

Seattle HIV/AIDS Planning Council

Monday, June 8, 2009-- 4:00 p.m.–6:30 p.m.
2100 Building – 2100 24th Avenue South

AGENDA

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|-------|--|-------------|
| I. | Welcome, Introductions & Announcements | 4:00 |
| II. | Meeting Agenda (2 min)
➤ Action: Review and Approve | |
| III. | Minutes: (3 min) <i>Attachment: white</i>
➤ Action: Review and Approve | 4:05 |
| IV. | Mari Kitahata: Early Initiation of HAART
• Discussion of the implications of this research for the Council's work | 4:10 |
| V. | Break | 5:10 |
| VI. | Grantee Reports (Jeff, Barb) | 5:25 |
| VII. | C-LINC Council Self-Assessment (Jeff, Tony)
➤ Action: Conduct assessment | 5:35 |
| VIII. | Care Prioritization for 2010 and Beyond
➤ Action: Recruit a Steering Committee of Co-Chairs and experienced care prioritizers | 6:20 |
| IX. | 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, June 8, 2009
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bauer, Ryan Ceurvorst, Kate Elling, Joseph Grant, Kieu-Anh King, Gerrie LaQuey, Higinio Martinez, Andrew Murphy, Ruth Njoroge, Kris Nyrop, Arthur Padilla, Kevin Patz, Jodie Pezzi, Tony Radovich, Michael Raitt, James Redel, Pam Ryan, Erick Seelbach, Bob Wood*

Council Members Absent: *Sergio Cueva Flores, Shireesha Dhanireddy (Emeritus), Philip Doles (Emeritus), Brandie Flood, Melinda Giovengo, Sarah Kent (Emeritus), David Lee, Marcos Martinez, Eric Miles, Ron Padgett, Germán Rodríguez*

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

Public Health Staff Present: Frank Chaffee, Jeff Natter

Guests: Doug Erhardt, Alan Krum, Robin Langdale, Darren Layman, Anthony Morgan, Christine Oyaro, Randi Shepler, Junker Wong

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

The group did a round of introductions.

II. Meeting Agenda

Gerrie requested that a vote on new members be added to the agenda.

The agenda was approved as amended by acclamation.

III. May Meeting Minutes

The May minutes were approved as written by acclamation.

IV. Mari Kitahata: Early Initiation of HAART

Bob Wood introduced Mari Kitahata, M.D., M.P.H., Associate Professor of Medicine at the University of Washington, and Director of HIV Clinical Epidemiology and Health Services Research at the UW Center for AIDS Research.

<Kieu-Anh, Anthony Morgan, and Junker Wong entered at 4:05pm>

Mari gave a presentation on early initiation of ART:

- Guidelines for when to start ART have fluctuated without any randomized data to support this. There have been other cohort studies on when to initiate therapy, but these had several limitations.
- Madison Clinic participated in this nationwide study as a part of the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD). The study focuses on evidence-based research methods to address 'When to start ART?'

- The cohort study used state of the art methods that made it similar to a clinical trial approach. Mari talked at length about the rigorous methods used to ensure the quality of the results, including accounting for confounding factors such as intravenous drug use and Hepatitis C.
- The main conclusion was that there was a significant improvement in survival for participants who started ART at 351-500 T-cells instead of 350 or below, and further improvement for those who started above 500 T-cells.
- Starting ART at progressively higher CD4 counts lowers risk of developing toxicities
- These results are likely generalizable to similar populations.
- Mari also talked about Healthcare reform and the importance of a public option, so that care for HIV is not easily omitted. She added that there is agreement in Capitol Hill of doing an extension of the Ryan White Act in September for three years (not a re-authorization). Some people are evaluating the need for Ryan White beyond that time in the era of mandated insurance.

The group asked questions and Mari provided the following responses:

