

MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

June 7, 2016
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A

Members Present:	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), Drew Gadbois, Lorne James, Toni Kempner, Janis Koch, Julia Lager-Mesulam (Operations), Heather Leffler, Jonathan Livingston (Operations), Chaela Manning-Ferguson, Toni Masters, Sara McCrimmon, Jeremiah Megowan (Operations), Scott Moore, Robert Noche, Jace Richard (Membership Co-Chair/Operations), Michael Thurman, Sarah Wetherson	
Members Absent:	Jay Anderson, Matt Birkeland, Shaun Irelan, Guy Michelson, Joseph Pyle	
Staff Present:	Margy Robinson (Council Administrator), Amanda Hurley, Terry Bonnett	
Others Present:	Alicia Knapp, Tyler Swift, Haiou He, Michael Stuart	
Recorder:	Terry Bonnett	
Final Co-Chair Approval		

Tom Cherry, Planning Council Co-Chair, called the meeting to order at 4:02 pm.

Item:	Candle Lighting Ceremony
Presenter(s):	Margy Robinson
Summary:	Margy dedicated the lighting of the ceremonial candle to all long-term survivors, their struggles, and incredible advocacy put in. We rest on the bedrock of the work done early in the epidemic.
Item:	Welcome/Introductions
Presenter(s):	Tom Cherry
Summary:	Tom welcomed everyone to the meeting and introductions were made with Council members declaring any conflict of interest.

ANNOUNCEMENTS:

- Cascade AIDS Project will be moving to its new downtown location at 520 NW Davis St. and will occupy the 2nd & 3rd floors at that location. Current offices will be closed 6/16 – 6/21. There will be no testing during that time. A new LGBT clinic will be located at 23rd & Belmont, scheduled to open in January 2017. PIVOT will join the clinic site when it opens. They are currently recruiting a Billing Manager and a full-time Nurse Practitioner. There will be a town hall scheduled for August to discuss the changes.

Item:	Public Testimony
Presenter(s):	
Summary:	There was no public testimony but the Council reviewed the tips for successful public testimony. Testimony should be regarding an agenda item and should be limited to 2 minutes. Public testimony is not a dialogue; council members should not respond to testimony. Those giving public testimony will be thanked for their concerns or interests.
Item:	Agenda Review/Minutes Approval
Presenter(s):	Tom Cherry
Summary:	The agenda was reviewed and accepted as presented. The minutes from the May 3, 2016 Planning Council meeting were approved by unanimous consent.

Item:	Notice of Grant Award Announcement
Presenter(s):	Margy Robinson
Summary:	We received our Notice of Grant Award and we received a 0.6% increase which translates to about \$20K in services. How to allocate the increase will be discussed later in the agenda.

Item:	Oregon Medical Monitoring Project
Presenter(s):	Haiou He, Alicia Knapp, Tyler Swift
Summary:	The Medical Monitoring Project is a national population-based sample of adults receiving medical care for HIV/AIDS where interview and medical record review data are linked. 400 people in Oregon are sampled each year. Participation includes a 45-60 minute interview and a medical record review. The results shared this evening are from the 2013-2014 data collection cycle, which includes 520 participants statewide (375 from the TGA or 72%). Unmet need is defined as needing a service but being unable to get the service. Services with greatest unmet needs include Dental Care (28% unmet need); Vision Services (28% unmet need); Transportation Assistance (10% unmet need), because they didn't know where to get the services. HIV Peer Group Support had the highest percentage of people who needed support but did not receive it (43%). 22% of participants in the TGA meet the criteria for Hungry or having very low food security.

Item:	By-Laws Changes
Presenter(s):	Alison Frye
Summary:	At the last Council meeting we were presented with the first reading of some recommended by-laws changes. It proposes to add a couple of positions to the Operations Committee. The recommendation reads, <i>“As feasible, the immediate past Co-Chair will be a member of the Operations Committee for one year after their term as Co-Chair. Additionally, slots will be allocated for a representative each from 1) the Oregon ADAP program and 2) Clark County.”</i> The proposed changes were accepted by unanimous consensus.

