

Seattle HIV/AIDS Planning Council

Monday, September 8, 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) ➤ Action: Review and Approve | |
| III. | Minutes: (3 min) 📎 Attachment: White ➤ Action: Review and Approve | |
| IV. | Grantee Updates (Barb and Jeff) | 4:05 |
| V. | Update on Black MSM Needs Assessment (Amy, David L. Erick) | 4:30 |
| VI. | Recruiting a new director of AIDS Control Programs (Frank Chaffee) 📎 Attachment: Buff | 4:45 |
| VII. | Break | 5:15 |
| VIII. | Introduction to Prevention Prioritization (Erick) •What the Council does and how it does it •What is prevention? •Discussion of various views of prevention | 5:30 |
| IX. | Committee Reports •AACT (Ron, Bill, Higinio) | 6:00 |
| X. | Quality Management Update (Jeff and Committee presenters) 📎 Attachments: Blue Standards of Care for Nutritional Therapy Services, Housing Assistance/Housing Related Services, and General Standards (only review CLAS Mandates-Sections 25.0 and 26.0) ➤ Action: Review and vote on changes | 6:10 |
| XI. | Other Business/Next Meeting • October 13, 2008 | 6:25 |

Barrier-free location
Reasonable accommodation for persons with disabilities
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TTY: (206) 296-4843

Seattle HIV/AIDS Planning Council

Minutes ☿ September 8, 2008
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Charles Curvin, Philip Doles, Kate Elling, Brandie Flood, Melinda Giovengo, Bill Hall, Kieu-Anh King, David Lee, Higinio Martinez, Marcos Martinez, Andrew Murphy, Ruth Njoroge, Kris Nyrop, Ron Padgett, Arthur Padilla, Kevin Patz, Tony Radovich, Michael Raitt, David Richart, Germán Rodríguez, Erick Seelbach, Angela Williams, Bob Wood*

Council Members Absent: *Richard Aleshire, Lina Ali, Amy Bauer, Shireesha Dhanireddy, Sarah Kent, Gerrie LaQuey, Eric Miles, Jodie Pezzi, Pam Ryan*

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

Health Department Staff Present: Jeff Natter, Sharon Bogan, Elizabeth Barash, Gary Johnson, Frank Chaffee

Guests: Darren Laymen, Gregory Miller, James Redel, Robert Matter

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Jesse announced that there are a lot of visitors present today, some of whom are interested in applying for the council, and one has turned in his application already.

Barb Gamble is not able to be here, and Sharon Bogan will fill in for her for grantee updates.

David Richart announced that the AIDS walk is Saturday morning, October 4. There will be a special presentation to past board members. Lifelong will also be celebrating its 25th year.

II. Meeting Agenda

Germán moved to approve the agenda as written. Kate seconded the motion.

☑ The agenda was approved as written, by a unanimous vote.

III. August Meeting Minutes

Jesse proposed that, because the August meeting minutes had so many mistakes (they were sent out without edits, as she was at the Ryan White meeting), she would go through them, make changes, have Courtney send them out with the next month's mailing, and the Council can approve them at the next meeting. If anyone has specific edits, they can give them to Jesse.

☑ The group agreed to approve the August meeting minutes at the October meeting, by acclamation.

IV. Grantee Updates

Care

Jeff is working on the Part A grant, which is due to HRSA on September 29.

Higinio, Becca, and Jesse recently attended the All Parts meeting in Washington DC. Jeff went over some important information from the meeting:

- All programs will be required to collect client level data as of Jan 1, 2009. Public Health is working with the State DOH to implement a system across Washington. The first year is a pilot project.
- Jeff attended a workshop presented by John Snow Inc. who found that uniformly across the country people are dissatisfied with 75% core services mandate. They are taking this to Congress for the 2010 reauthorization.
- There will be a new HRSA Project Officer for Part A in Seattle.

The local Ryan White RFP was release on Sept 4. This year it will go through the King County procurement office. There will be a pre-proposal bidders' conference on September 17, and the proposal will be due on October 14. Funding decisions will not be made until early December. The Grantee will convene an unconflicted review panel to read, rate, and review proposals.

