

Seattle HIV/AIDS Planning Council

Monday, October 13, 2008-- 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. | Grantee Updates (Barb and Jeff) <ul style="list-style-type: none">•Including information about the Community Consultation | 4:10 |
| V. | Prevention Letter of Concurrence without Reservations (Barb) <ul style="list-style-type: none">•All fund allocations have been determined for FY 2009<ul style="list-style-type: none">➤ Action: Vote on Prevention Co-Chairs signing a Letter of Concurrence | 4:20 |
| VI. | Committee Reports <ul style="list-style-type: none">•Prevention Prioritization (Erick, Bob)•AACT (Ron, Higinio)•Membership (Gerrie, Jodie)<ul style="list-style-type: none">➤ Action: Vote on new member candidates? | 4:30 |
| VII. | Break | 5:00 |
| VIII. | Care Comprehensive Planning (Jesse, Jeff) 📁 Attachments: Yellow & Orange <ul style="list-style-type: none">•What is Comprehensive Planning?•What did the Council put in its Comprehensive Plan for 2006-8?•What is new from HRSA for the 2009-11 plan, due in January, 2009?<ul style="list-style-type: none">➤ Action: Brainstorm goals and objectives for the 2009 plan | 5:15 |
| 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 ☿ October 13, 2008

4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bauer, Kate Elling, Melinda Giovengo, Sarah Kent, Gerrie LaQuey, David Lee, Higinio Martinez, Marcos Martinez, Eric Miles, Ruth Njoroge, Ron Padgett, Arthur Padilla, Kevin Patz, Jodie Pezzi, Tony Radovich, Michael Raitt, Germán Rodríguez, Pam Ryan, Erick Seelbach, Bob Wood*

Council Members Absent: *Lina Ali, Charles Curvin, Shireesha Dhanireddy, Philip Doles, Brandie Flood, Bill Hall, Kieu-Anh King, Andrew Murphy, Kris Nyrop, David Richart, Angela Williams*

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

Health Department Staff Present: Jeff Natter, Barb Gamble

Guests: Bora Chun, Caitlin Sullivan, Daryl Freeman, Eduardo Navarro, Javier Amaga, Étienne Monas, Joseph Grant, James Redel

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Andrew Murphy and David Richart will not be at the meeting.

II. Meeting Agenda

The Prevention Letter of Concurrence and Grantee Updates may take a longer than expected.

The agenda was approved by acclamation.

III. August and September Meeting Minutes

MOTION: Melinda moved to approve the September minutes as written. Higinio seconded. There was no discussion.

The motion passed with 12 in favor, and Richard, Gerrie, Sarah, Jodie, Amy, Pam, and Eric abstaining.

Jesse announced she has made one correction since sending out the August minutes: "School Parity Model" should read "Pooled Parity Model."

MOTION: Tony moved to approve the August minutes as amended. Gerrie seconded.

The motion passed with 13 in favor, and Ron, Richard, David L., Sarah, Erick, and Melinda abstaining.

IV. Grantee Updates

Care

At the September Council Meeting, there had been a question about the Nutritional Therapy Standards regarding who is eligible to receive an assessment—the answer is that all consumers are eligible.

Jeff announced that the Local Ryan White Part A proposals are due tomorrow, October 14, at 2pm. Jeff stated decisions will be made on December 5, 2008. He also announced having turned in the Ryan White application on time, and that HRSA has accepted it.

Prevention

Barb was not able to announce the recipient of 3MV because the HIV/AIDS Program did not receive all of the proposals that were intended to be turned in, due to a mistake in Procurement. As a result, the RFP will be re-opened, released on October 16, and due on October 30. They hope to choose the recipient in mid to late November.

Barb also reported on “Can We Talk?” a meeting on how to improve services to Black MSM. The first day was a meeting of members of the Black LGBT Community. They discussed needing more needs assessments and intervention assessments, as well as redeveloping an organization that specifically serves the needs of Black gay and bisexual men. The second day included members of the Black LGBT community as well as organizations that serve the larger Black community and focused more on systemic issues and how to get agencies to work together.

V. Prevention Letter of Concurrence

Barb explained that every year, Public Health comes to the Planning Council to present how they plan to spend the funds that the Council oversees. In June there had been a large deficit, so the Planning Council gave a letter of concurrence with reservations, and agreed to revisit the plan in October. There is now an even larger deficit to work with.

Barb stated her presentation would show how Public Health plans to spend the money and how their plans compare to the Prevention Plan created by the Council. Public Health is required to spend 100% of the CDC dollars and 50% of the Omnibus dollars according to the Council's Prioritization plan. She explained the Council now has 3 options after viewing Public Health's Plan: Barb listed the three options the Council can now take after the presentation:

- 1) Submit a letter of concurrence
- 2) Submit another letter of concurrence with reservations
- 3) Submit a letter of non concurrence

Barb gave a presentation of how Public Health intends to allocate the CDC and AIDS Omnibus funds and went over the following points:

- Dollar amounts were presented for each program.
- Some amounts are still in question until additional report data comes in from a current vendor. There was a contingency on the contract regarding this.
- Public Health intends to spend 100 % of CDC funds, and more than 50% of the AIDS Omnibus funds according to the Council's Plan.
- Some percentages are slightly different from those in the Council's Plan because of agency budgets varying from year to year and under-expenditures in 2008.

