

# Seattle HIV/AIDS Planning Council

Monday, September 12, 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)<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 Report</b> (Jeff)   | <b>4:05</b> |
| V.    | <b>Needs Assessment Update</b> (Elizabeth Barash)  | <b>4:20</b> |
| VI.   | <b>Understanding How to Use Your New King County Email</b> <span style="float: right;">📎 Attachment: pink</span><br>➤ <b>Action:</b> Starting after this meeting, all email correspondence related to the Council (between Council members, with Council staff, and with other persons about the Council must happen solely through these new accounts.                                  | <b>4:35</b> |
| VII.  | <b>Early Intervention Program (EIP) Check-in</b> (Shireesha, Jake and Richard A.)  | <b>4:50</b> |
| VIII. | <b>Consumer Caucus Report</b> (Chris, Joachim)   | <b>5:05</b> |
| IX.   | <b>Break</b>   | <b>5:20</b> |
| X.    | <b>Comprehensive Plan</b> (Chris P., Kenneth, Jesse) <ul style="list-style-type: none"><li>• Overview of the 2009-11 Comprehensive Plan and what goals were met/not met</li><li>• Review the Guidance and how it differs from past years</li><li>• Brainstorm ideas about what may be happening over the next three years</li><li>• What will be happening at the next meeting</li></ul> | <b>5:35</b> |
| XI.   | <b>Membership Committee Report</b> (Oscar, Jake)   | <b>6:15</b> |
| XII.  | <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, September 12, 2011

4:00pm - 6:30pm

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

**Council Members Present:** *Amy Bennett, Tim Blitch, Kenneth Burk, Sergio Cueva Flores, Kate Elling, George Froehle, Oscar Grey, Jamie Johnson, Nykia Johnson, Jake Ketchum, Higinio Martinez, Jonas Nicotra, Christine Oyaro, Jodie Prezzi, Chris Porter, Richard Prasad, James Redel, Germán Rodríguez*

**Persons Nominated by the Council, but not appointed by the King County Executive Present:**  
Pat Migliore

**Council Members Absent:** *Richard Aleshire, Shireesha Dhanireddy, Matt Golden, Joachim Hawn, Chris Haworth, David Lee, Michael Raitt (emeritus), Ed Wilhoite, Paul Williams*

**Persons Nominated by the Council, but not appointed by the King County Executive Absent:**  
Arnell Alston

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

**Public Health Staff Present:** Javier Amaya, Elizabeth Barash, Linda Coomas, Becca Hutcheson, Jeff Natter

**Guests:** Randy Russell (Lifelong), Erick Seelbach (Health and Human Services – HHS), Angie Ulrich, (Public Health Intern), Debra Wafer (Gilead Sciences)

*Italics denote Planning Council Membership.*

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

The group did a round of introductions and stated affiliations.

Richard P. announced that Country Doctor is having a fundraiser called Eat Out on Capitol Hill on Wednesday, September 14.

Nykia announced that there will be changes to the Disability Lifeline (formerly known as General Assistance Unemployable) – it is expected to end in November. Jodie clarified that funds for the financial part of Disability Lifeline will end on October 31, 2011; medical coverage will likely continue for 90 days after.

## **II. Meeting Agenda**

Jake noted there were no changes to report on the Early Intervention Program (EIP), and the group agreed to take this report off of the agenda. One Consumer Caucus Co-Chair was absent for the Council meeting, and the other did not attend the Consumer Caucus meeting, so Jake agreed to make the Consumer Caucus report.

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

### III. August Meeting Minutes

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

### IV. Grantee Report

Jeff reported the following items:

- The Ryan White Part A Award was announced for fiscal year (FY) 2011: \$6,603,923, which is \$216,814 less than last year's award, but still better than the initial (incorrect) award which was a much deeper cut. The Minority AIDS Initiative (MAI) award is \$266,103 – a \$33,000 increase from last year.

*<Pat entered at 4:10pm>*

- Jeff has implemented the Council's decrement plan and is asking for revised budgets and scopes of work from programs.
- The application received score of 84, a lower score than recent years' applications. The grant scored 100% in all of the traditional sections. The new section of the grant called Early Identification of Individuals with HIV/AIDS (EIIHA), worth 34% of the overall score, is the area where points were lost. This section is about getting people counseling and testing and into care and is very difficult to write because our area does not use Part A funds for this.
- The 2012 Part A application guidance was released. It includes new sections asking grantees to respond to the new monitoring standards and to the National HIV/AIDS Strategy.
- The Department of Health (DOH) received the Part B award. They received additional funds for AIDS Drug Assistance Program (ADAP), which is good news. However, there is a State budget deficit, so programs have been asked to revise and cut their budgets.

