



Minutes ☿ September 9th, 2019

4:00pm-6:30pm

2100 Building: 2100 24th Ave South

Council Members Present: *Susan Buskin, Carlos Delgadillo, German Galindo, Lydia Guy-Ortiz, Bill Hall, Katie Hara, Eve Lake, Brian Lauver, Michael Louder, Teresia Otieno, Ron Padgett, Scott Bertani (phone), Kim von Henkle (phone)*

Council Members Absent: *Tyler Adamson, John Rodriguez, Hector Urrunaga-Diaz*

Planning Council Staff Present: Jesse Chipps, Wilson Pipkin (minutes)

Recipient Staff Present: Linda Coomas, Marcee Kerr, Shila Wu

Visitors Present: Gladys Lungu Wessner (Council nominee), Kevin Hockley (AHF), Drew McCarthy (Gilead), Tony Radovich (SOC Co-chair), Laura Jones (Lifelong), Dennis Saxman, Greg Skully, Pat Migliore (+Caucus Co-chair), Victor Ramirez (Mt. West AETC), Matt Golden (KC Public Health), Jason McGill, Marc Vargas

Italics denote Planning Council Membership.

1. Welcome, Introductions and Announcements

Introductions were made with conflicts and affiliations. *Carlos* will be having his 1 year anniversary on the Council in October. *Hector* will not be present, and will be out for a while on medical leave. *Bill* just got back from the U.S. Conference on AIDS (USCA), and is energized and ready to get back to work. *Scott* announced he is working with WA Dept. of Health (DOH) and the Secretary of Health to move forward on a bill for community health and development. *Kim* announced that she has been discussing the happenings of the human services merger focused on homelessness and HIV with King County. She will say more as things develop. Wilson announced that travel reimbursements for unaligned consumers is fully operational, and will be happening on a monthly basis.

2. Meeting Agenda

The agenda was approved as written by acclamation.

3. Meeting Minutes

A few clarifications on wording were made in the SOC Committee Report.

The August minutes were approved as amended by acclamation.

4. Public Comment

Dennis Saxman noted that SOC was on the agenda, and that his experience of the system of care has been a negative one. He needs to find a new primary care provider within 10 days, and does not have a caseworker. He stated that SOC needs to think about people like him, and that there needs to be more guidance available to keep people in care.

Tony Radovich pointed out a potential problem in that he and Pat are Co-chairs of committees, but not Council members. Are they allowed to comment on proceedings in the Council with which their committees are directly linked?

There was much discussion on personal issues with the system of care. It was stated that agency specific issues are not allowed to be brought forth in Planning Council meetings. These grievances should be brought to the provider first, and then Linda if that process fails. Marcee has been trying to recruit consumers for the Quality Management Advisory Committee (QMAC) that meets quarterly. There has also been discussion in the +Caucus as to where system of care issues should be directed.

It was noted that public comment is meant for issues that deal with items on the Council agenda.

5. Recipient Report (Linda)

It was stated that the recipient staff is hard at work on the Ryan White application, due September 30th. This is how the Planning Council gets the money to be allocated. Shila Wu was introduced as a new member of the recipient staff. Marcee is currently working on the ECHO and Stigma Collaboratives. The Provide database is still up in the air, but Martha Grimm at DOH can be contacted directly for questions.

6. Needs Assessment, Priority Setting & Resource Allocation Committee Report: (Richard)

It was stated that there was an update on the assessment from Becca, with a review of some of the questions for consumers and providers. There is an upcoming small assessment for consumers that recently got back in care, as well as questions for providers about their perspective on the services they provide.

Jesse gave a presentation on an assessment of the administrative mechanism for the 2018 grant year (Mar 2018-Feb 2019). Only the Recipient, Recipient staff, and pieces of Public Health and King County that work on contracts/payments are assessed. The 5 components of analysis of the recipient were:

1. **Procurement & Outreach-** The Request for Applications (RFA) was sent out in 2016 for services in 2017-18 and reached over 700 people. There were no other specific outreach activities than sending the RFA to email listservs. There were 20 applications received from 9 agencies. Applications were reviewed based on clear criteria by committees that included experts in the field and consumers of services. All agencies received funding in 1 or more categories, but not necessarily everything they applied for.
2. **Contracting-** The expectation set is that 75-100% of contracts are signed within 90 calendar days (by August 21st). There were 10 contracts, and 9 of them were signed within the expected 90 days. The 1 contract that was not within the expected window was over by 3 days. There were 21 dentist contracts, and all were signed within 90 days.
3. **Reimbursement-** The expectation set is that there will be 30 days or less between receipt of correct invoice and payment. For 2018, the Recipient did not have

information about when the final, corrected invoices came in, except by going through email. They have set up a system to correct this for 2019. For this assessment, the month of October was randomly chosen. In that month, all invoices were paid in less than 30 days, and as few as 1 day. For dental invoices, all but 1 were paid in 30 days. That outlier came from a dental practice that had 4 claims in one month, and it would appear that those 4 claims were held and paid together at 35 days from the first claim date.

