

Seattle HIV/AIDS Planning Council

Monday, November 10, 2008-- 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 | |
| IV. | Grantee Updates (Barb and Jeff)* | 4:10 |
| V. | Care Comprehensive Planning (Jesse, Jeff) 📁 Attachment: White w/color ink
•Beginning with Goal 4, continue work on the plan, begun at the last meeting
•Add additional goals and objectives
➤ Action: Finish comprehensive plan outline
➤ Action: Determine next steps for December approval | 4:25 |
| VI. | Break | 5:15 |
| VII. | Committee Reports
•Prevention Prioritization (Erick, Bob)
•AACT (Ron, Higinio)
•Membership (Gerrie, Jodie)
➤ Action: Vote on new member candidates?
➤ Action: Vote on membership of prevention prioritization committee | 5:30 |
| VIII. | 2009 Budget Impact on HIV/AIDS programs (Gerrie, Frank Chaffee) | 5:55 |
| IX. | Other Business/Next Meeting | 6:25 |

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

TTY: (206) 296-4843

Seattle HIV/AIDS Planning Council

Minutes ☿ November 10, 2008

4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bauer, Shireesha Dhanireddy, Philip Doles, Kate Elling, Melinda Giovengo, Joseph Grant, Sarah Kent, David Lee, Higinio Martinez, Marcos Martinez, Andrew Murphy, Ruth Njoroge, Kris Nyrop, Ron Padgett, Arthur Padilla, Jodie Pezzi, Tony Radovich, Michael Raitt, David Richart, Pam Ryan, Erick Seelbach, Angela Williams, Bob Wood*

Council Members Absent: *Charles Curvin, Brandie Flood (emeritus), Bill Hall (emeritus), Kieu-Anh King (emeritus), Gerrie LaQuey, Eric Miles, Kevin Patz, Germán Rodríguez*

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

Public Health Staff Present: Jeff Natter, Barb Gamble, Frank Chaffee

Guests: Freeman Changamire, James Redel, 3 unnamed guests, Justin Hahn (DOH),

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

The Council meeting began with a round of introductions.

Jeff announced that Proposition 8 passed in California to overturn gay marriage. There will be a rally at Seattle City Hall at 10:30am on this Saturday, November 15.

Shireesha reported on the recent EIP steering committee meeting, at which they discussed where potential cuts could come from. So far the committee has made no official decisions; it was just a brainstorming meeting.

David R. announced the marriage of Justin Hahn and Monique Ossa.

David R. also pointed out that the Council meeting won't meet again until after World AIDS Day. Marcos stated that Entre Hermanos, BABES Network, Public Health, and Consejo Counseling are hosting a multi-agency World AIDS Day event, mainly for clients, on the evening of December 1, at the Yesler Community Center.

<Philip arrived at 4:05>

Jesse made the following announcements:

- All Council members should have received an invitation to the 2008 King County Boards and Commissions Reception. Higinio and Tony were the only members that attended last year and reported that it was a good chance to talk with County officials. The reception is on December 1 (World AIDS Day) from 6-8pm and may be a good time to educate people about Public Health funding.
- STEAM Project update: The project had a goal of 150 surveys, and has reached 300. Focus groups were conducted last week, and Elizabeth Barash is now beginning to analyze the data. The data will be ready for Prioritization, and there may be a dedicated presentation on the project at a Council meeting. Jesse thanked Joseph, Erick, and Amy for their hard work on the project.

- At the last meeting the group expressed interest in having a needs assessment for substance abuse prevention in discussing the Comprehensive Plan. The Planning Council have some unexpended funds which can be used for this assessment, if it is done very quickly (analysis completed by February). Jesse asked for volunteers to meet once in person in the next couple of weeks work on the assessment. Tony, Bob, Shireesha, Arthur, and Philip agreed to be on the committee. Susan Buskin and Tim Menza will also be working on the project.
- Jesse will send the survey out to everyone who agreed to work on the Assessment of the Administrative Mechanism of the Grantee.
- Members from the Care Prioritization Committee will need to meet in December to work on the Increment/decrement Plan. Tony, David R., Kate, Shireesha, Pam, Ron, Higinio, Richard, Jodie, Marcos, and Amy said they would be available to meet.

☛ **ACTION ITEM:** Jesse will schedule a day to meet for the Increment/Decrement Plan.

- “AIDS in America” has submitted a letter to the Obama-Biden Transition Team which outlines their recommendations in the first 100 days of office, and this was distributed to the Council.

Sarah announced that as part of the Hope project, in honor of World AIDS Day, BABES Network created a bus ad that features the Council’s own Kate Elling. Sarah distributed the ads for people to post.

II. Meeting Agenda

Gerrie will not be present for the 2009 budget update, so Jesse will report on Northwest Family Center changes.

