Seattle HIV/AIDS Planning Council

Monday, April 13, 2009-- 4:00 p.m.–6:30 p.m.
2100 Building – 2100 24th Avenue South

AGENDA

I. **Welcome, Introductions & Announcements** 4:00

II. **Meeting Agenda** *(2 min)*
- **Action**: Review and Approve

III. **Minutes:** *(3 min)* 🗁 *Attachment: white*
- **Action:** Review and Approve 4:05

IV. **Grantee Reports** (Jeff & Barb) 4:10

V. **Care Increment** (Arthur & Tony) 🗁 *Attachment: yellow* 4:25
- Committee created an increment plan for $400,000, but needs your help on the $700,000
- **Action:** Review and vote on the $400,000 increment plan
- **Action:** Create a $700,000 increment plan

VI. **Council Budget** (Jesse & Execs) 🗁 *Attachment: green for money or lack thereof* 5:25

VII. **Break** 5:40

VIII. **Council Readiness for Consumer Engagement Activities** (Tony & Jeff) 5:55
- Report on the training they attended

IX. **Prevention Prioritization** (Erick & Bob) 6:15
•Prevention Prioritization, meetings 6-9

X. **Other Business/Next Meeting** 6:25

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

Seattle HIV/AIDS
Planning Council

Minutes ⌘ Monday, April 13, 2009
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bauer, Sergio Cueva Flores, Shireesha Dhanireddy, Philip Doles, Kate Elling, Brandie Flood, Joseph Grant, Gerrie LaQuey, David Lee, Higinio Martinez, Marcos Martinez, Ruth Njoroge, Kris Nyrop, Ron Padgett, Arthur Padilla, Kevin Patz, Jodie Pezzi, Tony Radovich, Michael Raitt, Germán Rodríguez, Bob Wood*

Council Members Not Yet Appointed by the Executive Present: *Ryan Ceurvorst*

Council Members Absent: *Melinda Giovengo, Sarah Kent (Emeritus), Kieu-Anh King, Eric Miles, Andrew Murphy, James Redel, Pam Ryan, Erick Seelbach*

Planning Council Staff Present: Jesse Chipps, Courtney Speigner (minutes), Joshua O'Neal

Public Health Staff Present: Jeff Natter, Barb Gamble

Guests: Bora Chung, Michelle Desmond, Darren Laymen, David Richart, Dan Shaughnessy, Randi Shepler

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Ron announced the next AACT Committee meeting: Wednesday, April 15, at 4:00pm at the Yesler Building.

Kris announced that King County is building a new jail, and that he brought a petition for those opposing a new jail to sign.

Barb announced that Sharon Bogan's baby, Justine, was born last week.

Jesse explained the handouts for the meeting:

- A handout provided by David Lee on a bill proposing elimination of AIDSNets. Barb will explain the bill further in her grantee update.
- A NASTAD article provided by Bob on consumer involvement in community planning
- In the mailer, the group received a background document on Care Prioritization and a spreadsheet of the increment plan to date. The spreadsheet lists the order of services based on a combination of consumer and provider priorities. At the meeting the group received documents of consumer and provider priorities and gaps as well as Categorical Data Reports (CDRs) for currently funded services.
- Information on a potential satellite clinic in South King County.

II. Meeting Agenda

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

III. March Meeting Minutes

- p.7 – The last line should read, "Richard confirmed *that* EIP terms have not ended (removing reference to SPG).
- p.7 – For the vote on the PLWH Co-Chair, it was unclear whether an additional person may have abstained or left the meeting. No one in the group remembered someone leaving or abstaining, so it will be left as is in the minutes.

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

IV. Grantee Reports

Care

Jeff reported receiving three proposals totaling $250,000 for Minority AIDS Initiative funds (over requested by $78,390). This week, an unconflicted review panel is meeting for orientation, and the awards should be determined by mid-May.

He also announced that the first round on the Consumer Awareness Project, the "What's Your Score" campaign, is ending and the second round on addressing adherence should be out soon.

Prevention

Barb reported that the budget reduction worst case scenario is now believed to be 30% for 2010. The Washington state budget is still not final, which provides a large portion of prevention funding through the AIDS Omnibus bill.