4. **Use of Funds-** The funds were spent in accordance with the Council's plan. In instances of under-expenditure, the Council reallocated those funds, and the recipient used them according to that reallocation plan. At the end of the grant year, the Recipient was granted "superpowers" to move dollars by the Council to ensure that 95% of the formula would be spent. 99.91% of Supplemental funds were spent, and 95.51% of Formula funds were spent. The remainder were submitted for a carryover request.
5. **Engagement with the Planning Council-** Recipient staff were present at all Council, PSRA, and SNAC meetings. Recipient staff participated in developing the standards of care within SNAC by bringing a perspective on implementation. The Recipient team has been responsive to requests from the Council, including reducing time frame for producing performance and expenditure data, giving demographic data broken down by service category, and getting the Council all available epidemiological data. The Recipient maintains and strengthens the system of care by: monitoring the work of agencies, providing technical assistance to agencies, working with agencies on quality improvement projects, and ensuring that providers carry out services.

- It was stated that applications are reviewed by external non-conflicted committees, and that the recipient does not reach out directly to applicants.
- It was stated that the Recipient has discussed doing grant writer training in the future. There is a bidders conference where people can ask questions about how to fill out the application.
- It was stated there is a window to ask written questions for clarification on the RFA. Responses to these questions are written, and these responses are posted publicly. It was noted that if the answer was very agency specific, that the answer would go directly to the agency.
- It was stated that every service is up for bid every 2 years with the RFA. In years where there is no RFA funding to currently contracted agencies is based on performance and expenditures.
- In response to a question, it was noted that invoices must have background documentation, to support what is being billed in the line item budget. Recipient staff check for proof of delivery of service units. Agencies must bill the Recipient monthly.
- In response to a question, it was noted that HOPWA stands for Housing Opportunity for People with AIDS.
- In response to a question, it was noted that all applicant agencies must be non-profit. Agencies are asked if they have experience serving underrepresented populations, and if those populations are represented in their staff. Agencies are not asked for a demographic breakdown of their staff.

Motion: *Richard* motioned to accept these conclusions from NAPSRA. Seconded by *Susan*.

Discussion: No discussion.

☑ The motion passed with the following vote:

- **In favor-13-** *Eve, Teresia, German, Richard, Carlos, Michael, Ron, Susan, Brian, Lydia, Kim, Scott, Bill*
- **Opposed-0-**
- **Abstaining-0-**

In order to fulfill the Ryan White Part A federal requirements, a Letter of Assurance was drawn up to be signed by the Council Co-Chairs. The letter stated that:

1. There were no Conditions of Award.
2. The funds are being spent the way the Council prioritized.
3. The Council went through a prioritization process using all available epidemic data. That prioritization is regularly adjusted to address emergent issues and under-expenditures.
4. Council members received new member orientation, and regular trainings on topics including: Council roles and responsibilities, how to understand epidemiological data, and meeting facilitation and participation.

Motion: *Richard* motioned that the Letter of Assurance be approved as written. Seconded by *Susan*.

Discussion: No discussion.

✓ The motion passed with the following vote:

- **In favor-13-** *Eve, Teresia, German, Richard, Carlos, Michael, Ron, Susan, Brian, Lydia, Kim, Scott, Bill*
- **Opposed-0-**
- **Abstaining-0-**

7. Membership/Operations Committee Report: (*Eve*)

It was stated that Membership/Operations is looking for more members, as there are only 3 currently.

The main focus of the last meeting was working on the changes to the bylaws.

<Jason McGill joined by phone at 5:20pm>

Gladys Wiessner was introduced as a new candidate for Planning Council membership. She is an unaligned consumer from southeast Africa, where she worked in the HIV field. She is a member of the International AIDS Society, and has significant experience in HIV work. She is ready to learn from the Council, and bring her knowledge and experience to the table.

Motion: *Eve* motioned to nominate Gladys to the Planning Council. Seconded by *Carlos*.

Discussion: No discussion.

