Seattle TGA HIV Planning Council

Monday, July 9, 2018 4:00 p.m.–6:30 p.m.
2100 Building: 2100 24th Avenue South

CALL IN: 206-263-8114, CONFERENCE ID: 459350#

AGENDA

Overall note: ensure consumer input throughout the meeting on each topic

I. Welcome, Introductions, Icebreaker and Announcements 4:00

II. Agenda:
    ➢ Action: Review and approve

III. Minutes:
    ➢ Action: Review and approve

IV. Meeting Rules Reminder and Public Comment (Nicole and Jason)
    • See information on the back of this agenda

V. Recipient Report (Kate) 4:05

VI. PSRA: 2019-2020 Prioritization and Allocation Plan (Kevin and Richard P) 4:10
    ➢ Action: Review and vote on the plan
    ➢ Action: Vote on whether the TGA should apply for a Core Services Waiver.

VII. SNAC: Standards of Care Updates (Brian) 4:25
    ➢ Action: Review and vote on updated standards for Oral Health and OAHS

VIII. Membership Committee (Jason and Mel) 4:35
    • Report on the first meeting of this committee
      ➢ Action: Review and vote on membership recruitment plan

IX. Executive Committee Report (Nicole and Jason) 4:45
    • Report

X. ECHO Collaborative (Marcee) 4:55
    • Report on the work that will be done in this quality management project by the recipient and sub-recipients.

XI. Break 5:10

XII. HIV Laws: Panel (Claudia Catastini, Tamara Jones, Erick Seelbach, Lauren Fanning) 5:20
    • Following up on the conversation from the February Council meeting, the panel will discuss the proposed legislative changes, and take questions.
      ➢ Action: Determine whether the Council has a position on this issue

XIII. Adjourn 6:30


Barrier-free location
Reasonable accommodation for persons with disabilities available upon advance request.
Questions? Call: 206-263-2030

Visitors: Please read the information on the back to make your visit easier!
About Council Meetings

Welcome to the Seattle TGA HIV Planning Council, we are so glad you came! Here are a few things to know about what you will see and hear this afternoon, and how you can participate!

Please have some food!
At full Council meetings, food is available for everyone, so please don’t be shy about taking some!

Where should visitors sit?
Visitors can sit at the table with the blue “Visitors” table tents, or at any of the chairs that are against the wall.

Introducing yourself at the beginning of the meeting:
At the start of the meeting, everyone (Council members, staff and visitors) are all asked to introduce themselves, and state any agency affiliations. “Affiliations” simply means that you either work for, or on the board of, an agency that receives Ryan White Part A funds. If you don’t work for an agency and are not on the board of one, just say, “I’m unaligned.” Here are some examples: “Hi, I’m Jane Blue and I work for Jane’s Food and Meals” “Hi, I’m Fred Green and I’m unaligned.”

What does “Unaligned Consumer” mean?
This is a term used to describe people whose only connection to funded agencies is that they use their services. This term comes from the Ryan White legislation and includes both People Living with HIV (PLWH) and the parents of minor children with HIV. It excludes those PLWH who do not use Part A services, and/or those who work for agencies. Unaligned Consumers play a key role in Part A funded areas.

What is a “TGA”?
The first part of the Ryan White legislation, Part A, is for metropolitan areas hardest hit by the HIV epidemic. These are grouped by size of the epidemic into EMAs (Eligible Metropolitan Areas) and TGAs (Transitional Grant Areas). The Seattle TGA is King, Snohomish and Island Counties.

Making a comment at the meeting:
Anyone who is visiting the Council can speak up at the beginning of the meeting when the chairs call for Public Comment. This is the time to make a comment about something on the agenda, or bring up a topic you would like the Council to discuss in the future. You can talk for up to 2 minutes (which is much longer than it seems).

What are those laminated 4” X 8” cards all about?
The Council uses these to help move the process along. A description of the purpose of each card is on the back of it. Here are two that are particularly relevant for visitors:

The “C” Card: If you are affiliated with an agency, and you want to talk about a service category in which that agency receives money, then you need to hold this card up while you are speaking. Here is an example: You work for an agency that receives funding for Transportation. You feel that the way transportation is handled for People Living with HIV who live in East Snohomish County just isn’t working. The Council wants to hear from you, and wants you to tell them your thoughts, but just remember to hold up that “C” card the whole time you are speaking.

