

MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

**January 5, 2016
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A**

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| Members Present: | Jay Anderson, Maricela Berumen (via telephone), 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), Andrew Gadbois, Shaun Irelan, Toni Kempner, Julia Lager-Mesulam (Operations), Jeremiah Megowan (Operations), Guy Michelson, Robert Noche, Michael Thurman, Sarah Wetherson |
| Members Absent: | Pam Dykes, Nicole Judd-Bekken, Jonathan Livingston (Operations), Toni Masters, Sara McCrimmon, Scott Moore, Jace Richard (Membership Co-Chair/Operations) |
| Staff Present: | Margy Robinson (Council Administrator), Amanda Hurley, Jill Weber, Terry Bonnett |
| Others Present: | Erick Seelbach, Jesse Herbach, Andrew McCarthy, Paul DenOuden, MD, John Conway, Michael Stewart |
| Recorder: | Terry Bonnett |
| Final Co-Chair Approval | |

Tom Cherry, Planning Council Co-Chair, called the meeting to order at 4:06 p.m.

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| Item: | Candle Lighting Ceremony |
| Presenter(s): | Tom Cherry |
| Summary: | Tom led the lighting of the ceremonial candle in memory of Dr. James Sampson, a pioneer in the treatment of HIV. |
| Item: | Welcome/Introductions/Announcements |
| Presenter(s): | Tom Cherry |
| Summary: | Katy Byrtus, Membership Co-Chair, introduced Robbie Noche, a new Planning Council member, who is originally from San Diego and currently is a member of CAP's client advisory board. Other introductions were made, with Council members declaring any conflict of interest. |

ANNOUNCEMENTS:

- Katy Byrtus announced that there is a second new member, Maricela Berumen, who is joining the meeting by telephone and the Council is still recruiting for someone that has been formerly incarcerated or is connected to that world. Also, the mentor program is an opt-out program. If you are not able to be a mentor at this time, let Katy or Jace know.

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| Item: | Public Testimony |
| Presenter(s): | |
| Summary: | There was no public testimony presented. |
| Item: | Agenda Review/Minutes Approval |
| Presenter(s): | Tom Cherry |
| Summary: | The meeting agenda was reviewed and accepted as presented. The minutes from the Nov.3, 2015 Planning Council meeting were approved as presented by unanimous consensus. |

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| Item: | Review Previous Meeting Decisions & HRSA Communications |
| Presenter(s): | Tom Cherry, Margy Robinson |
| Summary: | Margy reminded the Council of the contingency decisions made at the last meeting. The Council had also given Care Services permission to move funding and apply it to specific |

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| | <p>service categories and then at the end of the year, if there is additional funding that can be moved so that all service dollars are spent, that would be applied to dental services and ambulatory care. Margy also announced that we have received an approved waiver. Beginning on March 1st we will not be held to 75% to be spent in core services. Care Services has also submitted a preliminary carryover request of approximately \$87K. We still do not have the HRSA site visit report which will need to be added to the next Council agenda.</p> |
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| Item: | Presentation on Co-morbidities |
| Presenter(s): | Paul DenOuden, MD |
| Summary: | <p>Dr. DenOuden is an HIV physician with Multnomah County Health Department and was asked to talk about co-morbidities. Dr. DenOuden worked from a list of questions but also opened the discussion for Q and A. Topics included single-dose medications, resistance, aging with HIV and services coordination, prophylaxis treatment (PrEP), Hepatitis C, Human Papillomavirus, Cancer screening, AIDS-related dementia.</p> |

