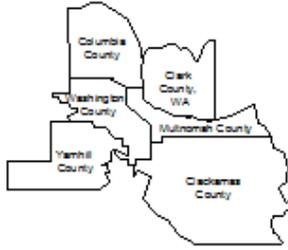




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: September 27, 2016

Approved by Planning Council: November 1, 2016

Grantee: Multnomah County Health Department



MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

September 27, 2016
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A

Members Present:	Jay Anderson, Emily Borke (Operations), John Conway, Carlos Dory (Evaluations/Operations), David Duncan, Maurice Evans, Greg Fowler (Operations), Alison Frye (Council Co-Chair/Operations), Shaun Irelan, Lorne James, Toni Kempner, Julia Lager-Mesulam (Operations), Heather Leffler, Chaela Manning-Ferguson, Sara McCrimmon, Jeremiah Megowan, Scott Moore, Robbie Noche, Jace Richard (Membership Co-Chair/Operations), Michael Thurman (Membership Co-Chair/Operations)	
Members Absent:	Katy Byrtus, Tom Cherry (Council Co-Chair/Operations), Andrew Gadbois, Janis Koch (Operations), Jonathan Livingston (Operations), Toni Masters, Joseph Pyle	
Staff Present:	Margy Robinson (Council Administrator), Kim Toevs (HIV Program Manager), Amanda Hurley, Terry Bonnett	
Others Present:	Shawn Madison, Monica Dunn, Erin Butler, Tyler Termeer, Candice Brings Plenty	
Recorder:	Terry Bonnett	
Final Co-Chair Approval		
Alison Frye, Planning Council Co-Chair, called the meeting to order at 4:05 p.m.		
Item:	Candle Lighting Ceremony	
Presenter(s):	Robbie Noche	
Summary:	Robbie led the lighting of the ceremonial candle in remembrance of David Church who passed away last week. There will be celebration of life this Friday at the Day Center.	
Item:	Welcome & Introductions	
Presenter(s):	Greg Fowler	
Summary:	Greg welcomed everyone and introductions were made, with Council members declaring any conflict of interest.	

ANNOUNCEMENTS:

- Michael announced that CAP is having an open house at their new location at 520 NW Davis, October 13th, 4 – 6 pm.
- There will be a housing forum, sponsored by the CAP Community Advisory Board on Monday, October 17th, 2 – 4 pm. This forum is strictly about housing and how CAP deals with their housing services.
- Margy announced that both CAP and Clark County were considered eligible applicants for the RFP process in Washington. They are still in the negotiations process but they are both working with the Department of Health in Washington for services in Clark County.
- Greg announced that a memorial service for Jack Cox, a founding member of the Council and a community activist, will be at the Q Center this Saturday, October 1st, 2 – 4 pm.
- Margy announced the submission of the Integrated Care & Prevention Plan for 2017-2021. There will be a meeting of the Integrated Planning Group on Monday, October 3rd, 1 – 4:30 pm, at the Portland State Office Building, where the plan will be reviewed and they will develop some ideas of how to move forward in implementing the integrated plan. They will also talk about some World AIDS Day ceremonies.

Item:	Agenda Review/Minutes Approval
Presenter(s):	Greg Fowler
Summary:	The agenda was reviewed and accepted as presented. The minutes from the June 30 th all-day meeting were accepted by unanimous consent.

Item:	Council Members’ Responsibilities: Review Conflict of Interest & What It Means to Be “Provider Blind”
Presenter(s):	Greg Fowler
Summary:	Greg explained what it means to have a conflict of interest – if you work for an agency that receives Ryan White Part A funds. It is your responsibility to share that conflict at the beginning of each Council meeting. Being “provider blind” means that the Council decides about service categories not service providers. The Council decides what services to prioritize. It is the Grantees responsibility to award funds to agencies.

Item:	Meeting Schedule Review
Presenter(s):	Alison Frye
Summary:	The annual meeting schedule was distributed. It is an outline of what the year ahead will look like. Various sources are considered in creating the work plan, including meeting evaluations and suggestions from Council members. We are a bit off the regular schedule but meetings are generally the first Tuesday of the month. The schedule usually consists of some training, information sharing, and decision making. Alison hit on the highlights of presentations and trainings. There are some things that happen every year, such as contingency planning, reallocations, and developing the carryover request.

Item:	Ryan White Conference Report Back
Presenter(s):	Amanda Hurley
Summary:	In HIV Care Services, Margy, Amanda, Jenna, and Jill attended an All-Grantee meeting in Washington, DC where they had 2 posters accepted and 2 presentations. Portland was well represented; besides the Part A team there were people from the HIV Clinic, representatives from Russell Street Dental and people from Part B. People were really interested in our contractor website and how we present data. Some themes that stood out included shared or centralized eligibility, data integration across many systems, and program income – income generated through Part A services that must be reported and monitored. Portland is ahead of the curve compared to other areas. Another topic of interest had to do with structural racism in public health. There was another presentation on Planning Councils. An assessment was conducted across the country where they collected information in a variety of ways; they conducted an on-line survey, reviewed bylaws, looked at Planning Council websites, and how Planning Councils operate. Most Planning Councils reported that 1/3 of members were people living with HIV. Factors and barriers to engaging consumers on Planning Councils were reported, with employment issues being one of the barriers.

