



Minutes ☿ Monday June 13, 2022

4pm-6:30pm

Virtually through Zoom

Council Members Present: *Richard Prasad (NAPSRA Co-Chair, Country Doctor), Amber Casey (Hepatitis Education Project), Ron Padgett, Eve Lake (Membership/Operations Co-Chair, Madison Clinic), Ray Harris (WA State Dept. Of Health), Gladys Wiessner (Center for MultiCultural Health), Andrew Ashiofu, German Galindo, Patricia Ogunmola-Nazzal (WA State Dept. Of Corrections), Genie Sheth (City of Seattle-Human Services Dept.), Michael Louder (Council Co-Chair), Katie Hara (Council Co-Chair, Bailey Boushay), Lina Stinson-Ali*

Council Members Absent: *John Rodriguez (+Caucus Co-Chair), Paul Park (Lifelong)*

Planning Council Staff Present: Karen Chung, Wilson Pipkin

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

Visitors Present: Karen Hartfield (Dept. Of Public Health-Seattle & King County), Becca Hutcheson (Dept. Of Public Health-Seattle & King County), Linnae Baird (Dept. Of Public Health-Seattle & King County), Abraham (Spanish/English interpretation), Laura Jones (WA State Dept. Of Corrections), Vanessa Leja (Gilead), Mary Anne Dillon

Italics denote Planning Council Membership.

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

This is the first try of hybrid meetings. Please speak loudly and let us know if you are having any difficulties. Our apologies for not having refreshments for in person participants.

II. **Meeting Agenda**

The agenda was approved as written by vote. German votes no.

<Katie Hara joined the meeting.>

III. **Meeting Minutes**

The May minutes were approved as written by vote. Ron and Richard abstain. German votes no.

IV. **Public Comment**

- Vanessa is present as a representative of Gilead to both be of service and stay connected to community.
- Laura has been participating in Council meetings for some time but is here in her new role.

V. **Welcome Linnae Baird**

- Linnae is taking over the epidemiologist role for the Council, as Susan has stepped down from this position.
- The Membership/Operations Committee decided to shift this role from a membership role to an advisory role.
- Linnae will be present for all Council and NAPSRA meetings. She is new to Public Health and is excited to be a part of the work. She came to Public Health from other local government epidemiology work.

VI. **Recipient Report**

- The final Ryan White Part A award was received totaling \$7,281,709. This is about \$54,000 more than we were even allowed to apply for. This is a testament to the work of the Council and all the work that went into the application.

- Awards made to agencies were conservative while the final award was unknown to prevent reductions in funding. Additional awards will be made to align with the Planning Council's allocations.
- The new project officer left the position, and we now have an interim project officer from the Health Resources and Services Administration (HRSA). This has necessitated a reschedule of the site visit at some point in September or October.
- Final awards are:
 - Formula \$4,529,711
 - Supplemental \$2,037,906
 - Minority AIDS Initiative (MAI) \$388,666
 - \$325,426 in supplemental funds was carried from 2020.
- PC Discussion: Consumers have reported issues with services not knowing what they will be able to provide due to funding. Is this due to the delay in award?
 - Recipient Response: The contracts were put in place with at least the same funding as agencies received in FY 2021. Please put anyone who is experiencing this while trying to access services in touch with the Recipient. Issue resolution should generally start at the agency level, but services should not be hampered by the delay in award.
 - PC Discussion: This may also be an issue of staff education, culture of scarcity and/or communication, and needs further investigation. Care should be taken in client interactions to prevent misinformation.
- PC Discussion: Housing seems to be the biggest issue as far as availability and accessibility. This is a known issue with continuous work happening, and more input is always welcome on this. COVID has increased the difficulty with finding and keeping housing. This issue will continue until more funding is found and more housing built. Without housing, managing any health concerns including HIV becomes extremely difficult.

