no cost impact to EIP, however this would impact case management agencies' ability to bill Medicaid and clients' access to dental services, transportation, mental health services and substance abuse services.

The group discussed the list of suggestions:

- Amy stated the data for item 13, "CD4 count of 300 or lower" is available in surveillance.
- Kevin pointed out it would be difficult to restrict eligibility based on CD4 counts because they fluctuate so often.
- Brandie stated she felt the Council should not support any suggestions which drop clients like items 6 and 11.

The group agreed to go through by tier and identify which tier each item should go under, because going through item by item would take too much time.

- Brandie suggested that items 6, 10, 11, 12 & 13 be placed under Tier 3. Jeff suggested that item 6 "Un-grandparent 301-370% people" be combined with a cost-sharing idea, for example, not drop them completely but create a minimum co-pay, or they could be the first to be required to get insurance.

**☑ The group agreed, that if items 6, 10, 11, 12 or 13 involve cutting off clients, this is unacceptable and should be in Tier 3.**

- Sarah suggested item 7 "Reduce formulary" for Tier 3, citing that many of the non-ART medications are mental health medications, and without these, clients will not be compliant with ARV medications. Shireesha clarified that the non-ARV medications include psych, pain, and cholesterol-lowering medications, and removing these would not save much money.

**☑ The group agreed item 7 "Reduce Formulary" should go in Tier 3.**

- Pam noted that item 18, "Eliminate dental" would not affect the King County clients and suggested it be off the table.

**☑ The group agreed not to prioritize item 18 "Eliminate Dental."**

- Pam (who is conflicted on this subject) suggested number 24, "Single pharmacy provider" for Tier 3 because of the valuable education provided by pharmacists. Erick stated that eliminating pharmacy education is not on the same level as dropping clients and therefore should not be in Tier 3. About half the group agreed with Erick, but most who felt it should definitely not be cut were consumers. Noting consumers' opinions, the group was again asked, and the majority agreed it should only be cut as a last resort. It was clarified that Tier 2 was for items of last resort and Tier 3 was only for items that would go against the mission of Public Health.

**☑ The group agreed to place item 24, "Single pharmacy provider" in Tier 2.**

Kris noted the group was running out of time, and suggested sending Council member's preferences by email and compiling those for Ron and Shireesha. Kieu-Anh suggested that general policy guidance might be more helpful to the representatives than specific prioritizing of items into tiers. The group went over the following suggestions:

**☑ The group agreed that any items that cut people off of the program should be placed in Tier 3.**

**☑ The group agreed that any items that move people into other payment sources should be placed in Tier 1.**

- The group discussed advocating for “continuing to provide the same core service to the extent possible, perhaps at a reduced convenience.” Andrew brought up that this might make sense for some people, for example clients who are able to get information about their medications outside of their pharmacists, but this would have a severe impact on those who need these services most, and without a pharmacist would likely not seek information about their medications. The group did not reach agreement on this issue.
- In the case of a 10% request back from Parity (item 4), the Council would have to implement almost the full \$400,000 decrement plan. Pam stated she would prefer to see other cuts from EIP before implementing the \$400,000 decrement, and that it would be possible to get many more people onto insurance.
- Jesse noted that currently Region 4 gives \$132,000 to the State for ADAP, and other regions do not contribute. If other regions were to give amount proportionally equal to what Region 4 gives, it would total about \$100,000. Jeff added that usually even more is allocated to ADAP because they are also given unspent dollars. Jesse suggested asking other regions to contribute to the extent that Region 4 has historically. Richard stated the State has not asked for any contribution from other regions for several years. The group discussed whether other regions have the ability to contribute money. Other regions may not have a dentist in the county that will take EIP or Medicaid as well as greater transportation issues. Jesse noted that while King County is service-rich, over time more and more services have been added outside of King County.
- Shireesha summarized that she and Ron will emphasize the Council's suggestions for Tier 3 at the next EIP Steering Committee meeting. Other items will be Tier 1 or 2 by default. Items 1, 2 and 5 should be Tier 1.

The next Steering Committee meeting is an open meeting and will be on February 2, from 9:00am to 12:00pm, at the Holiday Inn Express in SeaTac.

## **X. Other Business/Next Meeting**

**Next Meeting:** Monday, February 9 from 4:00-6:30 pm, at the **2100 Building – 2100 24<sup>th</sup> Ave S., Seattle 98144.**

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- Eliminate universal vaccines which would cut \$50 million
- Discontinue colorectal cancer screenings, miscarriage management, rare blood and bone marrow, and eliminate additional funds for digital mammography.