Council members asked questions and Barb provided the following clarifications:

- Gay City does not do their own partner notification, but works through Public Health, while Jail Health does some of their own partner notification and some through the STD clinic.

- RNA testing, which will have increased funding, found 11 new cases last year. The STD clinic performs all the normal tests and then performs the RNA testing only on MSM. It is possible for someone to leave their visit with a “provisional HIV negative test” and then be found to have HIV through the more sensitive RNA test, and re-contacted with that information.
- Public Health should receive evaluation data from the One to One program in mid November. If the program has not met specific goals, Public Health will release an RFP for the money. One to One’s performance goals include the number of clients who enroll and the number who successfully complete the program.
- Jail Health’s HIV counseling and testing services include MSM and IDU (including women) and their services for HIV+ inmates include women as well.

Tony and Erick expressed concern that Public Health is still uncertain where \$251,411 will be spent, and the letter of concurrence had been put off in June so those questions could be answered.

Discussion followed:

- Barb responded that many questions had been answered since June, and they would know more about the remaining questions in mid-November and December. She also added that if there was a significant change, Public Health would let the Council know.
- Erick noted that if the funds that Public Health is uncertain about are subtracted, Public Health would still spend over 50% of the AIDS Omnibus dollars according to the Council’s plan.
- Arthur pointed out that the important thing is whether the Public Health is doing due diligence. He appreciated the fact that their plan was transparent and added that part of the process includes risk taking. Several Council members agreed.

MOTION: Pam moved to have the Prevention Co-chairs sign the letter of concurrence (without reservations). Michael seconded.

Sarah asked for clarification on what a letter with reservations would include and what its impact would be.

- Erick stated if there were a letter with reservations he would want it to state that it is uncertain where some of the money would be allocated.
- Barb stated that a letter with reservations would mean that Public Health would have to let the state know they didn’t get the letter of concurrence and would have to come back to the Council. Barb reminded the Council that in 2008 they signed a letter of concurrence when decisions had not been made for all of the funds.

☑ The motion passed, with 16 in favor, Kate opposed, and David L., Erick, and Tony abstaining.

Jeff reminded the Council that one of their responsibilities is to evaluate the administrative mechanism of Public Health and suggested that the Council evaluate the first year of having the contracts go through King County Procurement. Although this is not required, he also suggested surveying prevention agencies that have gone through the RFP process with procurement.

Jesse suggested having a committee to create the evaluation questionnaire. Michael, Pam, Sarah, Arthur, Erick, and Tony agreed to help create the questionnaire via email.

🔴 **ACTION ITEM:** Jesse will take the questions from the old evaluation, add new ones including a section related to procurement, and email them out to the committee.

BREAK – 5:05-5:20pm

VI. Committee Reports

Prevention Prioritization Steering Committee

Erick described the Conflict of Interest rules used in the last prevention prioritization, which the Steering Committee is recommending be used for this prioritization: Members with a conflict of interest are not allowed to hold up consensus or to vote, and if a member has a conflict in one category, s/he has a conflict in all categories. Members with a conflict of interest can voice their opinions (using the Conflict card, when appropriate), but may not vote or hold up consensus. He explained the goal is to strive for consensus, and using this rule in the last Prioritization, they never went to a vote.

MOTION: Tony moved to approve the Conflict of Interest rules used for prevention prioritization in 2007. Kevin seconded. There was no additional discussion.

☑ The motion passed unanimously.

Erick stated that the Steering Committee recommends using the same rules for Interventions as Prioritization because conflicts of interest can be just as influential when choosing an intervention as they are with Prioritization and because it would be less confusing to members on both committees.

MOTION: Gerrie moved that the same Conflict of Interest rules apply for Interventions Committee and the Prioritization committee. Kate seconded. There was no additional discussion.

☑ The motion passed unanimously.

Erick announced that the Steering Committee would like to bring the list of proposed Prioritization Committee members to the November Council meeting. The current list includes 17 Council members: *Erick Seelbach, Bob Wood, Melinda Giovengo, Brandie Flood, Kris Nyrop, Higinio Martinez, Ron Padgett, Philip Doles, Germán Rodríguez, Amy Bauer, Kieu-Anh King, Sarah Kent, Tony Radovich, Arthur Padilla, Marcos Martinez, Kevin Patz, and Ruth Njoroge.*

The Steering Committee is also working to add up to 8 community members to fill gaps, but has not yet received confirmation from everyone. These include Solomon Tsegaselassie for FBB, Joseph Grant for Black MSM, Vanessa Grandberry for Black MSM and Transgender, Nhan Thai for the Jail population, Charles Ellis for Mental Health and Substance Abuse Treatment, Anthony Stately who is a behavioral scientist and researcher on Native Americans and HIV, Ryan Cuervorst for Young MSM, and Karl Ballinger for Black MSM. Jesse will give priority to Council members' schedules.

