

# Seattle HIV/AIDS Planning Council

Monday, October 10, 2011 4:00 p.m.–6:30 p.m.  
2100 Building: 2100 24<sup>th</sup> Avenue South

## AGENDA

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|-------|--|-------------|
| I.    | <b>Welcome, Introductions and Announcements</b>  | <b>4:00</b> |
| II.   | <b>Meeting Agenda</b> (2 min) <ul style="list-style-type: none"><li>➤ <b>Action:</b> Review and approve</li></ul>  |             |
| III.  | <b>Minutes:</b> (3 min) <span style="float: right;">📁 Attachment: white</span> <ul style="list-style-type: none"><li>➤ <b>Action:</b> Review and approve</li></ul>   |             |
| IV.   | <b>Letter of Assurance for the 2012 Grant Application</b> <ul style="list-style-type: none"><li>➤ <b>Action:</b> Review and approve</li></ul>  | <b>4:04</b> |
| V.    | <b>Grantee Report</b> (Jeff)   | <b>4:15</b> |
| VI.   | <b>National HIV/AIDS Strategy</b> (Erick Seelbach)   | <b>4:30</b> |
| VII.  | <b>Break</b>   | <b>5:35</b> |
| VIII. | <b>Early Intervention Program</b> <ul style="list-style-type: none"><li>• Explanation of changes to Medicare Part B and D premiums (Richard A)</li><li>• HPV vaccine discussion (Matt)</li></ul>             | <b>5:50</b> |
| IX.   | <b>Cooperative Agreement Between the Council and Public Health</b> <span style="float: right;">📁 Attachment: pink</span> <ul style="list-style-type: none"><li>➤ <b>Action:</b> Review and approve</li></ul> | <b>6:10</b> |
| X.    | <b>Adjourn</b>   | <b>6:30</b> |

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

# Seattle HIV/AIDS Planning Council

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**Minutes** ☼ Monday, October 10, 2011  
4:00pm - 6:00pm

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

**Council Members Present:** *Arnell Alston, Amy Bennett, Tim Blitch, Kenneth Burk, Shireesha Dhanireddy, Kate Elling, George Froehle, Matt Golden, Oscar Grey, Chris Haworth, Jamie Johnson, Nykia Johnson, Jake Ketchum, David Lee, Higinio Martinez, Pat Migliore, Christine Oyaró, James Redel, Germán Rodríguez, Paul Williams*

**Council Members Absent:** *Richard Aleshire, Sergio Cueva Flores, Joachim Hawn, Jonas Nicotra, Jodie Pezzi, Chris Porter, Richard Prasad, Michael Raitt (emeritus), Ed Wilhoite*

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

**Public Health Staff Present:** Linda Coomas, Jeff Natter

**Guests:** Robb Crowe, Jenn Morton (Planning Council Intern), Glenn Reed, Randy Russell (Lifelong AIDS Alliance), Erick Seelbach (Health and Human Services – HHS)

*Italics denote Planning Council Membership.*

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## I. Welcome, Introductions and Announcements

Jesse noted that some Planning Council members have forwarded their King County email to another account. She reminded the group that if people choose to do this, it can be done for notification purposes only, and that members need to respond from their King County accounts.

A new agenda was distributed which includes the Letter of Assurance.

The group did a round of introductions and stated affiliations.

*<Pat entered at 4:05pm>*

Jake announced that this was Christine Oyaró's last meeting with the Council. The Council thanked Christine for her contribution to the Council.

Jake also announced this was Amy Bennet's last meeting. The Council thanked Amy for all the work she did for the Council in her two terms of service. Jake explained that Amy's role as an epidemiologist on the Council was related to prevention, and the Membership Committee decided to no longer have this slot as a member of the Council. Elizabeth Barash, an epidemiologist with Public Health, will now regularly attend Planning Council meetings and be a resource for the Council (but not be a member).

Jake announced it was also Diane Ferrero's last meeting working with the Council. The group thanked Diane for her work.