Jeff stated that in the All Parts meeting, they talked a lot about the work the Planning Councils do, particularly in preparation for Re-authorization in 2010. Jeff gave a quiz to Council Members, and asked that everyone write down the Planning Council's five named responsibilities for Ryan White. The responsibilities are as follows:

- 1) Making sure the Council meets membership requirements, operating under guidelines, etc.
- 2) Assess the service needs of EMA or TGA
- 3) Establish priorities and allocate funds (which is done in Prioritization)
- 4) Evaluate efficiency of the administrative mechanism of the grantee (evaluating Jeff and Public Health's work in getting out funding)
- 5) Creating and monitoring the Comprehensive Plan, explained below.

The Comprehensive Plan is a document that the Council needs to recreate every three years and consistently monitor throughout the three-year period. It should address the main needs, deficiencies, effective or ineffective use of funding, whether people are getting the services they need, and the main issues, e.g. gender, geography, race. Jeff noted there hasn't been much reference to monitoring the Comprehensive Plan on the Council lately. Next month, Jesse and Jeff will present an overview of the current Comprehensive Plan in preparation for writing a new one, due on Jan 18, 2009.

Jesse added that the Executive Committee gave Jesse the duty of coming up with the language for the plan, but it is the Planning Council's role to decide on the goals and objectives, and members will brainstorm these at the next Planning Council meeting.

Prevention

Sharon reported the following items:

- The Black MSM Community Consultation is being planned for October.
- There is not yet an update on the 3MV RFP-it is still in process. They hope to have more information by the next Planning Council Meeting.

V. Update on Black MSM Needs Assessment

Elizabeth Barash reported that the Needs Assessment work group has finalized the risk behavior survey, which consists of 80 questions. They plan to conduct the survey at a variety of venues to recruit all types of Black MSM. Five people have been hired for recruiting. Some

participants will be referred to focus groups to give more qualitative information. Participants will receive \$25 for completing the survey. Elizabeth requested any ideas for venues besides bars.

Brandie expressed concern about the survey having 80 questions. Elizabeth explained that there are skip patterns, so not everyone will have to answer all 80 questions.

The group is looking into the logistics of putting the survey online as well, but there are several barriers to doing this.

David Richard inquired how many participants the study is looking for. Elizabeth said the goal is 150.

Bill asked where the group planned to advertise the online assessment. Elizabeth explained that it's still preliminary, and the group sees it more as a back up if the participant doesn't have time to complete the survey in person, or they may recruit in chat rooms. Jesse pointed out that when they conducted the MSM survey online in the past, there was very low participation from Black MSM. Elizabeth reported they are conducting an orientation for the recruiters this Thursday evening. Elizabeth named four recruiters, Heath Boulden, Karl (from Gay City), Autry Bell, Vanessa Grandberry, and did not name the fifth person because it's not official yet, but added she feels this recruiter will be able to provide a valuable perspective from outside of the AIDS prevention community.

Elizabeth asked that if Council members know Black MSM, particularly those who do not identify as gay, please refer them to the study.

<Charlie arrived at 5:20>

VI. Recruiting a new director of AIDS Control Programs

Frank requested that Bob leave so that the Council may talk without him. Jesse pointed out that according to state open meetings law, they cannot ask someone to leave, so Bob left on his own accord.

<Bob left the meeting>

Frank announced that Bob will be retiring in early 2009 and Public Health would like to get some input from the Planning Council on his position and replacement.

Gary Johnson referred to the buff sheet in the meeting packet which lists some of the questions they would like input from the Council on. They really want to know:

- What kind of person will best serve the needs of the council?
- What kind of person would best lead PHKC into next phase of work with HIV prevention and care?
- What kinds of characteristics would the ideal candidate possess?

Frank added these may not be only questions members feel should be address and that they may add any other comments.

In the short term, they are seeking a replacement of a position that is very much like Bob's if not the same. In the long term they are looking at some possible restructuring of the position. It's important for Public Health to know what resources members get from the Director of AIDS and how this position is valuable. Frank asked for questions and comments:

- Marcos asked whether there's a job description. Frank stated that they were gathering information as a precursor to writing the job description, but Marcos wondered if there was a

current description. Frank stated that the position is mainly responsible for setting the direction of the HIV/AIDS program as well as advocacy and policy development.

