

Seattle HIV/AIDS Planning Council

Monday, July 13, 2009-- 4:00 p.m.–6:00 p.m.

NOTE LOCATION: Chinook Building – 401 5th Avenue, Seattle 98104
Rooms 121&123

AGENDA

- | | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| I. | Welcome, Introductions & Announcements | 4:00 |
| II. | Meeting Agenda (2 min)
➤ Action: Review and Approve | |
| III. | Minutes: (3 min)
➤ Action: Review and Approve | <i>Attachment: white</i> |
| IV. | Grantee Reports (Jeff, Barb) | 4:05 |
| V. | Prevention Letter of Concurrence with Reservations
➤ Action: Review and direct co-chairs to sign | 4:30 |
| VI. | Quality Management Annual Report (Becca)
• Discussion of the implications of this research for the Council's work | 4:45 |
| VII. | C-LINC Follow-Up (Jeff, Tony)
➤ Action: Review C-Linc spreadsheet and discuss the issues addressed in it. | <i>Attachment: buff</i>
5:15 |
| VIII. | Care Prioritization Steering Committee Report (Arthur) | 5:35 |
| IX. | Membership Report (Gerrie) | 5:45 |
| X. | Consumer Caucus Report (Ron, Higinio) | 5:50 |
| XI. | Adjourn | 6:00 |

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

Seattle HIV/AIDS Planning Council

Minutes ☼ Monday, July 13, 2009
4:00pm - 6:00pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bauer, Sergio Cueva Flores, Shireesha Dhanireddy, Kate Elling, Melinda Giovengo, Sarah Kent, Kieu-Anh King, Robin Langdale, Gerrie LaQuey, Darren Layman, David Lee, Higinio Martinez, Marcos Martinez, Andrew Murphy, Ruth Njoroge, Kris Nyrop, Arthur Padilla, Ron Padgett, Tony Radovich, Michael Raitt, James Redel, Germán Rodríguez, Pam Ryan, Bob Wood*

Council Members Absent: *Ryan Ceurvorst, Philip Doles (emeritus), Brandie Flood, Joseph Grant, Kevin Patz, Jodie Pezzi, Erick Seelbach*

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

Public Health Staff Present: Barb Gamble, Becca Hutcheson, Jeff Natter

Guests: Doug Erhardt, Tony Lucero, Anthony Morgan, Reverend Ray Neal, Randi Shepler, Anneke Jansen, Angela Williams

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Jesse led a round of introductions.

Jesse announced that Darren Layman and Robin Langdale have been officially appointed as Planning Council members by the King County Executive.

II. Meeting Agenda

Membership and Consumer Caucus reports will switch places.

The agenda was approved as amended by acclamation.

III. June Meeting Minutes

Higinio noted that on p.3, under the Care Grantee report, "...and no Part A funds were *spend*..." should be "...and no Part A funds were *spent*."

The June minutes were approved as amended by acclamation.

IV. Grantee Updates

Care

Jeff gave a presentation explaining the process by which funds are reallocated (see hand out - green).

The following questions were answered throughout the presentation:

- This TGA has never under-expended the formula award by more than 2% (which would result in losing the Supplemental Award for the following year). In the past, some areas would

under-expend year after year and roll over funds to the next year. Because of this, legislation was implemented to prevent under-expending.

- Neither under- nor over-expenditures are more common. Jeff noted that the Ryan White program usually receives more total over-requests than money turned back to be re-allocated.
- Housing rarely over-expends. Because housing is funded by bed-night, they cannot over-expend, since there are only 365 days in a year. If they keep beds full, then they do not typically under-expend either.

Prevention

Barb stated that two RFPs were released on June 25: one for IDU and FBB, and the other for stimulant-using MSM and non-stimulant using MSM. The MSM proposals are due on August 6 and the IDU and FBB proposals are due on August 11. Letters of intent are requested but not required. If an unconflicted Council member has questions, s/he can call Barb. Anyone conflicted/intending to apply for funds can call Cathy Betts (number on website). To see the proposals, go to the King County website → procurement services → solicitations. To specifically look up these RFPs, type in the keyword or use the following numbers:

- *MSM*: 1155-09-CMB
- *IDU/FBB*: 1156-09-CMB

V. Prevention Letter of Concurrence with Reservations

Barb gave presentation on planned expenditures in prevention (see hand-out – blue).

