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**Minutes** ☘ Thursday, September 24<sup>th</sup>, 2020  
4pm-6:30pm

**Council Members Present:** *Ron Padgett, Katie Hara, Michael Louder, Susan Buskin, Eve Lake, Richard Prasad, Hector Urrunaga-Diaz, Teresia Otieno, German Galindo, John Rodriguez, Genie Sheth, Tony Radovich*

**Council Members Absent:** *Gladys Wiessner, Alora Gale-Schreck, Lydia Guy-Ortiz*

**Planning Council Staff Present:** Karen Chung, Wilson Pipkin (minutes)

**Recipient Staff Present:** Linda Coomas, Shila Wu, Mark Baker

**Visitors Present:** Kevin Hockley (Optum HIV Specialty Pharmacy), Jonas Nicotra (former Council member), Dennis Torres (Gilead Sciences), Luis Burciaga (Spanish/English Interpreter)

*Italics denote Planning Council Membership.*

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**I. Welcome, Introductions and Announcements**

Karen announced that *Genie Sheth* is officially a Planning Council member and is now a member of the NAPSRA Committee.

**II. Public Comment**

*German* stated that he had been discriminated against in receiving housing services. He also stated that there are more providers than consumers here.

**III. Meeting Agenda**

*The agenda was approved as written by acclamation.*

**IV. Meeting Minutes**

**Kevin Hockley requested that his employer be corrected to Optum HIV Specialty Pharmacy.**

*The August minutes were approved as amended by acclamation.*

**V. Recipient Report**

Linda announced that Mark Baker is the new Ryan White Clinical Quality Manager.

The approval for the full carryover funds of \$145,896, and the Ryan White staff will be working to get this out to agencies in the next few weeks.

Ryan White staff are working on the current Ryan White Part A application which is due October 7<sup>th</sup>. This will be finished after the work the Council does in this meeting.

Ryan White staff are working on 2<sup>nd</sup> quarter reports and will be working with NAPSRA on reallocations to spend out as much of the funds as possible.

There was discussion about the prioritization and resource allocation process. They reviewed a lot of data including epidemiologic data, the Never, Not, or Intermittently in Care needs assessment, a COVID-19 provider survey, other funding sources, unmet need, and demographic data on service usage. Karen introduced a rubric to formalize and standardize prioritization.

Karen requested that the assessment of the administrative mechanism be tackled before going much deeper into the resource and prioritization package. This assessment is an outline of the process of what has happened and what is expected to happen in the prioritization and allocation process. This is the Planning Council's assessment of the Ryan White Recipient and staff based on data around procurement, contracting, reimbursement, use of funds, and engagement with the Council. NAPSRA had no recommendations for changes to practices. 57% of contracts were completed within 90 days of the Notice of Award, and 7 contracts took more than 90 days due to delays outside of the Recipient's control. The average number of days from receipt of invoice to payment for all agencies was 16 days. 94.04% of supplemental, 97.51% of formula, and 90.1% of Minority AIDS Initiative (MAI) funds were spent. The remainder of the MAI funds were requested for carryover. The Recipient and staff attended and participated in all Council, NAPSRA Committee, System of Care Committee, and Executive Committee meetings. The Council did not identify any deficiencies in this process.

**MOTION: Ron motioned to accept the assessment of the administrative mechanism as written. Richard seconded.**

**Discussion: There was discussion about payments and contracts that took longer than the deadlines. It was stated that there are sometimes a lot of back and forth on contracting. This is addressed on a yearly basis and the Recipient works with agencies to reduce these delays.**

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

- In favor –11– Michael, Richard, Ron, Katie, Susan, Eve, Hector, Teresia, German, John, Genie
- Opposed -0-
- Abstaining -0-

Karen presented the letter of assurance which discussed the addressing of: how all fiscal year (FY) 2020 period of performance Conditions of Award relative to the Planning Council have been addressed, how the FY 2020 period of performance formula, supplemental, and MAI funds awarded to the TGA are being expended according to the priorities established by the Council, how the Planning Council determined the FY 2021 period of performance priorities, and how the Planning Council used the approved process for establishing those priorities, and that ongoing, annual membership training occurred.

**MOTION: Richard motioned to accept and approve the letter of assurance. Katie seconded.**

**Discussion: None**

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

- In favor – 11 – *Ron, Michael, Katie, Richard, Susan, Eve, Hector, German, Teresia, John, Genie*
- Opposed -0-
- Abstaining -0-

## VI. Priority Setting and Resource Allocation

The conflicts of interest were addressed, and the calendar of meetings for the Priority Setting and Resource Allocation (PSRA) process was discussed. In total there were over 25 hours of work in meetings, and more time spent reviewing materials offline. Special thanks were given to *German* who sat through presentations twice, once with an interpreter present, and a second time in the meetings. Karen also thanked *Susan* for putting together the epidemiological data, Becca Hutcheson for putting together the Never, Not, or Intermittently in Care (NNIC) Needs Assessment, and the Recipient and Recipient staff for attending all meetings and providing information and context. Data reviewed included the epidemiologic data and Medical Monitoring Project (MMP) data, the NNIC Needs Assessment, Ryan White Consumer data, a service provider COVID-19 Survey, historic funding and expenditures of Ryan White Part A funds in the TGA, performance and utilization data in each service category, other funding sources, and the +Caucus Guiding Principles.