- Kris stated it might be difficult for people to rank what areas of expertise are most important (as asked in the buff sheet) and suggested sending out an excel spreadsheet with which people can respond.

Kris listed his ranking as follows (adding that he sees all as important):

1. HIV prevention
2. Behavioral prevention strategies
3. HIV/AIDS Epidemiology
4. Community partnerships in public health prevention interventions
5. Coordination of care services
6. Prevention, epidemiology and care research.

Frank responded that rather than give people an assignment, those who have further comments may call Frank or Sharon later on. Their contact information was listed:

Frank Chaffee: (206) 296-4854, frank.chaffee@kingcounty.gov

Sharon Bogan: (206) 205-4038

- Erick asked Frank to describe the entire hiring process, and the community's role therein. Frank stated they had surveyed other jurisdictions on their process and will create a list of local key informants in the community and in the department that will inform recruitment and the job description. Gary pointed out that the department's does not have a role in deciding who will serve on the Council, so he's not sure he sees that the Council should have a representative present at interviews. Erick asked about the key partners in the community having a role, not just the Council. He asked whether, for instance, final candidates will interact with the community. Frank stated that it's not unusual for candidates to present to the community for high profile positions such as this. He asked if there were particular things the Council has in mind that they'd like to see. Gary suggested the final candidates could have a conversation with the Council, perhaps with a committee from the County Medical Society, and perhaps with people from UW, and these key community partners could offer some assessment of the qualifications and fit of those candidates.
- David R. stated that he feels that the list of expertise areas given to the Council for consideration is too broad. He stated that, looking at the HIV epidemic on local, national, and international levels, the Seattle epidemic is very different. To bring in a physician (who aren't usually trained in working with the gay community) who just has a broad understanding of epidemiology would not cut it. It's important for the candidate to have an understanding of consensus building and the Seattle epidemic and the Seattle community. He also mentioned that the possibility of restructuring the position of AIDS Director is a different conversation than who will do the job that Bob is currently doing. He stated that although Public Health may not get to have influence over Council members (which Gary had pointed out earlier), this person will have a permanent seat on the Planning Council, and therefore it seems like the Council should have some more input in the hiring process.
- Higinio asked whether Bob would have a say in the hiring. Frank noted that Bob will definitely have input in the structure of the position and the job description. Gary may propose that he be part of the interview process, so that they may use his history in evaluating the candidate, although this is not customary, and they have not decided yet.
- Brandie stated her preference for someone with the ability to "not just spit out interventions." She would want the person to be responsible for building capacity in the community and making better community partnerships. She noted that community agencies often fill roles which Public Health cannot, and that the Director needs to work well with these agencies and help them to succeed.
- Kate asked what type of experience they are looking for, whether they wanted a fresh new look and someone right out of school or someone who's been working in the community for awhile. Gary pointed out he felt that getting someone fresh out of school is not the only way to gain new perspectives—ideally they will have someone with the strongest mix of

experience and skills and likes the idea of someone who can demonstrate some skill in innovation. Frank added that it's very helpful for the Director to be a physician who can empathize with practitioners, have credibility with them and be able to look at what's the best for the community as a whole, especially for contentious policy deliberations.