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

<Michael arrived at 4:15>

III. October Meeting Minutes

Michael recalled that at Jeff’s suggestion the committee to be formed for the Assessment of the Administrative Mechanism of the grantee would not include those who applied for funding. Jeff stated his suggestion was that the committee not be *exclusively* those who applied for funding.

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

IV. Grantee Updates

Prevention

Barb reported having received two proposals for 3MV. The interviews will be held with each of the bidding agencies next Monday. The Proposal review panel will be present for the interviews and will make a funding recommendation at that meeting. Barb is also working on a draft an action plan from the Community Consultation, and there will be another community meeting of members of the Black LGBT community.

Care

Jeff made the following announcements:

- The recent Care RFP received 23 proposals, which is the smallest number ever submitted due to eliminated categories. \$5.5 million is available, and \$6 million was requested. The review panel will convene on December 5. A rebid was issued for psycho-social support (which the Council determined should be reserved for women), and those applications are due on December 2.

- The Housing Committee is embarking on the Housing Data Project to determine how many units are needed over the next 3 years and what types of units (emergency, transitional, or permanent). Of many housing assessments in the past, there has never been a group to quantify the need. This data should be useful in Prioritization.
- Becca Hutcheson and the Quality Management Advisory Committee have been working on the Consumer Awareness Project to raise consumers' awareness of the importance of knowing their CD4 count and viral load, re-enrollment in EIP, and getting PAP smears. Consumer Council members met before today's meeting as a test group and viewed posters created by students from the Art Institute. The campaign will run in the beginning of 2009.
- Nyrian Valdwill is the new HRSA Project Officer for Part A.
- John Snow Incorporated (JSI), a company hired by HRSA to examine the effects of the 2006 Ryan White reauthorization visited Seattle as one of two Part A jurisdictions, and has released their report. JSI gave a great review of the Council in terms of planning, but their main messages were that universally, jurisdictions are extremely dissatisfied with the 75/25 Core services split, and that HRSA's communication with EMAs and TGAs regarding changes is ineffective.
- Maintenance of Effort is a HRSA requirement that causes TGAs to continue to provide the same level of local funding for HIV as in previous years. In the past the Maintenance of Effort report included prevention funding for HIV, research funding, and counseling and testing funding, however, the new Maintenance of Effort requirement applies only to core medical and support services. There is concern that the new, reduced requirement will lead to a drop in funding from the City and County.
- Jeff handed out a sheet explaining HRSA's formula for creating and encrypting the Unique Client Identifiers (UCI), used in the newly required client level data. The UCI does not include social security number or phone number, but instead uses first and last name, date of birth, and gender. It is then encrypted (and called an eUCI) with a trap door encryption, meaning once it is encrypted it cannot be unencrypted.

<David L. arrived at 4:30>

BREAK 4:30-4:40

V. Care Comprehensive Planning

Jesse explained that the Comprehensive Care Plan included in the mailer did not reflect the work to date (through Goal 3). The Council went through the current plan's goals and objectives, beginning with Goal 4, and discussed which objectives they wanted to change and which to keep the same.

☑ The Council members agreed by acclamation to make the following changes to the goals and objectives of the Comprehensive Plan:

GOAL 4 – Keep as written.

- **OBJ 1** – Keep as written.
- **OBJ 2** – Keep as written.
- **OBJ 3** – This objective may have been in reference to the 2001 cross-systems training. In 2001, the needs assessment coordinator's goal was to ascertain whether prevention providers were identifying HIV+ people and moving them into care and whether care providers were identifying prevention needs and making referrals into the prevention system. The assessment was that care providers reported not having time to make the referrals, and prevention providers did not have the resources. The group discussed separating this objective as activities under OBJ 1 and 2. The group discussed the limitations of being able to complete the assessment for prevention, especially due to limited funds and staff (care

providers are required to report on this in quarterly reports). Frank pointed out that some prevention agencies, like those providing counseling and testing, refer HIV+ people to care on a regular basis and are very closely followed, while other prevention agencies like Needle Exchange do not ask about HIV status. The group agreed to include this objective as an activity under OBJ 1 and 2, and under the prevention program, refer to “prevention programs that identify positives.”

- OBJ 4 – Will now be OBJ 3; keep as written.

GOAL 5 –Council members agreed the language *be attentive to* was too passive and suggested other language such as, *track, be responsive to, be sensitive to, and monitor emerging needs, and respond as legislation allows*. Some members expressed concern over using *responsive*, as the Council may not always be able to respond to changes, especially with potential losses of funding. However, members agreed that *responsive* does not always mean having to take action, but can mean having a discussion and concluding that there’s nothing the Council can do. Change language to *be responsive to*.

