

Seattle HIV/AIDS Planning Council

Monday, January 11, 2010-- 4:00 p.m.–6:30 p.m.

Douglass-Truth Library - 2300 East Yesler Way (NE corner of Yesler and 23rd)

★NOTE LOCATION CHANGE★

See back side for map

AGENDA

- | | | | |
|-------|---|-----------------------------|-------------|
| I. | Welcome and Introductions | | 4:00 |
| | <ul style="list-style-type: none">• Consumer Caucus' next meeting is January 6th• Consumer Caucus will have an outreach meeting with Snohomish consumers on January 29 | | |
| II. | Meeting Agenda (2 min) | | |
| | ➤ Action: Review and approve | | |
| III. | Minutes: (3 min) | 📁 <i>Attachments: white</i> | |
| | ➤ Action: Review and approve both November & December minutes | | |
| IV. | Grantee Reports (Barb, Jeff) | 📁 <i>Attachment: yellow</i> | 4:03 |
| V. | Medical Update on HIV and New Treatment Guidelines (Dr. Shireesha Dhanireddy) | | 4:30 |
| VI. | Break | | 5:20 |
| VII. | Membership Report (James, Marcos) | | 5:35 |
| | ➤ Action: Possible vote on new member candidate | | |
| | <ul style="list-style-type: none">• Welcome new Public Health Prevention Co-Chair Matt Golden | | |
| VIII. | State and Local Budget Issues | | 5:45 |
| | <ul style="list-style-type: none">• Current and upcoming drug treatment issues (Michael Hanrahan)• Other new developments, if available (Frank Chaffee)• Discussion about how the Council should inform its constituents of potential changes-specifically PLWH | | |
| IX. | Adjourn | | 6:30 |

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

Seattle HIV/AIDS Planning Council

Minutes ☞ Monday, January 11, 2010
4:00pm - 6:30pm

Douglass-Truth Library – 2300 E. Yesler Way, Seattle 98122

Council Members Present: *Richard Aleshire, Amy Bennett, Sergio Cueva Flores, Shireesha Dhanireddy, Kate Elling, Brandie Flood, Matt Golden, Joseph Grant, Robin Langdale, Darren Layman, David Lee, Higinio Martinez, Marcos Martinez, Ruth Njoroge, Kris Nyrop, Christine Oyaró, Arthur Padilla, Ron Padgett, Kevin Patz, Jodie Pezzi, Tony Radovich, James Redel, Germán Rodríguez, Erick Seelbach*

Council Members Absent: *Philip Doles, Joachim Hawn, Gerrie LaQuey, Andrew Murphy, Michael Raitt*

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

Public Health Staff Present: Frank Chaffee, Barb Gamble, Michael Hanrahan, Jeff Natter

Guests: Joe Bills (Multifaith Works), Cassalyn David (UW Public Health, intern with the Planning Council), Oscar Grey (unaligned consumer), Justin Hahn (State Department of Health), Sharon Lucas (Rosehedge), J. Wong (did not state an affiliation)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Jesse led a round of introductions, and each person stated his/her conflict(s).

II. Meeting Agenda

The group agreed on the following changes to the agenda:

- The Membership report would be given after Grantee Reports.
- The next Consumer Caucus meeting is on February 2 (not January 6).

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

III. November Meeting Minutes

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

IV. December Meeting Minutes

The group agreed on the following changes to the December minutes:

- Page 2, Number 2 – The last sentence should read, “This represents a 44% decrease in state funds, *which is a 17% decrease in total funds, compared to a 2% decrease last year.*”
- Page 2, last paragraph – The third sentence should read, “...\$384 per month, per client is saved by moving clients onto *insurance.*”
- Page 5, fourth paragraph – The second sentence should read, “Richard stated that an email has gone out *to case managers.*”

Justin Hahn made a correction to information on page 2, number 1 – These funds are Omnibus funds.

☑ ***The December minutes were approved as amended by acclamation.***

V. Grantee Updates

Prevention

Barb reported there is no new information about the state budget. She explained the program is waiting to hear about the state budget because it profoundly affects the local level. Currently, Public Health staff is working on the mechanism by which to make decisions about cuts, etc.

Care

Jeff passed around the newest Consumer Awareness poster. The “How’s your cervix?” poster aims to encourage HIV positive women to get pap smears every year. It was the most challenging topic in the campaign to design, and different designs were tested by focus groups.

Fourteen consumers have signed up for the Consumer Quality Leadership Program (C-QLP). Jeff thanked people on the Council for signing up and referring others to participate.

Jeff announced a few changes at Health Resources and Services Administration (HRSA):

- One third of all points awarded on the supplemental application are now based on the area’s ability to identify individuals who don’t know their status and get them into care. All grantees are required to submit a four page narrative by Friday, January 15.

<Ruth entered at 4:10pm>

<Jodie entered at 4:10pm>

- The Minority AIDS Initiative (MAI) grant year will now be consistent with the Part A grant year. The Council will now make recommendations for allocating MAI funds during the regular care prioritization process.
- Jeff went over the 2010 Ryan White Part A Funding Recommendations (see yellow sheet in packet). Most programs have received renewal funding for 2010, and award letters have gone out. Jeff explained that the purpose of going over these numbers is to ensure the grantee has funded the categories at the level planned by the Planning Council.