- Tony stated he felt the number one qualification is an understanding of the complexities of the individual communities affected by HIV in King County, within the broader community. It's important for the person to work on a national level, where there haven't been many new interventions for gay men. It's also important to have someone who can talk directly with state legislators and the governor. He also expressed concern over the dwindling of funding.
- Erick hopes that someone in the position would not favor biomedical interventions, but believe in a mix of biomedical, behavioral, and social interventions, in an overall framework of social justice. Gary stated he hears that Erick would want someone who could appreciate a range of strategies. Erick reiterated that they must have a willingness to *implement* multiple approaches, not just *have an appreciation of them*.
- Marcos asked why they asked about an affiliation with UW. Frank answered there are different ways to be affiliated with the University. Some examples of advantages would be the ability to bring researchers into programming, have leverage to get free graduate student labor, bring ideas on structuring a program and the evaluation of that program, getting people with access other resources working on local things, and the ability to tap into the expertise of UW's global health program.
- Jesse listed some of the things that Bob currently does:
 - Member of the Planning Council
 - Serves PLWH as a physician in the One on One Program
 - Member of the Governor's Advisory Council on HIV/AIDS
 - Drafts policies and brings HIV perspective to the Washington Medical Association
 - Works with the media-is the "go-to-guy" if a reporter wants to talk about HIV with Public Health
 - AIDSNet Director for Region 4– final say on Omnibus and other policy issues related to HIV/AIDS. Frank gave as an example that the AIDSNet Council is working on a state initiative on performance indicators. The AIDSNet Council is one of many constituencies that would affect changes of the Washington Administrative Code.
- Jesse asked whether this person needs to be an MD. Gary stated it is currently a requirement and he expects that this will continue to be a requirement. Jesse asked whether s/he has to be an Infectious Disease doctor, with expertise in HIV, or are they asking for input from the Council on this. Gary stated they are still looking to have a physician be the Disease Control Officer for HIV/AIDS.
- Tony pointed out that Bob has been around a long time and has understood the history of the epidemic and the needs of specific people. He feels this is an important quality. Other members agreed. Frank stated the person should be an expert in infectious disease and should be responsive to the community when the community says something isn't working.
- Jesse asked whether there were qualities the candidate should have that maybe members felt Bob doesn't currently have.
- Tony stated that Bob's response to the media regarding the cases of super infection was great because he didn't target specific people. Bob is good at communicating to the public, and that it's important to look at larger issues, such as poverty.
- Kris added that publicly, Bob presents a thick skin, and this is an important quality for this person to have. Bob has been insulted by various groups of people, but he does not respond with a personal attack, and this is also an important quality. Other members agreed.

- Michael pointed out that this is a dynamic position, and it's unclear how to prioritize these qualities. The most important is how s/he works with the community and works with the Council. Openness and receptiveness are key. S/he has to have a rapport with the community, and alienation of groups in the community would be very undesirable. David Richart suggested the term "Community Bedside Manner."

<Melinda arrived at 5:08>

- David Lee pointed out that Bob's skills probably developed over time, and Public Health should pick someone who has ability to develop these traits over time. A good candidate would understand the needs of the primarily largest group affected by the disease, but not overlook the needs of smaller groups.
- Higinio stated they should think about the short term. It's difficult to know what kind of relationship this person will have with Council or with the gay community. Frank clarified he meant that short term is to keep the work already happening still going, and the long term is to think about other things the position will take on.
- Jesse requested a timeline for the process. Frank explained that the preliminary information is being reviewed and in the next month to 6 weeks, they will be getting information from key informants. In the next few days they will be deciding on a brief questionnaire for some key community people. They will then get direction from the Director on next steps.
- Kate asked whether they were looking for a male (as, in speaking, most people had referred to the person as "he"). Frank responded that gender does not matter, and they try to operate from the perspective of allies. He added that someone may be, for example, great at partnering on teen sex education, and may have overcome huge barriers, and this would be a very desirable skill set even though it's not HIV-related.
- Jesse stated she's assuming there will be a hiring process, and that someone won't just be moved from another part of Public Health. Gary confirmed they are conducting an aggressive, full-blown, national recruitment. Jesse stated that some Council members may be thinking of some specific people and they should encourage those people to apply.
- Philip stated he thought the candidate should be able to speak on a level that everyone can understand, as Bob does.
- Higinio asked when Bob's term is up. Frank stated Bob has agreed to stay on through the end of March or April (through Prioritization).
- Melinda stated that she would like to see someone who can speak to folks not entrenched in the HIV community. She also added that while the search is national, it's important for the candidate to understand how Seattle providers interact and the culture of the Seattle Social Services community. She noted that people coming from out of state, without a clear picture of how Seattle works have been very unsuccessful in several cases.

<Angela left at 5:15>

<Bob returned>

VII. Introduction to Prevention Prioritization

Erick went through the list of decisions to be made at this meeting. In the last Prioritization the Interventions Committee was created as a smaller committee separate from Prioritization. This worked well, and the Steering Committee would like to do this again. Members of the Interventions Committee review literature and make recommendations of interventions, which are voted on by the Council at the January meeting. Erick read the list of names proposed for the Interventions committee: Council Members: *Erick Seelbach, Bob Wood, Bill Hall, Kevin Patz, Kris Nyrop, Ron Padgett, Philip doles, Kate Elling* and Non Council Members Frank Hayes, Solomon Tsegaselassie,

and Matt Golden (also listed on hand-out). Jesse pointed out the dates on this sheet are not correct, and the committee will likely have a training and four meetings.