☑ The motion passed with the following vote:

- **In favor-13-** *Eve, Teresia, German, Richard, Carlos, Michael, Ron, Susan, Brian, Lydia, Kim, Scott, Bill*
- **Opposed-0-**
- **Abstaining-0-**

In response to a question, it was noted that the in progress bylaws have been translated into Spanish. When they are finalized, they will be translated into Spanish again.

8. Break

9. +Caucus Report: (Pat)

It was stated that Pat is the new Co-Chair for the +Caucus, and that there is a +Caucus brochure in progress.

There was much discussion in the last +Caucus meeting on Matt Golden's upcoming ETHE presentation.

10. System of Care Committee Report: (Tony)

It was stated that the General Standards are still in progress. The current focus is on the Culturally and Linguistically Appropriate Standards (CLAS).

11. Ending the HIV Epidemic (ETHE) – new funding for King County (Dr. Matt Golden)

King County is the only area in the Pacific Northwest selected for the grant opportunity. ETHE was put forth by the current presidential administration. There is a 1 month window to apply for the grant. King County is doing very well in HIV prevention and care in the population of men who have sex with men (MSM). There was a cluster outbreak identified in August of 2018 in North Seattle in the population of heterosexuals living without a home with concurrent injection drug use (people who inject drugs, PWID) along the Aurora Ave. corridor. These diagnoses were disproportionately women. There has also been a rise in this population of poly substance use. The cluster is unlike anything King County has yet seen. To address the cluster, syringe exchange services and disease research, outreach and testing were diverted to the area. HIV testing in the jail was increased as well. Although we are on track to meet a lot of the goals for prevention, we continue to have a substantial number of people who are not virally suppressed. It is within this context that the ETHE is proposed to be used. The ETHE grant is designed to address the epidemic through diagnosing, treating, preventing, and responding to potential HIV outbreaks.

It was stated that there is also a HRSA grant application coming up.

In response to a question, it was noted that the ages of those in the recent outbreak was concentrated in the 30's and 40's, with a few 20's. It was also noted that those diagnosed were disproportionately women who exchange sex for money over a broad age range.

In response to a question, it was noted that homelessness is the likely cause of HIV infection, and not HIV causing homelessness. It was stated that this is observed only through anecdotal data.

In response to a question, it was noted that ongoing community and consumer input is necessary. There is not currently a King County specific HIV integrated care and prevention planning body. Creating such a body was proposed.

It was noted that a criterion of the grant was the involvement of people living with HIV (PLWH). PLWH input is necessary for planning, design, and implementation.

It was noted by an unaligned consumer that this seems to be designed to leave some people behind, and that we can do better than that in King County. It was stated that there needs to be deliberate inclusion of PLWH, and that a committee comprised of PLWH would be key in this.

It was stated that many of the people who attend such committees are paid by their employer to be there, as attendance is part of their job. PLWH are usually there to give input on a volunteer basis. It was asked if there would be provisions to compensate volunteer PLWH, so that attending to give the required input would be low barrier to marginalized PLWH. In response to this question, it was stated that there were no current provisions for this.

In response to a question, it was stated that molecular surveillance would be a part of the implementation of the funds. It was further asked if PLWH identities would be protected. In response to this, it was stated that molecular surveillance cannot directly relate sexual contact between people. It can only verify that viruses are closely related or from the same cluster. It was further stated that HIV cases are also identified using other tools, and that molecular surveillance is not the only technique used.

It was asked if the bigger underlying issue of housing was going to be addressed by the funds. In response to this, it was stated that the funds would be used to focus on the highest risk populations. This would be a balanced approach to the epidemic in heterosexual PWID, MSM, and also focusing on the social marginalization of HIV. In order to do this, clinical infrastructure is key and testing, treating, and PrEP are the tools to be used. There is a need to focus on the virally suppressed, and these new funds need to be laser focused on service providing.

In response to a question, it was stated that the MAX Clinic at Harborview currently has 3 social workers with about 170 cases between them. It was stated that all the cheapest and easiest to treat patients have been virally suppressed, and that making the next increment in suppression is going to be expensive.

It was stated that to remove the barrier of an appointment, they are expanding walk in clinic services.

In response to a question about the geographic location of HIV services and the accessibility of a mobile expansion, it was stated that the unit cost for mobile medical services is very high. It was noted that in previous fixed location searches, finding a location north or south that was easily accessible was difficult. Currently First Hill and Capitol Hill are the main loci of HIV services, and those are accessible by transit.

It was stated that for further questions on the ETHE grant, *Susan Buskin* was the best contact (Susan.buskin@kingcounty.gov).

12. Adjourn

NEXT MEETING: October 14th, 4pm-6:30 at the 2100 Building—2100 24th Ave. South, Seattle 98144