- Randi asked whether other clinics besides Madison Clinic were included in the study, noting that ACTU is limited to Madison Clinic. Mari explained that ACTU and other clinical trials are not a part of this study, as this was not a clinical trial. While this study did not include participants receiving care at Country Doctor or other clinics in Seattle, other sites in North America that participated in the study did include participants from these types of clinics.
- Michael asked whether there are implications for the standards of care. Mari reiterated that there was no randomized evidence to support starting ART later (which is the current standard). Three major cohort studies (including this one) show people should start ART earlier. However, now, a randomized trial is being required to change the standards, so it is unclear what the implications will be.
- Mari added that those who wait until CD4 counts of less than 200 or even 350 to start ART do not regain CD4 counts past around 500. Also, another study with preliminary results is showing that “cumulative viral load” (the amount of virus in one’s system over their lifetime) is associated with mortality.
- Tony noted that it will be important to change consumers’ mindset because they have been told for years about when to initiate. Mari noted that it has been frustrating not to have a better answer about when to start. She has been presenting to different groups on her results and hopes that groups like the Council will assist with disseminating information.
- Kevin noted that ongoing side effects require more medications and asked whether the study looked at these side effects being related to HIV versus HIV medications. Mari stated that while this study did not track that, other studies have shown that conditions such as lipid disorders, cardiovascular disease, lipotrophy, etc., may be in part caused by having HIV long-term, and not necessarily just HIV medications.
- Bob noted that in the One on One clinic, he finds often that newly diagnosed PLWH often do not want to wait until their CD4 count is lower to begin ART. He noted that Matt Golden is trying to collect some information about whether PLWH prefer to start ART at greater than 350 T-cells. He also noted the potential prevention benefit because HIV positive folks on ART may be less infectious.
- Andrew noted that for the population he works with, the client’s likeliness of non-adherence (because of drug use, mental health) can delay ART initiation. Mari noted the importance of treating each person as an individual and discussing with her/him whether it’s appropriate to begin treatment. Providers should not make a decision for an individual because they are part of a population that often has problems with adherence. Drug treatment and mental health treatment may be a part of initiation.
- Higinio asked how the information is being disseminated to providers and consumers, and Ruth noted the importance of providers getting the same information. Mari stated the study is published in the New England Journal of Medicine, the New York Times, and has been presented at major meetings. Changing the guidelines is an important part of getting the

information out there, and this is currently being debated. Mari also suggested that consumers initiate conversation with providers about the study.

- Richard asked whether in her time in D.C., Mari had heard about the possibility of the Early Treatment of HIV Act (ETHA) passing in congress, and Mari stated there seemed to be a lot of interest in it.

BREAK: 5:15 – 5:30pm.

V. Grantee Updates

Care

Jeff gave the following Grantee Update:

- Public Health has issued the fiscal year (FY) 2009 Minority AIDS Initiative awards. The awards are consistent with the Planning Council's allocation process which instructed the Grantee to award \$175,000 in medical case management funding and allocate the remainder of the MAI service funds to ADAP. The awards include:
 - \$65,000 to Consejo (to serve Latino/a PLWH)
 - \$45,313 to POCAAN (for African-American and foreign born Black PLWH)
 - \$64,698 to Madison Clinic (also for African-American and foreign born Black PLWH)
 - The remaining \$63,561 was awarded to ADAP, to expand prescription drug coverage to African-American and foreign-born Black PLWH in King County.
- Every year, we have to assure HRSA that no more than 10% of the funds awarded to sub-contractors for HIV services is used for administrative purposes. The aggregate amount of sub-contractual funds used for administration in FY 2008 came to only 5.9% of funding, which means the agencies were putting these funds directly towards client services.
- Ryan White legislation requires that the percent of service dollars that is expended each year on services to WICY clients (women, infants, children and youth) meets or exceeds the percentage of each segment of that population in the TGA's overall HIV/AIDS caseload.
 - In FY 2008, Part A expenditures for women were over double the epidemic percentage (21.45% of expenses versus 10.06% of cases).
 - We also exceeded percentages for youth between ages 13 and 24 (2.19% of expenses versus 1.51% of cases).
 - Only 0.21% of cases were among children ages 2-12, and no Part A funds were spent on these children because they are primarily being seen at Children's Hospital and several of them are African children adopted by local parents whose income puts them above Ryan White eligibility guidelines.
 - No infants with HIV were reported in the TGA.

Prevention

Jesse read the prevention report prepared by Barb Gamble and Karen Hartfield:

- In preparation for the release of the RFP, Barb and Karen arranged for two local trainings for providers: The California STD/HIV Prevention Training Center held their Selecting Effective Interventions training and Acción Mutua held a Proposal Preparedness Institute.
- Two prevention RFPS will be released: one for MSM projects and one for IDU and FBB. Both will likely be released on June 25, the anticipated due dates are slightly different (8/6 for MSM and 8/11 for IDU/FBB). The format is substantially different than in the past, so applicants should read the guidance carefully and attend the pre-proposal conference (both on July 1, but at different times – read the guidance carefully for the dates and times!)
- Public Health is considering submitting a proposal to support community-based needle exchange. Note that the Council's prevention plan states that Public Health may not apply for MSM programs, but is eligible for other populations.