The following questions were answered during the presentation:

- Gay City found 33 confirmed, newly identified cases of HIV in 2008 for MSM and SUMSM, a case-finding rate of 1.5% (1% or better is considered a “productive case finding site”).
- Case finding at the STD clinic has dropped from 2% to 1.6%. Hopefully, this means they are doing a better job of finding infections early, but it is still too early to tell.
- Kris noted a large cost differential between the STD clinic and Gay City, but not much difference in number of tests. Barb explained that the STD clinic is much more expensive to operate because of its infrastructure. Bob added that Gay City doesn’t do partner counseling and referral services (PCRS) and funnels those at risk for other STDs to the STD clinic. Gay City also may not necessarily have the capacity to do the volume of tests that the STD clinic can. Bob offered to create a presentation on these differences, and the group agreed this would be helpful. Members should send their questions ahead of time, so that Bob can gather the answers.
- For 2010 the STD clinic projects there will be 350 PCRS cases (this is the projected number of partners that staff will attempt to notify regarding their partner’s HIV diagnosis). Out of these 350 contacts, they estimate they will find seven *new* cases.
- Blood samples are now sent through the local Public Health lab to the state Department of Health (DOH) lab for testing. “Accession” refers to ensuring the chain of custody for that blood sample as it goes to the DOH and back.
- Batched blood RNA testing is a high priority because it can catch HIV infection early, when it is most infectious. Last cycle, RNA testing found 11 cases.
- The remaining “TBD” section of the CDC funds will go to fund a program through the RFP process. Barb will let the Council know which intervention will receive CDC funding. This is usually whichever agency can comply with the requirements of CDC funding – typically health department programs, rather than community based organizations.

MOTION: Gerrie moved to direct the Prevention Co-Chairs to sign a letter of concurrence with reservations. Kris seconded. There was no discussion.

☑ The motion passed unanimously.

Bob stated that the Ellensburg Agreement (which states that 50% of AIDS Omnibus dollars must be responsive to the Council's plan) is dependent on the AIDSNet Structure and added that if the AIDSNet system is eliminated, the agreement may be eliminated as well. He noted that members can look at the agreement in the New Member Orientation binders, and suggested the Council may want to discuss this in the future.

Jesse explained that the reason that a letter must be done twice is that the prevention plan with a letter is due to the state on July 1. DOH compiles the regional prevention plans into one plan for the state. The prevention plan for all of Washington State is due to the CDC in October, and at that time the Council can consider a letter of concurrence without reservations. She explained that the Executive Committee had discussed whether they could just approve the letter with reservations to turn into the state, since it's a preliminary letter; however they agreed they would need the Council's approval for this, and would ask the Council their opinion for future preliminary letters (in 2011). Gerrie added that while the agenda was not very full for today's meeting, the meeting could not be cancelled because of the letter of concurrence. Arthur added that the larger question is what process work could be moved to the Executive Committee. Kris stated his opinion that this would be okay, but only for the preliminary letter, and that the Executive Committee should let the Council know and allow for questions. He stressed that the letter of concurrence is one power that CPGs have over the local health jurisdiction. It was pointed out that not having the full Council approve the final letter of concurrence would violate CDC Community Planning Guidance.

VI. Quality Management Annual Report

Becca gave a presentation on the quality management (QM) update (see handout – pink).

