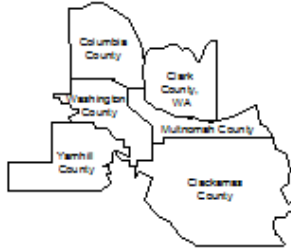




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: May 2, 2017

Approved by Planning Council: June 6, 2017

Grantee: Multnomah County Health Department



MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

May 2, 2017
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A

Members Present:	Jay Anderson, Emily Borke, Erin Butler, Tom Cherry (Council Co-Chair/Operations), Carlos Dory (Evaluation Chair/Operations), David Duncan, Monica Dunn, Maurice Evans, Greg Fowler (Operations), Alison Frye (Council Co-Chair/Operations), Lorne James, Toni Kempner, Julia Lager-Mesulam (Operations), Jonathan Livingston (Operations), David Macko, Toni Masters, Jeremiah Megowan, Scott Moore, Robert Noche, Joseph Pyle, Jace Richard (Membership Co-Chair/ Operations), Nathan Roberts, Michael Stewart, Michael Thurman (Membership Co-Chair/ Operations)
Members Absent:	Katy Byrtus, John Conway, Heather Leffler, Chaela Manning-Ferguson, Sara McCrimmon
Staff Present:	Margy Robinson, Jill Weber, Jenna Kivanc, Marisa McLaughlin
Others Present:	Jodi Davich (Testimony), Terry Bonnett (retirement dinner guest of honor!), Jenny Hampton (soon-to-be-admin for PC Council), Dennis and Marissa (Gilead Biopharm)
Recorder:	Jenna (electronic recorder failed...speakers were not turned on, therefore these minutes along with handouts and documents shared via overhead projector are the only record)
Final Co-Chair Approval	
Item:	Candle Lighting Ceremony
Presenter(s):	David Duncan
Item:	Welcome & Introductions
Presenter(s):	Tom Cherry
Summary:	Tom welcomed everyone to the meeting and introductions were made with Council members declaring any conflicts of interest. Michael Thurman gave a special welcome to Nathan Roberts since this is his first Council meeting.

ANNOUNCEMENTS:

- Jenny Hampton has been hired to take over PC admin tasks from recently retired Terry Bonnett. She comes to the Health Dept with many years of experience from Mental Health. She will be starting her position with HIV Care Services within the next 2 weeks.

Item:	Public Testimony
Presenter(s):	Jodi Davich
Summary:	See hand out Jodi provided (appendix A of these minutes).

Item:	Agenda Review/Minutes Approval
Presenter(s):	Tom Cherry
Summary:	The agenda was reviewed and accepted as presented. The minutes from the March 7, 2017 Planning Council meeting were accepted as presented by unanimous consensus.

Item:	Long-Term Survivors (LTS) Activities FY16-17
Presenter(s):	Jesse Herbach
Summary:	See PowerPoint presentation for full review of LTS workshops held. Questions after Jesse's presentation yielded the following additional information: <ul style="list-style-type: none"> 50 Unduplicated clients participated. There were some individuals who attended more than one workshop. Of the 4 total workshops facilitated during FY16-17, the first 3 were evaluated. The

	<p>last workshop was not evaluated.</p> <ul style="list-style-type: none"> • There was an evaluation report written up based on these first 3 workshops. Amanda Hurley has the report. Please contact either Amanda or Margy for a copy. • In general, individuals were recruited to participate via: Let's Kick Ass (LKA), flyers posted at numerous locations, social media, in-person. • HCS will follow-up and share the demographics of LTS workshop participants.
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Item:	Review Priority Setting and Resource Allocation Process & Timeline
Presenter(s):	Alison Frye
Summary:	<p>Priority setting and resources allocation (PSRA), will occur in July 2017, whereby the Planning Council makes allocation decision that will apply to FY 18-19 (March 1, 2018 to February 28, 2019).</p> <p>Today's discussion around service provision and prioritization will apply for an increase in funding the TGA has received as a result of Program Income generated from the Part B State of Oregon Program. These funds will initially be allocated during the current FY 17-18 but we will not have to reapply for this funding year by year. These funds will be made available to the TGA for the next 5 years, and if funding is not used in a given year, funding can be carried over into the next year.</p>

Item:	Develop Preliminary Decision-Making Criteria for FY 18-19
Presenter(s):	Alison Frye
Summary:	<p>Reviewed the "Principles and Criteria for Decision-Making June 2016" document. Reviewed the Care Cascade and had a discussion around the criteria "Services shall be culturally appropriate".</p> <p>How has culturally appropriate services been defined? What does that mean? How can we assure services are being provided in this manner?</p> <p>Some council members suggested to add the word "strive" to the criteria, which was later retracted. It was also suggested that perhaps a follow-up training (in-service) is needed for future PC meeting that would explore how to define cultural competency and appropriateness, others stated they did not want to attend training.</p> <p>This topic will be further explored at HIV Care Services and the Ops Committee.</p>