Item:	LGBTQ-Focused Primary Care Clinics or Clinical Programs
Presenter(s):	Candi Brings Plenty, Tyler Termeer, Julia Lager-Mesulam, Heather Leffler
Summary:	Candi is the Executive Director for Equi Institute, identified as grass roots, alternative health clinic that focuses on trans and queer healthcare, research and advocacy. They offer naturopathic care, medical care, Chinese medicine/acupuncture, massage therapy and mental health counseling. Equi Institute is a 6-room clinic in the center of the Q Center. The Grand Opening will be on National Coming Out Day, October 11 th . The opening platform is that the Equi Institute is coming out on National Coming Out Day to provide a safe place where people can celebrate coming out. Dr. Angela Carter is the primary care provider who brought with them their 350 clients who they continue to serve. There are three primary programs, including peer-led tobacco cessation, a Big Others (similar to Big Brothers and Big Sisters), providing



mentors for those who are transitioning, and a tranxercise program specific to clients who are facing barriers to surgery due to weight limits and provides post-surgical, trans-specific advocacy. They also provide fertility services for the LGBTQ community, an open door policy for sex workers, and provide HIV/AIDS awareness/advocacy/testing. They are focused on trans, non-gender conforming, inter sex, and communities of color. They also advocate for the 2 Spirit community.

Tyler is the Executive Director of Cascade AIDS Project and their story is quite different since they are still renovating their building. CAP is Oregon's oldest and largest HIV community service provider and is building on all its 31 years, mainly in prevention, HIV/STI screening and linkage to care, PrEP services and insurance, and housing and supportive services unit, which includes housing case management, peer support, and service navigation. The board voted to open the LGBTQ focused primary care clinic. The plan is to open in early 2017 which will include 9 medical exam rooms, 6 mental health counseling rooms and a larger group room and room for an in-house pharmacy in the future. Pharmacy will be done through a contract pharmacy model. They will continue to offer HIV/STI low-barrier screening program – Pivot, which will move from the Lincoln Building and will be co-located at the Belmont location – 2236 SE Belmont (corner of 23rd & Belmont). There will be 2 community advisory boards, one of providers and one of the community to advise on what services to add.

The Equi Institute has a youth trans/gender non-conforming advisory council who is currently pursuing gender neutral bathrooms in Portland public high schools. CAP will be offering services to the community. They have expanded their employment services program to include the trans community regardless of HIV status and it is now called Bridges to Work. CAP has just completed a 6-month process of looking at their historical relationship with the trans community. It was a review to create a set of recommendations for CAP becoming a more trans-inclusive environment and trying to create more meaningful relationships and partnerships moving forward. Tyler and Candi have been talking and want to make it visible and verbal that they are partnering and cooperating in every way. The Equi Institute is very trans-focused and will assist in strengthening those programs as well taking on the trans-specific, communities of color, 2 Spirit HIV/AIDS advocacy component and will be relying on CAP to assist on those components as well as partnering with National Native American AIDS Prevention Coalition.

Heather talked about the Gender Pathways Clinic at Kaiser. They are currently not funded but expect to hear about funding next year but, regardless of funding, they have a medical home model, offering primary care, trans-specific services, and hormone management as well as coordinating care around surgeries. They have 3 practice providers seeing pediatric clients and their families. They will also be starting support groups for family members and clients. After funding, they will have peer navigation services and, regardless of funding status, they will be working with OHSU around community education regarding surgery procedures so people can have the most up-to-date information about those procedures and coordination of care plans so clients have the best outcomes.

Julia added information about trans-specific services in other health systems. Providence has started seeing pediatric patients, offering hormone treatment and mental health but no surgeries at this time. Legacy also has a pretty robust pediatric program and just started a trans-specific clinic where they do chest surgery, hysterectomies and orchidectomies but those are the only surgeries they are doing. At the VA, they offer mental health and hormone therapy but they do not do surgeries related to a gender dysphoria diagnosis, only surgeries related to cancer. OHSU started a trans-gender health program about a year ago which lives under Partnership Project. That program aligns all clinical arms under one roof and, as of July, OHSU offers all surgeries that someone who is trans-gender identified may want.