AACT

Ron reported the AACT Committee watched "Race: The Power of and Illusion, Episode 1" at the last meeting and will watch Episode 2 at the next meeting, on Monday, October 20.

Membership

Jodie announced the Membership Committee had interviewed three people, two White male unaligned consumers and one Black MSM. She introduced Joseph Grant, who fills the Black MSM gap, and stated the Membership Committee would like to put him forth to the Council for a vote.

MOTION: Erick moved to approve Joseph Grant for membership of the Planning Council. Sarah seconded. There was no discussion.

☑ The motion passed unanimously.

Jodie announced that the Council is still looking for White and Latino HIV+ males. The Membership Committee will interview Étienne Monas at the November Membership Committee meeting and will forward James Redel to the Council for a vote at the November Council meeting, after receiving his references.

VII. Care Comprehensive Planning

Jesse and Jeff explained the purposes of Care Comprehensive Plan.

- To guide the Council's work over the next three years.
- To set the Council's goals and objectives, and to outline their mission and vision for the continuum of care not just for Ryan White consumers, but for all consumers living with HIV/AIDS.
- Address what types of services to create and which to improve.
- The plan will require many different types of data, including needs assessments data, quality management data, utilization data, funding data, and data that do not yet exist that the Council may want to decide how to create.
- To be a living document that the Council will refer to often.

Jesse and Jeff went through the current plan's goals and objectives, and the Council 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 1 – At the time of creating the last plan there were 6 core services, and now there are 13. The group agreed to keep the goal the same and include the correct number of core services.

- OBJ 1 – Keep as written.
- OBJ 2 – Change wording to *incorporate* in stead of *develop*.
- OBJ 3 – Keep as written.
- OBJ 4 – Keep as written.

Jeff announced that Becca Hutcheson, the Quality Management Program Manager was the first ever recipient of the National Quality Management Leadership Award.

It was clarified that this plan is not only for the Council but also for direction to the grantee staff.

- OBJ 5 – The Council has been somewhat successful in coordination with mental health, chemical dependency and corrections systems. The group agreed to include homelessness and housing systems and change the language to *improve* instead of *increase* coordination.
- OBJ 6 – The Council has linked with substance abuse treatment, but not necessarily with prevention. The group agreed to change the language to *Identify and Strengthen*.
- OBJ 7 – The Council has not done an assessment. Jesse pointed out that there are fewer resources so they could add questions to the Comprehensive Needs Assessment, but there may not be enough dollars to do an additional assessment. The group agreed that substance abuse prevention should be separate goal, because this goal includes substance abuse *treatment*. The wording will be: *Increase the Council's capacity...*
- OBJ 8 – Public Health has created benchmarks and outcomes that providers have to use for outcome effectiveness, but cost effectiveness is very difficult to determine without a professional. The group agreed to word it as *consider* cost-effectiveness and to request technical assistance from HRSA.
- OBJ 9 – Add Membership Committee mentorship.

GOAL 2 – Keep as written.

- OBJ 1 – Keep as written.
- OBJ 2 – Change wording to *Continue monitoring*.
- OBJ 3 – Change the language to *Identify and reduce the barriers* to be more proactive and to expand the list of barriers.

🔗 **ACTION ITEM:** Members will email Jesse with ideas of more barriers.

- OBJ 4 – Keep as written.

GOAL 3 – Keep as written.

- OBJ 1 – Several members agreed this objective is important, although not economically feasible for all core services. The group agreed to change the wording to *start with primary medical care and as more resources are available, move on to other categories*.
- OBJ 2 – Keep as written.
- OBJ 3 – Jesse explained that CARE dollars can pay for counseling/testing, but only when dollars aren't available from other sources and can only be used to pay for positive tests. The group agreed to take out this objective and consider it for Goal 4.
- OBJ 4 – Keep as written.

🔗 **ACTION ITEM:** Jesse will edit the plan up to the point the Council has discussed, and the Council will work on the rest at the next meeting.

🔗 **ACTION ITEM:** Council members will re-read the Plan and think of other goals and objectives (including issues related to having client level data) they may want to include in the new Comprehensive Plan.

VIII. Other Business/Next Meeting

At the next meeting the Council will review and revise Goals 4 and 5, make any new goals and objectives, discuss how the Council and Grantee are accountable for fulfilling the goals and objectives, and create a plan to monitor the Comprehensive Plan.

Next Meeting: Monday, November 10, from 4:00-6:30pm at the **2100 Building—2100 24th Ave. S, Seattle 98144.**

The meeting adjourned.