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**Minutes** ☒ Monday, February 14, 2022  
4pm-6:30pm  
*Virtually through Zoom*

**Council Members Present:** *Katie Hara (Council Co-Chair, Madison Clinic), Amber Casey (Hepatitis Education Project), Michael Louder (Council Co-Chair), Andrew Ashiofu (Ad-Hoc Chair), Gladys Wiessner (Center for Multi-Cultural Health), German Galindo, Hector Urrunaga-Diaz (Bailey-Boushay House), Patricia Ogunmola-Nazzal (Washington State Dept. Of Corrections), Paul Park (Lifelong), Eve Lake (Membership/Operations Co-Chair, Madison Clinic), Richard Prasad (NAPSRA Co-Chair, Country Doctor), Ray Harris (System of Care Co-Chair, Washington State Dept. Of Health), Ron Padgett (NAPSRA Co-Chair), Genie Sheth (City of Seattle-Human Services Dept.), Lina Stinson-Ali, Tony Radovich (System of Care Co-Chair)*

**Council Members Absent:** *Michael Lidel, Jonas Nicotra, John Rodriguez (+Caucus Co-Chair), Susan Buskin (Dept. Of Public Health-Seattle & King County)*

**Planning Council Staff Present:** Karen Chung, Wilson Pipkin

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

**Visitors Present:** Jake Ketchum (Ending the HIV Epidemic-Dept. Of Public Health), Abraham (Spanish/English interpretation)

*Italics denote Planning Council Membership.*

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

Council staff have and will be reaching out regarding telecom reimbursements and mentorship.

**II. Meeting Agenda**

*German requested time on the agenda to discuss deaths of people living with HIV who are unhoused.*

*The agenda was approved as written by acclamation.*

**III. Meeting Minutes**

- *Clarification was requested on the discussion after the presentation on findings and program changes in Food & Meals. It was marked as "Councilmember Discussion."*

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

- *Item V. Recipient Report 3<sup>rd</sup> bullet was revised to "Contracts should be in place by March 2022 with level funding. When we receive the full award, funding amounts may change."*
- *Item VIII. +Caucus Report bullet 2 was changed to "SB 5551."*

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

**IV. Public Comment**

*None.*

## V. Recipient Report

- HRSA has stated there will be a partial award received. This was received late January in \$2.2 million in formula funds (~49% of final award) and \$121,000 in Minority AIDS Initiative (MAI) funds (~32% of final award). It is unknown when the final award will be received, but an update may be forthcoming this month including how much in supplemental funds will be awarded.
- Recipient staff has been conducting virtual site visits, the last of which was completed today. Site visit letters have been sent following each site visit with two main themes covered.
  - Additional training in Provide has been requested to ensure all data is being captured accurately.
  - The Recipient team checked in with agencies to ensure the standards of care made sense and were being correctly applied.
- Public Health will be receiving a site visit from the grant funder (Health Resources and Services Administration “HRSA”) in either May or July. The site visit should last about 5 days and will include Recipient staff, Public Health staff, the Council, and some recipient agencies.
- Mark is still working with agencies on the Ryan White Services report, and this is due at the end of March.
- Questions were asked about the transitional grant area (TGA) and how COVID has changed things? Staffing vacancies have been prolonged because of COVID as well as people leaving employment.

## VI. Executive Committee Report

- There will be two Council Co-Chair elections, one for the unaligned consumer position which will take place first and a second for the community co-chair position. If someone is nominated and does not win the first position, they can run for the second. Anyone can motion to nominate someone, which does not require a second. Anyone can nominate themselves.

***MOTION: Ron nominates Michael Louder to continue as Council Co-Chair.***

***Discussion: Michael discussed his lived experience, the stigma that is faced, and the disproportionate impact of HIV on the Black communities of King County. This is what has informed his leadership.***

***Michael was elected with the following majority vote:***

- *Michael - 13- Katie, Andrew, Ray, Ron, Genie, Amber, Paul, Gladys, Richard, Patricia, Hector, Eve, Gladys (German, Michael abstain)*

***MOTION: Michael nominates Katie Hara to continue as Council Co-Chair.***

***MOTION: Katie nominates Andrew Ashiofu for the position of community Council Co-Chair. He declined the nomination.***

***Katie was elected with the following majority vote:***

- *Katie- 13 - Ron, Andrew, Richard, Patricia, Hector, Eve, Amber, Genie, Ray, Paul, Lina, Gladys, Michael (German abstains)*
- One of the requirements of Ryan White Part A grant funder (HRSA) is the existence of a memorandum of understanding (MOU) between King County and the Council.
- This has been referred to as a cooperative agreement in the past, and the last time this was revised was in 2012 with the last review being in 2015. There are many updates needed.

- This is one of the things which will be reviewed during the site visit later this year.
- This document lays out the roles and responsibilities of stakeholders in Ryan White Part A (King County, the Council, Council staff).
- Council staff will be organizing the workgroup to review and update the memorandum but cannot participate as the document dictates their roles and responsibilities and this would be a conflict of interest.
- The current MOU was reviewed including roles and responsibilities of Public Health, the Council and staff.
- The Council Co-Chairs plus one consumer was suggested to add more consumer input. This was agreed upon.
- What is the role of Membership/Operations Committee in the MOU? Council staff will check the bylaws for any rules on this, and discussion will be had at the Membership/Operations meeting this Thursday.
- Does Council staff have a timeline for the completion of the MOU? The process should not be lengthy as a review and updates are all that is necessary. A full rewrite is unnecessary.
- *Amber* and *Genie* volunteered their help and expertise in this process.

