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## Minutes ☿ Tuesday November 11<sup>th</sup>, 2024

4pm-6:30pm

*Virtually through Zoom & in-person @ the Chinook Building downtown*

**Council Members Present:** *Andrew Ashiofu (Council Co-Chair), Katie Hara (Bailey-Boushay), Ron Padgett (+Caucus Co-Chair), Ray Harris (System of Care Co-Chair, WA Dept of Health), Morgan Feder (Lifelong), Hector Urrunaga-Diaz (Dept of Public Health-Seattle & King County), Chelimo Chesire, Eve Lake (Madison Clinic, Membership/Operations Co-Chair), Victor Velazquez (Seattle Roots)*

**Council Members Absent:**

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

**Recipient Staff Present:** Scott Beck, Shila Wu, Mark Baker

**Visitors Present:** Abraham (Spanish/English interpretation), Jen Balkus (Public Health-Seattle & King County), Vanessa Leja (Gilead), Aaron Gleesing (Gilead), Dennis Torres (Gilead), Morgan (Public Health-Seattle & King County), Renee (BABES-YWCA), Laura Jones (WA Dept of Corrections), German Galindo, Deaunte Dampier (VOCAL WA)

*Italics denote Planning Council Membership.*

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

*No Announcements*

### II. **Public Comment**

*No Public Comment*

### III. **Staff Updates**

- Staff will reach out to Renee regarding conflicts of interest and meeting rules.
- All meeting reschedules for November and December to accommodate holidays have been sent out.
- Stipends and telecom reimbursements are delayed, and staff will be reaching out to request backing documentation for telecom reimbursements.

### IV. **Recipient Report**

- The **Notice of Funding Opportunity (NOFO)** was submitted with the **Ryan White Part A (RWPA)** application to the **Health Services and Resources Administration (HRSA)** and returned with requested budget adjustments. This is normal, and the update will be submitted tomorrow.
- The **Request For Applications (RFA)** for funded service categories closed October 31<sup>st</sup> with a record number of applications from new and existing agencies. The objective review committees begin tomorrow and hope to have funding recommendations ready in around month for funding beginning March 1<sup>st</sup>, 2025.
- Mid-year reallocations are going on, and agencies were given more time to submit budgets after the applications were submitted.

### V. **Support and Scale Up of HIV Prevention Services in Sexual Health Clinics (SHIPS) Project**

- Morgan is a new project manager for the SHIPS Project at the **Sexual Health Clinic (SHC)** which is receiving new funding from the **Center for Disease Control (CDC)** through the **Ending the HIV Epidemic (EHE)** to support the scale up of HIV and **Sexually Transmitted Infections (STIs)** prevention services in sexual health clinics. This initiative is going on at a little over a dozen sexual health clinics across the United States to improve quality of care and strategic partnerships within the Seattle & King County area.

- Key tasks for this work in the SHC in the first year include the creation of multidisciplinary committee to advise the work of increasing infrastructure and improving quality of care.
- New patients of the SHC are asked to complete an anonymous self sexual history survey at a kiosk. This is provided to clinic staff to help them prepare for the patient's specific needs. Feedback has been given that this survey is too long.
- Telemedicine and telehealth are also areas of interest for building infrastructure and quality of care, as this was a large shift in care delivery required by COVID-19.
- Express visits are an area of infrastructure improvement for folks who only need testing, connection to PrEP, and any needed triage. This will likely be tied to telemedicine strategies for delivery of test results.
- Collaboration with a **Community-Based Organization (CBO)**, to facilitate outreach especially in jails is a key strategy for reaching people at high risk for STI and particularly syphilis exposure.
- An RFA will be developed in partnership with Mark Baker to hold a competitive process to provide services to focus communities.
- A community consulting group made up of providers of services, patients of the SHC, and community partners who are doing this work or most impacted by this work. The SHC will be hiring an outreach worker to provide HIV and STI testing in the field.
- There will be a kickoff in early January for this work with more information.

**<German Galindo, Morgan Feder, and Hector Urrunaga-Diaz joined the meeting and Spanish/English interpretation began.>**

- The goal of formative work is to establish a well-informed advisory committee made up of **Subject Matter Experts (SMEs)** from multiple levels on clinical procedures, patient interactions, epidemiology/data, and patients. Members include front desk, nursing admin, epidemiologists and medical leadership.
- Will there be peer support in outreach and patient interactions? There is a comprehensive support team of providers and social workers in the clinic to provide feedback on what patients are saying is useful and what is not seeming to be useful with in-person and telemedicine.

**<Deaunte Damper joined the meeting>**

- Telemedicine through a program called Hot For PrEP has been already in place including home based testing and a telemedicine follow-up.
- Information is being gathered from other sexual health clinics on how they are utilizing telemedicine, particularly around what is effective for patients and how billing is impacted by this strategy.
- A goal is to recruit 125 members of a community consultation group to discuss and give feedback on key topics. Topics are to include changes to in-person and telemedicine clinic protocols and marketing strategies to reach those most impacted in King County.
- Training for providers on telemedicine is already occurring.

**<Eve Lake joined the meeting, and quorum is present.>**

- The SHIPS team would like to stay connected with the Council as the project progresses. This was agreed upon.
- The funding for this project is for 5 years. Ideally the selected CBO collaborator would work with the SHIPS project for the first year, and then would move forward with the CDC funding from there.
- How would interactions and outcomes of the SHIPS project be different from the Council? There is not a high level of overlap between the Council, EHE and the Community Consulting Group.
- Compensation of members contributing to the Community Consulting Group is built into the budget.