Frank explained that the Public Health would not apply on the behalf of an agency, but it could apply for a pot of money for needle exchange, which they would then use to support an agency or group of agencies because community-based providers may not have the infrastructure to apply on their own accord. For example, Public Health may apply for funds for disposal and supply support (which is very expensive) for agencies and would handle the money and ordering, but the supplies would go to an agency.

Bob added that the Prevention Plan states that the number one priority under the Competitive Pool for IDU (which was allocated \$100,000) be Needle Exchange (with the idea that there may be a cut in Other Dedicated Resources for Needle Exchange). It now appears that more than \$100,000 will be lost in support from Other Dedicated Resources for Needle Exchange. Kris noted that the Prevention Plan specifies downtown core zip codes for Street and Community Outreach, but not for Needle Exchange, and expressed concern that Public Health would apply for community-based program specifically to support a specific program in South King County. Bob assured the group, this is not the case.

Part B

Richard distributed a hand-out outlining which cost-cutting measures EIP will be taking. These measures should not result in a change in services for clients. EIP's budget will be reduced by \$1 million over the biennium. However, EIP will work to institute cost-saving measures save \$3 million (which they had originally been planning for) because they will likely share further administrative cuts to the state (and further budget cuts could be made). EIP is also keeping in mind the possibility of future enrollment of EIP clients with higher CD4 counts (due to the study presented by Mari Kitahata).

VI. Membership Committee

Gerrie announced that the Membership Committee has recommended two Council applicants, and the applicants introduced themselves:

- Robin Langdale is an unaligned consumer and has been HIV positive for 23 years. He was involved with HIV/AIDS services in San Diego. He has lived in Washington for four years and wants to re-engage in work with HIV/AIDS.
- Darren Layman served on the Council in the past as the Part B representative. He currently works for Madison clinic, and would bring this new experience to now serving as the Part C representative.

MOTION: Gerrie moved to approve Robin Langdale as a Council member. Kate seconded. There was no discussion.

☑ The motion passed unanimously.

MOTION: Gerrie moved to approve Darren Layman as a Council member. Amy seconded. There was no discussion.

☑ The motion passed with 19 in favor and Pam abstaining.

VII. C-LINC Self-Assessment

Jeff and Tony passed out a self-assessment on preparedness for the C-LINC project. Jeff reminded the group that it is the Council's decision whether to move forward with the C-LINC program. The group was divided into seven small groups mixed with consumers and providers. Each small group completed one assessment and read their scores to the entire group. These were recorded on a spreadsheet and averaged. The average total score was 68.3 out of a possible 100.

The group discussed some high and low scores from the smaller groups. Jeff noted that the overall scores suggest that there are some deficits to explore before embarking on a C-LINC project. The

next step would be to create a group to explore these issues and make a recommendation to the Council. Tony stated that members of the Consumer Caucus are willing to do this.

Andrew noted that the Council had never put anything into a Care Plan to support PLWH being employed as staff and this could be something for the Council to think about. Tony noted there are staff living with HIV working in the community, but there is not a push for this. The group thought it may be difficult to ask about a person's status in hiring, but Jesse noted that the BABES Network does this. Jeff suggested that a push toward HIV positive staff could also be unpaid, such as volunteers or board members.

Ryan asked whether a high or low score would indicate readiness for the project. Jeff explained that any area with a score of 100 wouldn't need a project because there are no deficits in the system; on the other hand, areas with low scores might not be ready to engage. The group agreed to, at the next meeting, look at variation in the scores for the individual questions. Arthur suggested the group take the self-assessment again focusing on the capacity of the community, not necessarily just Ryan White. The group agreed this was a good idea.

VI. Consumer Caucus

Jesse announced that the AACT Committee has changed its name to the Consumer Caucus. The committee meets on the Wednesday before each Council meeting. Part of the caucus's role is to go over Council packets and prepare for meetings – it's a good place for consumers to have discussion. She noted that some questions for Mari's presentation were generated there. Any person living with HIV is welcome and encouraged to come to the meetings.

VII. Care Prioritization for 2010 and Beyond

Jesse asked for volunteers for the Care Prioritization Steering Committee. She noted the two Care Co-Chairs have never done a care prioritization process. Higinio, Tony, James, and Gerrie volunteered to be on the steering committee.

Next Meeting: Monday, July 13, 2009 from 4:00 – 6:30pm at the ***Chinook Building – 401 5th Ave., Rooms 121 & 123, Seattle 98104***

The meeting adjourned.