Minutes July 8, 2019
4:00 – 6:30pm
2100 Building – 2100 24th Avenue S, Seattle


Council Members Absent: Lydia Guy-Ortiz, Kim von Henkle

Planning Council Staff Present: Jesse Chipps, Mariah Taylor (minutes)

Recipient Staff Present: Linda Coomas, Marcee Kerr

Visitors Present: Tony Radovich (unaligned), Vanessa Leja (DOH), Gaudencio Dominguez Ruenda II (unaligned), Ron Padgett (unaligned), Michelle Sobers (Janssen Pharma), Jesse Franklin (unaligned), Laura Jones (Lifelong), Beverly Hill (CMCH), Erick Santos (unaligned), Altagracia Hernandez (unaligned), Kevin Hockley (AHF)

*Italics denote Planning Council Membership.*

<Meeting begins: 4:03pm PST>

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I. Welcome, Introductions and Announcements

- Everyone introduced themselves and stated conflicts by agency and service category,
- Michelle Sobers announced there is a documentary, Ward 5B, about the AIDS ward at San Francisco General. She has postcards that direct you to places where the film is showing,
- Tony Radovich announced one of the art installations at the AIDS Memorial Pathway has been vandalized and completely destroyed. On Saturday, 7/13/19, from 5pm-8pm at the north end of Cal Anderson Park at the Chinese scholar tree there is going to be a community event. If you have fabric, old t-shirts, etc., bring them; people will be tying thousands of ribbons on the fence circling the tree,
- Bill reminded everyone in attendance today to use the 4 X 5 laminated process cards to help expedite the process and ensure that conflict of interest is managed.
II. Meeting Agenda

☐ The agenda was approved as written by acclamation.

III. Meeting Minutes

☐ The minutes were approved as written by acclamation.

MOTION: No motion introduced

IV. Public Comment

Note: This is the only time when visitors can speak (expect the Open Meeting portion later), and that Council members with a conflict of interest can only speak to that conflict at this time.

- Scott B. (c) – Really wanted to say that we support the carryover request package, especially related to housing. Non-Medical Case Managers working in housing are seeing larger caseloads beyond scopes of work. Additionally Scott had an announcement, that he hopes that the Executive Committee will send a representative to the Healthcare Authority (HCA) meeting scheduled in August on 21st. HCA has not done a class review for the Medicaid formulary for some time, meaning there are some antiretroviral medications which are currently not included. Please ask that the HCA put a review on the agenda as medications are a very important and expensive cost for people living with HIV (PLWH) – having some not covered by Medicaid could bring up issues for the system of care.

- Carlos noted there were members of the public present whose first language is Spanish and have limited English. He volunteered to interpret the information-to-date to those members of the audience. The group agreed that having this help, until an effective simultaneous interpreter can be identified for the Council, would be greatly appreciated. John, too, said he would help with this throughout the meeting. Volunteer interpretation happened through the entire meeting. Big thanks to John and Carlos. Safia is working to identify someone through various interpreter agencies who can do this well.

V. Recipient Report

- Linda reported the Contract Program Manager position (her old job) has been filled. The new person will start work on July 15, 2019. She comes from the Detroit eligible metropolitan areas (EMA), and has a lot of knowledge about Ryan White. Linda hopes everyone will have the chance to meet her at the August Council meeting. Linda is also working on compiling the Core Services Waiver (CSW), which needs to be turned in prior to the grant application being turned in. The grant application or Notice of Funding Opportunity (NOFO), was released on July 1 and is due September 30. We have mentioned previously that the Provide database was delayed, well, it has been delayed once again. There is hope that further delays won’t interrupt open enrollment. Marcee is working on the ECHO Collaborative related to stigma.

<John enters the meeting at 4:12>
VI. +Caucus Report

- John reported the +Caucus is moving along. At the last meeting everyone agreed to a new name, along with a mission statement. The group will create their guiding principle and goals and objectives. The group agreed they wanted to mentor and educate PLWH. They also want to outreach to other PLWH groups. John has decided he needs to attend the Membership Committee as well to coordinate the outreach and messaging. At any rate, John sees the Caucus moving forward in exciting ways.

