



Minutes ☿ Monday August 22nd, 2022

4pm-6:30pm

Virtually through Zoom

Council Members Present: *Richard Prasad (NAPSRA Co-Chair, Country Doctor), Katie Hara (Council Co-Chair, Bailey Boushay), Ray Harris (WA State Dept. Of Health), Patricia Ogunmola-Nazzal (WA State Dept. Of Corrections), Andrew Ashiofu, Genie Sheth (City of Seattle-Human Services Dept.), Michael Louder (Council Co-Chair), Hector Urrunaga-Diaz (Bailey-Boushay), Eve Lake (Membership/Operations Co-Chair, Madison Clinic), John Rodriguez (+Caucus Co-Chair), German Galindo, Ron Padgett, Tony Radovich (System of Care Co-Chair)*

Council Members Absent: *Lina Stinson-Ali, Amber Casey (Hepatitis Education Project), Gladys Wiessner (Center for Multi-Cultural Health)*

Planning Council Staff Present: Karen Chung, Wilson Pipkin

Recipient Staff Present: Mark Baker, Shila Wu

Visitors Present: Emijah Smith (Tubman Health), Sara Magnusson (End the HIV Epidemic-Dept. Of Public Health-Seattle & King County), Abraham (Spanish/English interpretation), Linnae Baird (Dept. Of Public Health-Seattle & King County), Becca Hutcheson (Dept. Of Public Health-Seattle & King County)

Italics denote Planning Council Membership.

I. **Welcome, Meeting Rule Reminder, Introductions and Announcements**

Andrew gave gratitude for those who supported his work in community.

Harborview found a medical provider to provide services at the two new low barrier clinics in north and south King County. These services will open first in Federal Way then Kent by mid-late October. Opiate treatment will also be funded through another grant so that the clinics can be open all day providing these services. Becca can present on this work at the Council once more is known.

- Discussion: is this work going to include fentanyl and the shift toward smoking? The grant funding this work is not fentanyl specific, but fentanyl is a major player in opiates and will have to be included. Needle exchanges are also beginning to offer smoking devices to address this. Meth use is also in need of addressing.

Tomorrow the National Minority AIDS Council (NMAC) begins.

II. **Meeting Agenda**

☑ *The agenda was approved as amended by acclamation.*

III. **Meeting Minutes**

☑ *The July minutes were approved as written by acclamation. Richard and Ray abstain.*

IV. **Public Comment**

- John shared information regarding upcoming community input on what is to be done with opiate settlement funds.

V. **Recipient Report**

- The grant writing workshop was held August 3rd. Thank you to all who attended.
- The Ryan White Conference is this week.
- The request for applications (RFA) for next fiscal year is slated to be released in September.

- The Health Resources and Services Administration (HRSA) site visit is confirmed for November 14th-18th.

Discussion:

- The grant workshop was held for both currently funded and possibly interested organizations in attendance from all over Washington for both Ryan White parts A & B.

VI. NAPSRA

- The first business item is the carryover request for 2022. This is addressing unused funds, and redistribution of these to other services which can utilize and need these funds.
- There was \$218,114.77 in formula funds and \$17,842.73 in Minority AIDS Initiative (MAI) funds to be requested for carryover, which the committee proposed an allocation plan for.
 - Formula funding allocations:
 - Food & Meals \$58,114
 - Emergency Financial Assistance \$50,000
 - Medical Transportation Services \$10,000
 - Outpatient Ambulatory Health \$100,000
 - MAI funding allocations
 - All funds were allocated to Non-Medical Case Management (NMCM) MAI, with the request for the Recipient to split this between NMCM-MAI Black and NMCM-MAI Latinx based on provider stated needs.

<Ron Padgett joined the meeting.>

- Medical Transportation Services is having service utilization pick up, as well as the rising price of fuel, and was allocated carryover funds to address this.
- Outpatient Ambulatory Health Services serves high acuity consumers with treatment adherence and was chosen for funding.
- Emergency Financial Assistance is a newly funded service category which has been supporting rent and utility assistance. There has been high utilization in this new category, so it was allocated carryover funds.
- Food & Meals is a high priority service category and has historically been able to spend out funding.
- The MAI funds needing carryover were low enough, there would not be significant impact if these funds were split up. The full carryover amount was allocated to NMCM-MAI with the request for the Recipient to split based feedback from providers on need.