*<Randy Russell, Jonas and Christine entered at 4:15pm>*

### V. Needs Assessment Update

Elizabeth reported on the status of the Comprehensive Care Needs Assessment (report attached) and asked the group for input.

*<Chris Porter entered at 4:20pm>*

The group discussed:

- Jesse noted that King County needs to be able to plan in early 2012 for FY 2012-13.
- Elizabeth clarified that while there are only 56 Expanded Needs Assessment completed interviews, 160 Medical Monitoring Project (MMP) interviews have also been completed.
- Jodie asked how the providers were surveyed, and Jesse stated that the project attempted to contact all providers by email, and they succeeded in getting many responses.
- Jeff asked what the fallback plan would be if the responses to the random sample are too few. Elizabeth stated that staff plan to meet in December to decide.
- James asked how the real time sample might be paid for, and Elizabeth stated that staff time may be moved around and/or there may be funds left over from unused incentives for the phone interviews.
- Randy Russell offered to help find funds to complete the assessment; however, this would be a conflict of interest.
- Jesse and Elizabeth talked about some thoughts and concerns about the assessment:
  - One idea would be to just do the real time sample to get more responses, but Matt Golden is concerned about the people who have not been reached in the sample for the phone interviews. The HIV/AIDS Reporting System (HARS) database sample is supposed to be representative, and Matt is concerned about the difference between

that sampling method and the real time sampling. It is difficult to combine the methods but it can be done in analysis.

- Because the real time sample would not take long to put together, staff could wait until December to see if the other method was successful.
- Matt is also concerned that Madison Clinic would bias the sample toward those who are Ryan White eligible, but this the population the Council is most interested in. The majority of the respondents to the phone interviews are also Ryan White eligible.
- Staff originally thought the sample would be limited to people in the HARS database who had received labs in the last few years, but it was drawn on everyone in the database. While we want the sample to be representative of everyone (including people who have been out of care for many years), we also want to ensure the sample does not include people who have moved out of state or died. Tim asked why there are people who have died in the HARS database and Amy explained that because of the frequency at which these databases are updated with moves and deaths, it is possible to sample people in a window period in which they have not yet been updated in the database.
- Becca asked if there would be enough time for analysis if the Council waited until December and needed to implement a fall back plan. Elizabeth explained that the Madison Clinic sample could be completed in a short time – maybe two weeks.
- Nykia suggested staff check whether some of the participants who have not responded may be in jail and offered to help connect them if they are.
- Kate suggested that the assessment be reevaluated sooner than December to allow more time if other sampling methods are needed.
- When the new Expanded Needs Assessment was approved by the council, it was with the caveat that if it was not going well by the end of the summer, it would switch back to the convenience sample with the paper survey. Although the response rate is low so far, staff would like to continue to pursue the current sample because it has yielded some data, and it seems that more can be done with the sample. James stated that because it is the first time this method is being used, the Council should try to make it work; if it is successful, it will be better data.
- Jesse added it is possible that the Transitional Grant Area (TGA) will plan as a whole for FY 2012-13. Snohomish and Island Counties had a plan for 2011, but not for 2012, which is why they would do a separate planning process for 2012. The Snohomish Island Committee (SIC) could choose to carry the 2011 plan forward for 2012. However, if they decide to create a new 2012 plan, they will need the data soon. There is not time to use other sampling methods before that process, so staff are really focusing efforts on those sampled from Snohomish and Island Counties.

***☑ The Council agreed by acclamation that staff can continue the current needs assessment method and update the Council again in November.***

## **VI. Understanding How to Use Your New King County Email**

Jesse announced that beginning Tuesday, September 13, 2011 email contact between Council members, between Council members and staff, or between Council members and members of the public related to the Council's work should be conducted only via King County email accounts, and all emails will be archived.

Staff went over how to log in to accounts. Kate logged into her account while it was projected on a screen so that Council members could see the process. Council members should contact Courtney with any questions regarding logging into their accounts or accessing email on their smart phones.

## VII. Consumer Caucus Report

Jake reported the following items:

- The Consumer Caucus is currently planning a meeting in Snohomish County, and they may try to make this close to the next Snohomish-Island Committee meeting.
- The group discussed recruitment strategies for the Council and the Caucus. The Council currently needs female consumers and King County consumers. Jake will work with Courtney to create some outreach materials with information about the Consumer Caucus.

**5:00 – 5:10 BREAK**

## VIII. Comprehensive Plan

Kenneth noted that at the last Council meeting, the group had agreed to have the Executive Committee work on the Comprehensive Plan. The committee decided that it needed the expertise that exists on the Council to create the plan, and would like the Council to brainstorm goals. Jesse explained that the Comprehensive Plan is a chance for the Council to take a step back from the work that it does and look at the big picture. Jesse put up some ground rules for the brainstorm. Chris P. and Kenneth posed questions and gave examples, and the group brainstormed the following ideas:

What do we like about the system of care we have now?