<Michael enters the meeting at 4:21>

VII. NAPSRA Report and “Just In Time” Training

- Richard noted he and Bill would each take a few minutes to explain the basics of the two items that are on the agenda for today related to NAPSRA. This is related to the next item on the agenda so they will be handled together. Richard went on to go through a few slides related to the CSW (see attached). The below additional points were made:
  - Linda noted that, if things go well, the waiver would be submitted in July and that would make turning in the grant go more smoothly. Ideally, the waiver would be awarded before the grant was due.
  - Richard noted Washington is a Medicaid Expansion state, and many core services are provided by the State through Medicaid or EIP. Ryan White must be payer of last resort.

<Tyler enters the meeting by phone at 4:32>

- Richard pointed out Outpatient/Ambulatory Health Services was tricky in that it is generally covered through those other payers but the specific Treatment Adherence Support piece, directly observed therapy and handling someone’s medication, isn’t covered.
  - Linda added that the Council needs not only to determine whether the service is paid for but also whether it is available and accessible. Richard noted that the service needed to be available within 30 days. Michael asked if there was an agency that did directly observed therapy. He was answered that, yes, there was but the Council needs to focus on services, not agencies.
  - In talking about whether there was a wait list for ADAP (another requirement), Jesse noted that they have received a letter from the head of the ADAP program regarding this and read it to the group. DOH does not have a wait list currently and does not expect one.
  - Richard continued to go one-by-one through the services, noting whether they were covered completely.
  - Bottom line: There are only a few core services that need to be covered by Part A, none of them need to be completely covered, and the total needed in these services is not 75% of funding.
  - Carlos asked for clarification about whether someone should be able to get an oral health appointment within 30 days as he knows someone who couldn’t get an
appointment until later. Richard noted that one persons’ experience should go to the recipient, as we don’t know what other factors there were.

- Susan wanted to know whether medical care (OAHS) was really covered for everyone who was positive and low income. She wondered about people who are undocumented. Jesse went over the work the State DOH (State) has done to ensure that PLWH; including those who did not qualify for other coverage (for whatever reason, including legal status in the US); could get medical care, prescription drugs, etc. In many cases; the State was able to purchase non-ACA insurance and when that was not available; DOH paid directly for medications, medical visits and labs. Vanessa from DOH confirmed this was the case.

- John and Carlos asked about other barriers to care besides coverage, such as being afraid to seek services. The group talked about ways in which they had tried to overcome these barriers with other services. Circling back, John, noting that he was new to process, wanted to check if there was a wait list for ADAP because he noted some people he knew had medical claims that had taken more than 30 days to get paid. Vanessa clarified there was not a wait list to get enrolled in the program (the issue that is relevant for the waiver discussion). However, once in the program, those processing claims in the office have about a one month lag.

- Teresia © was not aware that EIS was a core service. She noted there had been a cut in funding for that service this year so she was trying to figure out the relationship between this and the Core Services Waiver. Linda and Marcie clarified that EIS has several fund sources, the piece added by Part A is through the Minority AIDS Initiative. The dollars that the TGA received from MAI were reduced in 2019 by about $10,000, so the funding was reduced to EIS. Richard noted that did not create a gap. Jesse noted that also would not be enough to affect the core service waiver. Jesse went on to explain that the Ryan White service titles are not standard language and other funding sources use other terms. The majority of funding for these services comes from the Centers for Disease Control and from state funding but they are called different things; like testing, outreach, etc. Our state is very generous and has much more funding for these activities than many other states.

- Richard noted the group was moving into the discussion and input that is the purpose of the public health for the CSW. Richard asked and the Council agreed that the Open Public Hearing should begin at this point.