Item:	Carryover Request/Notice of Award Allocation
Presenter(s):	Amanda Hurley
Summary:	Amanda presented a breakdown of unspent funds for FY 15-16. Overall, expenditures for services were at 99.1% for a total of unspent services funds of \$31,397. Most of the under expenditure was due to staffing changes. Additionally, there was \$30,447 in unspent administration and quality management funds. In total there is \$61,844 that can be requested in Carryover to be spent in the current fiscal year. It is proposed that the total carryover of \$61,844 be allocated to Dental Care. It was suggested to take \$10,000 of the carryover and allocate to Housing Services. It was agreed by consensus to fund Housing Services with \$10,000 and Dental Care with \$51,844 from Carryover. At the November 2015 Planning Council meeting, the Council agreed to a flat funding scenario for the current fiscal year. At that time, the Council also agreed to a 3% cost of living increase, with any additional funding going to specific service categories. But, because the increase we received in the Notice of Award is so small, the administrative burden to amend more than 10 contracts would outweigh the benefit. Instead, Care Services recommends that there not be any cost of living increases but still honor the priorities of specific service categories that were established at the November meeting. The recommendation is to put \$5,000 into Mental Health, \$2,820 into MAI Case Management (as an aside, because of the Notice of Award this amount must go into MAI), \$7,764 into Housing Services, and \$4,397 into Psychosocial Services. After some discussion, it was suggested that the \$7,764 be taken from Housing, since it received \$10,000 from the Carryover request, and move that amount into MAI, which is an under-funded service. The Council agreed by consensus to allocate \$5,000 to Mental Health, \$10,584 to MAI Case Management, and \$4,397 to Psychosocial (along with \$5,603 which is not in contracts) to focus on services for long-term survivors.

Item:	Criteria for Decision-Making
Presenter(s):	Alison Frye
Summary:	The Criteria for Decision-Making is something that is reviewed each year. The Council suggested that the first bullet point under Criteria should read, “ We recognize Core Services as defined by HRSA while also recognizing the unmet need in our TGA. ” Care Services will work to simplify some of the language and bring it back at the retreat. Tom asked about PrEP and Margy clarified that Ryan White funds can only be used for services to those who have already been diagnosed with HIV. What is happening, as part of the Integrated Prevention and Care Plan, PrEP is being considered and will be prioritized as something that we will be actively looking at how we might support it and what funds can be used. The plan being developed by the IPG (Integrated Planning Group) will be submitted to both HRSA and the CDC and the Council Co-Chairs will be asked for a letter of support, which can be a place where advocacy can be put into that letter.

Item:	Service Categories & Prioritization
Presenter(s):	Alison Frye
Summary:	The Council was presented with a list of service categories that we currently fund. As they are numbered, they represent the priorities that we have set. Each year, the Council reviews the service category definitions and now is the time to propose new service categories to be prioritized. After a lengthy discussion of possible service categories to add, it was decided to stick with the categories as they are. Care Services will get more information about out-patient substance abuse treatment – wait times, options for payment (Medicaid based?).

Item:	Guidance Review & Amendments
Presenter(s):	Alison Frye
Summary:	The Council received a listing of general guidance, which applies to all service categories, and specific guidance for each service category. This is the first discussion of guidance and more discussion will take place at the annual retreat. Margy suggested considering additional guidance for the Early Intervention Services, which is the category that deals with linkages and referrals for those who are newly diagnosed, and how we might write language that might give more attention to culturally specific needs for linkages where we are dealing with the newly diagnosed or those out of care. Within the Health Insurance Premium service category, we have written this as though everything that is available in Oregon will be able to be available to for the people in Washington. That will be difficult now that Oregon has established an open formulary and Washington ADAP does not have an open formulary. There is no way Part A can afford to pay for all additional services that Oregon ADAP is going to pay for. We will need to change the guidance to recognize that Part A cannot make up that difference. Margy will work on new language. There will be another discussion at the retreat where guidance will be finalized.

Item:	Dental Plan – CAREAssist
Presenter(s):	Jonathan Livingston
Summary:	Jonathan provided an update on enrollment in the CAREAssist-sponsored dental program, Delta Dental. Of the 1572 Part A dental eligible clients, 571 (36%) have enrolled. He also provided a breakdown of Part A clients by County. Russell Street Dental Clinic is a preferred provider with Delta Dental. Clients can continue to receive services there and when insurance reimburses the clinic, it saves Ryan White Part A & F funding. Delta Dental will pay \$1000 toward approved services each year and dental co-pays do not count toward CAREAssist’s annual medical co-pay maximum, which is \$6,850 in 2016. Jonathan also provided information on how to apply and the 2016 dental plan benefit summary. A question & answer session followed.

The meeting was adjourned at 7:18 pm with the completion of meeting evaluation forms.