



Seattle HIV/AIDS Planning Council

Monday, March 9, 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) <ul style="list-style-type: none">➤ Action: Review and Approve | |
| III. | Minutes: (3 min)  Attachment: white <ul style="list-style-type: none">➤ Action: Review and Approve | |
| IV. | STEAM (Elizabeth Barash & Jesse) | 4:05 |
| V. | Grantee Reports (Jeff & Barb) | 4:40 |
| VI. | Parity Change/Budget Report (Gerrie, Richard) <ul style="list-style-type: none">➤ Action: Vote on 5% of Part A & B service funding being moved to ADAP• Report on current state budget issues | 4:55 |
| VII. | Move Some Ryan White Funds to Referral (Jeff) <ul style="list-style-type: none">➤ Action: Vote on proposal from Grantee to move one-time funding to ACAP | 5:10 |
| VIII. | Break | 5:25 |
| IX. | Council Meeting in October on a County Furlough Day <ul style="list-style-type: none">➤ Action: Determine whether to move or eliminate meeting | 5:40 |
| X. | Council Leadership  Attachment: buff <ul style="list-style-type: none">➤ Action: Vote on 1 year term for Prevention Community Co-Chair➤ Action: Vote on 1 year term for Care Community Co-Chair➤ Action: Vote on 1 year term for PLWH Community Co-Chair➤ Action: Determine Council representatives for external committees (which?) | 5:50 |
| XI. | Committee & Other Reports <ul style="list-style-type: none">•Prevention Prioritization, meetings 2-5 (Erick, Bob)•Prevention Interventions, prep for vote next month (Erick, Bob)•Membership (Gerrie, Jodie)<ul style="list-style-type: none">➤ Action: Vote on new member candidate(s)•Update on Comprehensive Care assessment (Jesse) | 6:15 |
| XII. | 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, March 09, 2009
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Philip Doles, Kate Elling, Brandie Flood, Melinda Giovengo, Joseph Grant, Kieu-Anh King, Gerrie LaQuey, David Lee, Higinio Martinez, Marcos Martinez, Andrew Murphy, Ruth Njoroge, Kevin Patz, Tony Radovich, Michael Raitt, James Redel, Pam Ryan, Bob Wood*

Council Members Not Yet Appointed by the Executive Present: *Sergio Cueva Flores*

Council Members Absent: *Amy Bauer, Charlie Curvin, Shireesha Dhanireddy (Emeritus), Sarah Kent (Emeritus), Eric Miles, Kris Nyrop, Arthur Padilla, Ron Padgett, Jodie Pezzi, Germán Rodríguez, Erick Seelbach*

Planning Council Staff Present: Jesse Chipps, Diane Ferrero

Public Health Staff Present: Elizabeth Barash, Frank Chaffee (minutes), Jeff Natter

Guests: Ryan Ceurvorst, Bora Chung, Ricky Philips, Randi Shepler

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Jesse made the following announcements:

- Randi has been interviewed by the membership committee
- Ricky Philips is interested in applying for the Council

Diane made the following announcements:

- Erick Seelbach and Amy Bauer cannot be present due to work commitments
- Sarah Kent has limited energy due to complications with her pregnancy. She has also withdrawn from Prevention Prioritization.
- Germán Rodríguez is ill and will not be present.
- Arthur Padilla lives in the North and cannot make it due to snow.

Pam announced that Shireesha Dhanireddy will not be at Council meetings for a few months, as she is getting ready to deliver her baby.

II. Meeting Agenda

The agenda was approved as written by acclamation.

<Gerrie arrived at 4:05pm.>

III. January Meeting Minutes

Changes:

- *Page 2* – Under Substance Use Services, a sentence in the first bullet should read: “\$5,800 will go into *the* increment”
- *Page 4* – Under Membership, “While” should be changed to “White.”

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

IV. STEAM (Elizabeth Barash & Jesse Chipps)

Elizabeth presented on the STEAM Needs Assessment:

STEAM stands for Sexual Trends Exhibited by African American Males

She gave some background on the assessment. The assessment was initially intended to look at crack use among African American MSM, but eventually expanded to include all risk behaviors among African American MSM. Indicators that generated an interest in this assessment included the fact that among African American MSM, HIV prevalence is 2 times the prevalence among white MSM. Recruitment of and interviews with participants was done during the fall of 2008. The original goal was to recruit 150 participants, but the staff ended up recruiting 369 individuals from bars, parks, community organizations and HIV clinics. Participants were paid \$25 for completing a 25 minute interview.