**<Scott Beck left the meeting.>**

## **VI. Meeting Agenda**

**Items II. Meeting Agenda and III. Meeting Minutes were moved to VI and VII.**

*The agenda was approved as amended by acclamation.*

### **VII. Meeting Minutes**

*The September minutes were approved as written by acclamation.*

*The October minutes were approved as written by acclamation.*

## VIII. Executive Committee Report

- There is still need for another co-chair of the Council. This could be Councilmembers who do or do not have conflicts of interest. The expectation of a Councilmember Co-Chair is to attend all but two each Council and Executive meetings per year and be a member of another committee. A Council Co-Chair must live within or provide services within King, Snohomish or Island Counties. Co-Chairs assist in meeting facilitation and provide signatures on required documents approved by the Council.

*<Morgan left the meeting>*

## IX. +Caucus Report

- The +Caucus met last week and had thorough discussion on recruitment efforts. At the National Ryan White Conference, the strategy was presented of providing information on the Council and membership during intake and the Comprehensive Assessment so that every person coming into **Ryan White Part A (RWPA)** services is aware of the Council and how to get involved in shaping the services the need and use. Engaging case managers to inform and recruit consumers to the Council was discussed.
- In 2025, focusing on populations historically missing from the conversation on HIV services was discussed.
- This committee meets the first Thursday of every month.

## X. Membership/Operations Committee Report

- Staff provided the update that *Patricia* has resigned from the Council as the representative of WA Dept of Corrections. Laura Jones will be applying to fill this representational position on the Council.
- *Hector* has informed staff that December will be his last month on the Planning Council. Gratitude was expressed for his significant time and contributions to the work of the Council.

*<Vannessa, Dennis, Andrew, and Aaron left the meeting>*

## XI. Needs Assessment, Priority Setting & Resource Allocation Committee Report

- This committee is recommending the Council move from a 2-year **Priority Setting & Resource Allocation (PSRA)** process to a 3-year process. This is to align with the Recipient's shift to a 3-year RFA cycle. This change by the Recipient was made for a number of reasons including
  - To reduce the administrative burden on subrecipients.
  - To provide greater consistency and stability of funding to subrecipients.
  - There are other jurisdictions that do 3-year or longer periods of grant funding cycles.
  - This would reduce the burden on Planning Council members and would allow for more robust needs assessments to be held.
- There would need to be checkpoints regularly (likely annually) to ensure no emergent needs are going unmet. Staff will work with Mark and the NAPSRA committee to negotiate this change if approved. The timing of the PSRA process would also likely be changed to not be during the summer. This shift would reduce the lift for everyone involved in this process.
- There is a worry about losing institutional knowledge, as Councilmembers are on 3-year terms and are only allowed 2 consecutive terms.

***MOTION: Katie moves to change the cycle from 2 years to 3 years. Victor seconds.***

***Discussion: None***

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

- In favor – 7 – Victor, Katie, Ron, Ray, Morgan, Eve, Hector,
- Opposed -0-
- Abstaining -1- Chelimo

## XII. System of Care Committee Report

- There were changes to the Housing Standards.
  - Language around Intake was changed to reduce duplication of efforts during intake.
  - There were other small changes for tidiness, but no substantive changes.
- Gratitude was expressed to Mark and the committee for their work on these standards.

***MOTION: Victor moves to accept the revision as presented.***

***Discussion: None***

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

- In favor – 8 – Victor, Katie, Ron, Ray, Morgan, Eve, Hector, Chelimo
- Opposed -0-
- Abstaining -0-
- There were changes to Early Intervention Service (EIS) Standards.
  - This service category is unique in that it also serves clients who are not yet consumers of RWPA services.
  - Those receiving HIV testing must give the information required for registration in the Provide database. Those who receive a positive result must provide information to create a client profile in the database and complete a RWPA eligibility assessment.
  - Language around Undetectable = Untransmissible (U=U) and immune system maintenance was added to the education required in this service category.
  - Language around staffing was changed to prioritize diversity, inclusion, and lived experience with strategies such as inclusive language and diverse recruitment platforms, and requirements around tuberculosis testing.

***MOTION: Ron moves to accept the revisions. Chelimo seconds.***

***Discussion: None***

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

- In favor – 8 – Victor, Katie, Ron, Ray, Morgan, Eve, Hector, Chelimo
- Opposed -0-
- Abstaining -0-
- System of Care is recommending the implementation of revised service standards happen on an annual basis. This committee currently reviews standards on a rolling basis, and whenever revisions are approved by the Council, they are passed to agencies to implement within 30 days. In order to reduce the burden on agencies the committee is recommending agencies implement new service standards at the beginning of a contract year. Contract years begin March 1st, and any changes to standards between March 1st and the end of the grant year would begin the following March 1st.

***<Chelimo left the meeting.>***

***Quorum was lost and this will be voted on at the next meeting in December where more standards of care will be brought before the Council for review and approval. There was general approval for moving forward with this proposal when quorum is present.***

**XIII. Adjourn**

**NEXT MEETING:** Monday, December 9<sup>th</sup>, 2024 virtually through Zoom and [downtown at the Chinook Building.](#)