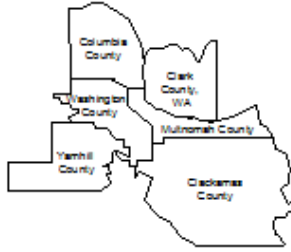




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Retreat Minutes

Retreat Date: June 30, 2016

Approved by Planning Council: September 27, 2016

Grantee: Multnomah County Health Department



MEETING MINUTES

Planning Council Retreat

Portland Area HIV Services Planning Council

June 30, 2016
9:00 am – 5:00 pm
NW Health Foundation
221 NW 2nd Avenue
Bamboo Room

Members Present:	Jay Anderson, Matt Birkeland, Emily Borke, Katy Byrtus (Membership Co-Chair/Operations), Tom Cherry (Council Co-Chair/Operations), John Conway, Carlos Dory (Evaluation Chair/Operations), Greg Fowler, Alison Frye (Council Co-Chair/Operations), Andrew Gadbois, Shaun Irelan, Lorne James, Toni Kempner, Janis Koch, Julia Lager-Mesulam (Operations), Heather Leffler, Jonathan Livingston (Operations), Chaela Manning-Ferguson, Sara McCrimmon, Jeremiah Megowan (Operations), Scott Moore, Robbie Noche, Joseph Pyle, Jace Richard (Membership Co-Chair/Operations), Michael Thurman, Sarah Wetherson
Members Absent:	Toni Masters, Guy Michelson
Staff Present:	Margy Robinson (Council Administrator), Kim Toevs (HIV Program Manager), Amanda Hurley, Jenna Kivanc, Terry Bonnett
Others Present:	Jesse Herbach, Shawn Madison, Marie Fisher
Recorder:	Terry Bonnett
Final Co-Chair Approval	

Tom Cherry, Planning Council Co-Chair, called the meeting to order at 9:06 a.m.

Item:	Candle Lighting Ceremony & Time of Remembering
Presenter(s):	Michael Thurman, Tom Cherry, Margy Robinson
Summary:	Michael led the lighting of the ceremonial candle, remembering Jack Cox, a founding member of this Ryan White Planning Council. Also remembered were those who were killed in the Orlando tragedy. Tom also remembered Jack and shared memories. Margy remembered Juan Mendez, a former Council member, whose last meeting was the retreat last year.
Item:	Welcome/Introductions/Statement of Conflict of Interest
Presenter(s):	Tom Cherry
Summary:	Tom welcomed everyone to our annual retreat. Introductions were made with Council members declaring any conflict of interest.

ANNOUNCEMENTS:

- Robbie announced that the new CAP clinic, scheduled to open in January 2017, will not include a pharmacy on site. Instead, they will be contracting out those services.

Item:	Public Testimony
Presenter(s):	Jesse Herbach, EMO HIV Day Center
Summary:	The Council heard testimony regarding allocations to the Psychosocial Services service category. Due to budget cuts several years ago, the HIV Day Center is now closed on Wednesdays. Additional funding in 2017-18 would allow opening the extra day a week, allow for the capacity for classes such as Write Around Portland, work with other ASOs and provide community specific classes for long-term survivors, for example.
Item:	Agenda Review/Minutes Approval
Presenter(s):	Tom Cherry
Summary:	The agenda was reviewed and accepted with the addition of elections which will be squeezed in in the afternoon. The minutes from the June 7, 2016 Planning Council meeting were accepted as presented by unanimous consensus.

Item:	Framing the Allocations Process & Annual Summary
Presenter(s):	Jenna Kivanc
Summary:	Jenna began by recognizing the Council and all the amazing work you do. Jenna reviewed the Priority Setting and Resource Allocation (PSRA) overview, illustrating the Council year and presentations that have led us to where we are today. Most of the data reviewed today is from last fiscal year (FY 15-16). We are currently in FY 16-17 and today we are planning for FY 17-18. The Council reviewed some basic funding allocation assumptions: there is not “right” way; emphasis on good practice; consider different perspectives; and managing conflict of interest. Other things to consider include: looking for underlying issues; size of sample/size of allocation; cost-to-benefit; and size of the effect. Jenna then moved on to the FY 15-16 Annual Summary. In the TGA, there are 5,250 people living with HIV and 2,843 (54%) are Part A clients. 13% are new clients but the number of new clients is decreasing. The Council reviewed the demographics of Part A clients. Along with demographics, the Council also looked at the percentage of Part A clients by service category.

