



Minutes ☘ Monday, December 14, 2020

4pm-6:30

Virtually through Zoom

Council Members Present: *Lydia Guy-Ortiz (Washington State Dept. of Health), Richard Prasad (Country Doctor), Jonas Nicotra, Ronald Padgett, Alora Gale, Susan Buskin (Dept. of Public Health-Seattle & King County), German Galindo, Teresia Otieno (Center for Multi-Cultural Health), Genie Sheth (City of Seattle-Human Services Dept.), Michael Louder, Katie Hara (Madison Clinic), Tony Radovich*

Council Members Absent: *Eve Lake (University of Washington Medicine), John Rodriguez, Hector Urrunaga-Diaz (Bailey-Boushay House), Gladys Wiessner*

Planning Council Staff Present: Karen Chung, Becca Hutcheson (needs assessment), Wilson Pipkin (minutes)

Recipient Staff Present: Linda Coomas (Ryan White Part A Recipient), Mark Baker (clinical quality management), Shila Wu (*Dept. of Public Health-Seattle & King County*),

Visitors Present: Andrew Ashiofu (prospective Councilmember), Victor Ramirez (Mountains West AETC), Leanne Neumann (Janssen Biotech), Michel Dill (Spanish/English interpreter), Kevin Hockley (Optum HIV Specialty Pharmacy), Tara Roufi (Janssen Biotech)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

II. Meeting Agenda

The agenda was approved as written by acclamation.

III. Meeting Minutes

The November minutes were approved as written by acclamation.

IV. Public Comment

V. Ending the HIV Epidemic (EHE) Update

There was an update on the EHE planning process and collaboration with the Planning Council in this process was highlighted. The 4 main pillars of the program to reduce HIV in the next decade are: diagnose, treat, prevent and respond. The point of EHE is a targeted, cross-agency initiative that is time limited and aims to build on the work that the Council is already doing. EHE is focusing

on those populations with the highest risk of transmitting or acquiring HIV. The EHE Plan has three components which are the epidemiological synopsis, a situational analysis, and activities divided by the 4 main pillars of the federal program. The overarching values of the EHE activities are: they need to address structural racism, they need to address and avoid exacerbating stigma, they need to be provided by culturally sensitive, trauma-informed providers and settings, they need to be part of larger efforts to increase equity in our prevention and health care systems, using a syndemic approach whenever possible, to encourage integration of prevention and care services with those for hepatitis, STI's, and other conditions that affect the health of people at risk for or living with HIV.

The key prevention activities are: expand access to Pre-Exposure Prophylaxis (PrEP), develop new services to reduce barriers to PrEP initiation and retention, provide PrEP education for communities of color (members and providers) to reduce stigma and increase acceptability and uptake of PrEP, expand condom access in north and south King County (via federally qualified health centers, community based organizations, jails, businesses, schools), expand syringe services programs to additional geographic areas (esp. north Seattle) and increase the number of syringes distributed per person, expand availability and accessibility of medications for opiate use disorder, improve cultural humility and respect in the delivery of prevention services to LGBTQ persons, persons who use drugs, and persons engaged in sex work.

The Key diagnose activities are: increase routine HIV testing in clinical settings, increase HIV testing in non-clinical sites, increase partner notification services, develop educational campaigns and other activities focusing on people of color.

The key treat activities are: expand access to low barrier HIV care to reduce structural barriers to care, provide co-located services in low-barrier services, provide enhanced linkage to care for persons with newly diagnosed HIV, expand real-time data to care, expand capacity of existing clinical and other care providers to care for people living with HIV, increase availability of culturally inclusive, trauma informed services (all types).

The group added that the activities that are successful are sustained over time. Key sustain activities are: develop and implement an ongoing infrastructure for community engagement, conduct a mid-initiative evaluation and develop a sustainability plan for successful activities, increase cross-systems collaboration, workforce capacity development.

Next steps for EHE are making final revisions to the plan, submit to CDC, start implementing activities, share information regularly especially around treat activities, and revisit the plan regularly. In response to a question it was stated that loan forgiveness for BIPOC folks interested in going into this work is a good idea. In response to a question it was stated that treatment in and around correctional facilities/jails is something that was discussed in all pillars of the plan. This is a larger conversation that would be gladly had another time. It was stated that a good conversation to have would be a training on the difference between prison and jail. Becca provided her email for questions about this plan hutchbec@uw.edu. In response to a question, it was stated that the funding source specifically states that the funding must be used to build on the current system of care and fill gaps in services.

VI. Recipient Report

Ryan White staff are finalizing amendments for reallocation that was done recently. Also in process is drafting of requests for proposals (RFA) which will be released in January 2021. These

go out every other year after prioritization and allocation. Mark has been working diligently on the Provide Database upgrade from CareWare. This process is in the final stages and was put on hold by vacancy in his position and the pandemic. This process will take time to get the database up and running in subrecipient agencies. There is also work being done on the carryover request which will be discussed more in the NAPSRA Committee report.

VII. Executive Committee Report

This committee discussed the carryover request at length, as well as hearing reports back from all committees.

