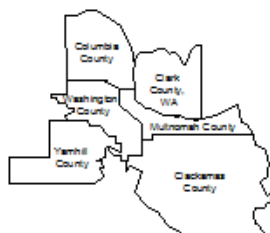




Portland Area HIV Services Planning Council

Advocacy and planning for people affected by HIV in the Portland metro area

Ryan White Program, Part A



Meeting Minutes

Meeting Date: July 11, 2023

Approved by Planning Council: October 3, 2023

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council

MEETING MINUTES

Tuesday, July 11, 2023, 10:00 am – 2:00 pm

Regents Center: 3185 NE Regents Dr., Portland, OR 97212

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Bri Williams called the meeting to order at 10:10 AM.
Welcome & Logistics	<p>Bri Williams welcomed everyone to the meeting and reviewed meeting logistics.</p> <ul style="list-style-type: none">• Please say your name each time you speak• Please “raise your hand” or type questions in the chat box• We will mute and unmute folks as needed during the meeting• If you're calling in (not viewing slides), please mute yourself to minimize background noise, unless you have a question / comment• Meetings are recorded for accurate meeting minutes. <p>Attendees introduced themselves via chat.</p> <p>The group reviewed the Council Participation Guidelines (see slide).</p>
Candle Lighting Ceremony	Tessa Robinson led the candle lighting ceremony in memory of Max Eckenrode.
Announcements	<p>Announcements: See slides.</p> <p>Announcements</p> <ul style="list-style-type: none">• Next meeting October 3, 4:00-6:00pm, virtual• Need more volunteers for Evaluation Subcommittee• Announcement by Julie Galstad: LTS Intergenerational Mentorship Program – looking for mentors diagnosed 10 years or more, and mentees diagnosed five years or less. Aubrey will send out flyer. Goals: meet a few times a week to build friendships, share information, do activities together.• Please complete the evaluation as the meeting proceeds• Publicity release: please fill out the front side (ignore the back) of the publicity release form if you feel comfortable, so we can use any photos taken today on the website
Agenda Review and Minutes Approval	<p>The agenda was reviewed by the Council, and no changes were made.</p> <p>The meeting minutes from the June 6 meeting were approved by unanimous consent.</p>
Public Testimony	None.
Community Building Activity	None.

Item **	Discussion, Motions, and Actions
Small Groups #1 Scorecard Reviews & Shareback	<p><i>Small Group Facilitators: Scott Moore & Diane Quiring (Blue Group); Greg Fowler & Tessa Robinson (Green Group); Julia Lager-Mesulam & Shaun Irelan (Red Group)</i></p> <p><i>Summary of Discussion:</i> See slides.</p> <p>The Council split into three small groups to review the service category scorecards, then returned to the large group to provide summaries for each scorecard.</p> <p>Early Intervention Services (EIS)</p> <ul style="list-style-type: none"> • Small group summary (green group): <ul style="list-style-type: none"> ○ Spent 100% of allocation, only reached 44% of service hours, didn't meet goals. ○ Clients served and hours trending downward compared to previous years. ○ Latinx people represent 15% of PLWH in TGA but they have 0% of EIS services (# of clients = 31). ○ People above 65 are also 0% for EIS, but that may be due to the age distribution of newly diagnosed people. ○ New EIS coordinator was hired, which might account for low service hours. ○ Annual Lab Rates and Viral Load Suppression rates decreased this year for EIS clients. ○ Both staffing challenges and increased enrollment efforts (enrolling people who are out of care) might influence performance numbers. ○ Group question: is any of the EIS work redundant? Could funds be allocated elsewhere? <p>Mental Health</p> <ul style="list-style-type: none"> • Small group summary (green group): <ul style="list-style-type: none"> ○ Spent 97% of Part A funds, spent 100% of Part B funds (including carryover) ○ Exceeded their Part A target for therapy clients but met only 27% of their target hours ○ Met 47% of their Part B therapy client goals and 26% of their hours ○ Low therapy hours due to vacancy in MH provider ○ Annual Lab Rate dropped 3% but still high (95%), Viral Load Suppression increased 5% (now at 97%) ○ Multnomah County highly represented (82%) what can we do to address this? Is this because rural clients are using other insurance? Can we get more data on this from Part B or state epidemiologists? <p>Housing</p> <p>Small group summary (green group):</p> <ul style="list-style-type: none"> • Spent 97% for Part A and 100% for Part B • Very close to target for Part A clients (92%) • There is always a need for Housing