VI. Membership Report

James presented Oscar Grey, who is an unaligned consumer, for membership. Oscar introduced himself to the group.

MOTION: Kate moved to approve Oscar Grey as a new Planning Council member. Kevin seconded. There was no discussion.

☑ ***The motion passed unanimously.***

VII. Medical Update on HIV and New Treatment Guidelines

Shireesha presented on medical updates and new treatment guidelines in HIV. The following points were clarified during the presentation:

- *Pathogenesis* is the process by which HIV affects the body and leads to disease.
- Testing for viral load and CD4 in the gut would require a biopsy, which is invasive. Right now viral loads and CD4 are only tested in the blood.
- HIV subtypes use two different co-receptors: CCR5 and CXCR4. It’s possible to test which co-receptor the virus “likes” to use (the subtype can use one or both). One medication can block the CCR5 receptor, but this is only approved for people who are treatment experienced. This may change, but right now, the test for which co-receptors the virus uses is only used if considering that particular medication (the cost of the test is very high – about \$2,000). The cost is covered by

EIP as an exception. Use of the co-receptor CXCR4 is associated with quicker progression but this is up for debate, and test for co-receptor usage is not a predictor of prognosis.

- Injection drug use is a host factor. Kris asked if the effects of prescription opiate use versus illicit drug use on CD4 counts has been studied, and Shireesha did not know of any specific head-to-head studies on this.
- Kate asked about toxicity over time. Shireesha explained that with newer medications, there aren't as much long-term data available. Jesse recalled that Mari Kitahata's presentation referenced a study that had shown some indication that starting early could result in fewer side effects. Shireesha explained that those findings could be affected by the fact that the older people were, the less they were able to tolerate medications and might be more susceptible to gastrointestinal side effects, rash, or possibly interaction with other drugs. Younger people may be able to experience fewer side effects.
- It's recommended that pregnant women who begin treatment should remain on treatment after delivering the baby. Stopping and restarting treatment is associated with a higher risk of opportunistic infection and cardiovascular complications. A few drugs are not used for pregnant women because they can cause problems with the fetus. Original studies were done with AZT, and this drug is still commonly used for pregnant women with HIV. Monotherapy is never used because of the risk of drug resistance. Niverapine is not used because of higher risk of liver failure.
- For someone who is HIV positive, just treating Hepatitis B (and not HIV) can lead to HIV medication resistance later on. If someone is being treated for Hepatitis B, s/he should also be treated for HIV.
- The panel that reviewed data for the new treatment guidelines were split 50/50 on whether to recommend treatment for those with a CD4 count over 500. One big question the panel had was: What if people were given treatment but were never going to progress? The recommendation is to talk with patients about what they want and go over the pros and cons.
- There are two new classes of medications:
 - Integrase inhibitors (which block the weaving of the virus into your own DNA)
 - CCR5 inhibitors
- Kevin asked about possibilities of generic medications. Efavirenz may be close.

<Frank entered at 5:20pm>

- Factors to consider when deciding whether to start treatment:
 - Potential obstacles to adherence – some regimens are less forgiving than others for adherence
 - Other co-morbidities (eg Efavirenz can have psychiatric effects)
 - Other medications/possible drug interactions.
- *Hepatotoxicity* is liver toxicity
- Resistance seems to be less of a problem now. It is tested at diagnosis for a baseline. Thirteen to fourteen percent of people with a newly acquired infection, who have never been on meds, do have some resistance. Non-nucleoside Reverse Transcriptase Inhibitor (NNRTI) resistance is the most common.

<Michael Hanrahan entered at 5:25pm>

- Shireesha distributed the presentation, (attached to the official meeting record).
- More information from Dr. Spach on HIV and the gut and HIV as an inflammatory disease can be found at www.nwaetc.org or www.thebody.com.
- Joanne Stekler has been studying people who start treatment early versus deferring treatment at the primary infection clinic.
- If treatment is delayed until very low CD4 count, it's difficult to get CD4 back to a normal level.

BREAK: 5:35 – 5:45

VIII. Effects of proposed 2010 supplemental budget reductions for substance abuse services

Michael explained that funding for drug treatment in King County comes from a number of sources, primarily from the Department of Social and Health Services (DSHS). They receive money from the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, Washington State tax revenues, and other dedicated funds.

The proposed cuts for substance abuse treatment in Washington State amount to about \$18.1 million; for King County the cut is about \$7.5 million. The new proposed budget from the governor, which will include new revenue sources and hopefully federal support, will restore some of these cuts; however she has stated her priorities for restoration are General Assistance Unemployable (GAU) and the Basic Health Plan. It's not yet known where substance abuse services will fit into this plan. If proposed cuts are implemented, they will go into effect July 1; however, the state may choose to implement cuts earlier so that they will be less drastic. It's unclear what will be left up to local jurisdictions.