## II. Meeting Agenda

*The agenda was approved as written by acclamation.*

### III. September Meeting Minutes

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

### IV. Letter of Assurance for the 2012 Grant Application

<Shireesha entered at 4:10pm>

Jeff explained that a Letter of Assurance is needed to go with the 2012 Part A grant application. The letter assures that funds are being expended according to the priorities set by the by the Planning Council, the conditions of award were met, priorities were determined by the approved process, orientations took place, and the Council is reflective of the epidemic. Jeff stated that the funding provided to the community did meet the intent of the Council's plan. He noted that there had been many changes to the plan – the Prioritization and Allocation Committee made its first allocations in the summer of 2010, received the 2011 award in July 2011, which was incorrect, and then revised the award, etc. He also noted that the grantee can reallocate up to 5% of under-expenditures without Council pre-approval but Jeff tries to do this as little as possible. He explained the following variances in the Council allocation and the grantee contract (listed on the FY 2011 Allocations attachment – yellow):

- Medical case management (King County) – The grantee contracted less Part A funds than allocated, and the remainder was supported by funding from the City of Seattle.
- Mental health services (King County) - \$16,000 were under expended and turned back late in the year and was part of the overall budget balance.
- Food/meals (King County) – was contracted an additional \$600.

Jeff noted that without the Letter of Assurance, the Health Resources and Services Administration (HRSA) could decide to not give an award, give a late award, or reduce supplemental funding. There were no questions.

**MOTION:** Kate moved to approve the Letter of Assurance and direct the Co-Chairs to sign it. Tim seconded. There was no discussion.

☑ *The motion passed unanimously with the following members in favor:* Arnell, Amy, Tim, Kenneth, Shireesha, Kate, George, Matt, Oscar, Chris H., Jamie, Jake, David, Higinio, Pat, Christine, James, Germán, Paul

### V. Grantee Update

Jeff reported the following items:

- He explained that he has to create a preliminary budget for the 2012 Part A application. In creating the budget, he typically looks at administrative expenses first, and these do increase every year. He typically asks for more money in service funding, in order to balance that. The Council has not yet done a funding plan for 2012, so he is asking for level funding in all service categories and an additional \$223,000 for the state ADAP program. He stressed that none of those figures are binding, but he is requesting these funds to make the budget balance.
- Every state department was required to prepare a budget for 5-10% cuts. HIV is the largest section of the discretionary funds for the Department of Health (DOH), and their proposed cuts total over \$5,000,000. One proposal is to eliminate the Early Intervention Program (EIP) dental program. For 2011, \$150,000 in Part A funds was awarded to EIP for Oral health care. Because there will likely be no program in 2012, and 2012 is a renewal contract year, the Council will need to decide what to do with the funds. The Council could decide to keep the funds in Oral health care (which may go to the current vendor or another vendor) or they may choose to reallocate the funds to a different service category. The group discussed the following points:
  - Jesse suggested that the Prioritization and Allocation Committee could decide this, but Jeff noted that it could take three to five months to find a new vendor, so if the committee plans in

January, a new vendor would not be ready by March 1. Jeff suggested this be an agenda item for the November or December Council meeting.

- Kenneth asked if there are other providers besides the state dental program. Jeff explained that King County does have a community provider, Neighborcare, but it's unknown whether Neighborcare would have the capacity to apply for and use these funds. Jeff would likely still have to go through a Request for Proposals (RFP) process. He added that there may not be a lot of interest – past vendors have been Yesler Terrace Dental Clinic, which closed, and Harborview Dental Clinic, which no longer does routine dentistry.
- Germán suggested the group talk about it at this meeting, but Jesse explained that the group could not vote on it because it was not on the agenda. Linda noted that King County cannot conduct an RFP process until the end of January, so timing may not be as pressing of an issue.
- Shireesha asked Jeff to find out if Neighborcare does have the capacity and would be interested in applying for the additional funds.

## VI. National HIV/AIDS Strategy

Erick, HIV/AIDS Regional Resource Consultant from Health and Human Services (HHS) presented on the National HIV/AIDS Strategy (NHAS). He distributed several publications (attached). He explained that Washington is in Region 10 in the regional resource network, which also includes Alaska, Idaho, and Oregon. The goal of his position is to provide ongoing outreach and education, encourage collaboration, and help folks see how their work fits in with NHAS.

He explained that NHAS was released in July of 2010. For many years the United States was requiring other countries that received funding from the US to have a national strategy and then finally committed to creating one for the US.