- OBJ 1 – Keep as written.
- OBJ 2 – Keep as written.
- OBJ 3 – The group discussed how to define *emerging gaps*. David R. pointed out that fewer types of HIV/AIDS services, e.g. legal service and non-western medication, are funded today than when this plan was composed. It was pointed out that earlier goals mentioned only core medical services, however that the comprehensive assessment has always included questions about core and non-core services. Bob added that an assessment of emerging needs could support making changes in legislation regarding the 75/25 core services mandate. Erick noted a recent example of back to work needs emerging, and suggested this objective refer to psychosocial needs. Pam added that due to the state of the economy, the Council should focus on emerging funding issues as well. The group agreed psychosocial and funding should be separate objectives. Language for OBJ 3 should be *emerging psychosocial needs*.
- OBJ 4 (added) – *emerging funding needs*.

Richard suggested having a goal that addresses HIV within the context of healthcare reform, in light of Senator Kennedy’s plans to have a healthcare reform bill out in February.

Erick suggested an objective to address linkages with other systems, like SAMSA or HUD, but found this had been addressed in GOAL 1, OBJ 5.

Shireesha suggested that addressing healthcare reform be included in the original goal, noting that the Council has to be accountable for each goal. Richard restated his suggestion that as a group, the Council can offer their recommendations, similar to those from “AIDS in America” that were passed out earlier. The group discussed the wording *Develop, articulate, and disseminate a position on Ryan White health care reform*. Melinda questioned whether this goal belongs in this document, because it refers to public policy and lobbying, and Jeff added that the Council may not spend Ryan White funds on lobbying, however they can assess and *inform*. David R. pointed out that a more important goal may be to assess and inform clients of greater governmental funding issues, not necessarily specific to Ryan White and proposed *Monitor and inform those living with HIV around governmental funding issues*. Bob pointed out that while the Council cannot spend Ryan White dollars on lobbying, they can outline goals to advocate and raise HRSA’s attention. The group agreed to include *Assessing the impact of care system changes* as an activity under the previous objective.

📌 **ACTION ITEM:** Jesse will make revisions to the goals and objectives as well as write activities that reflect the goals and objectives and email it to the Council before the mailer goes out, so that the plan may be approved at the December meeting.

🗳️ **ACTION ITEM:** Sarah and Erick agreed to be readers and editors for the plan.

BREAK 5:30-5:45

VI. Committee Reports

Prevention Prioritization Steering Committee

Erick handed out a proposed list of Prioritization Committee members and explained that the “Membership slots filled” section accounts for the Council members participating in Prioritization, and the community member list would further fill slots.

The proposed list of Prioritization Committee members includes the following Council members: *Erick Seelbach, Bob Wood, Melinda Giovengo, Kris Nyrop, Higinio Martinez, Ron Padgett, Philip Doles, Germán Rodríguez, Amy Bauer, Sarah Kent, Tony Radovich, Arthur Padilla, Marcos Martinez, Kevin Patz, Ruth Njoroge, and Joseph Grant*; and the following community members: Solomon Tsegaselassie, Ryan Cuervorst, Nhan Thai, Vanessa Grandberry, Karl Ballinger, and Antony Stately.

MOTION: Erick moved to approve the list of Prioritization Committee Members. Kris seconded.

The following clarifications were made:

- There are at least 2/3 Council members
- There are several women on the committee
- People who have experience working with people with mental health and chemical dependency issues, such as Nhan Thai from Jail Health, will represent the mental health/chemical dependency population.

✔️ ***The motion passed unanimously.***

AACT Committee

Ron announced that Higinio has agreed to again be a Co-Chair. At the last meeting, the committee watched “Race the Power of an Illusion, Episode 2.” The next meeting will be on Monday, November 7, at 4:00pm in the Yesler building, and they will watch Episode 3. The committee has discussed having someone present to the Council on anti-discrimination and anti-oppression. Higinio added that AACT is not just for consumers but also to discuss cultural competency and invited anyone interested to please attend.

Membership Committee.

Jodie announced that the Council needs to recruit consumers who are African American, Latino and Foreign Born Black.

She introduced James Redel, and stated that the Membership Committee would like to put him forth to the Council for a vote. James stated he's has been a volunteer at many agencies, currently volunteers at Lifelong and has for several years, and has also served on the boards of a few agencies in the past. He feels he has a good idea of what clients need, he has been affected long-term by HIV, and he has a strong administrative background.

MOTION: Erick moved to approve James Redel for Council membership. Philip seconded. There was no discussion.