Other cuts outside of DOH recommended by the Governor include:

- The elimination of General Assistance Unemployable (GAU – short-term disability at \$339 a month and medical coverage) in DSHS - \$160 million
- 5% cut in nursing home services to Medicaid patients
- \$20 million cut from Adult Day Health
- \$252 million cut in Basic Health
- \$1 million cut from emergency shelter funds
- Reduction in amount of reimbursement to hospitals for inpatient/outpatient care, substance abuse treatment and mental health.

In the Governor's budget there is no proposed cut from IDRH to viral Hepatitis.

DASA will reduce but not eliminate its funding support for adult outpatient, detox and residential services for low-income clients.

## VII. Comprehensive Care Needs Assessment

Jesse announced it is time to begin working on the Comprehensive Care Needs Assessment, and there have been many recent changes to services, so this is a particularly important assessment. Members of the Comprehensive Care Needs Assessment workgroup will look at the current assessment tools, take into account feedback from the last assessment, and create new tools. They will also determine questions for focus groups and provider interviews. Jesse called for volunteers for the workgroup.

☛ **ACTION ITEM:** Kevin Patz, Philip Doles, Amy Bauer, James Redel, Erick Seelbach, Higinio Martinez, Ron Padgett, Sarah Kent, and Bill Hall will participate in the Comprehensive Care Needs Assessment workgroup, which will begin in mid-February.

Richard also suggested that Karen Robinson participate.

## VIII. Committee Reports & Other Brief Reports

### Prevention Prioritization

Erick reported the first meeting was on Monday, January 5, and included an overview of the prioritization process, CDC guidance, introduction to the rules, and the "Big Picture" presentation. The meeting went well. The Interventions Committee has scheduled its final meeting for February 2 and will hopefully complete the Interventions Plan that day.

### AACT

Ron reported the committee cancelled its last meeting because of the snow. The next meeting will be on Wednesday, January 21, from 4:00-5:30pm, at the Yesler building.

### Membership

Jodie reported the committee has received two applications from Ryan Ceurvorst and Randi Shepler. The Council needs:

- One female consumer (or two, if additional males are identified), who is White or US born Black or foreign born Black
- Male consumers who are White, US born Black or foreign born Black

Jodie introduced Sergio Cueva Flores, whom the committee would like to put forth to the Council for a vote. Sergio is a Latino, unaligned consumer. He stated he would like to join the Council to join the conversation and provide perspective as a young, gay, Latino consumer. He has worked for King County Council member, Dow Constantine, and was recently hired by Patty Murray as the King County outreach director (but still qualifies as a consumer due to the fact that he receives the same services as a Ryan White consumer).

**MOTION:** Philip moved to approve Sergio Cueva Flores for Planning Council Membership. Amy seconded. There was no discussion.

☑ **The motion passed unanimously.**

<Brandie entered at 4:55pm.>

It was clarified that the time in a Council member's term is counted from the date on the letter of appointment from the King County Executive.

#### Administrative Mechanism of the Grantee assessment

Jesse explained this process assess the administrative mechanism's ability to rapidly allocate funds. The way this Council does that is to interview providers about the RFP process. Jesse was able to speak with every person who wrote a grant and ask questions such as how were the forms, what was confusing, what worked well, etc. Jesse will email the Council the full evaluation. The overall response was that applicants had a greater level of discontent, which was not focused on the grantee, rather on King County Procurement. Jesse stated some of the key recommendations from applicants:

- For the grantee – The rules state that each document has to have one inch margins, but the forms have one half inch margins.
- For the procurement office:
  - For electronic submission, only one word file was allowed. Applicants found this challenging and recommended two documents be allowed (1 Word, 1 Excel).
  - One requirement was to turn in a CD version of the application, but many applicants could not find a CD burner within their agency and recommended an email version be allowed instead.
  - The pre-proposal conference was two weeks into the allowed six weeks for writing the grant, which gave those with little experience only four weeks to work. Applicants recommended moving it to the beginning.
  - The RFP stated there was a deadline for technical assistance. However, the procurement office decided it was unfair to not answer questions after the deadline, which resulted in some applicants getting questions answered after the deadline, while others did not ask questions after the deadline. It was felt this undermined the integrity of the process.
  - Make the directions related to turning in the addenda and guidance pages clearer. It seems as though the pages were *wanted* with the application, but they aren't really *required* until contracting time. Make it absolutely clear.