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> • Annual Lab Rates and Viral Suppression rates have stayed pretty consistent • Request for displaying just Part A demographics in the future since we don't have control over Part B <p>Health Insurance</p> <ul style="list-style-type: none"> • Small group summary (red group): <ul style="list-style-type: none"> ○ Spent 100% ○ Clark County only ○ WA EHIP - insurance premiums (Evergreen Health Insurance Program) ○ Viral suppression decreased by 3% over two years ○ WA EIP - medication co-payments ○ 5 deductible payments - ask HGAP is this a bridge • Large group comments / questions <ul style="list-style-type: none"> ○ What is this 5 deductible payments? If EHIP pays doctor copays, what does this do? EHIP does provide coverage for the most part, but there are a number of things they can't cover and require a workaround- standalone dental/vision/life, Medicare Part A or Part B, Medicare supplemental insurance, Medical Advantage plans with scrip coverage, Health Spending Accounts (HSAs), etc. <p>Dental Care</p> <ul style="list-style-type: none"> • Small group summary (red group): <ul style="list-style-type: none"> ○ Spent 100% - all counties were able to spend ○ Dental school and other facilities ○ Carryover was applied to Part A ○ Part B was below target ○ Target number could change, spend \$375,000 ○ Age 25-44 are less participatory ○ There are more trans persons using this service ○ Outside of Multnomah may be getting services where they live ○ Provider contributes 50% to dental navigator • Large group comments / questions <ul style="list-style-type: none"> ○ If Clark County spends 100% of their dental allocation, is there an unmet need there? Yes, there is, and we need to see what that unmet need is, and if we can meet it. ○ Clark County spent all of their Part A allocation for dental and reached 440% of target clients, so they need more money. Part B also spent out and was not able to use that money to meet their target number of clients. <p>Medical Case Management (MCM)</p> <ul style="list-style-type: none"> • Small group summary (red group): <ul style="list-style-type: none"> ○ A 93% spent and 94% spent - was this related to spending ○ Limitations due to charting - also have to translate in preferred language ○ Latino Network and Refugee services are out in community and may not have time to chart

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	<ul style="list-style-type: none"> ○ Large caseloads may limit case managers and not have time to ○ Spanish-language Case manager has made a video ○ MCM performance - ○ Will we have stronger viral suppression with injectable medications? • Large group comments / questions <ul style="list-style-type: none"> ○ Language limitations – may need to chart needs in second or third language ○ Large caseloads and being out in community may limit case managers and not have time to chart <p>Substance Abuse Treatment</p> <ul style="list-style-type: none"> • Small group summary (red group): <ul style="list-style-type: none"> ○ Part A was 89% spent ○ Services were under target due to staffing issues (peers) • Large group comments / questions <ul style="list-style-type: none"> ○ CORRECTION: Part A was 89% (or 98%?) spent ○ Services and spending were under target due to staffing issues <p>Medical / Ambulatory:</p> <ul style="list-style-type: none"> • Small group summary (blue group): <ul style="list-style-type: none"> ○ Low expenditures due to understaffing and hiring delays (similar across many categories). ○ Added another sub-recipient for FY23-24 to help with spending ○ Lab rates increased (97%); viral suppression has maintained (89%) ○ Exceeded client and visit targets ○ Steady increase in clients served ○ High percentage of people 25-44 yrs and 45-64 <p>Psychosocial:</p> <ul style="list-style-type: none"> • Small group summary (blue group): <ul style="list-style-type: none"> ○ Spent 97%; also received \$59K in re-allocation ○ Low number of women’s group contacts due to staff vacancy, but individual contacts were up to offer individualized outreach ○ Congregate meals were closed on Wednesdays as of January 2023 which led to a lower number of meals served. ○ What contingency plans are providers putting into place to deal with service interruptions due to staffing? (question for all services) • Large group comments / questions <ul style="list-style-type: none"> ○ What contingency plans are providers putting into place to deal with service disruptions due to staffing? (question for all services) ○ If there are closures, how do you inform the clients? ○ EMO Day Center: Notified people ahead of time, social media, other providers. For emergency closures, have a list of people who have asked to be contacted by text or email. ○ Quest: Call clients

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	<ul style="list-style-type: none"> ○ What is the main vehicle for psychosocial (meals, groups, etc)? Variety of ways: day services, meals, meals with support services, groups. ○ Day services: have met our targets, but have had to cut hours due to additional staffing needs without required funding ○ Do you see more clients coming through? No, but behavioral needs are more. <p>Food</p> <ul style="list-style-type: none"> • Small group summary (blue group): <ul style="list-style-type: none"> ○ Carryover added from A & B; spent 96% and 94% ○ Meals were below target (55%) but this is due to increase in food costs. Will expect food costs to continue to rise, targets should be adjusted ○ First time getting Part B and was unexpected ○ Currently a waitlist for home delivered meals ○ Provider said food boxes (in general, not specific to this program) are hard to personalize, resulting in potential food waste ○ Deliveries are based on volunteers and volunteers were down • Large group comments / questions <ul style="list-style-type: none"> ○ Moving back toward more traditional service delivery of meals and in-home services <p>Non-Medical Case Management</p> <ul style="list-style-type: none"> • Small group summary (blue group): <ul style="list-style-type: none"> ○ Funds addictions benefits coordination and intake into MCM/Medical Care ○ Served more clients than the target but low service hours, due to being understaffed ○ Is this a category that needs support? It's unclear what is happening with the program based on numbers. Explore other ways sub-recipients may develop their workforce. ○ *Note, the allocation & expenditure section is incorrect • Large group comments / questions <ul style="list-style-type: none"> ○ Graphs and numbers don't necessarily align
LUNCH	
Movement Activity	<p><i>Presenters: Jonathan Basilio</i></p> <p>Jonathan led a short stretching / movement activity.</p>
Small Groups #2 Draft Initial Allocations & Shareback	<p><i>Small Group Facilitators: Scott Moore & Diane Quiring (Blue Group); Greg Fowler & Tessa Robinson (Green Group); Julia Lager-Mesulam & Shaun Irelan (Red Group)</i></p> <p><i>Summary of Discussion:</i> See slides.</p>