- It is one of the more comprehensive systems in the country.
- We have streamlined care so that case managers at any agency can access services for their clients from different agencies.
- Case managers can access medical records. Therefore when your doctor does not have time to tell you things the case manager can follow up.
- Traditionally there have been a lot of services offered.
- There is a strong drug formulary covered by ADAP. Lots of people move here because we cover more drugs than other states.
- Insurance premiums are paid for which provides more comprehensive care, and insurance does not exclude those with pre-existing conditions.
- There is a lot of collaboration among service providers and not a lot of duplication of services.
- Providers take consumer input seriously and design programs around client needs.
- There is not yet an ADAP waiting list.
- Medical care is superb and linked to research.
- There is a large pool of qualified medical providers to choose from.
- Care is more comprehensive—for instance nutrition is part of care.
- Case management works.
- As a case manager having resources to refer to is important, and non-duplication of efforts is important.
- Compared to other areas, the relationship between consumers, providers and the health district is strong and pretty respectful.
- People's heart is in the right place. Providers seem very concerned about the needs of consumers; consumers are mindful of the needs of other consumers; the Council is always focused on not letting people fall through the cracks.
- There is an extensive AIDS housing inventory which is unique in a city of this size.
- Providers listen to consumers, give options and let consumers make choices for themselves.
- We have a holistic approach to care, which includes housing and other support services.
- We have a grantee who is flexible and connected to the community.
- We do a very good job of not letting people fall through the cracks. Those testing positive are immediately moved into care. The NOTICE project finds those who have fallen out of care.

Providers work hard to contact patients who are out of care. Jail case management program finds others not in care.

- We care about keeping our data up to date. We put our resources into actively collecting data and come up with new ways of collecting and improving data.
- We are unique in having a local epidemiology department, rather than relying on the State for data.
- Our local response to HIV started early which has given the system time to mature. We were and are ahead of the curve.
- People in research positions make information available to consumers in various ways.
- We have continued to have strong needle exchange and harm reduction programs. Through these programs Hepatitis C testing and access to substance abuse treatment are available when needed. This has kept HIV prevalence in injection drug users low and decreasing over time.
- There is always somewhere to go or a way to get a service that is needed.

#### What don't we like about the system of care, or what do we want to change?

- Clients continue to get reminders even after they have opted out of a medical procedure/screening.
- Restrictions on the part of federal funders have squeezed the creativity of the system. We no longer have the flexibility and the funding resources.
- There has been some communication breakdown where it had previously been good, related to state budget cuts.
- Level funding is a decrease in funding; more people are living with HIV but there is less to go around.
- Not getting the Ryan White award until very late in the year created havoc for service providers and clients.
- We do not know what will happen with healthcare reform, and how to prepare for it.
- There are more bureaucratic federal requirements – providers have to spend more time doing administrative work, which means less time for clients.
- Providers are becoming burnt out due to having ever-increasing client loads, and, in many cases, lower wages.
- Loss of the General Assistance Unemployable funding.
- Even though we do have an extensive AIDS housing inventory, we still don't have enough.
- Outside of Ryan White, other resources are also diminishing, such as Medicaid dental and some medications.
- ADAP and Medicaid formularies have decreased, causing consumers to have to cover more costs out of pocket.
- There is inequality of services offered to different populations. For instance there are fewer services for women than gay men.
- There is a lack of extra support for the most needy.
- There is a disincentive to return to the workforce because of losing benefits.
- As a consumer its difficult having your general healthcare be separated from your HIV care.
- Consumers are not getting all of the information that they need from providers. In some cases there is a lack of transparency related to what is available, leaving consumers feeling like information is being kept from them.
- There is a lack of services to communities of color, especially non-LGBTQ communities of color.
- There is a lack of services for women and heterosexual men.
- There is reduced lab coverage for EIP clients who are now in Groups 2 and 3.
- The new separation of care and prevention, in which the Council is not able to direct prevention funding means that the system is less unified.
- It's a problem that, due to cuts to EIP, insurance has been discontinued for many clients.
- Where is the transgender community? We don't really talk about them; how do we include them?