MOTION: Melinda moved to accept the list of members. Michael seconded.

Marcos Martinez stated he would be interested in serving on Interventions and Prioritization.

FRIENDLY AMMENDMENT: Melinda made a friendly amendment to her motion, to accept the names listed and add Marcos. Michael, as second, accepted.

Michael asked the difference between the list of people on Interventions and the Prioritization list at bottom. These are two different committees. The final list of the members of the Prioritization Committee has not been completed, and the Prevention Prioritization Steering Committee hopes to present this list in October. Philip asked if someone could participate for part of the prioritization process, and it was clarified that, because decisions build on one another, members must be at all of the meetings. If someone is on the Steering Committee, s/he has to be on Prioritization, but someone on the Interventions Committee does not necessarily have to be on Prioritization.

☑ The motion passed unanimously.

The Prevention Prioritization Steering Committee recommended using the Modified Consensus Process again. No member that has ANY conflict of interest can hold up consensus, and it takes two non-conflicted members to hold up consensus. Last time the committee never had to go to a vote.

MOTION: Kris moved to use the Modified Consensus Process again. Brandie seconded. There was no discussion.

☑ The motion and passed unanimously.

Erick listed the current proposed Council members for the Prevention Prioritization Committee: *Erick Seelbach, Bob Wood, Melinda Giovengo, Brandie Flood, Kris Nyrop, Higinio Martinez, Ron Padgett, Philip Doles, Germán Rodriguez, Amy Bauer, Kieu-Anh King and Sarah Kent.* Jesse read recently added names *Tony Radovich, Arthur Padilla, Marcos Martinez, Kevin Patz, and Ruth Njoroge.* *Charlie Curvin* will join if the time chosen fits with his work schedule.

Erick provided an Introduction to Prevention Prioritization. He began by reading aloud and explaining the CDC Goals for Community Planning and the Role of Community Planning, listed on the handout. The role of the Council is not to conduct prevention but to plan the background for the prevention that will be conducted. Prevention Prioritization members must always keep in mind, "How do we prevent the largest number of new infections?" as a lens for all decisions made. Erick read the HIV Prevention Objectives listed on the handout. The goal is to identify needs of populations where it's possible to have the greatest impact and most effectively use resources to have the broadest effect. Those in Prioritization will receive more orientation.

- David R. asked who sets the role of community planning. Erick responded that they come from CDC guidelines.
- Marcos asked whether only the CDC's approved evidence-based interventions are acceptable. Erick noted that one decision the Interventions committee will make is whether they recommend the list of interventions be composed of CDC named interventions, or list categories of interventions. Tony stated that last year there was a lot of discussion that there weren't many recently researched interventions, so they created the innovative program. Kate asked if there is an intervention that's not suggested by the CDC, but that someone knows is working, would it have a chance of making it on the list of interventions. This is the kind of discussion that the Interventions committee will be having.

Erick read aloud the Primary Objectives of HIV prevention, as well as the HIV Prevention Behavioral Goals (both listed on the hand out). Surrounding the behavioral goals are factors behind behavior change. In the statewide Prevention Essentials trainings, they often start the behavior change conversation by asking members to think about a behavior they have tried to change and what goes into changing and/or not changing the behavior to illustrate that there are many motivating factors. Erick gave examples of factors listed on the hand-out. Another way of looking at factors is to split them into areas of influence. Different people will have different approaches to categorizing these factors. "Intervention" can be defined as how we go into people's lives and help change their behavior and move them toward safer behavior.

Erick defined biomedical and behavioral interventions:

- Biomedical interventions include testing, vaccine, taking meds, microbicides.
- Behavioral interventions look at changing someone's behavior.

On the second page of the hand-out, the first diagram asks what can be done prior to exposure, at the moment of transmission, and after. Erick pointed out that this diagram combines what interventions are available currently and what are potentially available. For example, the idea behind pre-exposure prophylaxis is to give people meds before they engage in risky behavior, but this hasn't yet been proven effective.

