

Seattle HIV/AIDS Planning Council

Monday, May 11, 2009-- 4:00 p.m.–6:30 p.m.
Chinook Building: 401 5th Avenue, Rooms 121-123

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 and State Budget Reports (Jeff, Barb, Frank, Richard) | 4:10 |
| V. | Prevention Plan (Erick & Bob) 📁 Attachment: salmon & buff
➤ Action: Vote on the Plan developed by the Interventions and Prioritization committees | 4:40 |
| VI. | Care Increment (Arthur & Kevin) 📁 Attachment: yellow
➤ Action: Determine what to do with any additional funding over the \$600,882 approved at the April Council meeting | 5:05 |
| VII. | Break | 5:20 |
| VIII. | CDC Community Planning Survey (Barb)
➤ Action: Fill out those surveys! | 5:35 |
| IX. | WHAT'S UP (Josh O'Neal & Tegan Callahan)
• Report on the findings of this interview project on drug use initiation | 5:55 |
| X. | Action: 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, May 11, 2009
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bauer, Ryan Ceurvorst, Kate Elling, Melinda Giovengo, Joseph Grant, Kieu-Anh King, Gerrie LaQuey, David Lee, Higinio Martinez, Marcos Martinez, Andrew Murphy, Ruth Njoroge, Arthur Padilla, Kevin Patz, Jodie Pezzi, Tony Radovich, James Redel, Germán Rodríguez, Pam Ryan, Erick Seelbach, Bob Wood*

Council Members Absent: *Sergio Cueva Flores, Shireesha Dhanireddy (emeritus), Philip Doles, Brandie Flood, Sarah Kent (emeritus), Eric Miles, Kris Nyrop, Ron Padgett, Michael Raitt*

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

Public Health Staff Present: Barb Gamble, Kevin Kogin, Joshua O'Neal, Jeff Natter

Guests: Mitchell Arnone, Tegan Callahan, Robin Langdale, Anthony Morgan

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Each person present introduced her/himself and stated his/her affiliation.

Ryan announced the DASH study for MSM through the University of Washington. More information can be learned at dashstudy.org.

II. Meeting Agenda

The agenda was approved as written by acclamation.

III. April Meeting Minutes

The April minutes were approved as written by acclamation.

IV. Grantee and State Budget Reports

Care

Jeff reported receiving the Ryan White Part A award, at a 15% increase, which is the largest increase ever received.

Jeff passed around materials from the newest consumer awareness campaign, which focuses on treatment adherence.

Prevention

Barb reported that the prevention RFP will be released by June 25, 2009.

State Budget update

Richard reported that the State budget passed a couple of weeks ago. The legislature did not do a special session to approve outstanding bills. He went over the following related budget items:

- \$4 million reduction in state family planning grants.
- \$1 million reduction to EIP. There is a 98% cap, but this does not apply to external sources of income. EIP had been planning for a \$3 million cut, so \$1 million is less than expected. However, state administrative cuts have to be at least \$8 million, and EIP's share of that cut may be \$2 million.
- \$4 million reduction to Public Health enhancement (funds to assist local health jurisdictions (LHJ).
- \$1.067 million reduction to AIDS Nets. The bill to eliminate AIDS Nets did not get passed. However, in the House version of the budget, there is a line item that states that DOH shall assume responsibilities of contracting grants. If the language were to be implemented, it would have the following effects on contracting:
 - **Care** – Richard explained that for Washington State (except the TGA) DOH would directly contract with providers across the state (currently, they contract with the largest LHJ in that region). For the TGA, King County would plan with Island and Snohomish Counties and contract with providers.
 - **Prevention** – Bob explained that the bill stated that DOH would contract with community providers (that would include LHJ). First, the Office of Financial Management (OFM) is working to determine whether the item is legitimate and should be implemented. Then, the AIDS Nets and DOH could still challenge it. DOH would convene a group to determine how this would be implemented. The implications for planning are unclear, but DOH has stated they would not want the planning that local RPGs have done to go unused, so at least for King County, the prevention plan would be carried out for 2010-11.

EIP update

Richard reported on the cost-saving measures that will be implemented: encourage clients to get insurance, reduce DOH administrative costs by \$100,000, request 5% back from regions' Ryan White dollars, eliminate Care Event, decrease amount paid for medical and lab services, decrease amount paid to pharmacies, and slightly reduce the formulary for clients that do not have insurance (as an incentive to get insurance). These measures will be implemented for this fiscal year, but at this point it's unknown how the budget may change in January. All clients in EIP will be receiving a letter to explain these changes, and EIP is holding virtual town hall meetings for clients to ask questions: Tuesday, May 19, 2009, at 9:00 am, 2:00 pm and 5:30pm.