The group discussed whether these recommendations will be given to the procurement office. Employees of Public Health must follow chain of command in communicating with other offices. Some Council members felt that as a King County board, the Council should be able to address procurement directly because the assessment of the Administrative Mechanism of the Grantee is a Council document. The group decided the discussion would be revisited at the Executive Committee Meeting.

- Jesse added she had also talked with applicants to the Black MSM Prevention RFP but did not find similar themes. Neither applicant requested technical assistance. Their RFP process also included an additional step that the review panel meet with the applicants. One agency liked this, while the other felt unprepared for the meeting.
- For both the procurement office and the grantee – Make a checklist of all required pieces at the front of the application.
- For the Planning Council – Recommendation to make caveats clearer. The caveat for Housing Services stated that the applicant had to agreed to participate in an incarceration workgroup, and some applicants were confused about whether they were required to initiate the group.

Sarah added that she felt the technical assistance part took a lot longer than previous processes, however Jesse noted that most respondents said the response was “very timely.”

### What's Up Survey

In December the Council had decided to do a care needs assessment on people initiating drug use after HIV diagnosis, and the focus is on MSM. Jesse reported the instrument has been completed, and the team is ready to start interviewing HIV positive MSM. Providers at agencies will be getting calls to request appropriate referrals. Providers should let Josh O'Neal, who is leading the interview team, know who will be the best contacts at agencies. Jesse and Josh explained details of the study:

- The focus is mainly on MSM who began substance abuse after diagnosis, but they will also be interviewing some participants who started before diagnosis to compare. This also includes people who greatly increased use after HIV diagnosis.
- The number is 205-1415.
- It takes about an hour.
- Participants receive \$25 cash.
- There will be no recruitment cards because of the narrow focus of the project, however some cards may be made and given to specific referrals.
- The study also includes transwomen and transmen who have sex with men.
- The study is unique in that they're attempting to collect quantitative and qualitative data at the same time. The idea is to create a story with the participant using a timeline.
- Jesse thanked Kevin and Tony, who have already completed the survey. Both said the process of being interviewed was intense, so the interviewers will be giving participants resources and making sure they have a place to go after the conversation.
- Interviews will be at the Yesler building, however, interviewers are willing to do interviews at Madison Clinic or Lifelong, if there is space available. Tim Menza, who has been working on a contingency management study at Lifelong, has seen a lot of MSM who initiated use after learning they are positive.
- The study focuses on three drugs: problem drinking, meth, and crack/cocaine.
- Participants do not need to be currently using and can be in a stage of recovery, especially if they began use after diagnosis.

**BREAK – 5:25 – 5:40pm**

### **IX. Prioritization of Cuts to the Early Intervention Program**

Richard stated that given the possible budget cuts, EIP will have to find ways to reduce their costs. The EIP Steering Committee has been going through a three part process to develop a contingency plan. In November, the steering committee brainstormed a list of 27 potential cost-saving items. In February, the committee will prioritize those ideas, and in May finalize a plan. There is a subcommittee looking at potential dollar amounts attached to different items, and they will meet next week to make recommendations to the steering committee. The items will be grouped into tiers. Richard passed out a handout that explains the tiers and lists each item and potential cost, where possible. The costs listed are per year (the goal is to cut cost by \$1.5 million per year). He explained that the Council will prioritize the list in order to advise their representatives at the EIP steering committee, Shireesha and Ron. Richard went over each idea on the handout and made clarifications on the following items:

1. Mandatory WSHIP/insurance – 734 EIP clients do not have insurance.
2. Case managers assist clients to move to insurance – Case managers help clients with Medicare Part D as well as apply to insurance companies, collect denial letters, and then apply for high-risk insurance.
4. Reduce/eliminate contributions to Regions – The figures on the sheet are totals for all regions, based on level funding from the federal government. For Region 4 – a 10% request back from

Parity would equal \$606,000 of gross amount or \$468,000 of net amount. A 5% request back of gross equals \$303,000 or 5% of net is \$245,000. This would include the \$132,000 already allocated to ADAP.

8. Re-address with insurance providers to accept clients – This would again include case managers getting denial letters from insurance providers and applying for high-risk insurance.

<Higinio left at 4:50pm.>

20. Only pay CD4 and Viral Load tests twice per year – Currently EIP pays for about 2 ½ viral loads and 3 CD4s per year, per person. This would cut about \$70,000 on viral loads and around \$50,000 on CD4s.
24. Single pharmacy provider (mail order) – Currently EIP works with about 500 pharmacies.
26. Calculate effect of no payment for Medicaid SpendDown – This would have no cost impact to EIP, however this would impact case management agencies' ability to bill Medicaid and clients' access to dental services, transportation, mental health services and substance abuse services.