Elizabeth answered the following questions from the group regarding the presentation:

- Marcos asked whether the country of birth in the sample mirrored the community breakdown. Bob stated that in this sample there is a higher percentage of US-born participants than there are in community according to census data, but it is similar. Jesse noted US-born Blacks were the focus on the survey.
- Higinio asked whether the transgender participants would make up the 6% who identified their sexuality as “other,” and Elizabeth answered this was not likely.
- David Lee asked in which countries were the foreign born participants born. Elizabeth and Joseph (who was an interviewer for the study) did not recall many African born participants.
- Kevin Patz noted the last bar of the age distribution graph listed >50 (and the bar before it listed 40-59). Elizabeth clarified the last bar should be labeled as >60.
- Bob asked for more information on the recruiting strategies. Elizabeth stated the interviewers used snowball techniques, had close connection to the community and attended private parties in addition to public venue-based interviewing. She noted that there were a lot of walk-ins to the Yesler building which were generated by seeing flyers, especially flyers at the Lyon Building. Bob noted that the needs assessment workgroup had speculated that most Black MSM would be NGI, however, 57% of the sample did identify as gay and asked whether that was because most of the recruiters were gay.
- Jesse noted that the HIV positive participants were more likely to identify as gay even if they also had sex with women.
- Elizabeth explained that four focus groups were conducted, and the content from those is still being analyzed. Tony asked if the qualitative information will be presented at Prevention Prioritization, and Elizabeth stated that it would.
- Marcos asked how the testing history of this sample compares to the general population. Bob stated that African American people in general test more often than the White population, but that he doesn't know how Black MSM may compare to White MSM or Hispanic MSM.
- Philip noted that meth is often the most frequently used drug among MSM; however for this population crack use was more prevalent. Elizabeth noted that the data may confirm the initial speculation that crack use may be more prevalent among African American MSM than among MSM in general. Jesse noted that most focus group participants stated that crack increased their sex drive, just as meth does (although a few HIV positive participants stated they do not engage in sexual behavior while using crack). Phillip asked if there are any differences in drug use by income, and Elizabeth stated she hadn't run those numbers but she would. She also noted the heavy participation of people from the downtown core.

- David Lee referenced a recent study that showed rates of having ever tested among African Americans were similar to Whites, but that African Americans were less likely to have tested recently.
- Marcos asked about the proportion of participants having a late diagnosis. Elizabeth stated the survey did not ask about late diagnosis or AIDS diagnosis at all. Bob noted that in surveillance data Blacks (especially foreign born) are more likely to have late diagnosis than Whites.
- Andrew Murphy noted that in the jail, African Americans who use meth seem to have higher levels of education than those who use crack.
- Bob noted that in the sample, the seropositivity rate is 26% as opposed to the 16% seropositivity rate among MSM in general.
- Kieu-Anh asked whether among HIV positive participants there was any difference in likelihood of disclosure to female partners versus male partners. Elizabeth answered that the survey did ask about disclosure of status to partners, but not by gender. In the focus groups, both HIV positive and negative participants tended to identify disclosure to be the partner's responsibility. Phil asked whether disclosure was affected by substance use, and Jesse answered that in the focus groups participants stated they were less likely to disclose if there were using substances.
- Brandie Flood asked whether the focus group participants said they were more comfortable disclosing to women or men. Elizabeth stated she would look into that and noted that participants were less likely to disclose MSM behavior to female partners.
- Randy noted that on slide 7, there percentages of homeless and not homeless participants add up to over 100%. Elizabeth confirmed that it should be 25% reported they were homeless (instead of 35%).
- Sergio asked whether the Council looked at or approved the survey before it was used. Elizabeth stated that in August the Council was invited to participate in a workgroup that included Public Health staff, Council members, and other members from the Black MSM community.
- Kieu-Anh asked whether the survey differentiated between the inserter and the receptive partner. Elizabeth answered that the survey did ask during the last time of anal sex, were you the insertive partner, the receptive partner, or both.