### OPEN PUBLIC MEETING ON THE CORE SERVICES WAIVER

- Laura Jones © – Felt that applying for CSW is what we should do; funding as much as possible when other services are already covered is a benefit.

- Tyler – Also supports the waiver but wants to know how the meeting was advertised. Jesse noted that it was sent to the interested parties mailing lists twice. No written comments were received.

- Carlos – Wanted to know what a person should do if they are trying to get dental and having problems with the agency. Richard noted they should talk to the agency and if that is not successful, go to the recipient.

- Scott © - Felt that it would be impossible for the TGA to function without a Core Medical Services Waiver because so many funded services lead back to care. It is critical that it be passed.

- Tony Radovich – Wanted to acknowledge that we are privileged to live in a state that fully supports people living with HIV. He fully supports the waiver because there are additional needs happening in our community and the work the Council does to fill the gaps associated with those needs affect some of the most vulnerable people living in our communities, including those who are unhoused. He totally supports the waiver.

- Richard © – Agreed there is a robust service system but was initially confused about the difficulty, early in the ACA, of accessing some services such as Mental Health and
Substance Use Treatment. We need to keep in mind that the services are provided and there is a payer, we are looking to fix the barriers.

- Teresia © -- There is a big push to have HIV be biomedicalized but we are finding that things we do here speak to other issues and we need to keep this in mind. It is really key that we pass this.
- Jesse – Noted that over the years they have been involved with the Council, it has been amazing to go from being uncertain whether people could get the most basic services to finding a small number of people who have a gap and going the extra mile to get every one of them in care. You are doing amazing work.
- Gaudencio Dominguez Ruena II– Noted that you don't want to put your face out there when diagnosed, that makes people step back and hide because they don't know how to tackle that mental issue. Sometimes they quit, sometimes you figure out you can do something about that gap. Having a counselor right away is important so that you don’t go back in the shadows. Providers tell people where to go, “here are the sources, these are the places where you can get help,” but those first hours are important.
- German G. - Said we need to support the waiver and also tell all the agencies to treat everyone equally because the services are for everyone.
  
  - No one else wanted to make a comment; Richard made a motion.

**MOTION:** Richard moved to have the TGA apply for a Core Services Waiver for 2020. Susan seconded.

**Discussion:** There was no further discussion but it was clarified that because this is a vote on a whole package, not one service category, all members can vote.

- The motion passed unanimously with the following vote:
  - In favor – Eve, Susan, German R., German G. Alora, Teresia, Michael, Brian, John, Carlos, Richard, Bill, Katie, Tyler, Hector, Scott.
  - Opposed – 0
  - Abstaining – 0

<The Council took a break>

Richard started after the break by noting that Jesse had forgotten an announcement. Jesse noted that Council Administrative Specialist Safia Malin is leaving to go to school and so a hiring process will begin soon. If anyone knows someone who may be looking for this kind of job, working with the awesome Council and Ryan White team, please let them know.

**VIII. NAPSRA Report and “Just In Time” Training, Continued: Carryover request**

- Having completed the training, discussion and vote related to the Core Services Waiver, the group went on to discuss the 2018 Carryover Request. Bill presented information on this (see slides, attached). The below additional points were made:
  - Under-performance was related to increases in unit cost.
  - Linda –clarified that when dollars are not spent in a grant year (2018 in this case), the TGA submits this carryover plan to HRSA but HRSA may not approve the request until October or November. The funds must be spent in the next grant year (2019) which ends in February, 2020. So, there is only a few months to spend the money. So the money is not new money, it’s time limited and we get it late in the year.
o Someone wanted to know why the original plan wasn’t used, Linda explained this was because when the estimate was made the grant year had not ended (estimate made in late November, grant year ended the next February). Now the exact amount to carry over is known and there is a full year of performance and expenditure data; both of these were considered by the NAPSRA committee. Richard noted that the amount was a little less than the original estimate.

o Katie wanted to know if an application process will happen after the Council approves a carryover plan and it goes to the recipient. Linda clarified that it would be too late in the year and too short a time frame to do a Request for Applications (RFA) so it is ideal if the dollars are put into service categories where there are already contracts in place. Michael asked how the funds would be awarded to sub-recipients if there was not an RFA. Linda explained that whomever was currently funded in the service category, would get the money.