The “J” Card: In this case, “J” stands for “Jargon.” There are many terms and acronyms in the Council’s work, and it’s easy to get lost. WE DON’T WANT YOU (or anyone else) TO GET LOST! So, if someone uses terms or acronyms you are unfamiliar with, PLEASE, waive your “J” card. Many people will thank you!
Seattle TGA HIV Planning Council

Minutes ¤ July 9, 2018
4:00 – 6:30pm

2100 Building – Community Room B, 2100 24th Ave S, Seattle, WA 98144

Council Members Present: Richard Aleshire, Scott Bertani (phone) Katie Hara, Brian Knowles, Mel Labelle III, Steve Milkis, Teresia Otieno (phone), Kevin Patz, Richard Prasad, Luis Fernando Ramirez, Germán Rodríguez, Kim von Henkle

Council Members Absent: Tyler Adamson, Dorian Davenport, Glenda Harris (Emeritus through July), Jason Jacobs, Janet Jones, Matt Golden, Nicole Price, Jonah West (Emeritus through July)

Council Members Nominated but Not Yet Appointed: Bill Hall

Council Staff Present: Jesse Chipps, Lauren Mansur (minutes)

Grantee Staff Present: Marcee Kerr, Linda Coomas, Kate Briddell, Karen Hartfield (Public Health – Seattle & King County)

Visitors: Lauren Fanning (HIV Planning Steering Group & Washington HIV Justice Alliance), Tamara Jones (Washington Department of Health), Aric Lane (Department of Health & Human Services – Region 10), Dennis Torres (Gilead), Erick Seelbach (Pierce County AIDS Foundation) Rekha Ravindran (Healthcare for the Homeless), Tony Radovich (SNAC Committee, unaligned consumer)

Italics denote Planning Council Membership.

I. Welcome, Introductions, and Announcements

- There was no public comment.

II. Agenda

☑ The meeting agenda was approved as written by acclamation.

III. Minutes From June 11

☑ The meeting agenda was approved as amended by acclamation.

- Page 3: Jargon correction in the 2nd bullet related to the PSRA Committee’s report.
  - “Thanks to generous state (are covered by some form of “healthcare coverage” → not health insurance) – jargon correction
- Page 7: Deleted last sentence on bullet related to Teresia’s comments, as it was not complete.
- Attendance: Steve Milkis attended the June meeting by phone.
IV. Recipient Report

- Kate followed up on the Notice of Final Award process and said that the Recipient is working hard to get everything submitted to HRSA around it.

- The Recipient is currently scheduling 2018 site visits with funded agencies for August. Kate noted any funded providers can expect an email on July 10 about this.

- In September, the Recipient is planning to release the RFAs for 2019.

V. PSRA Committee Report

- Kevin reported that the PSRA was running out of time at the last meeting, so while it completed the funding allocations process for 2019-2020, the committee would finish drafting directives to the Recipient at its next meeting on July 12. The committee will report back in August to the full Council on these directives.

- Kevin then presented the 2019-2020 Prioritization and Allocations Plan.

- Richard P. noted some controversy arose around a situation that occurred at the July 12 PSRA meeting. Following the meeting, it emerged that some members had texted amongst each other during the meeting. This created an alternative conversation, and concern arose that conflicted members who were not allowed to speak at the time were included in the text conversation.

  o Currently, texting during meetings is not prohibited by the Bylaws of the Council. The Bylaws Committee will meet again on July 24, from 10:00am-2:00pm at Bailey-Boushay House at 2720 E Madison Street in Seattle. In addition to finalizing recommended changes to the Council Bylaws, it will aim to address this issue within the Bylaws themselves.

  o Jesse reminded the Council members that if they are using their personal devices to conduct Council-related business, any information related to it is still subject to a Freedom of Information Act (FOIA) request, which may be stressful and time-consuming to fulfill. It is highly recommended to not text about Council business on personal devices.

- The conversation then shifted to voting on approval of the 2019-2020 Allocations Plan. Kevin and Richard accepted questions from the rest of the Council about the plan.

  o Prior to voting, the Council collectively determined that members who receive funding for any of the service categories funded in the plan (i.e. are conflicted) in the years 2018-2019 are not eligible to vote on the plan.

- Steve asked for clarification on how the overall budget for these allocations was planned. The group clarified that even with less funding awarded to the TGA overall, the Recipient was able to balance the budget through cuts to administrative budgets to ensure client services in the TGA were not affected much by the funding reduction in 2018. However, even with those administrative cuts, there was still a $46,822 deficit which the group needed to take into account for 2019.