*<Nykia arrived at 4:30pm>*

NHAS is not a list of concrete actions, but rather a framework. It includes the four following major goals as well as steps to achieve each goal:

- Reduce new HIV infections
  - Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.
  - Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
  - Educate all Americans about the threat of HIV and how to prevent it.
- Increase access to care and optimize health outcomes for people living with HIV
  - Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.
  - Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
  - Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.
- Reduce HIV-related health disparities and health inequities
  - Reduce HIV-related mortality in communities at high risk for HIV infection.
  - Adopt community-level approaches to reduce HIV infection in high-risk communities.
  - Reduce stigma and discrimination against people living with HIV.
- Achieve a more coordinated national response to the HIV epidemic
  - Increase the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal, and local governments.
  - Develop improved mechanisms to monitor and report on progress toward achieving national goals.

Many implementation plans have come out of the strategy. Six federal agencies are responsible for implementing the strategy: Health and Human Services (HHS), Housing and Urban Development

(HUD), the Department of Justice (DOJ), the Department of Labor (DOL), Department of Veterans Affairs, and the Social Security Administration (SSA).

The group asked questions and discussed the following points:

- Kate asked how HUD is related to the strategy. Erick explained that HUD funds projects that address homelessness, and some of those projects specifically serve people living with HIV (PLWH).
- Higinio asked how the Department of Justice is related, and Erick explained that the plan seeks to address racial and ethnic disparities for the incarcerated population as well. Additionally, the Department of Justice is responsible for the enforcement of the Americans with Disabilities Act (ADA).
- Erick noted there is a sheet in the packet he distributed which talks about each department's implementation plans.
- Erick explained that the Centers for Disease Control (CDC) are working on realigning the proportion of core HIV prevention funding with the proportion of PLWH in each state. Jesse asked how this will affect funding in Washington, and Erick explained that Washington and Oregon will lose a small amount; Alaska and Idaho will lose a lot. He noted that the goal is to look at where the epidemic is most concentrated and allocate resources there.
- Jeff noted that Housing Opportunities for People with AIDS (HOPWA, a HUD program) used to award funds based on cumulative cases and is now moving towards living HIV/AIDS cases, like HRSA.
- Kate asked about people diagnosed in King County who have moved to California. Randy stated that there is some case migration reporting. Matt explained that while King County tracks this, and some other areas do, not every area does so there is no mechanism to track it federally.

Jesse noted that the purpose of this presentation was to help people understand NHAS because the Council's Comprehensive Plan must address it. She asked whether the group was seeing how it relates to the Council's work. The group discussed:

- James noted that the strategy outlines a great vision, but it is difficult to see how to use it when it does not really give the tools to deliver that vision.
- Matt noted that in some areas, King County has set higher goals than NHAS. Erick asked whether that would include Snohomish and Island Counties, and Matt stated that the data is thinner in these counties, but the goal is to have much better data in the entire TGA.
- Jeff noted that a goal is to streamline efforts to reduce the administrative burden, but it does not seem that anyone is holding people accountable to easing that burden. Erick stated that getting huge bureaucracies to think about this is challenging and he was not sure how quickly it would happen.
- Matt asked whether Erick is the conduit for the Council's input. Erick stated that he would pass the Council's input on.
- Jesse stated that NHAS appears to look at the government through the lens of HIV. She noted that much of the Affordable Care Act has focused on people's overall health and breaking down funding silos. She noted that at a recent AIDS Housing Coalition meeting, people discussed the fact that you must have a certain number of issues to qualify for transitional housing in Seattle, and if you have a case manager you are marked as having less of a need; this disadvantages PLWH. Erick explained that President Obama asked for action plans from every agency. At the same time, he is asking agencies to coordinate. He noted that we are in the middle of a paradigm shift around how social services are happening (including HIV). This could all change with an administration change.
- Kate asked whether the NHAS would be shut down if President Obama is not reelected. Erick stated he did not know what would happen, but that right now they are asking people to collaborate and understand that it is not the sole job of the federal government to end the HIV epidemic.