Richard went over a few recent bills and their outcomes:

- Bill to eliminate some advisory boards, including the EIP Steering Committee and WSHIP – **did not pass**
- Bill 2360 to consolidate administrative services – **did not pass**
- Bill giving persons with Medicare in rural areas the option to get on WSHIP, if there are no other resources available – **passed**
- Bill that all prescriptions must be filled using tamper-proof containers – **passed**

Bob noted that the cut of \$1.067 million to AIDS Omnibus will be taken from July 1 2009 – June 30 2010. The cut will not be spread over two years because there may be an additional cut in the second year of the biennium.

V. Prevention Plan

Erick went through the annotated Prevention Plan. Erick, Jesse, Bob, and Barb highlighted the most notable changes to the plan from the last cycle:

- The Interventions Committee listed effective interventions under three different funding pools: the Competitive Pool, Other Dedicated Resources, and Other Non-dedicated Resources.

- The populations are ranked as follows: HIV+, SUMSM, MSM, FBB and IDU.
- The plan does not allocate specific funds to the HIV positive population; rather agencies are encouraged to apply to serve HIV positive persons within the other populations.
- This cycle, there is no MSM/IDU population as there has been in past cycles. Instead, there is a stimulant-using MSM population (SUMSM). The Interventions Committee determined that interventions to target injectors and non-injectors would be very similar, and the Prioritization Committee agreed that this high-risk group should be a top population. Because HARS does not collect data on drug type, Barb had to estimate some numbers for this population, based on other studies. It's estimated that as much as one third of HIV positive MSM may be SUMSM. The Prioritization Committee allocated more per capita to SUMSM because of their higher risk.
- Most of the funding is focused on MSM and SUMSM. The plan allocates about the same amount as the last cycle to FBB. IDU received the least funding because HIV rates have continued to stay low for this population.
- All funded MSM providers will participate in a collaborative workgroup convened by Public Health. Unless there are not successful applicants, Public Health will not compete for these dollars, so as to remain a neutral convener.
- In the past, White MSM, Black MSM, Latino MSM and Young MSM were separate populations. This cycle, Black MSM, Latino MSM, Young MSM, and Other MSM are subpopulations of the larger MSM population, and there are not specific dollar amount allocated to each.
- In all previous plans, Needle Exchange has not been eligible to compete in the Competitive Pool (internal funding has historically funded Needle Exchange). During the Prioritization Process, the Interventions Committee decided to move Needle Exchange to the Competitive Pool, under IDU, due to concerns about cuts to funding. Needle Exchange is the number one intervention; street and community outreach is listed number two, with a caveat that proposals must focus on zip codes 98122, 98121, and 98104.

MOTION: Melinda moved to approve the Prevention Plan. Kevin seconded. There was no discussion.

☑ The motion passed unanimously.

VI. Care Increment

Jesse went through the new information on currently funded Food and Meals programs. This information was gathered because of a concern brought by a client about the waitlist for the food program at Lifelong.

Jesse explained that planning for such a large increment three months into the grant year is an unprecedented situation. The Council must decide how to allocate additional money, such that it can be spent out by the end of the year (not spending out funds can result in losing the supplemental award for the following year). Jeff noted that it's still unknown for how much exactly the group needs to plan because the parity breakdown won't be known until DOH receives the supplemental Part B award. Jeff stated he is exploring the possibility of expanding the Quality Management program. Currently, NOTICE is funded as a Quality Management program, and the project may be expanded to find people who qualify for HAART but are not yet receiving the treatment. Jeff noted this is a grantee decision, and if funded, it would cost about \$30,000-\$40,000. He stated his estimate that the Council should create an increment plan for about \$200,000.

Jesse noted that the Lifelong food program serves people who are not Ryan White eligible because they receive grant dollars and fundraising that fund working with those populations. Jeff explained that on Lifelong's acuity scale, if it's determined that someone is getting meals from Bailey-Boushay, then they will score lower and likely wait longer on the waitlist. This year the Food and Meals

category received level funding; however, in the past Lifelong has been the only program that applied in this category, and this is the first year that there were two successful applications (Bailey Boushay is the other funded program). Jeff reminded the group that the Council cannot determine programs, only funding. Jess stated that in the 2007 Needs Assessment, grocery bags did rate slightly higher than meals as a sub-component of the service. Kevin noted that the Food and Meals category was over-requested, and the review panel created a plan for \$38,500 in increment funding. An increment of \$38,500 would fully fund both programs for this year. It was clarified that this year's funding will become the baseline for next year. An increment of \$38,500 would not put funding for support services over 25%.

Jesse suggested that, because it's unclear exactly how much of an increment there will be, the group may want to allocate dollar amounts for certain categories and then specify that the rest go to a category, for example ADAP, regardless of how much extra there is. Jeff noted that the \$600,000 increment that the Council already approved is about to be contracted, and it wasn't necessary to release any RFPs. He gave details for over-requested categories:

- **ADAP** – This is the only category that can receive an unlimited amount of funding. Additional funding for ADAP can be a “credit” toward the 2010 contribution, which could pay for other things, for example the full 12 months for new positions (only funded for six months this year).
- **Ambulatory/Outpatient** – \$13,000; however this is so little funding, it would not be worth the effort.
- **Food and Meals** – \$38,500 could be allocated without an RFP.
- **Housing** – An increment of \$41,000 has already been prioritized for a Housing Advocate. For the mini-prioritization for next year the recommendation would be for at least \$82,000 to continue to fund that position for a full year. Up to an additional \$49,000 could be awarded, but it's uncertain what that would fund. Housing funding is attached to a client, so there are only so many bed nights that can be funded in a year.
- **Medical Nutritional Therapy** – The review panel recommended \$15,000, and \$30,000 of increment funding has already been allocated. MNT is still not fully funded; however, based on the proposals, the review panel would not have recommended further funding.