VII. Executive Committee Report

- The Council is required by HRSA to have in place a memorandum of understanding (MOU) in place with all stakeholders including the Co-Chairs of the Council, the Recipient, and Public Health.
- The MOU has not been updated for quite some time and getting this updated was requested by HRSA in time for the site visit.
- This review and update happened over a few meetings with representatives of all stakeholders present. There were no major changes, but much of the language was brought to current, and duties were shifted to represent reality.
- Council staff sent out the current draft MOU with the 3 attachments for review and final approval by the Council. If approved, the MOU will be signed by Council Co-Chairs.
- When do performance reviews happen for Council staff? Yearly around September.
- Can "ensuring participation of people living with HIV on the Council" be added to the bulleted list of some of the Council's responsibilities in the MOU? This is already a legislative requirement; does it need to be added in the MOU? Yes, and a bullet was added on pg. 1 of the MOU stating, "Ensure consumer representation and participation on the Council and its committees."
- The Council needs to continue and increase consumer recruitment efforts.
- Since the site visit has been delayed, should a clean copy of the MOU be sent out for everyone to review and approve at the next meeting? Yes, and staff will get this translated as well.

VIII. Needs Assessment, Priority Setting & Resource Allocation Committee Report

- NAPSRA has quite a bit of business and may take the rest of the meeting.
- The consumer needs assessment has closed after meeting the goal of over 300 participants. There has been significant feedback on the survey only being online, and this feedback will inform future needs assessments.
- The Provider needs assessment should be finished by the end of the month.
- When will the analysis of these needs assessments be done? The goal is to have a data presentation at the NAPSRA meeting on the 23rd.

- Is it possible to analyze where someone took the survey? This depends on how they answered an open-ended question.
- Gratitude was given for all who participated in and supported this process.
- The Priority Setting & Resource Allocation (PSRA) process is beginning soon, and the committee reviewed the purpose, rules, and timeline of this process at the last meeting. Beginning this Thursday, the PSRA meetings will be weekly.
- This process is one of the main objectives of the Council, and consumer participation is key.
- These PSRA meetings will be happening from 2pm-4 weekly on Thursdays and will be held in a hybrid manner. Please let Council staff know if you are going to attend in person so space and food can be planned for.
- The Recipient team gave background on the various funding buckets that are provided by Ryan White Part A which are:
 - Formula funding- based on Eligible Metropolitan Area's (EMA)/Transitional Grant Area's (TGA) proportion of all living HIV and AIDS cases in the U.S.
 - Supplemental funding- based on demonstrated need as outlined in our application to HRSA.
 - Minority AIDS Initiative (MAI) funding- must be used to improve access to, and retention in, care for minority people living with HIV (PLWH) and reduce health disparities. Funding level is determined by HRSA.
 - Carry Over funding- requested annually based on funds we cannot spend (unobligated balances or UOBs) and want to request for use the next grant year. Not guaranteed.
- The main rules that go with these funds are:
 - Must spend at least 95% of Formula funding or the future year award is offset by the amount of the UOB minus the amount of approved carryover.
 - Only unspent Formula funds can be requested as carry-over, supplemental funds cannot.
 - Carryover from previous years cannot be requested as carryover.
- Allocations over time, performance, and expenditure data was reviewed for 2021. Extra funds needing reallocation were prioritized to food as requested.
- \$2,381 additional MAI dollars were awarded this year than applied for. The allowable 10% of administrative cost was taken from this, as well as the allowable 5% for clinical quality management.
- Outreach testing, and other in person activities required by Early Intervention Services (EIS) have been impacted by COVID.

<Abraham left the meeting.>

- Should this small amount of money be allocated to Non-Medical Case Management-Minority AIDS Initiative (NMCM-MAI) with a split between Latinos and Blacks by prevalence of HIV within these populations?

MOTION: Richard moves to put the \$2,318 into EIS. Ray seconds.

Discussion: None

The motion passed with the following vote:

- In favor – 11 – *Katie, Ray, Patricia, Richard, Ron, Andrew, Eve, Amber, Michael, Hector, Gladys*
- Opposed -0-
- Abstaining -2- *Lina, German*

IX. +Caucus Report

Item tabled due to time.

X. Membership/Operations Committee Report

Item tabled due to time.

XI. System of Care Committee Report

Item tabled due to time.

XII. Adjourn

NEXT MEETING: Monday, July 11th, 2022 @4pm virtually through Zoom and in person downtown at the Chinook Building.