- Christine noted that it seems like the plan is just *talking* and not really *doing*. Jake agreed it does not seem there is a lot of action outlined. Erick stated that it is up to the federal agencies to create implementation plans. If all areas are making plans in line with the same goals, then it will be possible to collaborate and work toward the same goals. He asked the Council to consider how its actions as a council align with other planning councils across the country.
- Kenneth asked whether there are deadlines for the agencies to create plans, and Erick stated they were due in December of 2010. Summaries of the plans are available at [www.aids.gov](http://www.aids.gov).
- Jesse noted that the Council has had similar goals to those of NHAS and asked the group to consider whether there are things the group could be doing to increase that coordination.
- Randy stated that NHAS asks for local and state plans to be developed. This framework was to target resources in these directions, but it is up to the individual states to respond by partnering with their organizations. He announced he is starting a state-wide advocacy group that will meet by phone next week; this group work with legislators to act on this framework.
- Erick acknowledged that the TGA is already advanced in addressing some of these goals and encouraged the group to examine the existing systems and think about how to make the data and services even better.
- George stated that one of the big challenges is helping people who do not have a lot of resources to access care. He noted that treating people living with HIV is one of the best ways to prevent the spread of infection, so it is frustrating to say that we are going to improve numbers when we are considering ADAP waitlists and decreasing the number of covered visits. He asked where the action item is with funds to support people without having waitlists. Jesse stated that people were shocked in Washington DC to learn that in this state people at 500 CD4 cell count have access to the state ADAP program, when in some states, PLWH cannot get on the ADAP program until they are at 350 or even 250 CD4. The Council has worked to ensure that there is a system to get people into care and keep them in care, which is perhaps being dismantled because of cuts at the state level.
- Matt stated that it will be vital to know what will be covered by Medicaid. If antiretroviral therapy (ART) is covered, then many people will have access to the medications, but this is not known yet. He stated that the Council could make its largest contribution by ensuring that the resources are there as we move into a different healthcare system.
- Erick stated that this area is smart, innovative, and responded to the epidemic early. He suggested that as things change, the TGA should continue to be a model for the rest of the country.

## **BREAK 5:20 – 5:30**

### **VI. Early Intervention Program**

Jesse went over the EIP Report from Richard A. (hand out was distributed at meeting – attached) and the discussed the following points:

- In addition, to cuts to HIV Client Services, other cuts will also affect PLWH. Medicaid has proposed cutting all prescription drug coverage. This would mean that Washington would be the only state in the nation without this. Disability Lifeline (formerly General Assistance Unemployable) has been eliminated. Substance abuse treatment has been eliminated.
- Sometimes departments propose the most extreme cuts to show that their department should not be cut.
- These cuts are only proposed. The legislature will meet in late November to discuss which cuts will actually be implemented.
- Proposed cuts to HIV Client Services:
  - Cancel a contact with Tacoma Pierce County Health Department for case finding and outreach to those never in care or lost to care.

- Review clients with Washington State High-risk Insurance Pool (WSHIP) Basic Plus and only cover Part D premiums.
- Eliminated coverage Medicare Advantage plans for clients on Medicare Part B or Part D and only cover Part D premiums.
- Eliminate release planning for prisoners.
- Eliminate dental services. This program's budget is \$900,000, \$150,000 from Part A funds.
- Eliminate all community services in Ryan White Part B agencies except Medical case management. This would mean the disparity between the TGA and the rest of the state would be enormous, which could mean migration to the TGA.
- Cut Part B Medical case management by 11% (note: each County outside of the TGA will have a 21% cut; for some counties which currently only fund case management, the case management cut will be 21%).
- Eliminate prescription coverage for all EIP clients in Group 2 (not on ART and not on insurance).
- Eliminate coverage of medical visit and laboratory copays. EIP will continue to pay drug copays because they get reimbursements for these.
- Prevention – Eliminate syringe exchange in low prevalence counties. In the Seattle TGA, there is one high prevalence county - King, one moderate prevalence county - Snohomish and one low-prevalence county - Island.

