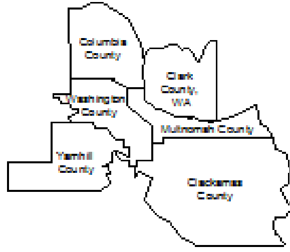
Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: March 7, 2017

Approved by Planning Council: May 2, 2017

Grantee: Multnomah County Health Department

MEETING MINUTES
Planning Council

Portland Area HIV Services Planning Council

March 7, 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), 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, Sara McCrimmon, Jeremiah Megowan, Robert Noche, Jace Richard (Membership Co-Chair/ Operations), Nathan Roberts, Michael Stewart, Michael Thurman (Membership Co-Chair/ Operations
Members Absent:	Katy Byrtus, John Conway, David Duncan, Andrew Gadbois, Shaun Irelan, Heather Leffler, Chaela Manning-Ferguson, Scott Moore, Joseph Pyle
Staff Present:	Amanda Hurley, Terry Bonnett
Others Present:	Julie Collins, Jodi Davich
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):	Toni Kempner
Summary:	Toni led the lighting of the ceremonial candle in remembrance of Tamara Brauchler, a former Planning Council member who recently passed away.
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:

- Robbie announced that Pivot will be closing on March 25th and the Grand Opening of the PRISM clinic on April 21st. The PRISM clinic will be located on SE 23rd and Belmont.
- Terry announced that, after 29 years with Multnomah County, he has decided to retire which will be the end of April and this will be his last Council meeting. Amanda added that a celebration is planned for the May Council meeting.
- Amanda gave an update on expenditures for the FY 16-17. The fiscal year ended February 28, 2017 but we have received invoices only through January. We are on track for spending; by the end of January we should be at 92% of spending and we are exactly at 92%. We have spent just under $3.2M of our $3.4M grant

Item:	**Public Testimony**
Presenter(s):	Jodi Davich
Summary:	The Council heard public testimony in support of the Multnomah County HIV Health Services Center (the HIV Clinic). The HIV Clinic receives Part A funding for medical services and medical case management. They have just finished compiling data for the annual HRSA client level data report. They currently serve over 1400 clients. The patient population has more than doubled in the past 10 years, and in that same timeframe funding has not kept pace with the

	clients seen. The nature of clients seen has also changed over the last 10 years. In the past, there were more providers who were willing to work with low-income clients, the homeless, severely mental ill and those caught up in addiction. Looking at the past couple of years, the number of homeless or unstably housed has increased by about 70%. The clinic has become the safety net clinic for this population. They are a patient-centered medical home and take that seriously, and continue to provide team-based care. Every month they see about 15-20 new clients. Due to an increased caseload, both size (# of clients on caseload) and the complexity of clients, the case managers have less availability to conduct the intakes as frequently as in the past. The process for seeing walk-in clients was explained and the clinic providers have remained consistent.
Item:	**Agenda Review/Minutes Approval**
Presenter(s):	Tom Cherry
Summary:	The agenda was reviewed and accepted as presented. The minutes from the January 10, 2017 Planning Council meeting were accepted as presented by unanimous consensus.

Item:	**Review Allocations**
Presenter(s):	Amanda Hurley
Summary:	The Part A system has received some additional funding from Part B Program income. We have received just over $1.6M to go towards services for PLWH. With the additional funds, we used the 17-18 grant request and allocated funds toward the same categories that the Council had already approved. Based on the grant request already decided by the Council and submitted to HRSA, Care Services provided funding to all service categories at the grant request level but we still have more money to allocate. Part B had requested that the eligibility for Ryan White services be increased to 250% of FPL. When looking at the number of clients served, we will potentially serve about 16% more clients. We applied a 16% increase across service categories except MCM and EIS because they do not have an income restriction. A portion of the Part B funding is specifically designated for housing. After funding that service category fully at the 17-18 grant level, plus adding the 16% for additional clients up to 250% FPL there remains $347K that has not yet been allocated. There will be a RFP process to see if there are any new providers who would like apply for the housing funds. There is also about $392K to still be allocated for services overall for which the Council will have to decide where to allocate the funds. This money will be discussed at the June Council meeting. The money coming from Part B is initially planned to be allocated to Part A for 5 years. Jonathan clarified that the funds are coming from program income from CAREAssist. If there are major changes to the ACA, this money may need to be prioritized for CAREAssist and returned to CAREAssist. .