Barb explained that a new bill proposes eliminating the AIDSNet structure. Currently, there are six AIDSNet regions that receive AIDS Omnibus and CDC dollars and coordinate expenditure of those dollars in alignment with the prevention plan that each region produces. This bill proposes that community programs contract directly with the State Department of Health (DOH), but there is little detail in the proposal regarding how this would be accomplished. Currently, DOH is understaffed and has a hiring freeze. Jeff noted this process would place a similar burden on the care services portion of DOH. Bob added that it is still unclear whether the bill proposes to eliminate local prevention planning, and hopefully, if enacted, implementation would be postponed until 2010 to have time for planning. Barb noted there is no CDC requirement for local planning groups, so the SPG could fulfill CDC requirements. Jesse noted that for care, local planning would go away in other regions except King County. David R. noted that funding for AIDSNet Coordinators would not be in the budgets.

Barb also announced that at the next SPG meeting there will be a training on recruitment and retention of members for community planning groups. This will be at the SeaTac Holiday Inn on May 28, and interested persons should contact Kris or Barb.

V. Care Increment

Jeff explained that he would not know the amount of the Ryan White Award until the end of April at the earliest. Richard announced he had received notice of the Part B award, which was a 12.7% increase. There is an additional $697,000 for the base amount which will go into parity and an additional $793,000 for ADAP. Jeff asked how this would affect the Part A contributions to ADAP and to Snohomish. Richard explained that they do not yet know the supplemental award and hope to know by mid-May to finalize the parity process. He added that as it is, the state budget is worded such that EIP is capped at 95% in the senate's proposal and 98% for the house. That wording implies that if ADAP receives more federal dollars, they have a maximum amount they are allowed to spend and will have to return dollars to the state.

Jesse explained the group would first vote on the $400,000 Increment Plan already created by the Care Prioritization Committee.

MOTION: Tony moved to approve the $400,000 increment plan. Higinio seconded.

Discussion: David R. asked what would happen if ADAP could not use the amount allocated to them in the increment plan. It was explained that Jeff would then skip to the next prioritized service in the increment plan.

☑ ***The motioned passed with 20 in favor and Michael abstaining.***

Jesse stated that when making an increment plan for a larger amount, the group begins with the initial increment as the base. This is the first time the Council has done prioritization work at a Council meeting. Usually prioritization is done by consensus, but the Council makes decisions by vote. Members cannot vote in category where they have a conflict of interest, but they can speak on the issue. Any conflicted member can also vote on the entire plan.

Jesse explained the CDRs and noted that the chances of a category with more vendors, like Medical Case Management (MCM) being over-requested is very high. However, in a category where only one agency would apply, that agency would likely not request more than the amount offered. An over-request in a category does not necessarily mean the request is valuable or justifiable. She added that the proposal review panel's recommendations for increment are based on the proposals, not data. Jeff added that his comments on the CDRs are opinions, not proposals.

Jesse explained that at the last Care Increment meeting, members had discussed the idea of a brand new project, a satellite clinic in South King County. This idea came from the comprehensive plan, which identified people in South King County as being an emerging population. There is new information on the overview of costs of current satellite clinics, data on numbers of HIV cases in South King County by city, and Madison Clinic patients by zip code. Jeff explained that if he put money to bid in an RFP this year the process would take three to four months; the program would not be up and running until the fourth quarter. Jeff stated that if the Council decides to fund a new program, then they could put the money into ADAP now to defray this region's ADAP contribution for 2010. These funds could then be used to in Ambulatory/Outpatient in 2010.

Barb asked whether the Council may assign some funding to a category that has not been previously funded, Health Education/Risk Reduction, as long as it would fall within the 75% to core services mandate. Jesse stated that they group can do this; however this group does not have access to all of the data that the full committee had.

☑ ***The group agreed to begin with the highest ranked service and work their way down.***

<u>Additional funding into ADAP for a new program in 2010</u>

Arthur asked what effect putting more than 10% into ADAP would have. Jesse explained that if ADAP receives more federal dollars, state dollars may be deducted from ADAP. This means the group may not be able to allocate money to ADAP to be counted for the 2010 contribution in order to have funds for a new program next year. Arthur expressed concern that if the group allocates money to ADAP now, and ADAP ends up having to give it back, then it will be difficult to spend out the money in time. Richard stated he has heard that it wasn't the intent of the legislation to cap other sources of funding, but he won't know for awhile how the final legislation will be written. It was noted that over-allocating money into ADAP would essentially subsidize the state's budget, which the Council would not do. Richard stated that the state would spend the Ryan White funds first. Jeff noted that the first quarter will soon end, and the group cannot wait until the legislation is final to set an increment plan, because Jeff will need to be able to revise contracts as soon as he knows about the full Ryan White award. Richard stated that they are also finding ways to reduce the cost of EIP, so they would not request more money from the Planning Council. Arthur stated that while the new program seems viable, it's too much risk to allocate extra funds into ADAP this year. Jesse noted that group could still provide funding for a new program for one quarter this year with the understanding they would fund a full year in 2010.