Tony stated his feeling that a waitlist of 163 clients for grocery bags at Lifelong is unacceptable. He would like data on who is most in need out of the people who don't fall into the strict income limit, as well as who is Ryan White eligible, but unfortunately that data was not available at the meeting. Jesse reminded the group that for Ryan White, every support service that is funded must be related to an HIV medical outcome.

MOTION: Tony proposed adding \$38,500 to Food and Meals. Kevin seconded.

Discussion:

- Barb noted that because the category had previously been a sole source vendor, it's difficult to know how much the program needs. Jeff explained that the RFP asks applicants to outline how much the program costs and to document other sources of funding; they cannot receive any more Ryan White funds than what they request.
- Jesse stated that Executive Committee had made a suggestion that in the future the RFP ask applicants to say how they would use additional funds, if they were available.
- Robin Langdale asked what impact \$38,500 would have on the waiting list, and Erick stated he did not have that data, so it would impact the waitlist, but it's not certain to what extent.
- The category was over-requested by \$54,000. The review panel has made an increment plan; however the Council cannot know to which agency increment would be awarded. Jesse noted that in the decrement plan, the group prioritized grocery bags, and Jeff stated the Council can do that again, but the increment allocation must follow the review panel's recommendations.
- There are no concerns about the ability of ADAP or food and meals to spend out additional funds.

- Jeff estimated that the unit cost for meals is about \$5/meal, and for groceries, about \$10/bag. In 2007, 212 clients received 2,000 bags of groceries, so \$38,500 would probably reduce the waitlist by some, but it's not clear how much.

FRIENDLY AMENDMENT: Gerrie made a friendly amendment to prioritize the increment funding of \$38,500 for grocery bags. Tony and Kevin both accepted the amendment.

☑ The motion passed with 20 in favor. Ryan Ceurvorst and Erick Seelbach abstained (both are conflicted). No one opposed.

MOTION: Gerrie moved to put any remaining increment funding into ADAP as “pre-payment” toward the 2010 contribution. Amy second.

Discussion: It was clarified that this “pre-payment” would free up 2010 funds for other services.

☑ The motion passed with 20 in favor. Richard Aleshire (conflicted) and Erick Seelbach abstained. No one opposed.

Robin Langdale added that \$38,500 would fund 2,961 bags of groceries at \$13 per unit.

BREAK 5:20 – 5:35.

VII. CDC Community Planning Survey

Barb explained the Community Planning Survey must be filled out per CDC requirements. Barb went through and explained the questions page by page, and members filled out and returned their surveys.

VIII. Additional Announcements

- Jesse announced there will be an Epi Brown Bag Presentation on the Never in Care (NIC) and Not in Care (NOTICE) projects tomorrow, May 12, from 12:00 – 1:00pm, at the Yesler Building.
- Jesse stated the AACT committee thought it may be good to have Mari Kitahata present on outcomes of early anti-retroviral treatment. The Council agreed they would be interested in having her present at the next Council meeting. Bob offered to invite her and added that the presentation is available on northwestaetc.org.
- Erick announced that DOH is holding another stakeholder meeting at the Tumwater office on Thursday, May 21, at 6:00pm. Bob added that people can also provide input by email.

VIII. WHAT'S UP

Josh and Tegan presented on their study, When HIV/AIDS Tangles with Substance Use Prevention (WHAT'S UP). Handouts of the presentation slides as well as additional qualitative data were distributed. Josh and Tegan offered that folks could contact them with any requests for further data.

Questions were asked throughout and Josh and Tegan provided the following clarifications:

- Higinio asked for data on participants had planned to leave home versus those who had not, by age, and Josh and Tegan confirmed they could get that information to him.
- The study looked at both crack and cocaine together.
- Data on meth and crack/cocaine users is regardless of delivery method.
- Heavy alcohol use was defined as consuming more than six drinks in one sitting. Because almost all participants had consumed more than six drinks in one sitting, the study only looked at those who did this on a daily or weekly basis.

- Andrew asked for information on age at diagnosis, and Josh and Tegan confirmed they could get that information to him.
- There were a total of 349 variables.
- The interviews did not ask about marijuana, although some participants mentioned it.

Next Meeting: Monday, June 8, 2009, from 4:00 – 6:00pm at the **2100 Building – 2100 24th Ave. S., Seattle 98144.**

The meeting adjourned.