The following questions were answered throughout the presentation:

- Quality Assurance (QA) – established set of standards that everyone adheres to in a certain category.
- Quality Improvement (QI) – small, frequent cycles of change to improve on an issue that a service isn't currently meeting. Programs choose which areas they want to work to improve.
- General Standard (GS) – a standard that applies to all categories.
- Tony noted the extreme differences in some programs' chart reviews, for example, one program was scored 100% versus another at 5%. Becca explained that the report (which she would distribute at the end of the presentation) gives context to these scores. This particular standard, CM 6.2, "Comprehensive Assessment completed within 30 days of intake" has a lot of variation. Gerrie explained that if the review is of all charts, and in the past the agency did assessments annually, there may be many charts with assessments longer than 30 days after the intake, but this may not reflect the current practice. These are relatively new standards. Becca added that she will take this information to the QM committee to determine whether it needs immediate attention, to continue to monitor it and check back in, etc.
- Robin asked if there was something that stood out in the report that was surprising. Becca stated that the QM program had actually met most if not all of its goals. She also noted the lack of client-level data limits the ability to better track outcomes.
- There is not a system-wide mechanism to ensure that "challenging clients" are distributed evenly across agencies or across staff in a program, although individual programs likely do that process internally.
- Robin asked whether it is possible for a doctor to request a Pap smear record from another doctor with a release of information. Shireesha stated that medical providers can and do request those, but the issue is mainly for those who don't get a Pap smear at all because of mental health or chemical dependency issues. Gerrie added that you may request that information from another provider, but whether you get it depends on that provider's time and whether it's recorded in a convenient place on the chart. The consumer awareness campaign's fourth campaign will be to promote regular Pap smears. They will likely use, "How's your cervix?" as a tagline, however coming up with imagery has been more challenging.

- QM does not track waitlists for programs (the group discussed the food and meals waitlist at the last care increment meeting because of a comment made by a consumer to the QM website). Jeff stated that housing waitlists will expand as eligibility expands, and this is something QM could look at.
- Tony stated he hoped to get QM information for Care Prioritization, and Becca stressed the importance of striking a balance between getting information to the Council and ensuring that QM is not seen as punitive for providers, because it's meant only to improve programs.
- Becca invited members to help her develop a consumer training.

VII. C-LINC Follow-up

☑ The group agreed to postpone the C-LINC discussion to the beginning of the agenda at the August meeting.

VIII. Care Prioritization Steering Committee Report

Arthur reported that the steering committee had met on June 24 and agreed to complete the Mini Care Prioritization for 2010 during Council meetings. At the September meeting, there will be an introduction. The October meeting will be a four-hour meeting, and will be the bulk of the prioritization process. The November meeting may include follow-up, if the plan is not completed in November. Arthur explained the October meeting cannot be on the 12th because this is a King County furlough day. The other options are the 5th and the 19th, although the 19th is preferable because it will be closer to the October meeting, and the introduction will be fresher in members' minds.

☑ The October meeting will be the afternoon of October 19, and will be four hours long.

☛ **ACTION ITEM:** Jesse will contact the group regarding the best timing for the meeting.

IX. Consumer Caucus Report

Ron reported that the Consumer Caucus met last week. The group meets the Wednesday before Council meetings. They discussed the letter of concurrence. The group also spent some time sharing personal experiences with seeking care. Tony noted that oftentimes when consumers come onto the Council, they don't know about each other. The caucus is a chance to share their different experiences and get to know each other. James noted the group's discussion highlighted differences between long-time survivors and those who were relatively recently diagnosed. Jesse encouraged other consumers to participate in the caucus. Ron stated that the Consumer Caucus is a chance for consumers to prepare for meetings, and will be especially valuable during Care Prioritization. Robin added that he had been fairly intimidated as a new member, but felt a lot more informed, confident, and comfortable participating in the Council meeting after attending the Consumer Caucus.

X. Membership Report

Gerrie reported that the Membership Committee has two interviews on July 14, and that Eric Miles has left the Council.

Gerrie recognized Pam Ryan, who has served two terms with the Council, and previously served two more terms. Pam has participated in several committees and prioritization processes, and her presence will be missed. Gerrie thanked Pam on behalf of the Council and brought cupcakes in appreciation of Pam's service.

NEXT MEETING: Monday, August 10, from 4:00 – 6:30pm at the **2100 Building – 2100 24th Ave. S., Seattle 98144.**