Item **	Discussion, Motions, and Actions
	<p>The Council again split into small groups to draft initial allocations, then returned to the large group to present their drafts to the large group.</p> <p>Red Group proposal</p> <ul style="list-style-type: none"> • 3% COLA across the board • Medical (don't get part B): \$36,140 • MCM (loads of clients they're getting): \$34,723 • Not giving money to housing, as they have other funding sources <p>Blue Group proposal</p> <ul style="list-style-type: none"> • 3% COLA across the board • Food (sensitive to increase in costs in food): \$10,000 • Housing (a lot in Clark county, area of escalating costs): \$15,863 • Medical: \$22,500 • MCM: \$22,500 <p>Green Group proposal</p> <ul style="list-style-type: none"> • 4% across the board • Medical: \$8,000 • MCM: \$10,000 • Housing: \$6,432 • Food: \$6,000 • Oral health: 5,000 (spent all of their money, need to make sure they have parity with rest of TGA)
Finalize Allocations Proposal for Grant Year 24-25	<p><i>Presenters: Amanda Hurley, Scott Moore</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>Conversation:</p> <ul style="list-style-type: none"> • Cost of living adjustment <ul style="list-style-type: none"> ○ Green comfortable moving to 3% ○ Decision: move to 3% • Medical care doesn't get part B • Importance of Medical Case Management (MCM) in care system • Priorities are strong suggestions, but not written in stone • Oral health – Clark County parity? • Food <ul style="list-style-type: none"> ○ Two out of three groups identified food as area that needed more funding. Would red group be okay with that? How much funding? ○ Is \$10K doable to spend? \$6K would be helpful, feasible to spend. • Where are we going to get the most value, the most impact? • If we take a little bit away from food and put to medical care? • Suggestion: Take blue group's suggestion, and shift \$4K out of food to medical • I would emphasize MCM over medical care; potentially touches more of our clients • MCM gets Part B, medical care does not • At these amounts, we're not talking about enough funding for significant FTE

Item **	Discussion, Motions, and Actions
	<p>Decision:</p> <ul style="list-style-type: none"> • 3% COLA across the board • \$25,931 to Medical <ul style="list-style-type: none"> ○ Priority ○ Does not get Part B funds ○ Increasing costs • \$25,931 to Medical Case Management <ul style="list-style-type: none"> ○ Priority ○ Critical part of care continuum ○ High case loads • \$10,000 to Housing <ul style="list-style-type: none"> ○ Priority ○ Always a need for housing • \$6,000 to Food <ul style="list-style-type: none"> ○ Critical service for our region ○ Increasing food costs • \$3000 to Oral Health Care <ul style="list-style-type: none"> ○ Parity for Clark County
Evaluation and Closing	<p><i>Presenter: Bri Williams</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p>
Adjourned	2:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke, she/her		E	Robb Lawrence, he/him		E
Tom Cherry, he/him	R		Heather Leffler, she/her	X	
Claire Contreras, she/ella	R		Scott Moore, he/him	X	
Steven Davies	X		Jamal Muhammad, he/him	X	
Carlos Dory, him/his	X		Diane Quiring, she/her	X	
Michelle Foley, they/them	X		Tessa Robinson, she/her	X	
Greg Fowler, he/him	X		Taylor (Gleffe) Silvey, she/her	X	
Jeffrey Gander, he/him	R		Nick Tipton, he/him	X	
Kris Harvey, he/him	X		Shane Wilson, he/him	X	
Meka Hill, she/her	X		Joanna Whitmore, she/her		E
Shaun Irelan, he/him	X		Abrianna Williams, she/her (Co-Chair)	X	
Julia Lager-Mesulam, she/her	X				
PC Support Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreter: Amanda	X	
Jonathan Basilio	X		ASL Interpreter: Dennis	X	
Aubrey Daquiz, she/her	X		Jeffrey Gander, he/him	X	
Jenny Hampton, she/her (Recorder)	X		Julie Galstad, she/her, EMO Day Center	X	
Amanda Hurley, she/her	X				
Marisa McLaughlin, she/her					
Kim Toevs, she/her or they/them					
Grace Walker-Stevenson, they/them	X				

* R = Attended Remotely (for an in person meeting); A = Unexcused Absence; E = Excused Absence; L = On Leave