V. Grantee Updates (Jeff & Barb)

Care

Jeff made the following announcements:

- He has finally heard about FY2009 partial award. This is the first year HRSA has not given any award before the beginning of the fiscal year. HRSA granted 54% of the formula award (based on the number of HIV/AIDS cases) at \$2,460,000, so the total formula is expected to be \$4,560,000. The supplemental award is still unknown, but if it is level with last year, there will be an additional \$350,000 to allocate this year.
- The What's Your Score materials are moving in local clinics and being picked up in Oregon, Indiana, Bellingham, and Tacoma.
- Tony and Jeff are going to Phoenix next week to talk about the consumer driven linkage project and will give a report at next Planning Council meeting
- The 2009 Minority AIDS Initiative award is \$265,061. The RFP for Medical Case Management went out on February 26 (the fiscal year is August 1 through July 30) for \$175,000. Applications are due on April 7, and decisions will be made by mid-May. Ten percent of the award goes to administration, and the remaining \$63,561 will go to ADAP.

Jeff gave a brief presentation on rules regarding agency expenditures of Ryan White funds:

- Agencies are expected to spend out their full awards, but sometimes due to staff vacancy, etc. do not spend out their award.
- Public Health does ask the agencies to project half way through the year whether they plan to spend out the award or under expend. If they are going to under expend, agencies are asked

to give back the money to be allocated to other programs, because there are penalties associated with under expended. Therefore final expenditures may not always match the Planning Council allocations.

- Up until a month ago it was Jeff's understanding that agencies could move up to 10% of their award *within* a program contract. Jeff received new information from the Federal Grants Management Agency that an existing law states that agencies can actually move up to 10% of their funds *from program to program* with the approval of the grantee based on service units, etc. Jeff will ensure this is to be used as a last resort, and noted he must still be aware that overall funds must be at least 75% to core services. Jeff explained some of the ramifications of this rule:
 - Agencies are more likely to fully spend out on their awards
 - There is less need for PHSKC to create contract amendments
 - It lowers risk of not meeting the Ryan White Act "can't under-expend by more than 2%" mandate
 - There is a greater possibility that expenditures may differ from allocations/awards

Jeff answered the following questions and the 10% rule:

- Phillip asked how often agencies are allowed move money. Jeff explained that for moving line items (within a program) there is no limit. Moving funds between programs will require grantee approval, and frequent moves would raise red flags. Richard asked whether the 10% variance is only from the initial award, and agencies could not, for example, move 10% five times, essentially moving 50% of the initial award. Jeff confirmed that this is correct, agencies can move a total of 10%.
- Jeff noted that the 10% rule for program to program will not apply to all agencies because some agencies only have one program. If these programs expect to under expend the only option is to give it back to Public Health for reallocation. Kieu-Anh asked how many contracts have multiple programs. Jeff answered that about one third have multiple programs. It tends to be the larger contracts that present the most challenge for fully expending.
- David expressed concern that this movement could make the Planning Council's allocation process will become less relevant. Jeff explained the Planning Council's process will still be very relevant because the agencies apply for funds based on the allocations.

VI. Parity Change/Budget Report

Richard gave an update that the EIP Steering Committee accepted the budget recommendation at their February meeting (the list of these recommendations was distributed to the Council for the January meeting). Richard briefly reviewed that the recommendations were divided into four tiers:

Tier 1 - Items which could/should be implemented first

Tier 2 - Items which would be more harmful but could be done as a last resort

Tier 3 - Items which should NOT be implemented

Tier 4 - Items which may not have a cost impact but should be implemented as good policy/practice

Tier 4 suggestions included trainings for case managers on how to help people meet spend downs, how to apply for insurance, how to use Part D Plans, etc. Web-based trainings on these items as well as regular meetings have been set via iLinc (money is saved by not meeting face to face).

Richard reported that Ed Murray introduced a bill last week to eliminate WSHIP for 2 years. Follow-up from the Department of Health is pending to figure out the intention.

Gerrie reported on the Parity Change. She explained that the state Department of Health is requesting 5% from each region for ADAP, and this can be met by our region without changing any of the allocations that have already been made.

MOTION: Gerrie moved to approve the 5% allocation to ADAP. Tony seconded.

Discussion: Gerrie clarified funds allocated to ADAP through Care Prioritization, additional dollars from MAI funds (decided in the Care Increment/Decrement meeting), as well as carry-over from 2008 are enough to cover the 5% request from ADAP.

