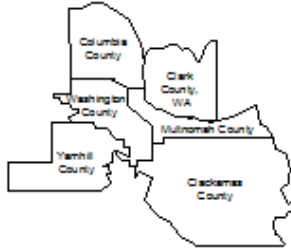




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: November 1, 2016

Approved by Planning Council: January 10, 2017

Grantee: Multnomah County Health Department



MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

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

Members Present:	Jay Anderson, Emily Borke (Operations), Erin Butler, Katy Byrtus, Tom Cherry (Council Co-Chair/Operations), John Conway, Carlos Dory (Evaluations/Operations), David Duncan, Monica Dunn, Maurice Evans, Alison Fry (Council Co-Chair/Operations), Shaun Ireland, Lorne James, Toni Kempner, Janis Koch (Operations), Julia Lager-Mesulam (Operations), Jonathan Livingston (Operations), Toni Masters, Sara McCrimmon, Jeremiah Megowan, Scott Moore, Robert Noche, Jace Richard, Michael Stewart, Michael Thurman
Members Absent:	Greg Fowler (Operations), Drew Gadbois, Heather Leffler, Chaela Manning-Ferguson,
Staff Present:	Margy Robinson (Council Administrator), Amanda Hurley, Terry Bonnett
Others Present:	Steven Headington, Marie Fisher, Sunil “Ann” Narayan, Rebecca Miller, Angie Harbin, Ryan Deibert, Kristi Addis
Recorder:	Terry Bonnett
Final Co-Chair Approval	

Tom Cherry, Planning Council Co-Chair, called the meeting to order at 4:05 p.m.

Item:	Candle Lighting Ceremony
Presenter(s):	Tom Cherry
Summary:	Tom led the lighting of the ceremonial candle for those who struggle with those who have HIV disease. It can be a heroic effort on their part.
Item:	Welcome/Introductions
Presenter(s):	Tom Cherry
Summary:	Before general introductions, Jace Richard, Membership Co-Chair, introduced three new members – Monica Dunn from the HIV Day Center, Erin Butler from CAP/Pivot, and Michael Stewart, a community volunteer. General introductions were made with Council members declaring any conflict of interest. Tom welcomed everyone to the meeting and pointed out the evaluation form that was distributed. It has changed slightly based on feedback from the Council and recommendations from the Operations Committee. Length of time on the Council has been added to help understand the dissemination of information. If newer members are indicating that there wasn't enough time for a particular topic, the Operations Committee might consider additional training. Also, if you have issues or suggestions and would like to talk to someone about it, email addresses for Alison, Tom and Margy have been added to the evaluation form.
Item:	Agenda Review and Minutes Approval
Presenter(s):	Tom Cherry
Summary:	The meeting agenda was reviewed and accepted as presented. The minutes from the September 27, 2016 Planning Council meeting were accepted as presented by unanimous consensus.

ANNOUNCEMENTS:

- We are trying to move to having less paper and more electronic communications. We are going to provide the orientation materials and the Needs Assessment notebook on a thumb drive for all new members. Terry will be sending out an email to everyone on the Council so if you would like to have those materials on a thumb drive we will get them to you. We will also provide information as attachments and it will be your responsibility to maintain your thumb drive.

- We applied for carryover some time ago for approximately \$62,000. We have not received it yet but word from our project officer is that it looks favorable that we will receive it.
- Depending on when you got your agenda, for the housing presentation it will not be Marc Jolin joining us but it will be Ryan Deibert.