**VII. Needs Assessment, Priority Setting & Resource Allocation Committee Report**

- The Consumer Needs Assessment has been finished and is ready to be sent out for responses.
- This roll-out should happen before the next NAPSRA meeting on the 24<sup>th</sup>.
- The survey will be sent to both Ryan White Part A and non-funded HIV service agencies.
- The goal is to receive around 200-300 responses in order to have a robust dataset.
- The survey is online and there will be links sent out.
- A print survey is available but requires data entry.
- Participants will have the option to pick up a \$20 Safeway gift card or to participate in a raffle for 5 \$250 Safeway gift cards.
- The goal is to keep the survey open for a month, but this may be extended if participation is low.
- Work has begun on the Provider Assessment.
- The last meeting tested consensus decision-making with two proposals, to approve the incentive structure, and to approve the Consumer Needs Assessment.
- This operated through approval, standing aside, or blocking. It would take quite some time and practice to implement this new decision-making process.
- Decisions felt much more collaborative, and like asking more people their opinion was required.
- This is the first community needs assessment in quite some time.
- What information is the Consumer Needs Assessment seeking that cannot be found elsewhere? The goal of the assessment is to discover what gaps in services people living with HIV are experiencing and where, if they know what services are offered, or what offered services they do not need. U=U was highlighted in the survey with information on how people living with HIV in treatment cannot transmit HIV. The overarching question in choosing questions was, what actions can and will come from this information?
- What are the non-Ryan White Part A agencies, and how are they being chosen? Email lists are being used and the links for the surveys can be forwarded to agencies for use.

- There are ~8,000 people living with HIV within the TGA, and only 200-300 is the goal. Is there room for getting more? There are budget considerations with the incentives. If we reach our maximum allowable budget, we can continue to gather data, but we will have to inform folks about lack of incentives. Data gathering is also difficult during the pandemic due to lack of in person access of services. The goal is to get a cross section of people living with HIV accessing services. There has been much discussion and work done to ensure that this cross section is representative of the overall population. Council staff is going in person to agencies to administer the survey. This is only one source of data, and there are many inputs which are used to make prioritization and allocation decisions.

#### **VIII. +Caucus Report**

- SB 1551 was discussed including updates on the rulemaking being carried out by Washington State Board of Health.
- There was a request to gather data throughout the TGA on people living with HIV (PLWH) who are dying unhoused, while experiencing substance abuse disorder, or are not able or willing to adhere to treatment. Why don't we have more information on this as these are the folks who most need services funded for them?
- Council and Recipient staff has been reaching out to colleagues to gather answers to this question. The data that has been gathered thus far can be sent out to those interested.
- *Paul* offered to help in the gathering of this and other data around PLWH deaths.
- This area of data is also on the next phase of Provide implementation. Much of this data is in hard copy files and not in the database.
- A standing agenda item on mortality rates and new infections was requested.
- The HIV Epidemiology Report focuses on Washington State and King County datasets. It is not specific to the TGA, and Snohomish County data must be gathered through special request. Recipient staff would need to work with an epidemiologist to analyze the data that is gathered.
- Follow-up on this topic is necessary.

#### **IX. Membership/Operations Committee Report**

- Consensus decision-making was tested in various committees.
- No action is necessary on this beyond further testing.
- This committee meets this Thursday.

#### **X. System of Care Committee Report**

- The current assessment in Provide covers 18 life domains with ~60 questions. This is many more questions than asked for Ryan White Part A. We are working with the state to adjust. This will be used to develop the individual service plan which must be updated every 6 months with the case manager and the consumer.
- This committee has adopted the following proposed framework for moving forward to review and update standards of care.
  - Review and tracked changes prior to the meeting.
  - Review during the meeting of Health Resources and Services Administration (HRSA) and NAPSRA Committee definitions of desired health outcomes.
  - Determine what to measure.
  - Determine what's not already in the general standards and is needed.
  - Make revisions.
  - After the meeting post review by staff for consistency.
  - Final review and approval in the following meeting.
- The guiding principles of this committee were reviewed and updated as follows:

- Be actively anti-racist.
  - Tie in the County's ESJ Strategic Plan.
  - Address the needs of those with the greatest disparities first.
- Have accountability for ourselves, the recipient and the sub-recipients.
- Don't defer to agencies (spell out what we want).
- Always strive to implement actionable standards to improve the services that are offered and how they are offered.
- Ensure that measures are in place to gather the data we need to center those who are being left behind.
- Data: Let's ensure that our denominator (the people who need to be served by Part A dollars) accurately reflects the reality on (greatest) need.
  - Historically we know that marginalized populations are under-represented in all data sets. We want to take steps to ensure we are not perpetuating this.
- These guiding principles will be posted to the Council Facebook page to facilitate public accountability.

## **XI. Adjourn**

**NEXT MEETING:** Monday, March 14<sup>th</sup>, 2022, 4pm virtually through Zoom.