In the second diagram, titled, "HIV Prevention Strategies" the middle circle is the "viral event" or point of transmission. In the next circle are factors contributing to the transmission, and the outer circle lists a variety of biomedical, behavioral, and social interventions.

Erick stressed that the presentation today was very brief. There are many factors in people's daily lives that affect their decisions, and the further you get from the moment (the point of transmission), the harder it is to prove an intervention is working. The best estimate available is people's self-reported behavior change.

Bob added that biomedical and behavioral interventions overlap. For example, taking meds would be biomedical, but actually remembering to take the pills would be behavioral.

VIII. Committee Reports

AACT Committee:

Ron reported that at the last meeting they had discussed new CDC estimates as a follow-up to the Council discussion as well as Medicaid spend down. The next AACT meeting will be on Monday, September 15, from 4-5:30 in the 2100 Building (after the Executive Committee meeting). Higinio and Jesse will be presenting on the All Parts Meeting, followed by discussion on cultural competence, including a video. Ron mentioned that only three people have been attending and stressed that AACT really needs more members, especially for discussing cultural competence.

IX. Quality Management Update

On behalf of the Standards of Care Committee, Jeff presented the last three standards for approval: Nutritional Therapy Services, Housing Assistance/Housing-Related Services, and the CLAS Mandates in the General Standards. Once they are approved, the Standards of Care Committee will have completed its work. Discussion followed:

- David Richart stated he assumed that the committee brought in experts. Jeff confirmed yes, people employed in these categories were invited to come and have input.
- Tony asked whether the general standards addressed clients' release of information. Under Standard 4.1, the agency is supposed to have policy on each of those things. Tony shared a

personal experience with an ROI being demanded by an organization, and Jesse stated that clients always have option to refuse to sign an ROI.

MOTION: David Richart moved to approve the standards. Germán seconded.

- Erick asked why HIV prevention needs were not included in Housing Standards 5.2. Jeff explained the committee had decided that prevention is not among the most important needs related to accessing housing. Prevention is listed under the Standards for Primary Care and Case Management.
- Charlie pointed out that the Housing Standard 5.3 mentions permanent housing, but does not address later helping the client move on to more independent housing, and referenced an issue he had experienced with this. Jeff noted that this sounded like a case in which the standard didn't need to be reworded, but that the standard had not been met. If the standard wasn't met in Charlie's case, it was a violation, and this should be reported. Jesse explained that Standards come from the Council and grantee to the agency, stating what the agency has to do and how this will be assessed. If a consumer reports a violation, this would go through a grievance process, which Jeff would note as he does regular audits. It is also, stated in the General Standards that every agency must have grievance policies that are posted. Neither the Grantee nor the Council can put something too specific in the standards. Jeff pointed out that these standards only have jurisdiction over Ryan White funded programs. On the Public Health HIV/AIDS program website, people can give direct comments on specific agencies, which Public Health then gives anonymously to the agencies.
- Bob raised the issue that in the Nutritional Standards, the consumer will be evaluated by registered dietician, but they do not state which consumers should get the evaluation. Jeff confirmed this is not there.
- Kate asked which legal issues are referred to in Housing Standard 5.2. Jeff stated they left legal issues intentionally broad because of the wide variety of legal issues a consumer may face. Jeff clarified that the providers are not required to ensure housing for people with these legal issues, but instead are required to address them in an assessment.
- Germán inquired about postponing the vote.
- Jeff stated an RFP is currently out to which people are responding, and without the standards set, he cannot hold agencies responsible to them.

MOTION: Germán moved to table the motion until next month. Philip seconded.

☑ The motion failed with Philip voting in favor, and Germán and Kris abstaining.

MOTION: Melinda moved to call the question and approve the standards with a friendly amendment that the committee would look at Bob's recommendation to address who will be given nutritional assessments. David R. and Germán both accepted the amendment.

☑ The motion passed unanimously.

X. Other Business/Next Meeting

Next Meeting: Monday, October 13, 2008 from 4:00-6:30pm at the **2100 Building**.

The meeting adjourned.