Michael went through the proposed cuts (see cherry colored sheet distributed at the meeting):

- *Eliminate state funding for adult out-patient opiate substitution and detox services.* This would mean that the adult detox program at Recovery Centers of King County would likely close, and all non-federal support for adult out-patient treatment and opiate-substitution treatment would go away. The state's non-federal matching fund would be left.
- *Reduce county administration from 10% to 8%.* This would result in the loss of a few positions in the King County Division of Alcohol and Substance Abuse.
- *Eliminate GAU.* Support for 980 people in the state using GAU for substance abuse treatment would be completely eliminated.
- *Eliminate ADATSA.* The ADATSA living stipend already has been reduced to one month maximum, and this proposal totally eliminates the stipend as well as support for substance abuse treatment.

The cuts total \$7.5 million for King County which represents about 40 to 45% of total public investment in drug treatment in King County. In anticipation of these cuts, treatment agencies have been asked to start reducing admissions; methadone treatment centers are already reducing census by 150 clients; intakes have slowed; the waitlist to get into drug treatment is up to 150. Funding will remain only for pregnant and parenting women, for people who qualify for Medicaid, and some local tax revenue (a portion of the one tenth of 1% sales tax) will go for drug treatment for low-income individuals.

For people relying on these funds for treatment, there will be a transition to another funding source or if this is not possible, they will be transitioned out of treatment, whether they are ready or not. Some funding at Seattle Counseling Service is available, mainly for methamphetamine users, and \$65,000 Ryan White funds are allocated for opiate substitution treatment for PLWH. Some people who do not qualify for Medicaid can stay on Ryan White funding (there's no time limit for this as long as they remain qualified for the funding). PLWH sometimes bounce back and forth between Medicaid and Ryan White (for example, someone may qualify for Ryan White, but then a case manager works to get them enrolled in Medicaid). At this time, about 16 individuals at any given time are funded by these Ryan White funds.

The governor's restoration budget should be available on www.wa.access.gov.

Some messages to put into the community:

- Recently there has been more adequate funding for drug treatment. Drug treatment is a chronic relapsing condition, so people have been in and out of treatment. Now, if people leave treatment before they are really ready to, they will have much more difficulty getting back in.
- Access for new clients seeking treatment is going to be much tighter.

- Some studies show that every \$1 invested in drug treatment saves \$7 in other social costs, largely medical and criminal justice costs; demand on these systems will increase.

Jesse noted that the Seattle Times has listed suggested revenue enhancements to mitigate cuts. Even if all of these revenue increases were implemented, they would not add to \$2.6 billion.

Kris pointed out that due to budget cuts, early in 2009 the King County prosecutor stopped filing charges for felony drug offenses and referred them to expedited court where they are filed as misdemeanors. If people who have been on methadone are taken off of treatment and go back to illicit drug use, this may further impact the issue.

Tony asked about inpatient treatment programs. There are no publicly funded inpatient treatment programs in King County, except for those individuals who may get in with Medicaid.

<Joseph left at 6:10pm>

IX. Informing the Community about potential budget changes

- Arthur stated his feeling that there is not currently enough solid information to put into the community and recommended tabling the conversation.
- Erick stated that while there is not yet information about specific cuts and changes, it is useful to educate people about potential changes so that they may talk to their elected officials. Lifelong is planning for a virtual AIDS Action and Awareness Day on February 10 which could include hand-delivered letters, use of Twitter accounts and Facebook, etc. People can sign up for Communities in Action (CAN) at www.lifelongaidsalliance.org
- Tony noted that people often don't understand the complexities of funding for their substance abuse treatment and suggested educating people around this.
- Ruth noted there would be a public hearing in Olympia at 6:00pm on January 12 at which people can testify about proposed budget cuts.
- Lifelong (CAN) is producing a short letter to legislators with bullet points with space for people to add their comments. Robin reported that the Consumer Caucus is planning to write a letter to legislators prioritizing services and identifying cuts that the caucus can live with and which cuts would be devastating. Erick expressed concern about the possibility of mixed messages coming from the Consumer Caucus and Lifelong AIDS Alliance. Some consumers noted that the caucus represents low-income PLWH, and did not feel the letter needed to be uniform with Lifelong's letter. The Consumer Caucus is also planning a trip to Olympia to meet in person with legislators. Erick and Consumer Caucus members can discuss this issue outside of the Council meeting.
- Kate suggested the Council could take a position on the state budget cuts as well. The Executive Committee will discuss the issue on January 25.
- Brandie agreed the discussion should be tabled. She shared her hope that case managers could share techniques for informing clients and for dealing with the secondary trauma of cutting clients off of services.

🔍 ACTION ITEMS:

- Jesse will try to gather information about what changes are already being implemented and messages that are being put out in the community.
- Jeff will get numbers on how many people the funds in the substance abuse outpatient category serve, and Jesse will email that out.

NEXT MEETING: Monday, February 8, 2010, 4:00 – 6:30pm at the **Douglass-Truth Library – 2300 E. Yesler Way, Seattle 98122**