- Steve asked a question around Oral Health Care allocations and why the allocations were reduced in this service category, despite a relatively high number of people (37%) indicating they need these oral health care services but cannot access them. This is the largest service gap, so it did not seem to make sense to reduce funding in this category.

  o Kevin clarified that once people enter into the Oral Health Care program, they get engaged in care and health outcomes improve, thus reducing the need for continued intensive services. In addition to this, the committee heard from an agency that provides services in this service category, and that agency suggested a funding reduction would not be significantly detrimental to clients.
While the rationale behind the prioritization and allocation decisions – including Oral Health Care – was often based on the needs of PLWH already receiving services, Steve felt that the proposed plan also did not sufficiently address the needs of individuals not currently receiving services.

- Much of the data around this service category comes from the Medical Monitoring Project (MMP). While this is one data source around the needs of PLWH, not everyone taking the survey or indicating a specific need in MMP is necessarily Ryan White-eligible. Additionally, the MMP has follow-up questions around barriers to accessing care, and a major barrier to accessing oral health care services is “personal barrier (e.g. busy, embarrassed)” which could be a fear of the dentist, or other issue that could not be remedied through services.
- The group also noted that there is currently no waiting list or reports of people being denied services through the Oral Health Care program, which led to a discussion around whether people are fully aware the program exists. This was an important question, but it would not impact allocations overall.

Richard P. and Kevin both encouraged others to attend future PSRA meetings if they would like to offer more input on these decisions.

**MOTION:** Richard P. moved to accept the 2019-2020 Seattle TGA Prioritization and Allocation Plan. German seconded.

**Discussion:** There was no further discussion.

The motion passed with the following vote:
- In favor – Richard P., Kevin, Mel, Kim, Luis, German, Richard A., Katie
- Opposed – 0
- Abstaining – Brian ©, Scott ©, Teresia ©, Steve

With the Prioritization and Allocation Plan approved, Kevin moved onto the next item requiring a Council vote – the Core Services Waiver (CSW) for Grant Year 2019.

- The Council has applied for this waiver every year since 2014. Within the TGA, the Affordable Care Act (ACA) has ensured that there are other payers covering core medical services. As a result, only 32.6% of base funds and 58.7% of Minority AIDS Initiative funds are spent by the Council for core medical services in the TGA. This year, the PSRA is recommending that the TGA apply again for 2019.

**MOTION:** Richard P. moved to accept the Core Services Waiver for Grant Year 2019. Kevin seconded.

**Discussion:** There was no further discussion.

The motion passed unanimously with the following vote:
- In favor – Richard P., Kevin, Mel, Katie, Steve, Kim, Luis, German, Richard A., Brian, Scott, Teresia
- Opposed – 0
- Abstaining – 0

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**VI. SNAC Report**

- Brian reported on the June 25 SNAC meeting. The committee was able to review two separate set of standards at this meeting – Oral Health Care and Outpatient Ambulatory Health Services. Ensuring all standards are consistent and uniform across the board.

- The Oral Health Care Standards did not change. However, reviewing these standards resulted in a broader discussion about what is best to include in the General Standards, especially around addressing disparities in the TGA. SNAC will review the General Standards in November, and the committee invites and welcomes other Council members and members of the public to attend when that does occur.
- The committee also examined language in the standards that might be potentially stigmatizing, particularly around substance use.

- Another question around conflicts arose, since conflicts do not generally factor into how SNAC operates and accomplishes its work. Since the Bylaws are still vague around this, the group agreed that conflicted members cannot vote on the SNAC work product until the Bylaws Committee clarifies this.

**MOTION:** Brian moved to approve the Oral Health Care Standards of Care as written. Seconded by Kim.

**Discussion:** There was no further discussion.

- **The motion passed with the following vote:**
  - In favor – Richard P., Kevin, Mel, Katie, Steve, Kim, Luis, German, Richard A., Brian, Teresia
  - Opposed – 0
  - Abstaining – Scott ©

**MOTION:** Steve moved to accept the draft Outpatient Ambulatory Health Services – Treatment Adherence Standards as presented. Mel seconded.