The group asked questions and discussed the following points:

- James noted these cuts would go into effect January 1, 2012. He added that EIP was already planning to make some of these cuts (including the cut to Medicare Advantage and WSHIP Basic Plus) and were allowed to include them in their proposed cuts.
- Jesse noted that because of the loss of funds, some of the counties will not be able to continue providing services. United Communities AIDS Network (UCAN) in Thurston County has said they will no longer provide case management, as have two other jurisdictions.
- Shireesha recalled Richard A. stating that he applied for supplemental national funds for ADAP. Jesse stated that Washington was awarded some additional funds for ADAP, and all of these cuts include the additional funds.
- Kate asked whether EIP would be able to cover Medicaid's prescription coverage cut. Jesse explained that there are 2,680 PLWH whose prescriptions are paid for by Medicaid. The cost of these is estimated to be about \$18 million per year, about half of the total EIP budget so there would be no way that the program could incorporate those additional clients. Even if 100% of Part A funds were put into ADAP, it would not come close to addressing the problem.
- Pat asked whether Richard A. has said anything about when an ADAP waitlist may be started, and Jesse stated he is very hesitant to start a waitlist, but doing so is inevitable.
- Nykia reported she had attended a meeting with the Healthcare Authority at which they went over policy and eligibility changes going into effect in November. Jesse explained that these are the changes that were voted on already. A new legislative session will happen in November where the above listed proposed changes will be discussed, and the changes would go into effect January 1, 2012 – there may be only two weeks notice. She added that the Medicaid prescription drug cut is on the list for legislative lobbying for Public Health – Seattle and King County.
- Shireesha asked about whether progress had been made on the Medicaid 1115 waiver. Jesse stated there had been conversation about this at the EIP Steering Committee meeting, but there had been some pushback from providers who were concerned about many of their patients switching from insurance to Medicaid (which does not reimburse as well) as well as from consumers who would not want to switch from insurance to Medicaid coverage. The conversation is still alive, but if Medicaid no longer covers prescription drugs, there is no point. Randy stated that there other options with the waiver besides changing eligibility – changing the way the coverage is administered, what services are covered, and changing provider rates, but you must show that the changes are cost neutral. Doug Porter (from the Health Care Authority) has said the

waiver will not happen. However, Randy suggested this is something the new state-wide advocacy committee could address.

- Randy emphasized the importance of connecting with legislators across the state. He noted that some services will be federally mandated in the future, but we have to think about the interim.
- Jesse added that decisions around Healthcare Reform are still being made – the states are currently determining what healthcare exchanges will look like and essential benefits package is being put together.
- Jesse clarified the Council can do some advocacy work and can direct the Executive Committee to do this.
- Randy stressed that it is important for people at different points of the HIV continuum to be involved in advocacy, especially as service providers may have more latitude than government employees. The group is working to share information with DOH.
- Kate asked whether WSHIP would be open to people whose Medicaid prescription drug coverage was cut, Jesse explained that the answer to this was essentially the same as the answer to her question about ADAP, because the way that ADAP in Washington pays for people's prescriptions is by buying them insurance. So, while anyone could apply for WSHIP, EIP would not have the funds to cover the premiums, and these are very expensive to pay out of pocket.
- Glenn asked whether EIP would stop paying deductibles as well as copays. Jamie stated she had not heard anything about deductible coverage being eliminated.

## VII. Cooperative Agreement Between the Council and Public Health

Matt stated that in the meeting to discuss the Cooperative Agreement, there was relatively little negotiation and almost no disagreement. There were no real major changes other than the removal of language related to the Council's work with prevention.

**MOTION:** Shireesha moved to approve the Cooperative Agreement and direct the co-chairs to sign it. Kate seconded. There was no discussion.

**☑ The motion passed unanimously with the following members in favor:** Arnell, Amy, Tim, Kenneth, Shireesha, Kate, George, Matt, Oscar, Chris H., Jamie, Nykia, Jake, David, Higinio, Pat, Christine, James, Germán, Paul

Jesse explained that the next step would be to revise the Council's bylaws, which the Executive Committee will address.

## VIII. Other Business/Next meeting

Jesse announced that the Snohomish Island Committee (SIC) needs additional members who are Council members. Christine Oyaró's term has ended on the Council and Higinio will be leaving the Council in December after serving three terms. Because SIC is a prioritization committee it must have two thirds Council members, so losing SIC members who are Council members means that fewer Snohomish and Island County community members can be on SIC. She asked that Council members consider joining SIC.

The meeting adjourned at 6:00pm.

**NEXT MEETING:** Monday, November 14, 2011 4:00 – 6:00 at the **2100 Building – 2100 24<sup>th</sup> Ave. S, Seattle 98144**