Item:	Long Term Survivors (LTS) Needs & Community Resources
Presenter(s):	Rebecca Miller, Steve Headington
Summary:	Rebecca works with Multnomah County Aging, Disability, and Veterans Services Division. She presented on the Aging and Diversity Profile, which is a map of where older adults are living in Multnomah County. She also represents the Area Agency on Aging, which is responsible for the Aging and Disability Resource Connection; a one stop shop for services for older adults and those with disabilities. Rebecca recently conducted outreach in the community where they conducted 18 listening sessions, working in 12 languages, talking to just under 500 people, and 89% of respondents were cultural minority groups, including long-term survivors. Overall, transportation was the number one issue but within the LGBT community behavioral health was the number one issue – community, education, outreach, and emergency services. Long-term survivors are more likely to experience social isolation, depression and substance abuse issues. Steve is president of Let’s Kick Ass, a grassroots organization that serves men and women who are positive and negative long-term survivors. In Portland, they are more community and advocacy based. The main goal is to eliminate isolation. They want to reach out to offer personal peer support, empower individuals and teach them how to make a difference. They offer a peer buddy program where an LTS will go into the hospital or hospice and sit with an HIV positive individual or go to doctor appointments just to be there with them. They will be working with agencies in the community to make the peer support more collaborative. They want to partner with as many agencies as they can.

Item:	Housing Services Panel – Understanding County-City Collaborative “A Home for Everyone” and Housing Case Management
Presenter(s):	Ryan Deibert, Angie Harbin, Kristi Addis
Summary:	Ryan works with the Joint Office for Homeless Services and provided an overview of homelessness in Multnomah County and its intersections with health. In Multnomah County, approximately 3800 people are homeless on any given night; the vast majority are individual adults (76%), followed by families with children (17%) and then unaccompanied youth (7%). The main formula that threads through every story of those who are homeless – low or no income plus the lack of affordable housing equals homelessness. There may be other factors such as untreated addictions, untreated mental illness, racism and health problems but the one thread that carries through is the increase of rents and a decrease in the average renter income. As rents go up and income goes down, more people are on the edge of homelessness. There are tools to help end homelessness – rapid re-housing, eviction prevention, and permanent supportive housing. A Home for Everyone is a broad, community-based effort to end homelessness in Multnomah County. The leading government sponsors are the City of Portland, Home Forward, Multnomah County and the City of Gresham. The shared vision is that no one should be homeless and everyone should have a safe place to call home. Angie is the Director of Housing and Support Services from Cascade AIDS Project and Kristi is the Housing Program Coordinator at Clark County Public Health. CAP provides housing case management services to 500-600 people each year and anticipates spending \$1.9M directly on rental assistance for a variety of projects with different population specifications, including chronically homeless, severely mentally ill, those experiencing incarceration, medically fragile and those who are HIV+ and homeless due to domestic violence. Clark County’s funding is solely through HOPWA and Ryan White. This past year they served 9 people throughout the Clark County area and have 4 people in PBRA (Project Based Rental Assistance) units. Last year they served 21 households with short-term rent/mortgage/utilities assistance. They have about \$62K for client assistance through Ryan White. Last year they provided assistance to 69



	<p>households. At CAP, housing case management is prioritized to those who are enrolled in a subsidy program. New this year, when one applies for the waitlist, there is a Housing Readiness Coordinator with whom they can take care of some things prior to being assigned a subsidy and a housing case manager. The minimum level of service is dictated by an acuity scale. The overall services are the same. It is just how frequent and how intense the need. Housing case management services are a source of referrals to other services. The Clark County model is similar to CAP's. It is just on a smaller scale. Anyone who is enrolled in HIV case management at Clark County Public Health can get access to the housing coordinator. They currently have a waitlist of 12-15 people because of how the housing market is right now. It is really difficult to find affordable housing. A question and answer session followed.</p>
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Item:	Open Enrollment Updates
Presenter(s):	Jonathan Livingston
Summary:	<p>Open enrollment began on November 1 and runs through January 31, 2017. A population of approximately 600 CAREAssist clients will need to reapply for new coverage. In addition, OHP has not suspended renewals this year which will result in more work for assisters and case managers. CAREAssist has contracted with 4 agencies to provide assister services to the State – Partnership Project, HIV Health Services Center, HIV Alliance and EOCIL. This year it is a yearlong contract as there are responsibilities throughout the year in terms of enrollment. The assisters help throughout the year with mid-year enrollments, facilitation around tax reconciliation, and work with case managers to identify barriers and, if possible, help address them. Assistors will also help with Medicare enrollments as well. Plan selection this year is still pretty good. The TGA still has multiple carriers to choose from. The premiums are increasing – anything from an 8% to 29% increase. The 29% increase was for Providence and MODA. Regarding formulary review, Kaiser is the only provider that has put all HIV medications in the specialty tier. Last year, FPL was raised to 500% to help address the specialty co-pays. Jonathan will present another update at the next Council meeting but asks what questions the Council would like to have answered.</p>