**Discussion:** There was no further discussion.

- **The motion passed with the following vote:**
  - In favor – Richard P., Kevin, Mel, Katie, Steve, German, Luis, Kim, Richard A., Scott, Teresia
  - Opposed – 0
  - Abstaining – Brian ©

**VII. Membership Committee Report**

- Mel reported on the first Membership Committee meeting on June 21st. During this meeting, the four members discussed outreach strategies and tactics. Some of these ideas include:
  
  - HIV 101 videos: Jason had previously attended a Denver TGA HIV Planning Council meeting, where he heard about videos that help orient new members and members of the public to issues around HIV and also the role that the TGA plays in all of this. Because of their availability online and allowance for self-pacing, the Council expressed interest in exploring these as a way to create a more consumer-friendly culture and make orientation to the Council and its work more accessible. While this seemed a promising option to promote accessibility, Jesse reported that these videos are not available, and it seems they may have been a proprietary purchase. Jesse followed up with the Denver TGA but has not heard back.

  - Having food at all meetings

  - Revival of the Consumer Caucus: consumers felt that this was beneficial in the past, especially around orienting themselves to the agenda items up for discussion at Council meetings. It might also help with consumer recruitment.

  - Coordinated transportation (shuttling, etc.)

  - More advertising: posters within agencies and postcards sent to dental offices and providers
    - The idea behind these postcards and posters is to encourage cross-promotion with other agencies that can reach a number of different populations and communities of PLWH within the TGA. The Membership will take on most of the work in terms of creating the
materials and will bring finalized materials to the August or September meeting for input and a vote from the full Council.

- Just prior to today’s Council meeting, Mel interviewed Bill Hall, an applicant for the Council. Bill is a former Council member who is active in a number of local organizations and satisfies the Council’s need for a consumer of color. According to the Bylaws, a new applicant for the Council must attend a meeting before applying. Since Bill has previously attended meetings during his earlier term as a Council member, Mel recommended that the Council vote at the current meeting.

➢ **MOTION:** Mel moved to vote on Bill Hall to join as a new member of the Planning Council. Kevin seconded.

**Discussion:** There was no further discussion.

☑️ **The motion passed unanimously with the following vote:**

- In favor – Brian, Richard A., German, Luis, Kim, Steve, Katie, Mel, Richard P., Kevin, Scott, Teresia
- Opposed – 0
- Abstaining – 0

**VIII. Executive Committee Report**

- Brian reported that there was no Executive Meeting. The next meeting is Monday, August 27.

**IX. Marcee: ECHO Collaborative Presentation**

- Marcee presented on her involvement with the end+disparities ECHO Collaborative, a national initiative to reduce health disparities among four disproportionately affected HIV subpopulations: men of color who have sex with men (MSM of color), youth, transgender populations, and African-American and Latinx women. Over 18 months, this collaborative aims to increase viral suppression rates in these four groups and to increase quality improvement capacity.

- Marcee is a regional representative on the WA Regional Response Team, and she will focus on transgender populations with two other individuals in the state. Two other members on this team will focus on youth and MSM of color populations.

  - The team is also searching for a consumer representative. If anyone knows someone who might be able to lend a consumer’s perspective to this work (they do not need to be unaligned), please let Marcee know.

  - In total, a range of 5-10 hours per month is needed for meetings and work related to it.

- Marcee also explained how this work will be brought back to the Seattle TGA and help PLWH in the area, including:

  - Improve viral suppression rates, not only for selected subpopulations but for entire HIV caseloads
  - Strengthen clinical quality management capacity to meet Ryan White HIV/AIDS Program (RWHAP) expectations
  - Foster partnerships with other RWHAP recipients and sub-recipients locally and across the country
  - Increase the quality improvement capacity of HIV providers and consumers
Routine access to feedback by nationally recognized quality experts to advance local improvement efforts

Enhance learning opportunities for networking with fellow participants with similar challenges

[Teresia left at 5:47pm.]

X. HIV Laws: Panel

- Tamara Jones from Washington State Department of Health (WADOH), Erick Seelbach from Pierce County AIDS Foundation (PCAF), and Lauren Fanning from the Washington HIV Justice Alliance (WAHJA) presented on proposed changes to the Revised Code of Washington (RCW) 70.24. Through End AIDS Washington and community input, recommendations emerged to modernize the law, which is over 30 years old. Since 2016, statewide efforts have focused on ending HIV/AIDS exceptionalism, reducing HIV stigma, and addressing criminal penalties for HIV exposure. Throughout July, the Washington Department of Health (WADOH) conducted listening sessions throughout the state with community members and stakeholders on the proposed changes to this legislation. Many of the community forums have included members of the domestic violence prevention, PLWH, populations at risk for HIV, prosecutors, public health officers

- To read a new bill draft and learn more about the proposed changes, please visit the Office of Infectious Disease’s Proposal for Agency Request Legislation website.