**MOTION:** Carlos moved to approve carryover plan as written. Susan Buskin seconded.

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

☑️ The motion passed with the following vote:
- In favor – Eve, Susan, German R., German G., Teresia, Michael, Brian, John, Carlos, Bill, Katie, Tyler
- Opposed – 0
- Abstaining – Alora, Richard, Scott, Hector

IX. System of Care (SOC) Report

- Tony began the committee report with an acknowledgement for all the work the Council does and noted that, the purpose of the SOC agenda item at this meeting is to have a discussion what committee does and how it does it’s work. He asked his colleagues, co-chair Michael and committee member Katie, to chime in and give history up to where we are now. He first noted that this is a committee that allows non council people to become committee members. A couple of years ago, a call went out to communities expressing lack of representation of folks participating in this committee so Tony decided to join and has been doing the work for a little over a year.
- Tony went on to talk about the history that lead to the SOC committee developing Guiding Principles. He referenced former Council and committee member Janet Jones, who worked with people living with HIV who were releasing from state incarceration into housing and reconnecting to medical care. Janet was able to share with the group the experience of people who had many barriers, including not understanding or having inroads to the system. For many of these people, it was difficult to know that services existed, that people were eligible for them, and that they were welcome. At that time the focus of the committee (then called SNAC) had been working on relaxing the standards but new membership and leadership were starting to create the General Standards and realized they wanted to use a social justice and anti-racism frame to determine how the standards could be used to decrease some of the barriers. Tony noted there is also a gap in the needs assessment work in terms of understanding why this is happening. The group was aware that it would be easy to get lost in the weeds in trying to deal with this so to stay true to the work, they created a set of principles which guide their work. These are:
<Brian leaves the meeting at 6:10>

<Michael leaves the meeting at 6:11>

- Tony noted that going through each of the standards using these principles is taking a bit of time so the group is a little behind Tony is being conscientious about the work they are doing and that it will reflect on the products they bring to the Council coming forward.

X. Membership Committee Report

- Carlos began the report by reading a thank from the Council to German Rodriguez:

**Germán Rodríguez**

The Seattle TGA HIV Planning Council would like to thank you for your thirteen years of service. You joined the Council in May of 2006, and at your first Council meeting, a member of the public introduced herself as a prophet and performed a little dance for the group. At your fourth meeting, a Council co-chair refused to sign the Ryan White letter of concurrence because he felt there were not enough white people on the Council. It was interesting times! The first committee you were assigned to was formed to address that issue, perhaps that was why you chose never to serve on a committee ever again! You did, however, participate in priority-setting and resource allocation processes before they were separate from the Council’s work…everything old is new again!

The Council will remember you for your excellent attendance, the many changes the Council went through over the years, and finally, for serving longer than any Planning Council member, ever!

Thank You!

The Seattle TGA HIV Planning Council
• Next, the group considered the new interview form for potential Council members. Richard noted that the piece of the form related to term length (question #3) still refers to a 2 year, rather than 3 year, term. That needs to be changed.

<Hector leaves the meeting at 6:15 >

**MOTION:** Carlos proposed to accept this form with the language from (question 3, second sentence) to two years term to three years. Susan Buskin seconded.

**Discussion:** There was no further discussion

🌞 The motion passed unanimously with the following vote:

- In favor – Eve, Susan, German R., German G., Alora, Teresia, John, Carlos, Richard, Bill, Katie, Tyler, Scott
- Opposed – 0
- Abstaining – 0

XI. **Adjourn:** The meeting adjourned at 6:22pm.

Next Meeting: August 12th | 4:00pm - 6:30pm, 2100 24th Ave S, Seattle WA