Item:	**Clinical Quality Management – Report back on Seattle Training & Care Continuum and CQM**
Presenter(s):	Amanda Hurley
Summary:	On February 21st & 22nd the National Quality Center offered a training in Seattle; the first regional training for Washington and Oregon. All the Ryan White contractors were invited to attend. From Part A there were 3 consumers who attended, representing 3 CABs and the Planning Council. Nine providers attended, representing 7 out of 8 Ryan White agencies and 3 HIV Care Services staff also attended. From the Part B Program, there were 3 State staff, 2 staff from the Eastern Oregon Center for Independent Living and 2 staff from HIV Alliance. Amanda was really impressed with the Oregon group because they really represented our state well and were really on their game. Training takeaways included: they gained practical tools and resources for quality improvement; there were thought-provoking discussions about how to involve consumers in improvement efforts; the potential collaboration with Washington State around eliminating stigma; how to form sustainable collaborations for regional/local aims; and ideas for future technical assistance for our providers. For the training, they requested that we create some type of story board. HIV Care Services e brought the Line of Sight poster which is

	basically a quality management plan - and, because we are over-achievers, we had 2 story boards. The second one was the HIV Care Continuum and Quality Improvement Projects. We are able to put in Care Continuum numbers for the TGA and include how all of our providers are doing quality improvement projects and how they relate to the Care Continuum. This was an opportunity for our providers to showcase some of the projects they are doing. We also wanted to ensure that client advisory boards and the Planning Council were represented and are a part of the quality improvement efforts. Council members who attended shared what they took away from the training.

Item:	**Policy Update**
Presenter(s):	Amanda Hurley
Summary:	Margy wanted to let the Council know that we have not received our final award for FY 17-18. We should know something by the end of April or early May when Congress needs to approve a budget. We are watching for any ACA updates though nothing has officially changed, so nothing to officially report.

Item:	**Health Insurance Enrollment Status**
Presenter(s):	Jonathan Livingston
Summary:	Jonathan presented information from open enrollment for this year. He also wanted to thank Erin Gorry, Enrollment Specialist at CAREAssist, for creating the visual. Statewide there were fewer insurance options; while not a problem in Portland; outside of the Portland area they struggled to find two carriers per county to offer a choice. Premiums increased from 13%-21%. CAREAssist was able to just roll with the increases. The breakdown presented was specific to the Portland area. A majority of clients are on Medicare or Medicaid. The group coverage, which includes employer sponsored and retirement plans, has more than doubled since the ACA. At the end of enrollment, there were 11 clients who were uninsured. The reality is that these clients have probably left the state. Julia added that they enrolled approximately 200 people. Julia thanked CAREAssist for the funds to hire an assister, Amy Thomas, who was instrumental in enrolling clients. Healthcare.gov hasn't gotten any easier but we do our best. Emily also added that they enrolled several hundred clients. Despite the challenges, they were successful in enrolling some clients who are difficult to contact and engage. It is now much easier to enroll clients in the Oregon Health Plan; often getting same-day approval.