✔️ ***The motion passed unanimously.***

VII. 2009 Budget Impact

Impact on Part D

Jesse reported that due to the 2009 budget cuts, Northwest Family Center (NWFC) will close. This is also due to the fact that there that the overhead costs for services at Public Health are far higher than the Ryan White 10% cap. Gerrie will stay on as the Part D grantee, and Part D dollars will be contracted out to other agencies. Part D dollars are currently used in King County for case management (at NWFC and YouthCare), Substance Use Treatment (NWFC/Evergreen) and psychosocial support (BABES) but are also used for services in Pierce County, Spokane, Yakima, Everett, and Bellingham. Gerrie will likely not put out an RFI, but will determine which agencies have a history of serving NWFC's clients and contract to those agencies. Gerrie is currently looking for a home for the chemical dependency program. Jodie added that nothing can be officially decided until November 24th, when the County Council approves the final budget. NWFC's closing would not go into effect until January 2009, so until then they are allowing clients to decide where they want to receive services. Jeff added that NWFC did not apply for Part A dollars.

Impact on other HIV/AIDS programs

Frank Chaffee explained that this budget season has been extremely unpredictable and that his report is current as of today only.

He explained that the challenges for Public Health are structural, and the budget cuts are the result of the accumulation of actions over the years. Up until the early 1990's all of the cities in King County contributed funding to Public Health. When the State decided to reform the health care system in the early 1990's, the first step taken was to update the Public Health funding mechanism. This was done with the motor vehicle excise tax (MVET), and the suburban cities stopped contributing to the King County Public Health budget. When health care system reform never went through, health departments were left with the MVET as their only dedicated funding source from the State. MVET dollars were supplemented with funds from local counties and voluntary contributions from cities. Then a citizen initiative repealed the MVET. Currently cities will only pay for enhanced services, while the County is expected to cover core services.

The City now contributes almost as much as the County to HIV care and prevention programming. As a part of overall cuts in County funding, some County dollars for HIV prevention were reduced for 2009. The HIV/AIDS Program absorbed this cut by closing the dedicated HIV/AIDS Hotline. As of December 8, 2008, calls to the former Hotline number will be directed to the HIV/AIDS Program front desk. Currently, Hotline calls are mainly referrals to service and requests for general information about disease conditions. The receptionist will transfer general disease information requests to a CDC 1-800 number that is staffed 24 hours a day, in English and Spanish. If someone calls with a request for testing information, the receptionist will ask where the caller lives, determine what's most convenient, and transfer him/her to the appointment line. All other requests will be referred to knowledgeable staff in the HIV/AIDS Program. The calls will be monitored to ensure callers' needs are being met. Over the past several years the number of calls to the Hotline has decreased. This decrease may be influenced by increased access to the internet. Various surveys show that 90+% of callers have internet access. Despite the cuts to County funding for 2009, the HIV/AIDS Program has been able to preserve all of the funding for community-based prevention services, as well as all access to counseling and testing and to Needle Exchange in 2009.

Public Health goals

Frank explained that Public Health expects to face more of the same challenges in the future. County Executive Sims supports a long-range solution that would establish some source of sustained, flexible funding for Public Health. Many categorical services are currently funded by a patchwork of funding, with different sources for family planning, chronic disease, and HIV/AIDS, for example. Currently there is a critical gap in the flexible funding. The County's legislative agenda for 2009 will likely include efforts to encourage the State to authorize individual counties to seek voter approval for a

dedicated tax to fund public health services. When public health funding comes from general funds, they compete with police and fire, and these public safety services often receive higher priority than public health services. Support for sustained flexible funding could mitigate some of the historic problems of categorical funding streams competing for resources. Within the Washington State Department of Health budget, AIDS Omnibus dollars make up the single largest pot of money for one disease. At this point it could be counterproductive to fight for money for only HIV/AIDS. Frank noted that the HIV/AIDS program does have very good measures of impact as well as good stories about the benefits of the program, so they can make a case for the value of the program as a categorical service. There is a background information sheet available if anyone or the Council as a whole is interested.

Frank passed out copies of David Fleming's presentation to the Board of Health which describes the background of structural issues with the Public Health budget.

The following clarifications were made after the group asked questions:

- The Hotline number, 205-STDS, will remain operational for at least a year, but the receptionist will answer the phone.
- The decisions on cuts have not yet been finalized
- Public Health is emphasizing that support for sustained flexible general Public Health funding is likely to have more beneficial impact than lobbying for specific programs.
- More funding cuts are a possibility, as problems with the economy continue.

The group came up with the following ways to respond to the budget cuts:

- Talk with County Council members about systemic changes as individuals and as a Council.
- It may be more effective to talk with state legislators about structural issues of Public Health.
- AIDS Action and Awareness Day (A3D) will take place on February 18, and will be an opportunity to talk to State legislators. Lifelong will be providing rides to the Capitol.
- There will be a rally for legislative reform on December 11 at St. Marks Cathedral for the Division of Substance Abuse and Mental Health.

🗨️ **ACTION ITEM:** Jesse will find out who the names of the target people from the County, City, and State and email these to the Planning Council.

VIII. Next meeting

Next Meeting: Monday, December 8, from 4:00-6:30 at the **2100 Building – 2100 24th Ave. S., Seattle 98144**

The meeting adjourned.