☑ ***The group agreed they would not put additional funds into ADAP to defray costs for 2010.***

Ambulatory/Outpatient Medical Care:

The group discussed the possibility of a new satellite clinic in South King County:

- Bob stated that the South region has largest growing population with HIV and asked how many are being served in Snohomish and Kitsap clinics. Shireesha stated that the Kitsap clinic is partnered with the Health Department. It is an older program, and a provider works there one day per week and sees 90 clients overall. The Snohomish clinic is partnered with an existing community health clinic. It has been open not yet a year and has seen 19 clients and 70 visits (not including this quarter). Madison Clinic would want to partner with an existing community health center in South King County. They had approached the director of a clinic there, but it would take a lot of legal agreements and is not something that could start in a just a couple of months.
- Bob stated there are already at least three times as many patients who live in South King County getting services at Madison Clinic. Amy clarified that the number of cases has not doubled in South King County since 2008 as it might appear; the data Amy provided is by current address, not address at diagnosis (so it's showing some folks who might have moved to the South King County area after diagnosis).
- Kris stated that it would make sense to consider opening a clinic for a full year in 2010, and a few members agreed. The Council would reconvene to come up with a 2010 funding plan.
- Kate noted that a lot of people with HIV in South King County are being served, so this clinic would not be as much about getting people into care as enhancing services for them.
- Tony asked whether existing clients would be willing to go to a new clinic and get a new doctor, when many may have established a relationship with their existing providers. Shireesha stated they have not polled clients on this, but they have heard many complaints around parking and transportation and have a significant no-show rate. For residents of Kitsap, transportation was a large barrier due to time and needing to take a ferry, and about 10% of patients were not in care and many more were not getting the level care they needed.
- Jesse stated that in the 2007 needs assessment people in South King County were less likely to be satisfied with how far they had to travel for medical care. The 2009 survey will include the question, "Is distance a barrier for you in accessing medical care?" and will also record zip codes.
- David L. asked what the capacity for seeing patients would be, and Shireesha answered that for 10% FTE (a half day at clinic), they could see about 30-40 patients. A full day of clinic would serve 90 patients.
- Amy clarified that the data showing number of cases in South King County is by city and to ignore the listed zip codes.
- Tony stated he would like to have data on the race distribution of South King County cases. Jesse stated that the 2007 needs assessment found that PLWH in South King County were more likely to be People of Color, more likely to be women, and more likely to be foreign born. Amy stated she could get more information on the epidemic in South King County.
- Amy asked whether it's possible to prepay rent, and Jeff answered it is not.
- Kris stated the group did not have enough time to make the decision about a satellite clinic today and suggested discussing it for 2010 funding in the future.

☑ ***The group agreed by acclamation to discuss the satellite clinic at a later meeting for 2010 funding.***

Kris asked whether there would be any reason to make an increment now to Ambulatory/Outpatient Care for this year. Jesse clarified that Jeff would be able to easily allocate $13,874, however anymore would require an RFP.

☑ ***The group agreed to not allocate increment funding to Ambulatory/Outpatient Care.***

ADAP

The group noted that the lack of clarity about the state budget language made it difficult to put more money into this category.

☑ ***The group agreed not to add any more funding to ADAP.***

Medical Case Management (MCM)

The Care Prioritization Committee had allocated increment funding at the $400,000 level to MCM to help reduce caseloads. Kris noted it was a consumer priority but not the highest priority. Jesse explained that while people said they do have a case manager (so there was no gap), in focus groups participants explained that they didn't see their case manager as often as needed.

Bob noted that when the ranks were established, people had no idea what the potential cuts would be for Health Education/Risk Reduction and he would like to consider this as a category for increment funding. Jesse explained that the priorities and gaps are based on providers' and consumers' responses, not Council or Care Prioritization members, so it would not be possible to change the ranking. Bob stated his feeling that the group should take into account that providers and consumers answered these questions before the economic crisis.

Gerrie explained that currently case managers have up to 120 clients per caseload and that at the $400,000 increment level, the increment funding was to add or retain two case managers. Kate asked whether additional funding would lower caseloads, and Jeff stated it would to a certain degree, but approximately 250 new clients are added each year. He added that for any increment funding over $150,000, he would put out an RFP.