Item:	By-Laws Updates
Presenter(s):	Tom Cherry
Summary:	<p>At the last Council meeting, Care Services presented an update to the by-laws to allow rapid reallocation of funds. This is something the Council has been doing but our Project Officer thought it should be included in our by-laws. The update reads as follows: <i>“develop a rapid reallocation plan allowing for efficient reallocation of funds between service categories to ensure full utilization of the grant during the funding year.”</i> The update was accepted by unanimous consent. Another by-laws update that is being presented for a first reading and will be finalized at the next Council meeting will permit more flexibility in the number of members allowed on the Council. The update reads as follows: <i>“The Council shall consist of 30 members, with a goal of maintaining a membership of at least 20 members. (amended 10/24/07). It will be at the discretion of the Operations Committee to propose appointment of more than 30 members, or to allow there to be fewer than 20 members when in the best interests of the Council and Council ability to maintain 33% consumer membership.”</i> The language is designed so the Operations Committee can make the decision so that the number of Council members doesn't get out of hand.</p>

Item:	6-Month Utilization Data & Outcomes
Presenter(s):	Amanda Hurley
Summary:	<p>Amanda presented a quick overview of the 6-month scorecards, a snapshot of where we are with spending, contract goals and outcomes. At the end of the year there will be a more comprehensive scorecard which will also give demographics, trends in spending and trends in people accessing services. The mid-year scorecards cover the period of March 1st through August 31st. The 2 outcomes tracked for all service categories include engagement in medical</p>

	care and viral loads under 200. For all people served, viral suppression is at 88%. Our goal is 80%. Amanda reviewed the highlights for each service category.
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Item:	Reallocations
Presenter(s):	Amanda Hurley
Summary:	Should there be a need to reallocate funds at the end of the year, there are some service categories that are underspent and some are spending at a higher rate. It is too early to give a definite amount that will need to be reallocated but there are some categories to keep an eye on. We may need to reallocate \$5K-\$10K potentially from Early Intervention and Mental Health. Amanda proposed that the Council give permission for those funds to be allocated to Medical Care, Medical Case Management or Housing, depending on which category can spend the funds by the end of the year. The proposal was accepted by unanimous consent.

Item:	Finalize Contingency Plan
Presenter(s):	Alison Frye
Summary:	At the last meeting we started some conversations regarding contingency planning, so that if we don't get our full grant request (approximately an 8% increase) we would know how we would allocate funds. Themes for allocation proposals were reviewed and boiled down to 2 scenarios. 1) We just fund all service categories as they are now, or 2) \$12K allocated to food to support the food pantry in Clark County while the rest of the categories absorb the decrease proportionately. The Council decided to fund the food pantry in Clark County in both the flat funding and the decrease scenarios, with any decrease in funding being taken proportionately across service categories. For the increase scenario the Council decided not to tie specific amounts to categories, but to give HIV Care Services discretion to distribute funding according to our funding priorities – first allocate \$12K for the food pantry in Clark County then Housing, Medical Case Management, Peer Mentors, Psychosocial, and Oral Health. Other language states that because we have prioritized a 3% cost of living increase, no one service category would get more than a 3% increase before it goes to next service category.

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