VIII. NAPSRA Committee Report

This committee discussed and put together the request to carryover unobligated balances. The directives were finished as well. A quick outline of the overall Ryan White Part A (RWPA) funding process, requesting carryover and what is done with carryover funds. In fiscal year 2020 the Seattle Transitional Grant Area (TGA) received: \$4,473,067 in formula funds, \$2,167,653 in supplemental funds, and \$374,787 in Minority AIDS Initiative (MAI) funds for a total of \$7,015,507. According to HRSA, 95% of formula funds must be spent in order to avoid penalties or reductions in funding. The Health Resources and Services Administration (HRSA) requires an estimate of unobligated balances be submitted by Dec 31st every year, and a final requested carryover amount with service category allocations is due by the end of July. The current estimate for FY 2020 is a total requested carryover of \$242,395, with \$223,653 being formula funds and \$18,739 being MAI.

MOTION: Richard moved to accept this outlined plan for carryover. Lydia seconds.

Discussion: In response to a question it was stated that you can carryover funds from MAI, but not supplemental or previously requested carryover funds.

The motion passed with the following vote:

- In favor – 11 – Michael, Lydia, Richard, Katie, Ron, Jonas, Alora, German, Teresia, Genie, Susan
- Opposed -0-
- Abstaining -0-

The directives need to be voted on in this meeting to meet deadlines for applying for RWPA funds. It was stated that directives are not required, and that is why there are not directives for every category.

MOTION: Richard moved to approve these directives. Susan seconds.

Discussion: It was stated that Emergency Financial Assistance is a new category. There is a directive for this service category to prioritize the prevention of homelessness, including acquiring and maintaining employment, for undocumented persons or others with no alternative source of aid. There is a new subcategory of Food & Meals which is for food vouchers. There is a directive for this that these vouchers should be prioritized for people who cannot access culturally or dietarily appropriate or relevant meals via other food resources. In response to a question, it is stated that services are to be provided throughout the TGA.

The motion passed with the following vote:

- In favor – 11 – *Michael, Lydia, Richard, Katie, Ron, Jonas, Alora, German, Teresia, Genie, Susan*
- Opposed -0-
- Abstaining -0-

IX. Membership/Operations Committee Report

This committee would like to recommend *German Galindo* for a second term on the Planning Council. He has been very passionate and an advocate for his fellow Planning Council members. He has advocated for telecom reimbursements. He attends almost every meeting except SOC.

MOTION: Katie moved to reappoint German Galindo to the Planning Council. Genie seconds.

Discussion: None

The motion passed with the following vote:

- In favor – 11 – *Michael, Lydia, Richard, Katie, Ron, Jonas, Alora, German, Teresia, Genie, Susan*
- Opposed -0-
- Abstaining -0-

This committee is also recommending the approval Lina Stinson-Ali as a consumer member of the Planning Council. She is a previous member that was active about ten years ago. It was stated that she would be a great addition to the Council and has done a lot of work with people living with HIV. She is both passionate and committed.

MOTION: Ron moved to forward the application of Lina Stinson-Ali to the King County Executive for approval. Michael seconds.

Discussion: It was clarified that she is from Tanzania.

The motion passed with the following vote:

- In favor – 11 – *Michael, Lydia, Richard, Katie, Ron, Jonas, Alora, German, Teresia, Genie, Susan*
- Opposed -0-
- Abstaining -0-

Karen will submit her name to the King County Executive's Office tomorrow and will update the Council on when she gets confirmed.

There are two upcoming interviews happening this Thursday in this committee. Andrew Ashiofu who is present is one of them.

X. +Caucus Report

There was discussion on telecom reimbursements, the business cards and brochures, and utilizing a rotating co-chair to help spread the workload and train Caucus members.

The Facebook page will be up in the new year.

XI. System of Care Committee Report

This committee discussed the new Emergency Financial Assistance category and reviewed similar service units from other planning bodies. The service units were set at 1 unit=1 payment of rental assistance or utilities assistance. Payments cannot be made directly to individuals but must be paid to a service provider like Seattle City Light. The directive for this category states the priority should be the prevention and mediation of homelessness, including acquiring and maintaining employment, for undocumented immigrants with no other alternative source of aid. All Ryan White categories have to be directly tied to retention in care. It was stated that accessing telehealth requires a cell phone or internet services. It was stated that grant funds may not be used to pay housing in arrears. There was a question about the timeliness of the provision of this service, and if funds could be accessed quickly enough. This service could also be held up by a landlord. It was stated that this is a category that has not been funded for some time. There needs to be a vote on the whole service unit definition

<Susan Buskin left the meeting>

MOTION: Ron moved to accept the service unit definition. Michael seconds.

Discussion: It was clarified that she is from Tanzania.

The motion passed with the following vote:

- In favor – 9 – *Michael, Lydia, Richard, Katie, Ron, Alora, German, Teresia, Genie*
- Opposed -0-
- Abstaining -1- *Jonas*

Due to the holidays, this committee will not meet until January 4th, 2021.

XII. Adjourn

NEXT MEETING: 4pm, Monday, January 11th, virtually through Zoom.