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| Item: | National HIV/AIDS Strategy & Integrated planning |
| Presenter(s): | Erick Seelbach |
| Summary: | <p>Erick is the HIV/Hepatitis Consultant for the Regional Health Administrator for the US Department of Human Services, Region X, Regional Health Administrator’s Office. Region X being Alaska, Idaho, Oregon and Washington. He is here to give an overview of the latest statistics that have come out, delve into the new version of the National HIV/AIDS Strategy and how that actually plays out in a particular subset of HHS and Planning, CDC/HRSA integrated planning guidance. New HIV diagnoses are on the decline except the percentage of men who have sex with men. Disparities across regions are pretty similar.</p> <p>Last July there was an update to the National HIV/AIDS Strategy. The first came out in 2010 and in the last 5 years there were huge changes. Treatment as prevention was included, PrEP was approved, the Affordable Care Act has transformed health care access, improving the HIV Care Continuum outcomes is a priority, and research is unlocking new knowledge and tools. Some of the indicators changed and some did not and others were added. There is a focus on the Right People (focusing on key populations), the Right Places (major metropolitan areas & Southern United States), and Right Practices (widespread testing & linkage to care, access to PrEP, broad support for people living with HIV to remain in care, and universal viral suppression). Any federal funding that is tagged for HIV will be asked how this is responsive to the NHAS. Margy added that the challenge for funding locally will be the right people and the right place because the numbers locally are fewer than other areas of the country.</p> <p>The next impact will be CDC/HRSA Integrated Care & Prevention Planning. There has been a push to do more integrated planning. Integrated planning is the process by which HIV care and prevention planning groups work together to: review information about the HIV epidemic in the jurisdiction; assess needs and service utilization data to inform decisions; and provide recommendations and allocate resources for HIV prevention and care services to address the HIV epidemic.</p> |

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| Item: | Transgender Care and HIV |
| Presenter(s): | Heather Leffler, MSW, LCSW |
| Summary: | <p>Heather is a Medical Social Worker with the Kaiser Immune Deficiency Clinic and Gender Pathways Clinic. She provided some general definitions around sex, gender, gender identity, transgender and transgender communities. This population is disproportionately affected by violence and discrimination. All these things affect how these individuals seek care, get care and stay in care. Transgender people have postponed necessary medical care when sick or injured, have delayed or not sought preventative care because of experiences of health care discrimination, believe they will be refused care or believe they will be treated “differently”.</p> |

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| | <p>“Different” treatment may include being blamed for their health condition; refusal to touch or excessive precautions, harsh language, or physical roughness. When looking at HIV in the transgender community, the CDC reported that the highest percentage of newly identified HIV positive test results were among transgender people. Transgender women are one of the most highly impacted groups in the HIV epidemic. The racial/ethnic disparities were large – approximately 90% of transgender women newly diagnosed with HIV were blacks/African Americans or Latinas. Heather also provided some suggestions to enhance gender affirming care: intake forms should permit transgender patients to identify themselves and records should correctly identify their preferred name and pronoun; include having access to and support for transition-related care; providers should be comfortable with transgender people in all stages of transition; create a safe clinic space, including respectful front line/telephone/scheduling staff.</p> |
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| Item: | Needed Changes to Guidance |
| Presenter(s): | Alison Frye |
| Summary: | <p>Alison led a brainstorming session of things heard tonight that might lead to guidance.</p> <ul style="list-style-type: none"> • Recognize that a lot of co-morbidity issues are related to aging • Trainings around co-morbidities and transgender issues • Positive Self-management Program |

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| Item: | Affordable Care Act Enrollment Status |
| Presenter(s): | Those who work with assisters |
| Summary: | <p>At Partnership Project, there are approximately 10 people who are not responding to attempts to contact. Assisters have helped 91 people enroll through the marketplace and have coordinated with an agent to assist 45 more who are eligible to enroll outside the marketplace. There were also some assisted with OHP/Medicaid enrollment. At the HIV clinic, as of January 1st, there are 4 uninsured individuals out of about 1300 clients. There were about 150 people who needed to enroll in QHPs but many probably checked the box to let the government re-enroll them. In Clark County, there are about 3 people who are uninsured. Clark Co Health Department does not have a dedicated assister this year; they have encountered more challenges with the exchange this year.</p> |

The meeting was adjourned at 7:20 pm with the completion of meeting evaluations.