

MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

**May 3, 2016
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A**

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, Janis Koch, Julia Lager-Mesulam (Operations), Heather Leffler, Jonathan Livingston (Operations), Toni Masters, Sara McCrimmon, Scott Moore, Robbie Noche, Joseph Pyle, Jace Richard (Membership Co-Chair/Operations), Michael Thurman, Sarah Wetherson
Members Absent:	Toni Kempner, Chaela Manning-Ferguson, Jeremiah Megowan (Operations), Guy Michelson
Staff Present:	Margy Robinson (Council Administrator), Amanda Hurley, Jenna Kivanc, Terry Bonnett
Others Present:	David Duncan, Linda Drach, Ricky Toby Luke Beeter-Casias, Danielle Gaskin
Recorder:	Terry Bonnett
Final Co-Chair Approval	

Tom Cherry, Planning Council Co-Chair, called the meeting to order at 4:00 p.m.

Item:	Candle Lighting Ceremony
Presenter(s):	Terry Bonnett
Summary:	Terry led the lighting of the ceremonial candle in honor of all of us who are living with this disease and hope that someday a cure will be found.
Item:	Welcome and Introductions
Presenter(s):	Tom Cherry
Summary:	Tom welcomed everyone to the meeting and introductions were made with Council members declaring any conflict of interest.
Item:	Public Testimony
Presenter(s):	
Summary:	The Council heard testimony in favor of the HIV Day Center and the need for Spanish and Native representation on the Council.
Item:	Agenda Review/Minutes Approval
Presenter(s):	Tom Cherry
Summary:	The agenda was reviewed and Alison pointed out that a 10 minute Bylaws Change Review has been added right before dinner. The minutes from the March 1, 2016 Planning Council meeting were approved as presented by unanimous consensus.

Item:	Integrated Prevention and Care Planning
Presenter(s):	Linda Drach, Oregon Public Health Division
Summary:	Linda was invited to talk about the Integrated Prevention and Care Plan and provide some information. Similar to the Part A Planning Council, the rest of the state has the Integrated Planning Group (IPG) which plans for prevention activities statewide and care in the Part B (areas in Oregon outside of Part A counties) area. The planning process includes the development of a comprehensive plan. The IPG is responsible for the plan but Linda is here to make sure that Part A is included in the process. Members of the IPG include members from the Planning Council and additional Part A members have been participating in the process. In

	developing the plan, the National HIV/AIDS Strategy will be used as the framework. There will be three meetings in 2016, working on one goal per meeting. The three goals include: Reducing new HIV infections (March 15); Increasing Access to Care and Improving Health Outcomes for PLWH (May 11); and Reducing HIV-Related Disparities and Health Inequities (July 13 in Salem). Another way to participate is to be included on a listserv where others can read parts of the plan and provide feedback. Contact Linda if you would like to be part of the listserv.
--	---

Item:	Data Presentations: Epidemiology - Viral Load - Client Satisfaction Survey Results
Presenter(s):	Jenna Kivanc
Summary:	<p>Epi data presented today were borrowed from submitted RW Part A Grants. All data presented is for the TGA, including Clark County. There was discussion regarding the HIV cases owned by Oregon/Washington and calculating migration in or out of the state. A person diagnosed in the state would be owned by that state but those moving into the state might be picked up as a resident through viral load or CD4 testing. In the recent past (2011 – 2013), the number of non-whites diagnosed has gradually increased with Hispanics/Latinos increasing the most.</p> <p>When looking at the viral load data, 96% of Portland TGA Part A clients had an annual lab in 2015. 87% of Portland TGA Part A clients were virally suppressed in 2015. Clients who were less likely to have an annual lab received Part A EIS services, or had no or other insurance. Clients were more likely to have an annual lab if they received Part A Medical Case Management services. Clients who were virally suppressed were more likely to be clients who are stably housed, have higher FPL, have private insurance, or have received Part A Dental services. Clients were less likely to be virally suppressed if they were clients who received Part A EIS services, Housing services, or Psychosocial services.</p> <p>Jenna began the presentation on the Client Satisfaction Survey results by thanking the Part A Providers, who were essential in distributing the surveys; Shaun Irelan, Lauren Nathe and Michael Thurman, who were involved with the early development of the survey; Terry Bonnett for the data entry; and the consumers who completed the surveys. There were 631 surveys completed and returned, representing a 21% return rate, which is not fantastic but is an okay percentage for a client satisfaction survey. This information will be used to make this presentation, a presentation at the quarterly contractors’ meeting and provide provider-level reports. Compared with clients who received Part A services in the TGA, the survey population tended to be slightly older.</p>

Item:	Review PSRA Process & Timeline
Presenter(s):	Alison Frye
Summary:	Alison reviewed a graphic illustrating the grant year (March through February), the Council year (September through August), and the activities that lead up to the PSRA. Most of the data inputs are based on last year’s fiscal year. RW Grant is due during the current fiscal year and the grant we are planning for is for the next fiscal year’s funding.

Item:	Proposed Bylaws Amendments – First Reading
Presenter(s):	Alison Frye
Summary:	Per the bylaws, any amendment to the bylaws requires that the amendment be distributed in writing at least 30 days in advance. This is the first reading of a proposed bylaws amendment, which states, “ <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> ” This amendment will be presented for consensus at the next meeting. Margy reminded the Council that if there is anyone who is interested in being on Ops, being a committee chair or being the Council Co-Chair, let Alison or Margy know. Elections will be held at the retreat.

Item:	What is Conflict of Interest/Sign COI/Update Contact Information
Presenter(s):	Tom Cherry
Summary:	Tom explained what constitutes a conflict of interest while Terry distributed conflict of interest disclosure and personal information forms.

Item:	Review Service Categories
Presenter(s):	Amanda Hurley
Summary:	There are 28 service categories funded through HRSA; 27 are available for Part A and 1 for Part B only (ADAP). Service categories are broken down into Core or Support services and generally 75% of funds must be allocated to Core services and 25% to Support services unless we have a waiver for that requirement. Service Categories and Guidance booklets were distributed that included all service category definitions and program guidance created for the TGA. HRSA puts out policy clarification notices to make sure everyone understands the policies and procedures and other regulations. Policy Clarification Notice 16-02 includes service category definition guidance. The highlights include that the notice will be effective in FY 17-18; better aligns definitions across all Ryan White Parts; it also took into consideration the impact of the Affordable Care Act; and reduced or combined 3 service categories. Amanda went through service category definitions, highlighting the clarifications within the notice. Amanda concluded her presentation with a game of Service Category Definition bingo.

The meeting was adjourned at 7:15 pm with the completion of meeting evaluation forms.