The group discussed the list of suggestions:

- Amy stated the data for item 13, "CD4 count of 300 or lower" is available in surveillance.
- Kevin pointed out it would be difficult to restrict eligibility based on CD4 counts because they fluctuate so often.
- Brandie stated she felt the Council should not support any suggestions which drop clients like items 6 and 11.

The group agreed to go through by tier and identify which tier each item should go under, because going through item by item would take too much time.

- Brandie suggested that items 6, 10, 11, 12 & 13 be placed under Tier 3. Jeff suggested that item 6 "Un-grandparent 301-370% people" be combined with a cost-sharing idea, for example, not drop them completely but create a minimum co-pay, or they could be the first to be required to get insurance.

**☑ The group agreed, that if items 6, 10, 11, 12 or 13 involve cutting off clients, this is unacceptable and should be in Tier 3.**

- Sarah suggested item 7 "Reduce formulary" for Tier 3, citing that many of the non-ART medications are mental health medications, and without these, clients will not be compliant with ARV medications. Shireesha clarified that the non-ARV medications include psych, pain, and cholesterol-lowering medications, and removing these would not save much money.

**☑ The group agreed item 7 "Reduce Formulary" should go in Tier 3.**

- Pam noted that item 18, "Eliminate dental" would not affect the King County clients and suggested it be off the table.

**☑ The group agreed not to prioritize item 18 "Eliminate Dental."**

- Pam (who is conflicted on this subject) suggested number 24, "Single pharmacy provider" for Tier 3 because of the valuable education provided by pharmacists. Erick stated that eliminating pharmacy education is not on the same level as dropping clients and therefore should not be in Tier 3. About half the group agreed with Erick, but most who felt it should definitely not be cut were consumers. Noting consumers' opinions, the group was again asked, and the majority agreed it should only be cut as a last resort. It was clarified that Tier 2 was for items of last resort and Tier 3 was only for items that would go against the mission of Public Health.

**☑ The group agreed to place item 24, "Single pharmacy provider" in Tier 2.**

Kris noted the group was running out of time, and suggested sending Council member's preferences by email and compiling those for Ron and Shireesha. Kieu-Anh suggested that general policy guidance might be more helpful to the representatives than specific prioritizing of items into tiers. The group went over the following suggestions:

**☑ The group agreed that any items that cut people off of the program should be placed in Tier 3.**

**☑ The group agreed that any items that move people into other payment sources should be placed in Tier 1.**

- The group discussed advocating for “continuing to provide the same core service to the extent possible, perhaps at a reduced convenience.” Andrew brought up that this might make sense for some people, for example clients who are able to get information about their medications outside of their pharmacists, but this would have a severe impact on those who need these services most, and without a pharmacist would likely not seek information about their medications. The group did not reach agreement on this issue.
- In the case of a 10% request back from Parity (item 4), the Council would have to implement almost the full \$400,000 decrement plan. Pam stated she would prefer to see other cuts from EIP before implementing the \$400,000 decrement, and that it would be possible to get many more people onto insurance.
- Jesse noted that currently Region 4 gives \$132,000 to the State for ADAP, and other regions do not contribute. If other regions were to give amount proportionally equal to what Region 4 gives, it would total about \$100,000. Jeff added that usually even more is allocated to ADAP because they are also given unspent dollars. Jesse suggested asking other regions to contribute to the extent that Region 4 has historically. Richard stated the State has not asked for any contribution from other regions for several years. The group discussed whether other regions have the ability to contribute money. Other regions may not have a dentist in the county that will take EIP or Medicaid as well as greater transportation issues. Jesse noted that while King County is service-rich, over time more and more services have been added outside of King County.
- Shireesha summarized that she and Ron will emphasize the Council's suggestions for Tier 3 at the next EIP Steering Committee meeting. Other items will be Tier 1 or 2 by default. Items 1, 2 and 5 should be Tier 1.

The next Steering Committee meeting is an open meeting and will be on February 2, from 9:00am to 12:00pm, at the Holiday Inn Express in SeaTac.

## **X. Other Business/Next Meeting**

**Next Meeting:** Monday, February 9 from 4:00-6:30 pm, at the **2100 Building – 2100 24<sup>th</sup> Ave S., Seattle 98144.**