☑ **The motion passed with 18 in favor and Richard abstaining.**

VII. Move some Ryan White Funds to Referral (Jeff)

Jeff announced his proposal to move \$30,000 in 2009 to the category of referral (this is not a prioritized category). He reviewed the background information (green sheet included in the packet for this meeting). ACAP, a unique referral program which was previously funded under Medical Case Management, can no longer be funded under the strict definition of this category. To sustain the program for 2009, a combination of funding from the City of Seattle for \$30,000, from State Omnibus for \$40,000, and from Ryan White Part A funds for \$30,000 is needed. With the proposed \$100,000 ACAP would provide 120 medical, 612 dental, and 90 mental health referrals to 271 clients.

After questions, Jeff made the following clarifications:

- ACAP does not make chemical dependency referrals.
- The \$30,000 would be from the Quality Management budget and other sources and represents less than .5% of the overall award.
- Lifelong would end the program if this funding weren't available. They intended to close it March 1, but Jeff asked them to consider a 1 year extension with stop gap funding.
- The Council would be allocating money to the category of referral, and then the grantee would then distribute it as a sole source.
- Lifelong had begun the process of ending the program.

MOTION: Michael moved to allocate \$30,000 to referral. Andrew seconded.

Friendly Amendment: Gerrie amended the motion to note the referral category as number 16, and Michael and Andrew accepted.

Discussion: Council members asked questions, and Jeff provided the following clarifications:

- This funding is for 2009. In 2010, the Council could decide to prioritize referral, and other funders may chose to support it. Jeff will be working with the agency to find other funding streams if it is not funded by the Council.
- It will not upset the requirement to fund at least 75% core services.
- Referral will be part of the upcoming needs assessment.

Gerry noted that ACAP is a service that is used a lot by case managers, especially for dental referrals, and several members agreed.

☑ **The motion passed unanimously.**

BREAK 5:30 – 5:45

VIII. Council Meeting in October on a County Furlough Day

Jesse explained that the regularly scheduled Council meeting falls on a King County furlough day, so the Council will need to determine whether to move or eliminate the meeting. Normally, there is a break in August or July, so the Council could take October off instead. The Executive Committee didn't see anything that specifically needed to be done that month. Most likely the letter of assurance

would have been completed in September, but this is not certain. Andrew noted that people take vacation in the summer and would like to keep the break then.

MOTION: Andrew moved to reschedule the October meeting for another day in October. Melinda seconded.

☑ The motion passed unanimously.

IX. Council Leadership

Jesse explained that the group would need to elect a Care Community Co-Chair, a Care PLWH Co-Chair, and a Prevention Community Co-Chair (Bob has a standing position as the other Prevention Co-chair). Tony has been the Care PLWH Co-Chair for more than two years, and Higinio as been Care Community Co-Chair for 1 year. Tony is not running because his second term ends in July, and he is not seeking an exceptional third term. Higinio declined to run again.

Council members made the following nominations:

- Tony nominated Kevin Patz as Care PLWH Co-Chair.
- Tony nominated Arthur Padilla as the Care Community Co-Chair. Arthur was not able to be present but had accepted nomination prior to the meeting.
- Brandie nominated Philip Doles as Care PLWH Co-Chair
- Erick nominated himself as Prevention Community Co-Chair (prior to this meeting as he was not able to be present.) Brandie seconded.

The group first considered those nominees running unopposed: Erick and Arthur.

MOTION: Melinda moved to approve Erick Seelbach as Prevention Community Co-Chair. Tony seconded. There was no discussion.

☑ The motion passed unanimously. Erick Seelbach is the Prevention Community Co-Chair.

MOTION: David moved to approve Arthur Padilla as the Care Community Co-Chair. Kate seconded.

Discussion: Tony noted that he talked with Arthur about a month ago about whether Arthur would be interested in running. They discussed the time commitment and his ability to commit to being present for all of the meetings required, and Arthur had indicated that he could make that commitment. Jesse noted that Arthur has indicated that his time commitment as an Executive Director of an agency will make the time commitment challenging. Melinda noted that she respects Arthur's willingness to accept the challenge.

☑ The motion passed unanimously. Arthur Padilla is the Care Community Co-Chair.

The group discussed the nominations Kevin and Philip for Care PLWH Co-Chair:

- Tony stated Kevin has been involved with the service system in the past, and that he brings the perspective of having struggles with HIV. Kevin noted that he has been involved with the service community and has been a part of the community of long term survivors. He has been involved with EIP, case management, and dental services. Kevin noted that he is a hard worker and would be honored to be elected.
- Brandie noted that Philip has a range of experiences, that he is an "out of the box thinker," and that he will give some raw responses. Philip stated that he was diagnosed in 1985 and has seen a lot of the changes, and that he would like to see some important things stay in place.