Karen presented to NAPSRA a scoring rubric, and got approval for use of the following questions for the rubric: “How critical is this service category, relative to other service categories, to ensure consumer engagement in HIV care?”, “Does consumer data demonstrate unmet need?”, and “Are there other funding sources relative to need?” Committee members were asked to score each service category for each question, which resulted in the following ranking from highest priority to lowest with amount funded (if funded) and rationale:

1. Housing (\$1,299,058)
  - a. Data demonstrates the critical nature of this service to ensure consumer engagement in HIV care.
  - b. There is a critical unmet need, especially among those NNIC.
  - c. There is increased need for housing due to COVID-19.
2. Psychosocial Support (\$149,986)
  - a. Data demonstrates the critical nature of this service to ensure consumer engagement in HIV care.
  - b. There is a great unmet need especially for immigrants, aging people, and due to pandemic-related isolation.
    - i. It was proposed that a directive for this service category could be to prioritize providers that demonstrate ability to provide services in other languages.
  - c. There is a lack of other funding sources relative to need.
3. Oral Health (\$1,277,880)
  - a. Data demonstrates the value of this service to ensure consumer engagement in HIV care.
  - b. There is some unmet need, especially among those who have NNIC.
  - c. Providers had some contracted funds left over at the end of the fiscal year.
4. Non-Medical Case Management (NMCM) (\$1,296,952 total divided into the following sub-priorities: \$956,592 to NMCM Housing, \$70,194 to NMCM Dental, \$70,194 to NMCM Chemical Dependency, and \$299,972 to NMCM Engagement & Retention)
  - a. There is great unmet and increasing needs for housing.
  - b. Increased funding for housing requires increased funding for supportive services to link consumers to housing.
    - i. There was much discussion about funding a housing navigator position.
5. Emergency Financial Assistance (New category with funding beginning in July 2021, \$119,989)

- a. Financial support and employment were identified as the needs that saw the greatest change as a result of the pandemic.
  - b. All responding providers to the COVID-19 survey of providers stated that they had clients on their caseload who were employed before the pandemic and are now unemployed.
  - c. This category is unable to give funds directly to consumers, but can be used to pay bills directly.
6. Mental Health Services
  7. Medical Transportation (\$70,000)
    - a. There is some unmet need in this service category, especially outside of Seattle and particularly in rural Snohomish County where providers identified transportation as a key barrier to care.
    - b. Providers met their goals for service units and clients served, and there were minimal contracted funds left over.
  8. Outpatient Ambulatory Health Services-Treatment Adherence (\$475,000)
    - a. Providers exceeded their goals for clients served and service units.
    - b. There are many other existing funding sources such as Medicaid, Medicare, and private sources.
  9. Early Intervention Services (Funded in MAI only, \$165,245)
    - a. Providers met 58% of their service unit goals and 83% of goal for clients served. There were remaining contracted funds at the end of the fiscal year.
    - b. There are many other funding sources such as Medicaid and Medicare.
  10. Food Bank/Home Delivered Meals (\$1,210,569, with \$70,000 allocated to a food voucher sub-priority)
    - a. There are increasing needs for food as a result of the pandemic.
    - b. Providers and consumers identified a need for access to culturally relevant foods, particularly among immigrant communities.
      - i. Food vouchers were added to address this need.
    - c. Providers had expended almost all contracted funds and exceeded goals for service units and clients served.
  11. Substance Abuse Services (outpatient)
  12. Linguistic Services
  13. Outreach
  14. Childcare Services
  15. Substance Abuse Treatment (Residential)
  16. Other Professional Services
  17. Legal Services
  18. Referral to Health Care/Supportive Services
  19. Respite Care
  20. Health Education/Risk Reduction

MAI funds not allocated to Early Intervention Services were allocated to NMCM-Black (\$149,508) and NMCM-Latinx (\$78,688). NMCM is critical for consumer engagement in care. Black and Latinx people living with HIV are disproportionately impacted. Providers surpassed their goals for unduplicated clients served. These funds were split by prevalence of HIV in each population. In response to a question it was stated that the American Indian/Alaska Native population was considered, but unfortunately a needs assessment for that population was postponed by the COVID-19 pandemic. This needs assessment is still a priority, but a start date is unknown due to community partners being severely impacted and overwhelmed by COVID.

There were a few categories that were excluded from prioritization due to being sufficiently funded by other sources. Contracts for newly funded categories will begin in July 2021.

The directives were not finished for all categories due to time, but those that were finished were presented. If the PSRA plan is voted on, the directives are not a part of the application. They will be brought before the Council when finished in NAPSRA.

It was clarified that the amounts funded in each category will go out in a Request For Applications (RFA) for the funds, agencies apply for the funds, and then do their best to spend out the funds in providing services. Those funds that are not spent are reallocated, and any unspent funds beyond that are requested for carryover.

**<LUIS LEFT THE MEETING AT 6PM>**

***MOTION: Richard motioned to accept the PSRA plan for the 2021-22 year. Katie seconded.***

***Discussion: In response to a question it was stated that the directives change from year to year, and are a part of the prioritization process. The directives in this package are not finished as of yet, and are not being voted on here. The directives are not a part of the Ryan White application, but are a part of the Request For Applications (RFA) when sent out. In response to a question it was stated that Washington is a Medicaid expansion state, and thus why Treatment Adherence is the specific funding allocated in Outpatient Ambulatory Services.***

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

- In favor – 11 – *Katie, Ron, Richard, Michael, Eve, Hector, Susan, Teresia, German, John, Genie*
- Opposed -0-
- Abstaining -0-

## **VII. Ryan White Conference**

It was stated that it was difficult to stay focused with the virtual platform, but it did make it easy to jump from presentation to presentation. It was noted that a document created by *Lydia* was presented. There was a training on implicit bias and systemic racism that *Katie* will find the title of as the recordings are available.

## **VIII. Adjourn**

**NEXT MEETING:** 4pm, Monday October 12<sup>th</sup>, virtually through Zoom.