MEETING MINUTES
Planning Council

Portland Area HIV Services Planning Council

March 1, 2016
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A

Members Present:	Matt Birkeland, Emily Borke, Katy Byrtus (Membership Co-Chair/Operations), Tom Cherry (Council Co-Chair/Operations) Carlos Dory (Evaluation Chair/Operations), Greg Fowler, Alison Frye (Council Co-Chair/Operations), Shaun Irelan, Lorne James, Toni Kempner, Julia Lager-Mesulam (Operations) Jonathan Livingston (Operations), Chaela Manning-Ferguson, Toni Masters, Sara McCrimmon, Jeremiah Megowan (Operations), Guy Michelson, Scott Moore, Robbie Noche, Jace Richard (Membership Co-Chair/Operations), Michael Thurman, Sarah Wetherson
Members Absent:	Jay Anderson, Maricela Berumen, Pam Dykes, Andrew Gadbois, Heather Leffler,
Staff Present:	Margy Robinson (Council Administrator), Amanda Hurley, Jenna Kivanc, Terry Bonnett
Others Present:	Joseph Pyle, Jr., Erin Butler, Ryan Davis, David Hidalgo, Devarshi Bajpai, Debby Parrish, Angie Harbin
Recorder:	Terry Bonnett
Final Co-Chair Approval	

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

Item:	**Candle Lighting Ceremony**
Presenter(s):	Michael Thurman
Summary:	Michael led the lighting of the ceremonial candle in memory of Donald Kahapea who was staff at Our House and managed Esther's Pantry Food Bank and Todd's Corner.
Item:	**Welcome/Introductions/Announcements**
Presenter(s):	Tom Cherry
Summary:	Tom welcomed everyone to the meeting and introductions were made with Council members declaring any conflict of interest. New members, Chaela Manning-Ferguson and Lorne James, were introduced, both of whom have served on the Council previously.

ANNOUNCEMENTS:

- We have pass cards to the gender non-specific restroom on the 4th floor.
- The date for the Council retreat has been changed to Thursday, June 30th.
- Dining Out for Life is April 28th which is a benefit for the HIV Day Center and Partnership Project.

Item:	**Agenda Review/Minutes Approval**
Presenter(s):	Tom Cherry
Summary:	The agenda was reviewed and accepted as presented. The minutes from the January 5, 2016 Planning Council meeting were approved as presented by unanimous consensus.

Item:	**Mental Health & Substance Abuse Services in Tri-County Area**
Presenter(s):	David Hidalgo, Director of Multnomah County Mental Health; Devarshi Bajpai, Addiction Services & Medicaid Plan Manager
Summary:	The Mental Health and Addiction Services Division (MHASD) is now a division within the Health Department and is responsible for building a system of care with mental health and addiction prevention, early intervention and treatment programs for adults, children, and families in Multnomah County. In keeping with the values adopted by the Board of County Commissioners, who are the Local Mental Health Authority, this system was built for

	individuals enrolled in Oregon Health Plan (OHP), for those without insurance or resources, and for anyone who is in crisis. Two main pillars support the MHASD system of care: the community mental health program (CMHP) consisting of state funded mental health and addiction programs and the managed care plan called Multnomah Mental Health which serves OHP enrollees enrolled in Health Share of Oregon. The Board of County Commissioners has chosen to contribute county general fund to help sustain the structure. MHASD uses these supports together to build a strong system of care to serve our community. In addition , the division also operates an insurance company, being the insurance provider for individuals connected to the Oregon Health Plan (OHP) and are insured in Multnomah County. Member Services is a good number to insure where to go and how to get connected (503-988-5887). The number of people covered has doubled but the number of agencies didn't double. There are access issues, primarily for adults, but they are expanding the provider network to assist with access issues. A program that began a couple of years ago is called Mental Health First Aid for youth and adults which is a one day training where one could learn the resources and signs and symptoms of mental health, what are the resources in this community and raises the mental health literacy of our community. This is a free training offered by Multnomah County and we will get that information to Margy. Treatment services span from general outpatient treatment to more intensive programs to residential treatment to inpatient hospitalization. The local crisis line is staffed by masters-level clinicians 24/7 (503-988-4888) and acts as dispatch for all crisis services and it is free. The other service that is part of the crisis services is the Urgent Walk-in Clinic, 2415 SE 43rd at Division which is also open 7 days a week. A directory of Multnomah Mental Health providers was distributed along with a listing of Health Share Contracted Residential providers. Priority populations include being HIV+, IV drug user, or pregnant women and are moved to the top of the list. Through the crisis system, a client can get into the system and receive help to navigate the system until a long-term provider can be found. It was suggested that all Ryan White providers attend the Mental Health First Aid training that was mentioned previously. It was also suggested that the phone number for the crisis line be included on provider materials.