Item:	**Trauma Informed Care**
Presenter(s):	Amanda Hurley, Emily Borke
Summary:	Amanda talked about trauma informed services at the provider level and what we are doing to implement trauma informed services. The definition of trauma, as put out by Oregon Trauma Informed, "Trauma is a wound. Typically trauma refers to either a physical injury, such as a broken bone, or an emotional state of profound and prolonged distress in response to an overwhelming, terrifying or unstable experience. Some traumas, like wounds, heal relatively quickly, some heal slowly, and many influence life going forward, like scars. Scars and trauma do not result in defects or deficiencies; rather they are markers of life experience one has survived." When talking about trauma informed services, we are focusing on the emotional traumas; when people become overwhelmed and the fear becomes stuck. How trauma affects a person depends on a number of factors: who we are, genetics, temperament, life experience, and environmental or social factors. Much of the research around trauma began with Kaiser Permanente where they studied over 17K people, 1995-1997. They found a significant relationship between childhood trauma and poor adult physical, mental and social well-being. Traumas can happen at any stage of a person's life; not just childhood traumas. Trauma physically changes the brain chemistry. To be trauma informed, one realizes the widespread impact of trauma and understands potential paths for recovery: recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system, including

	providers; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. Additional principles include addressing racial disparities and improving cultural responsiveness; conducting equity assessment and developing an action plan; continuous disparity analysis; and continuous discussion, training, and action. Trauma Informed Oregon developed a "Roadmap to Trauma Informed Care." On the Roadmap there is the foundational readiness phase which includes the Recognition and Awareness step; awareness that trauma is prevalent among clients and the workforce, and that service settings and delivery can be re-traumatizing. The next step is Foundational Knowledge; all staff should have basic knowledge about the nature and impact of trauma and principles of trauma informed care (TIC). Agency Readiness is the next step on the Roadmap: creating a sustainable trauma informed approach requires both individual and organizational readiness. The 4th step on the Roadmap is Process and Infrastructure; a trauma informed culture is most easily created and sustained within an organization that establishes a process and infrastructure to support ongoing efforts. The Portland TGA has created a learning collaborative where at least one person from each Part A provider comes together to talk about implementing TIC services. Over the next year, the focus will be on implementation. These are examples of what providers have done to implement TIC practices: hiring consultants for training; organizational assessment; re-arrange the lobby: create internal implementation committees; weekly staff check-ins for support; reduce paperwork for services; and incorporate consumer input into planning. Emily talked about TIC from a provider perspective as an example of how the HIV clinic has implemented the process in the clinic, which they call TIC Talk. It began in 2010, the HIV clinic began integrating TIC principles in clinic work; in 2013 the clinic piloted a trauma support group for women; 2014-15 formed an internal group to oversee the development of a clinic infrastructure that supports a trauma informed approach for both staff and clients. HIV clinic staff were surveyed around these issues. In 2016, Emily participated in the Multnomah Leadership Academy where she standardized and formalized their trauma informed group which resulted in TIC Talk. TIC Talk created a charter, describing their purpose and goal; and their deliverables. Some of the projects they have been working on include: analyzing the staff survey results and creating a plan to address areas for improvement; clinic debrief workflow; intimate partner violence trainings; lobby improvements; formalized workflow when a patient passes away; and a staff wellness room. Lessons learned include: achieve early buy-in and successes; there is a lot of interest in TIC; more resources exist than ever before; need for a space for cross-agency collaboration; ongoing need for training and support; and a sustainability plan.

Item:	**Finalize Council Calendar for Remainder of the Year**
Presenter(s):	Alison Frye
Summary:	Copies of the Council calendar were distributed. Are there any presentations that would help with decision-making at the all-day planning meeting in July? Suggestions included: a standing agenda item to provide legislative updates; barriers to clients for A & D services – what can be done to overcome barriers; meet with A & D provider(s); Jodi suggested providing prevalence data from the clinic's 1400 patients to be able to drill down to specific demographics, e.g., marginalized communities being served; info on unmet need/unmet demand; unmet need for those with Medicare. Further suggestions included quantifying those with dual diagnoses; and how to get clinics to serve native populations.

The meeting was adjourned at 7:00 p.m.