- There is a lack of consumer participation in places where there is opportunity for input, such as the needs assessment.
- The broad continuum of care has been chipped away over time. We have lost: Psychosocial support, Referral, and Medical nutrition therapy recently, and other services before that.
- We need to find new ways to communicate with consumers, many of whom feel over-surveyed.
- We are missing opportunities for collaboration that will be a requirement of the new health care legislation.
- HIV care has lost the urgency it had in the early days of the epidemic, but there should still be the same kind of energy focused on LGBTQ and People of Color communities, which have been left to manage their own crisis alone. The numbers are high in these communities and we should pay attention to this. There is not the quick response their once was.
- We need to partner doctors in suburban and rural areas with experienced HIV providers in the urban core, so that consumers in outlying areas do not have to travel as far all of the time.
- The end of federal legislation mandating testing for immigrants means that many immigrants are not learning of their HIV infection early and are therefore sicker when they get into care, and more likely to have passed the virus onto others.
- There needs to be more Executive Directors of agencies involved in continuum-wide planning activities like the Council.
- There is no centralized eligibility system, which means that many service providers have to duplicate that work.
- There is no centralized client-level data yet.
- Changes to EIP have caused case managers to spend a lot of time on working on EIP re-enrollment, and other programs to cover medical costs. This decreases their ability to spend time on other things.

*<George left at 5:40pm>*

#### What is all of this leading to?

- A complete restructuring of our system.
- We must utilize limited resources.
- We must lay the groundwork to think beyond Ryan White and prepare for health care reform.
- We have to do more with less.
- We must have better collaboration and communication.
- Consumers need to do more of the footwork themselves.
- We need to define goals and plans for the Council related to these changes.
- We need to think of the role of the Council and the grantee in a different light. How do we help the community health centers provide services to PLWH? How do we prepare consumers for the changes?
- The integration (into the Affordable Care Act) is going to lead to a lot more paperwork.
- How can we carry forward the creativity and strengths of this system into the new world of health care reform, the National HIV/AIDS Strategy and Healthy People 2020?
- How do we improve the system, including changing the things we don't like? How can we change some of these things, and have a clear strategy in our Comprehensive Plan to move the system towards improvement?
- How can we ensure that our ideas become part of the implementation of the Affordable Care Act and the National AIDS Strategy? How do we get invited to the table?
- We need to reach the greatest number of people living with HIV and ensure that all have access to medication.
- Health care reform will re-define case management, and it is essential that we strengthen our collaboration now.
- We have to help others realize the importance of an array of support services for PLWH which help them to stay in care and be successful on medications.

- We need to address the aging population.
- We need to address a healthier population that will need to enter or re-enter the workforce, often after a significant gap in work.
- We need to address significant issues related to mental health.
- Changes in how HIV is managed means that people with HIV cannot readily get disability status and must move forward in a different way to address their disease and their lives.

Council members should contact, Kenneth, Chris P., Jesse or Courtney with other ideas they may have.

Chris P. explained that the Council will have an opportunity to look at the Affordable Care Act (ACA), Healthy People 2020, and the National AIDS Strategy and consider how to incorporate them into the Council's plan. Erick Seelbach will do a presentation on the National HIV/AIDS strategy at the next meeting. Chris P. has given a presentation on the ACA to the Executive Committee and could do this for the Council as well. Because this is a new time, the Council will start fresh with the Comprehensive Plan and develop its goals and objectives (rather than just update the last plan). Erick added that if anyone has questions about the National Strategy they should give them to Jesse, who will get them to Erick before his presentation.

## IX. Membership Committee Report

Jake reported that at the August meeting, the committee discussed gaps in Council membership: King County consumers and female consumers. The committee will interview one King County consumer at the September meeting. Over the next few months, several members will be leaving the Council, and the Membership Committee is working on looking for applicants for those positions.

## X. Other business

Randy Russell reported there are two upcoming meetings related to the National HIV/AIDS Strategy:

- One of six national listening sessions on the National HIV/AIDS Strategy will be held in Seattle on October 4, at Swedish Medical Center. He reported this session would be for providers, by invitation only and is titled Building Capacity within the HIV Workforce.

*Post meeting update:* this meeting is now open to the public but requires registration at: <http://www.whitehouse.gov/blog/2011/09/13/latest-update-registering-nhas-implementation-dialogues>.

- The National AIDS Housing Coalition is sponsoring a National Housing Opportunities for People With AIDS (HOPWA) and HIV/AIDS Housing listening session. The director of the HOPWA office will be present. This is one of seven sessions in the United States, and it will present research on how AIDS Housing relates to prevention and the National Strategy. The meeting will be on October 17, 10:00am – 2:00pm, and will be hosted by Plymouth Housing Group. This meeting is open to the public; RSVP to [kimc@lhaa.org](mailto:kimc@lhaa.org).

Jesse noted that Jeff had stated there are not enough Executive Directors on the Council. She noted that Randy Russell, who is the executive director at Lifelong, has expressed interest in applying for the Council and has expertise in Health Care Reform. She asked whether the Council would be interested in seeing an application from Randy, and some members agreed.

The meeting adjourned at 6:20pm.

**Next Meeting:** Monday, October 10, 2011, 4:00 – 6:30pm at the **2100 Building – 2100 24<sup>th</sup> Ave. S, Seattle 98144.**