- The Council expressed a strong interest in hearing points of contention and disagreement around these proposed legislative changes, and Council members asked follow-up questions as they heard more.

  - The panel reported that from the community forums and listening sessions, some initial consensus emerged around areas of patient education, removing AIDS exceptionalism, expanding AIDS education to STD education in schools, expanding consumer protections, removing mandatory HIV testing for certain convictions, expanding exposure from HIV to blood-borne pathogens and repealing the authority to request HIV testing in the event of occupational exposure. However, consensus stops and a bigger discussion occurs around minor access to prevention and testing information without parental consent.

    - While community members and stakeholders generally agree on adding preventative care to the section on minor access of information without parental consent (RCW 70.24.110), many are debating the specified age. Currently, the law states any minor 14 years or older may access treatment for an STD without parental consent.

    - Debate continues around lowering this age. From a prevention perspective, the legislated age could be lower, to 13 years old. Data doesn’t indicate a strong need for education around sex and HIV among those who are 14 years of age or younger, yet some feel there is definitely a need to distribute information about prevention in particular. On the other hand, others are concerned lowering the age below 14 might endanger the legislation package as a whole and that it might be interpreted as a “family planning” statute and targeted in an unfriendly political climate.

    - Currently, the group working on this through the WADOH is recommending to maintain 14 as the age because it is better to have prevention and testing information distributed rather than lower the minimum age it can be accessed without parental consent by 12 months.

- The panel then reported on feedback around RCW 70.24.024 and 70.24.034, which are related to how to address individuals with behaviors endangering the public health of others.

  - Currently, under 70.24.024, in the case of an individual with an STD who is engaging in behavior that endangers public health, a public health officer (PHO) can examine and counsel and attempt to obtain voluntary cooperation from that individual. If that individual does not
cooperate with the PHO and any related investigation, the PHO may submit a health order for the individual to seek counseling or treatment or impose restrictions upon that individual in order to ensure the behaviors endangering others’ health cease. These restrictions in the current law must be abided by during a period of three months.

- Among the community forums, public health officers in the state have asked for health orders issued to be extended to twelve months, and the proposed draft legislation incorporates this recommendation.

- Currently, anyone in Washington with an STD who transmits to another person can be convicted of a gross misdemeanor. The addition of this section – the “behaviors endangering” section – will legislate a gross misdemeanor in the case of a violation of a health order. This addition is a step in the direction of a more public health-centered response in lieu of criminalization, since enforcement of it requires non-compliance with an order rather than behaviors alone.
  - Some concerns exist around this section. There is worry about the biases of the public health officers enforcing this in particular, and the creation of an ombudsman has been suggested.
  - Despite the public-health centered approach, the recommended draft legislation still retains the criminalization of STD transmission, many feel the draft legislation is missing a statement mandating that all public health approaches be exhausted such as “All public health approaches must be exhausted before criminal approaches are used.”

- This draft legislation proposal will also remove the specific HIV reference under RCW 70.24.140 that is coded as a felony. Still, there is an anticipated small number of people – mostly prosecutors and attorneys - who want to keep the felony aspect in the legislation. Others in the community will refuse to sign onto this proposal if exposure or transmission with intent leads to a felony.
  - Questions remain around this still, as it will still be unlawful for an individual to not disclose their HIV+ status to a partner. In the modern world, where viral suppression is becoming more common, is it necessarily important for a PLWH to disclose their status in any situation?
  - There is also language around intent.

- Regarding criminalization of HIV, there is a section in the

- The proposal also includes an addition to the existing severability clause, which mandates that in the event a legislation package gets passed, then challenged by a group, and the group’s objections are upheld by a court, only the specific section in question will be nullified, not the entire legislative package.

- Everyone should figure out their own opinion and should submit their comments to the DOH. Comments may be submitted via email to hivleg@doh.wa.gov or to Tamara Jones at Tamara.Jones@doh.wa.gov.

- The schedule of the rest of the process:
  - August: WADOH will review all comments and begin compiling them
  - Mid-September: WADOH will submit its final draft bill to the Governor’s office and Office of Financial Management (OFM), which oversees budget and policy in the state (Gov’s Office of Financial Management – budget & policy)
  - Mid-September: Document with comments received and action steps taken to address those comments will be posted on the WADOH website.
  - September – December: OFM reviews all proposals and legislative packages and provides feedback
XI. Adjourn

- Meeting adjourned by acclamation at 6:32pm.

NEXT MEETING: Monday, August 13, 4:00pm at the 2100 Building, 2100 24th Ave South, Seattle, WA 98144