	<p>When asked about numbers of clients, Candi reported that Dr. Carter came with 350 clients and the number of clients has expanded from there. Within the last 3 months they have had 550 visits and that is prior to their official grand opening. At CAP, the business plan has them growing over a three year period to 1000 patients and growing from there over time. OHSU has not done any promotion of surgeries and services available but referrals have come by word of mouth. The Equi Institute and Dr. Carter will be referring to OHSU and working with Tyler on HIV matters. CAP intends to hire a nurse practitioner and will be contracting some MD time but doesn't plan to hire an HIV specialist. CAP will be offering general primary care and referring out.</p> <p>At the Equi Institute, currently 85% of clients are OHP clients. They are definitely low income, sliding scale and have an open door policy. They also offer hardship scholarships and no one is turned away. They also receive numerous private insurance plans. CAP's business plan is to have a payor mix of about 50% private insurance, 35% Medicaid, 15% Medicare, and establishing sliding scale fee.</p>
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Item:	Proposed By-laws Change – Rapid Reallocation Plan
Presenter(s):	Margy Robinson
Summary:	The proposed by-laws change codifies something we are already doing. It was suggested that it should actually be added to the by-laws. Some of the duties of the Planning Council are to allocate resources to service categories in the TGA. The suggestion to be added to the by-laws is that the Council will develop a rapid reallocation plan; to assure that a plan is in place to move funds that are not being used by one service category to another service category so that there is less requested in carryover. This has been done for at least the last 5 years. This calls it out as a responsibility of the Council that will be done each year. We are required to give at least 30 day notice to change the by-laws. It will be voted on at the next Council meeting.

Item:	Review Allocations Decisions for Grant
Presenter(s):	Alison Frye
Summary:	We are working on the grant right now with Care Services. What was decided at the meeting in late June was to start with flat funding, give all service categories a 3.1% across-the-board increase, and dedicated increases to Mental Health peer mentors, Oral Health for dental care, Medical Case Management for additional FTE to ensure access to services 5 days a week, Housing Services for housing FTE and rent assistance, Psychosocial Support for congregate meals and Food for food pantry in Clark County that Part B Washington is no longer funding. We found out from the grant application that we only have to submit allocations pending our waiver being approved. We won't have to go through the process of determining allocations in a non-waiver scenario.

Item:	Preliminary Contingency Planning for FY 17-18 (Waiver Scenarios only)
Presenter(s):	Alison Frye
Summary:	The Council broke out in small groups and discussed what happens if we don't receive what we asked for in the grant application. In the grant application we asked for about an 8% increase which included the increases discussed earlier. Another discussion centered on if we get a decrease from current funding. After our discussions, Care Services will compile some actual spreadsheets. We won't be discussing actual numbers but more along the lines of the philosophy for your decision. The groups reported back on their discussions: Group Emily – in a flat funding scenario maintain funding as it is now. In a 1%-3% decrease, hold Housing homeless and take proportionate percentage decrease out of the rest or hold nothing harmless and take the decrease proportionately across all categories. In a 1%-7% increase, fund categories in the following sequence – Housing, then Food/Home Delivered Meals, then peer mentors, then Psychosocial, then Medical Case Management. Group Alison – in a flat funding scenario, include the \$12,000 for food to fund a food pantry in Clark County and all other



	<p>categories take a cut to accommodate that funding. For a decrease scenario, hold food harmless and take the cuts proportionately across all other categories. In an increase scenario, the priorities were: a 3% cost of living increase, then Food, then Housing, then Medical Case Management, then Mental Health for peers, then Psychosocial, and then Oral Health. Group Amanda – in a flat funding scenario, increase Food by \$12,000 to support Clark County residents and decrease Oral Health and Medical Case Management by \$6,000 each. For a decrease scenario, hold harmless Health Insurance and Food and then across the board proportionate cuts. For an increase, first increase Food up to \$12,000, then proportionate cost of living increase across the board and then if there is additional funding use a similar logic as in the original grant proposal. Care Services will create some scenarios based on the Council's discussions and a decision will be made at the next Council meeting.</p>
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Item:	Clinical Quality Management – Line of Sight
Presenter(s):	Amanda Hurley
Summary:	<p>This is part of the initiative to do more quality management training for both the Council and providers. Amanda introduced a tool that is called line of sight. The purpose of the tool is to align our work to one ultimate goal which is viral suppression. It also gives a visual representation of all the work being done to get to one centralized goal. Also, it ensures providers understand how services impact viral suppression. It explains the difference between program and population based performance measures. Program performance is the goals and measurements providers are responsible for. They have more control over the work they are doing and the outcomes of the work they are doing. It is a continuum that then impacts population measures. The on the ground interventions are represented on the poster displayed on the wall. Every provider provided information about all the service categories to create the graphic.</p>

Item:	Review of Evaluations from Retreat & Planning Council Meetings for FY 15-16
Presenter(s):	Greg Fowler
Summary:	<p>At every meeting, we complete meeting evaluation forms and this is the summary for September 2015 through August 2016. It covers the 6 Council meetings and 89 evaluations completed. Each agenda item is evaluated with additional questions, such as, was meeting objectives met; was the environment safe to ask questions and express views; and was there enough time for all agenda items. All evaluations are reviewed by the Operations Committee.</p>

The meeting was adjourned at 7:06 pm