Item:	Brainstorm needs - Prioritize
Presenter(s):	Emily Borke
Summary:	<p>The brainstorming and prioritization that followed revolved around how to spend the additional \$392,510 for the remainder of this current FY (3/1/17-2/28/18).</p> <p>A few months ago (3/22/17) during the last quarterly contractor meeting, contractors had the opportunity to brainstorm what additional services might be needed in the TGA. The list of service ideas was then organized by service category and written out on big sticky notes for the PC to view, add to and prioritize.</p> <p>What resulted was the following:</p> <ul style="list-style-type: none"> • Service ideas by service category were reviewed and discussed. • PC members added service ideas to the categories • Important to remember that with any RW allocation, there is an administrative workload involved. <p>After service ideas were fleshed out and recorded on the sticky notes 3 dot stickers</p>

	<p>were distributed to each council member in order to help with prioritization.</p> <ul style="list-style-type: none"> • Each dot carried the same weight. • Council members were asked not to vote multiple times for a singular service idea. • There were some service categories which had no service ideas. No service ideas can be interpreted as a category omitted from additional funding consideration. • Although, both Housing and EIS service categories contained many service ideas under these categories, they will not be considered for these additional funds because both categories will be getting additional Part B funding. <p>Image of these sticky notes are located in Appendix B of this document.</p> <p>The top 5 services identified through the prioritization process were Substance Abuse Benefits Assister, a locker system, increased Medical Case Management services for MAI populations and women, increased access to Mental Health providers, and increased nursing in the field and in the clinic.</p> <p>Results of this brainstorm and prioritization process will be summarized and disseminated to PC members for review. Decisions about how best to allocate these funds based on the information collected will be made at the next PC meeting on June 6th, 2017.</p>
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Item:	What is Conflict of Interest? Sign COI Statement, Update All Contact Info
Presenter(s):	Tom Cherry
Summary:	<p>Double-sided conflict of interest and contact info one-pager was disseminated to each PC member in attendance.</p> <p>Tom reviewed. Members signed and completed any sort of contact info update and turned into HCS staff for filing.</p>

Item:	Develop Preliminary Guidance
Presenter(s):	Alison Frye
Summary:	See last page of Appendix B for summary of guidance ideas.

The meeting was adjourned at 7:30 p.m.

Appendix A

Ryan White Part A Planning Council Public Testimony

May 2, 2017

Jodi Davich, HIV Clinic Manager

Multnomah County HIV Health Services Center Trends

Indicator	2006	2016	Percent Change
Number of Patients	731	1300	79% Increase
VL Suppression	61%	87%	26% Increase
Number of Patients with SA Dx	17.70%	39.40%	21.7% Increase
Number of Patients with Severe MH Dx	18.40%	26.90%	8.5% Increase
Number of Medical Case Managers	3.9 FTE	5.2 FTE	33% Increase

Other Factors

- Increasing number of complex patients (homeless/severely mentally ill/addicted)
- Increasing number of walk-in patients requiring nursing and/or medical case management triage
- Difficulty getting patients with substance abuse problems into treatment
- Last several years, VL suppression has hovered between 86% and 87%

Priority Unmet Needs

- Inadequate nursing staff
- Inadequate medical case management staff
- No staff assigned to help navigate referrals and follow up to substance abuse treatment programs

Appendix B

Medical Case Mgmt.

- ⊖ Increase MCM services for
MAI populations and/or women
- ⊖ Increase insurance / access
specialists
- ⊖ Reduce case loads
+ ~~Benefits assistance~~
* CAPDC qualification for case mgrs.

Ambulatory Medical

- ⊖ Satellite offices in
outer counties + east
County
- ⊖ Nursing FTE
- in the field
- in clinic

Mental Health

- Integration at medical sites
 - behaviorist
- Increased access to MH providers

Additional Ideas

- Vision Care ^{Home Health}
- ~~Peer Support~~ ^{Multiple options}
- Transportation ^{Separate categ. w/ others}
- Other professional services ^(Benefits assistance, legal...)
- Substance Abuse Treatment
 - Benefits Assister(s)
 - Home based recovery
 - * Integrated w/ Housing
- * Increases across current services (not necessarily all)

Centralized Elig. system

- HIV/AIDS Education for

- youth - LTS as mentors
- make sure to use technology

- Training for Peer Support specialists

- More peer support ^{including} for Substance Abuse Tx

- Hearing services

- Corrections focused coord. ^{with emphasis on} Recovery

- Coord. w/ ~~ADHS~~ ADVSD •

- Locker system to keep medications + valuables for homeless clients.

Housing

- Emergency housing
- Rent assistance
- Integrate w/ MCM or other provider sites

Early Intervention Svcs

- Increase outreach and service navigation
newly diagnosed
new to area
other barriers
(Part B RFP in June/July)
- Linkage to care by ~~assess~~ ^{outside} accessing current testing sites - ⁱⁿ rapid testing
to support referrals to care _{specifically non-part B}
state funding?
- Stronger connection w/ access to PrEP

Guidance Sugg.

- making sure we are addressing the needs of women & people of color + youth
- connect funding/program back to the care continuum & virally unsuppressed
- making sure that the voice of our clients is present @ places where policy decisions are made
- CADIC qualified MCMs
- SA ↔ Housing integration
MH ↔
- not discriminate against non-citizens

Food - Home Delivered Meals

Guidance

- Embedding housing case mgmt w/ other svcs.
- Add'l ^{housing} support for clients who don't have a voucher
- ^{think re new} § Services to develop housing readiness
- Orientation for new employees - to ensure knowledge/familiarity with RW system
- By-Laws - add more immigrant clients