- Jesse noted that neither Kevin nor Philip had done a Care Prioritization, but both have worked on numerous Council processes.
- Brandie asked whether there is an alternate position, and Jesse answered there is not. In the recent past PLWH have fill both Care Co-Chair positions, but there is usually one provider.
- Kieu-Anh asked about other commitments.
 - Kevin noted his commitment to another volunteer position, which is only 2 half-days a week. He does serve on Prevention Prioritization, AACT and Membership Committees.
 - Phillip provides case management for the Red Cross during disasters, but no other commitments.
- David asked how long each had been a Council member.
 - Kevin – November 2007
 - Philip – March 2008
- Kate asked how much community involvement each had participated in other than the Planning Council.
 - Kevin stated he worked as an HIV test counselor in the 1980s; he worked at Lifelong for 11 years with several years as a volunteer case manager and also as a receptionist. He also has experience as an emergency room social worker and has worked with geriatric patients. He was also on the board of Plymouth Housing Group for two years.
 - Phillip worked in nutritional and dietary counseling for two years. In San Diego, he was on board of directors for the Gay and Lesbian Community center and their HIV center as well as worked in fundraising for various organizations.
- Brandie asked whether it's more important for the PLWH Co-Chair to have community experience or have worked with boards, organizations, etc., and Jesse stated it's up to the Council.
- Jesse noted they both have really good attendance.

MOTION: Gerrie moved to vote on the candidates nominated for Care PLWH Co-chair: Kevin and Phil. James seconded.

✓ The Council approved Kevin Patz as the Care PLWH Co-Chair, with 9 in favor of Kevin, 7 in favor of Philip, and Kevin and Philip abstaining.

Gerrie reviewed the requirements of participating in the Parity Workgroup, which is responsible for setting Parity principles. The group involves a couple of meetings during the course of a year, and this year the group met via conference call. Gerrie is willing to continue being a Parity representative. Michael Raitt indicated interest in being the second Parity representative.

MOTION: Kate moved to approve Michael Raitt as the second Parity representative. Tony seconded. There was no discussion.

✓ The motion passed with 18 in favor and Michael abstaining. Michael is now a Parity representative.

Richard confirmed that EIP terms have not ended.

X. Committee & Other Reports

Membership

Phil reported that the Membership Committee had interview Randi Shepler, who interviewed very well. Jesse added that at the previous meeting, the group interviewed Ryan Ceurvorst. Jesse has received references for Ryan, but not yet for Randi. The group could choose to wait to vote. Ryan is a Young MSM, and Randi is an unaligned consumer.

MOTION: Philip moved to approve Ryan Ceurvorst as a Council member. Kevin seconded.

Ryan noted that he participated in last Prevention Prioritization, has experience working with Lifelong with their Young MSM program, is participating in the current Prevention Prioritization, and has attended the last few Council meetings. Tony noted that Ryan asks great questions, is fully prepared and has been a pleasure to work with.

☑ The motion passed unanimously. Ryan Ceurvorst will be a Council member after being appointed by the King County Executive.

Prevention Prioritization, meetings 2-5

Bob reported the committee had completed five meetings. The group has agreed to the following top populations: IDU, FBB, HIV + and stimulant using MSM (SUMSM), which has replaced MSM/IDU. The group has had challenging discussions about whether to include other populations, such as Native American MSM, Black MSM, Latino MSM and young MSM. The group is struggling with whether to have one MSM top population with subpopulations or to have each of these groups as separate top populations. Philip noted that Barb Gamble plans to work on some visuals to help people better understand the differences between top and sub populations. Bob noted that the Steering Committee's next meeting will focus on how to move forward. Brandie asked whether Elizabeth's STEAM presentation had been incorporated into Prevention Prioritization, and Jesse confirmed it had. Jesse noted that the group must approve interventions until the top populations are determined, so likely at the May meeting the Council will vote on the Interventions Plan.

Comprehensive Care Assessment

Jesse noted there was a discussion about whether to have a question about anal pap smears. Last time, the quality management page of the survey was mainly about primary care, and this time there are several questions about case management. Because of the consumer awareness campaign, the survey asks about vaginal pap smears, but because there is only one facility that offers anal pap smears, many thought the question should not be included. The group is still researching this.

Next Meeting: Monday, April 13, from 4:00 – 6:30pm at the **2100 Building – 2100 24th Ave. S., Seattle 98144**

The meeting adjourned.