Item:	2015-16 Council Year Highlights
Presenter(s):	Margy Robinson
Summary:	Margy presented a reminder of what has happened at the Council throughout the year; the presentations we had and how the year has gone as a whole. In Grant Year 15-16 (the grant year that just ended) we received a 3.7% decrease and in the current grant year we received a 0.6% increase, plus there is a carryover request of approximately \$62,000. The decisions that are being implemented now include using the increased funding in FY16-17 for Mental Health, MAI Navigators in Medical Case Management, and Psychosocial services for long-term survivors. The funds from the carryover request are going to Oral Health Care and Housing. We received a Core Medical Services waiver and had a successful HRSA site visit. CAREAssist is offering dental insurance in Oregon, CAREAssist has increased eligibility to 500% FPL, and starting July 1, more dental services will be covered by Oregon Health Plan. Presentations to the Council include: the National HIV/AIDS Strategy; Transgender Care and HIV; Mental Health and Addiction Services, which is now part of the Health Department; Chair Kafoury visited and talked about Home for Everyone – combining City and County resources; and a presentation by the Medical Monitoring Project. Amanda reviewed the care continuum in the TGA; FY 15-16 outcomes; and PLWH engaged in Medical care (78% engaged in 2015). Program service providers received a variety of trainings throughout the year and worked on Quality Improvement projects. A couple of programs were terminated in the past year – Substance abuse treatment, testing in corrections; and Psychosocial funds are no longer used for pediatric/family support.

Item:	Score Cards Review - Utilization
Presenter(s):	Amanda Hurley
Summary:	The score cards cover the period of March 1, 2015 – February 29, 2016. The information is collected from CAREWare, narrative reports, annual outcome reports and monthly invoices. Each scorecard represents a service category and not individual service providers and services definitions can be found in your Need Assessment notebook. A new addition to the score cards is a TGA-wide summary which is a summary of allocations, expenditures, and client break out. Amanda provided an explanation of each section of the score card. The Council divided into groups to discuss specific service categories, and then reported back to the larger group on their findings.

- Medical Care
 - has been stable for last 2 years
 - SPNS grant ends in July – 2 navigators based in Part C clinic
 - Serves high acuity/higher needs clients
 - Don’t know how guidelines for fewer labs and fewer visits will affect higher acuity clients

- Early Intervention Services (EIS)
 - Low expenditures for last couple of years
 - Emphasized in the integrated plan
 - Sees more transitional clients – moving into area and may have more homelessness and other high-needs issues
- Dental
 - OHP now covering more dental services
 - MODA Delta Dental (CAREAssist) offering more comprehensive coverage
 - Increased number of clients covered by MODA dental
 - Both may affect future allocations
- Mental Health
 - ACA has impacted services
 - Peer mentors are less costly to engage clients; consistently over targets
 - Important to have culturally competent provider
 - More people served in Multnomah County; harder to serve clients outside of Multnomah County
 - Ensure that funding is spread out within the service category
 - Ensure that peer support is adequately funded
 - Ensure adequate training to avoid burnout for peer support
- Housing
 - Always needing money; always working above targets
 - Clients remain the same but hours are going up
 - Increased time to get people into housing
 - 43% of dollars spent on assistance
 - Dollars for another full-time employee needed
 - Guidance: FTE dollars to develop landlord relationships and make sure placements happen
- Food/Home Delivered Meals
 - A lot more meals and supplements
 - Increased cost of supplements
 - Multnomah County focused – what of need outside of Multnomah County
 - Increase funding for low cost/high needs service
- Medical Case Management
 - Outcomes were great
 - Target hours not met – trend?
 - Includes Nursing Case Management
 - Stable funding
- Psychosocial Support
 - Performance outcomes were good
 - Women’s group #s are down – trend?
 - Dealing with difficult groups – barriers to getting into services
- Health Insurance
 - Bridge funding – between programs and needing payment or co-payment now
 - Won’t have new system of coverage until January 2017
 - Available for Clark County residents only