Kevin proposed a total increment of $150,000. Shireesha asked what an additional $38,000 (more than at the $400,000 increment level) would add because it would not provide another staff person. Jeff stated that $38,000 would fund a little higher salary and fill gaps in the proposals that weren't completely funded. Arthur pointed out that the group is only allocating funding for six months of this year. Because of this, next year they would need to allocate twice as much money for the full 12 months.

☑ ***The group agreed to allocate $150,000 of increment funding to Medical Case Management.***

Housing Services

The $400,000 increment plan added $41,877 for an additional housing advocate. Bob stated that this funding cannot buy permanent housing, only housing services. Kris stated he did not see housing to be as critically important as other items. The group voted on whether to increase increment funding for housing, and 8 were in favor, and 7 were against (this was not a two thirds majority so it did not pass). Jesse offered that someone could suggest a smaller amount, but the group agreed to move on.

☑ ***The group agreed not to allocate increment funding to Housing Services.***

Oral Health Care

The group noted this category had not yet been fully allocated by the proposal review panel, and part is be reserved for re-allocation in Oral Health Care based on performance. No increment funding was recommended by the review panel.

☑ ***The group agreed not to allocate increment funding to Oral Health Care.***

Mental Health

Jeff noted that in the current external funding from the state budget for these services will be extremely reduced. This information came after Council decisions on allocations and after proposals were written. Ron proposed $63,382. Jeff stated he would then do an RFP for $30,000. Jesse noted

that at $33,382 there would be no RFP needed, so Ron proposed $33,382, and many group members agreed. Shireesha asked whether $33,382 would enhance services. Jeff noted that of the two programs that were awarded funding, for one program more clients would be added, and for the other program, clients would not be added, but it would help defray other costs. Arthur stated that most people who are Ryan White eligible access dollars from outside the system as well (that are being cut). Not increasing increment funding by more will allow HIV positive clients' services to be reduced. Jesse noted that one of reasons given by the prioritization committee for putting increment funding into MCM was to offset revenue loss from Title XIX Medicaid which also affects mental health, transportation, and other services. Clients must be on Medicaid in order for agencies to bill their services to Title XIX. There are cuts in GAU and how EIP pays spend down, so there will be fewer Medicaid clients, and Title XIX revenue will therefore decrease. Arthur proposed adding $100,000, and several members agreed. Bob disagreed, stating his feeling that Substance Abuse Services (a lower priority service) is more important. Tony stated $100,000 would be too much because people often choose not to access this service; he suggested $60,000, and some members disagreed.

<Brandie entered at 5:40pm>

Jodie asked how much it would cost to add a mental health worker to an existing program. There had been a proposal for $30,000, so this may be about how much it could cost. Kate asked whether $60,000 could be spent in six months, and Jeff replied that $30,000 would go into an RFP, so it would be reasonable. Higinio suggested $63,382 (at $30,000 more than the Proposal Review Panel increment funding recommendation).

☑ ***The group agreed to allocate $63,382 of increment funding to Mental Health.***

Psychosocial support

Because it is a support service, and the proposal review panel did not recommend increment funding, the group determined not to allocate increment funding to this category.

☑ ***The group agreed not to allocate increment funding to Psychosocial Support.***

Food Bank/Home Delivered Meals

Although the proposal review panel did recommend an increment for this category, the Council determined that increment funding should not be added.

☑ ***The group agreed not to allocate increment funding to Food Bank/Home Delivered Meals.***

<Philip left at 5:45>

Substance Abuse Services Outpatient

Bob noted that although this category was under-requested, it is also facing cuts, so he would like to support increment funding for this category. Jodie explained there has been conversation around significant cuts to GAU, and many people get opiate replacement coupons from GAU; additionally, ADATSA will be completely defunded. Kris asked how much of the funding for opiate replacement therapy would go to administration costs, and Jeff answered 10% would go to overhead, but most would go directly to client services. Higinio proposed $50,000, but Kris stated his preference for $70,000.

<Ron left at 5:50>

Kris noted that with so many cuts at the state level, people will come in from other areas. Although Ryan White funds can only be spent on King County residents, folks coming in from other areas will create stress on the system generally. Jeff explained that one reason for under-expenditure last year is that the program helps clients get vouchers through GAU or Title XIX if and when they become eligible, but this is not likely in the future.

☑ ***The group agreed to allocate $70,000 of increment funding to Substance Abuse Services Outpatient.***

Substance Abuse Services Inpatient:

Due to this being a support service, and the very large cost per client, the Council decided not to allocate funds to this service.

☑ ***The group agreed not to allocate increment funding to Substance Abuse Services Inpatient.***

Medical Transportation

Jesse noted that last year this category was merged into case management and primary care, which both now include caveats that they must address transportation for their clients.