Discussion:

- Is the additional funding allocated to Food & Meals going toward food vouchers? No, but this will be addressed later with the priority setting and resource allocation (PSRA) package review.
- Unspent carryover funds do not get returned and there is a penalty if funds go unspent on future carryover requests. Categories chosen for carryover funds showed both need and ability to spend funds. One example is Housing, because although it is the highest need, this category returned funds because of lack of housing stock.
- Why were funds not allocated to Health Education/Risk Reduction or Home and Community-Based Health? As these service categories are not currently funded, and there is not an agency contracted for these services, an RFA would need to be released in order to fund these services. Carryover funds need to be utilized rapidly, and an RFA process takes significant time. There are also issues around the Ryan White Part A (RWPA) requirement to be payor of last resort.
- The Recipient team cannot reallocate funds between categories without the approval of the Council. If funds need to be shifted from NMCM-MAI Black to NMCM-MAI Latinx, the Recipient will bring this to the Council. This split can be done today or in October when the carryover has been awarded.
- A request was made to split these funds between the two categories today.
- Why are mental health services not considered with carryover funds? While need is high in this category, provider ability to spend out these funds is lacking, and Medicare and Medicaid cause issues around payor of last resort.

- The MAI funds were split by the same ratio as the PSRA plan, which was divided by HIV prevalence in these populations with \$12,489 going to NMCM-MAI Black and \$5,353 going to NMCM-MAI Latinx.
- Is there a better way to have this conversation that does not pit communities against each other?
- The suggestion was made to split the \$17,842 down the middle between NMCM-MAI Latinx and NMCM-MAI Black, and this was agreed upon with \$8,921 allocated to each

MOTION: Ray moves to accept the carryover request as amended. Richard seconds.

Discussion: None.

The motion passed with the following vote:

- In favor – 11 – *German, Katie, Ron, Richard, Ray, Andrew, Hector, Patricia, Genie, Eve, John*
- Opposed -0-
- Abstaining -1-*Michael*
- This committee also conducted a needs assessment of both providers and consumers, reviewed this and other data sets, prioritized service categories, and allocated funds to these according to data. A service category data report was reviewed, and the 3 questions used to score each category were discussed. Scores were averaged by category, and this is how the categories were prioritized. Once prioritized, discussion on funding allocations began from highest priority to low. As funds were allocated, directives to subrecipients were reviewed and updated as necessary.
- Housing was allocated \$1,000,000, as this is the highest need.
- Mental Health Services had significant payor of last resort issues, and a major provider in the area recently closed.
- Food & meals was allocated a total of \$1,391,504, with \$220,000 set aside for food vouchers, and \$1,171,504 going to grocery bags, meals, and essential items. The increase in food voucher funding was responding to data from the consumer needs assessment and work done around why food voucher funds were not applied for last funding cycle.
- Emergency Financial Assistance (EFA) was allocated \$150,000, and new service units were created by the System of Care Committee this morning to address needs around vision care. These include vision examination (1 unit = 1 payment) and vision hardware (1 unit = 1 payment). The ability to easily access referral to these services across RWPA funded agencies was highlighted.
- Psychosocial Support was allocated \$200,000 to address some of the gaps in mental health support services, with peer support services being prioritized.
- NMCM was funded for several sub priorities, with funding being kept level from previous allocations.
 - Chemical dependency was allocated \$55,221.
 - Dental was allocated \$71,375.
 - Engagement & Retention was allocated \$365,535.
 - Housing was allocated \$845,000.
 - MAI Black was allocated \$176,724.
 - MAI Latinx was allocated \$72,213.
- Oral Health Care was allocated \$1,229,530.
- Medical Transportation Services was allocated \$40,000 in order to respond to consumers seeking more in person services.
- Outpatient Substance Abuse Services was allocated \$0 due to payor of last resort issues.
- Early Intervention Services (MAI) was allocated \$139,729.
- Outpatient Ambulatory Services was allocated \$514,559.
- Health Education/Risk Reduction, Home and Community-Based Health, Substance Abuse Treatment (Residential), Other Professional Services, Outreach Services, Medical Nutrition Therapy, Rehabilitation Services, and Respite Care were all funded at \$0 due to limited funds, other funding sources, or being low priority service categories.
- DISCUSSION:

- Participants in this work group included *Richard, Ron, Paul, Michael, German, Genie, and Amber*. Members of the +Caucus were also asked to give feedback on service categories after reviewing the same data.
- Gratitude was expressed for the work done here, and the services folks have access to here in Washington State. We also need to be looking forward and where growth needs to happen.

MOTION: Andrew moves to adopt the allocation budget as presented to us. Katie seconds.

Discussion: This motion also accepts the 2 new service units for Emergency Financial Assistance as created by the System of Care Committee.

The motion passed with the following vote:

- In favor – 12 – *Michael, German, Katie, Ron, Richard, Ray, Andrew, Hector, Patricia, Genie, Eve, John*
- Opposed -0-
- Abstaining -0-

VII. +Caucus Report

- This committee met and supported each other in community, even without quorum.
- They are also working to bring in more community input and presence.

VIII. Membership/Operations Committee Report

- This committee did not meet this month but will continue reviewing and updating the policies and procedures.

IX. System of Care Committee Report

- This committee is currently reviewing and updating the General Standards and is nearing the end of this document.
- This committee created 2 new service units for EFA to account for vision services.

X. Adjourn

NEXT MEETING: <Monday, September 12th, 2022, @4pm virtually through Zoom and in person downtown at the Chinook Building.