Item:	Create Allocations Proposals – with Guidance as needed
Presenter(s):	Alison Frye
Summary:	Creating allocations proposals is the process where we create a proposal for what we will ask for in the grant for Grant Year 17-18. The Council again broke into small groups to create a waiver scenario and a non-waiver scenario. Each scenario begins with the grant amount we

just received and we can build from there. Alison reviewed the principles and criteria for decision-making. Each group then described their proposals and offered explanations where necessary. The Council reviewed each proposal, looking for similarities and areas for compromise. Everyone agreed that coming up with a non-waiver scenario was difficult. Alison led the Council through a review of decisions for clarity. Final allocations proposals, with and without a waiver, are as follows:

Allocations Proposal with a Core Medical Services (CMS) Waiver

Priority	Service	Start FY 16-17	Carryover Decisions from 6/7/16	Increase by percent?	\$ Increase by Percent	Specific \$ Changes	Request FY17-18	% Change
1	Medical Care	599,873		yes	18,596		618,469	3.10%
2	Health Insurance	29,775		yes	923		30,698	3.10%
3	Mental Health Services	208,326		yes	6,458	20,000	234,784	12.70%
4	Oral Health Care	312,183	51,844	yes	9,678	40,000	361,861	15.91%
5	Substance Abuse Tx	-			-		-	#DIV/0!
6	Medical Case Management*	1,144,212		yes	35,471	40,000	1,219,683	6.60%
7	Early Intervention	179,551		yes	5,566		185,117	3.10%
8	Housing Services	562,236	10,000	yes	17,429	50,000	629,665	11.99%
9	Psychosocial Support Svcs	315,611		yes	9,784	10,000	335,395	6.27%
10	Food/Home-Delivered	44,658		yes	1,384	12,000	58,042	29.97%
	Total Service Allocation	3,396,425	61,844		105,289	172,000	3,673,714	8.16%
	Subtotal Core Services	2,473,920	51,844				2,650,612	7.14%
	Percentage in Core Services	72.8%	83.8%				72.2%	
	Subtotal Support Services	922,505	10,000				1,023,103	10.90%
	Percentage in Support Services	27.2%	16.2%				27.8%	
	*includes MAI funds							

Allocations Proposal without CMS Waiver

Priority	Service	End FY15-16	Carryover Decisions from 6/7/16	Increase by percent?	\$ Increase by Percent	Specific \$ Changes	Request FY17-18
1	Medical Care	599,873		yes	18,596	33,597	652,066
2	Health Insurance	29,775		yes	923		30,698
3	Mental Health Services	197,126		yes	6,458	40,000	254,784
4	Oral Health Care	312,183	51,844	yes	9,678	50,000	371,861
5	Substance Abuse Tx	6,200					-
6	Medical Case Management*	1,133,628		yes	35,471	82,000	1,261,683
7	Early Intervention	235,845		yes	5,566		185,117
8	Housing Services	537,236	10,000			(5,000)	557,236
9	Psychosocial Support Svcs	284,920					315,611
10	Food/Home-Delivered	39,658					44,658
	Total Service Allocation	3,376,444	61,844		76,692	200,597	3,673,714

Subtotal Core Services	2,514,630	51,844	2,756,209
Percentage in Core Services	74.5%	83.8%	75.0%
Subtotal Support Services	861,814	10,000	917,505
Percentage in Support Services	25.5%	16.2%	25.0%

*includes MAI funds

Item:	Council Election
Presenter(s):	Alison Frye, Tom Cherry
Summary:	The election is for Tom's Council Co-Chair position and 3 Operations Committee members-at-

	large. Ballots were tabulated, with Tom retaining his position as Council Co-Chair and the two top Operations at-large members were Emily Borke and Greg Fowler. The other three candidates came in as a virtual tie. This will be taken up at the next Operations Committee meeting to determine how to deal with this.
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The meeting was adjourned at 3:40 p.m. with the completion of meeting evaluations.