☑ ***The group agreed not to allocate increment funding to Transportation.***

Rehabilitation

Jesse explained this category includes speech, vision, and physical therapy and has not been previously funded.

☑ ***The group agreed not to allocate increment funding to Rehabilitation.***

Medical Nutrition Therapy

Kevin recommended $30,000. Jeff explained this category funds medical supplements and that last year the program spent out their funds very quickly, and agencies were surprised by the consumer utilization of the services. Kevin noted that some people were eligible for supplements under Medicaid but may not be in the future with Medicaid cuts. Arthur noted that increment funding of $30,000 would mean an RFP for $15,000.

Jeff offered that if needed he would accept an increment plan for less than $700,000, total.

Jeff stated that because the currently funded program for Medical Nutrition Therapy is an existing program, he may be able to allocate funds directly to them without an RFP, with approval from King County Procurement. Ryan noted that if the group would like to put increment funding into other support services, they must put more funding into core services to maintain at least 75% of funding in core services and suggested $60,000, and there were several dittos.

<Michelle left at 6:00pm>

Shireesha stated her feeling that the group had allocated too little to Mental Health, a higher priority service. Jesse noted the group hadn't funded home health or hospice (the other core services categories left) in some time, and they agreed they would not put increment funding into either. After Medical Nutrition Therapy, the group could go back and revisit Mental Health and other service categories. Arthur suggested $30,000, and everyone agreed.

☑ ***The group agreed to allocate $30,000 of increment funding to Medical Nutrition Therapy.***

The group agreed to continue going through the list in priority order before going back and looking again at higher ranked services.

Health Education/Risk Reduction (HERR)

Jesse reviewed the consumer and provider priorities and gaps. Bob noted that in Prevention Prioritization the group had decided that HIV positive would not be funded as a separate population and services for HIV positives have been categorized into other populations. He suggested $50,000. However, this prevention plan will be implemented in January 2010, and there would only be two months of overlap with the Care fiscal year, so this would not be enough time to spend out the

funding. Barb explained that currently funded Comprehensive Risk Counseling Services (CRCS) programs are meeting service unit goals, and she did not know whether more dollars would fund more services for clients. Kris suggested the group commit to discussing HERR for 2010 funding.

☑ ***The group agreed to discuss Health Education/Risk Reduction at a future meeting for 2010 funding.***

Referral

☑ ***The group agreed not to allocate increment funding to Referral.***

Further Increment Planning

Ruth suggested revisiting psychosocial support. Psychosocial support had been flat funded for two to three years. Jeff explained that in the past, there had not been much documentation about its ability to enroll and maintain clients in care except for programs serving women, so the Council created a caveat that this category would only be funded for services for women. Jesse checked whether the group supported adding any more funding to this category, but the group agreed they would not support increment funding.

Kris noted the two main categories to which the group had been interested in allocating increment funding were mental health and MCM. Kris suggested bringing the total mental health increment funding to $125,000 and putting the rest of the increment into MCM. Shireesha noted that the method of awarding increment funding is to follow the rank order, and mental health would then get a large amount of money before any money went to other lower-ranked but important core and support services.

Due to some concerns about this method of going back, the group decided to accept Jeff's offer of making an increment plan that was for less than $700,000. If a greater increment is needed, the Council will have to address it at that time.

☑ ***The group agreed the increment plan is complete at $600,882.***

Jesse checked in whether members felt it was effective to do some prioritization process during a Council meeting, and people gave the following responses:

- It would work better if there were more time in the meeting, so the group did not have to rush.
- It would have been helpful to have the CDRs (and any other needed data) prior to the meeting to study.
- It may go better in the future when all members have been following and participating in the whole prioritization process.

VII. Council Readiness for Consumer Engagement Activities

Jeff and Tony gave a presentation on C-LINC (see cherry handout), a program in which consumers link other consumers who have unmet need with care. Unmet need is defined as when a person knows s/he is HIV+ and has not had a CD4 count, viral load test or antiretroviral therapy in the last 12 month. They explained there is no new money available for the project, so if the Council was interested and determined the King County area was ready for the project, they would have to decide to fund it. At the next meeting, the group will fill out a self-assessment (which Jeff distributed) and discuss and score it in small groups.

<Ryan left at 6:15pm>

Next Meeting: Monday, May 11, 2009 from 4:00-6:30 at ***the Chinook Building – 401 5th Ave. Seattle, 98104, Rooms 121&123 (1st Floor).***

The meeting adjourned.