Item:	**Visit from Multnomah County Chair – A Home for Everyone**
Presenter(s):	Deborah Kafoury, Multnomah County Chair
Summary:	Alison explained that the Multnomah County Chair is the Chief Elected Official and all Council members are appointed by the Chair and are accountable to the Chair's office for the work the Council does. The Chair began by thanking the Council for all the work we do. The Chair talked about housing issues; there is a need for better coordination of services among the jurisdictions. Multnomah County was providing homeless services for families and youth and the City of Portland was providing homeless services for single adult men and women and if one was living in Gresham, there were no services. A Home for Everyone was begun, a partnership on how to spend money and allocate resources countywide. The City of Portland has committed $20M and Multnomah County has committed $10M for new construction of affordable housing, new shelter beds, and job training/placement. "Affordable housing" is for those with very little income to no money for housing. Tom thanked the Chair for all the work she is doing in the area of housing since it is an area the Council struggles with also.

Item:	**HIV Medications & Long Term Survivors**
Presenter(s):	Debby Parrish, Clinical Pharmacist, Multnomah County HIV Health Services Center
Summary:	Debby opened the discussion by reporting that the patients at the Clinic used to be a younger cohort but within the last 10 years it is now about 50/50. Debby was asked about patients who have exhausted their treatment options and she reported that with the newer medications coming out, they are able to find a regimen that will still work and keep the disease controlled. Margy asked if there were specific conditions that a patient might present with that makes it difficult to then find an HIV regimen that will work. As a Pharmacist, Debby considers the whole person but it can get complicated. You have to treat the whole person with the lowest

	risk possible. Toni proposed a scenario where the patient is homeless, self-medicating/using and has mental health challenges – what resources are available for this individual? Many patients need additional support. The pharmacy has been doing convenience dosing where a week's worth of medications are packaged for the morning dosage and for the evening; losing a week's worth of medications is not as bad as losing a month's worth. Case managers, navigators and nurse case managers also offer psychosocial support. The other end of the spectrum is those who need medical case management - the super sick, struggling to get back on their feet. What about directly observed therapy? Some patients benefit from this support but usually it is the weekly convenience packaging that is used. Is adherence an issue at the clinic? Objectively, it is a matter of how often they pick up their meds that is an indication of adherence. The good news is the newer medications are less susceptible to missed doses.

Item:	**Updates from Grantee**
Presenter(s):	Margy Robinson, Council Administrator
Summary:	When Erick Seelbach was here he spoke about the new suggestion from HRSA that we create an integrated prevention to care plan so that prevention programs and care programs for HIV create a single plan that can be submitted to both HRSA and to the CDC. Oregon decided that we would work on that. The Integrated Planning Group (IPG) is taking the lead on that as the statewide agency. Linda Drach with Program Design and Evaluation Services will be the lead writer and there is a strong guidance for how the plan should be written. Margy met with the Operations Committee and then Linda and then folks with the state for options for the Council to be included in the writing of the plan and to provide input. You can attend IPG meetings, March 15th, focusing on Prevention; May 11th, focusing on Care; and July 13th, focusing on Disparities. Let Margy know if you are interested in attending any of these meetings. At the May 3rd Planning Council meeting, Linda will come and talk about what she has learned thus far and get input from the Council as a whole. The third way to provide input is to be a reader of the document. Pieces of the document will be emailed for review. Give Margy your email address if you are interested participating that way. Note there may be a short turn-around time for that. We received our site visit report which included only one finding that requires a response with how the finding will be addressed. The area needing more work is the documentation of eligibility. We are working with Part B ADAP Program to bring in as much of the eligibility documentation that they are already doing. We will be able to bring that into our data system and our providers will see the documentation is already there. Part B is developing a new data system that will allow them to actually upload documents which will make them visible to prove eligibility. Our Project Officer was very complimentary; very impressed with our system of care, and all the consumers and providers that he met. He is working with us to create a system that works as best as we can make it. Today is March 1st and we are in grant year 22. As of today we don't know how much money we are working with and may not know until July what our final amount is. Margy will share a link and an attachment of new service category definitions. HRSA has made an effort to see that the definitions for all parts of the Ryan White Program are all the same. They will not go into effect until grant year 2017. If you don't have access to a printer and would like a hard copy, let us know and we will print it out for you.

Item:	**Clinical Quality Management (CQM) Overview**
Presenter(s):	Jenna Kivanc, Amanda Hurley, Alison Frye
Summary:	Jenna provided some background information regarding clinical quality management and when it was first included in the Ryan White legislation. She also talked about the development of the National Quality Center (NQC) which offers technical assistance (TA) to the Ryan White

	community. Amanda reviewed the PDSA (Plan/Do/Study/Act) cycle, a tool used with the Ryan White contractors. For the **Plan**, what are you trying to improve and how is it to be measured? **Do** – actually carry out the plan; document what happened and gather information. **Study** – where you look at the results; did you get the results you were expecting? **Act** – what to do with the information; make adjustments and do another PDSA. PDSA should be kept to a small scale and scale down the timeframe. HIV Care Services uses the HIV Care Continuum to look at health outcomes across the TGA. The objective is to get to viral suppression. We want to look at PDSA projects that map to the care continuum. Alison led the Council in a satisfaction continuum exercise to personalize the experience around quality. Thinking about a recent medical experience, the Council members lined up according to their experience, with 10 being really bad and one being a good experience. Council members shared what made the experience good or bad. The message from the exercise is that we all have a personal identification of quality, not just individually but for the community.

The meeting was adjourned at 7:25 pm with the completion of meeting evaluation forms.