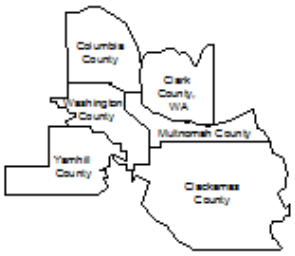
Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: May 1, 2018

Approved by Planning Council: June 5, 2018

Grantee: Multnomah County Health Department

Multnomah County

MEETING MINUTES
Planning Council

Portland Area HIV Services Planning Council

May 1, 2018
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A

Members Present:	Sara Adkins, Emily Borke, Erin Butler, Tom Cherry (Council Co-Chair/Operations), Carlos Dory (Evaluation Chair/Operations), Greg Fowler (Operations), Alison Frye (Council Co-Chair/Operations), Shaun Irelan, Toni Kempner, Heather Leffler, Toni Masters, Julia Lager-Mesulam (Operations), Jeremiah Megowan, Scott Moore, Robert Noche, Jace Richard (Membership Co-Chair/ Operations), Nathan Roberts, Michael Stewart, Michael Thurman (Membership Co-Chair/ Operations), Rosemary Toedtemeier
Leave of Absence:	NA
Members Absent (Excused):	Jonathan Livingston (Operations), Laura Paz-Whitmore
Members Absent (Unexcused):	Katy Byrtus, Monica Dunn, Maurice Evans, Lorne James
Staff Present:	Jenny Hampton, Amanda Hurley, Margy Robinson
Others Present:	Jeff Capizzi, Doris Cordova, Miranda Harris, Haiou He, Alicia Knapp, Brandi Velasquez
Recorder:	Jenny Hampton

Tom Cherry, Planning Council Co-Chair, called the meeting to order at 4:00 p.m.

Item:	**Candle Lighting Ceremony**
Presenter(s):	Nathan Roberts
Summary:	Nathan led the lighting of the ceremonial candle in recognition of the sense of welcome he has received since starting this work, and in recognition of the amazing amount of work that has previously been done.
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.
Item:	**Announcements**
Presenter(s):	All

Summary:	Announcements:
	• New HIV Care Services Program Manager is Amanda Hurley
	• June elections of 6 Ops Committee members (3 for one-year terms, 3 for two-year terms) and PLWH Council Co-Chair
	  o Please submit nominations to Alison Frye or Council Staff
	  o Jenny Hampton will send out Alison's contact information and a description of the Operations Committee role
	• Quest Clackamas has opened
	• Invitation to May 19th Community Day at Quest Center (main building on Burnside)
	• Ride To Care - major changes coming in June, Robbie Noche can answer questions
	
	Groundrules review:
	• Council reviewed the current groundrules (Council Participation Guidelines):
	  o Share group time fairly. A raised hand is recognized. One person speaks at a time; listen to understand and please do not interrupt.

	○ Remain focused on the topic at hand. Out-of-order comments and side conversations distract others. ○ Make sure everyone has the opportunity to speak and all views are heard. ○ Aim for understanding before judgment. Remain open minded. Ask questions. ○ Speak from your own experience. Be sure of your facts. Speak your truths; tell your feelings. ○ Be considerate; disagree openly but maintain respect for each other. ○ Remember that this is a public forum and what you say becomes available to the public. ○ Take care of personal needs as necessary. • Alison proposed two additions: ○ I agree to be aware of my own bias and judgment. ○ Practice "both and" thinking. • **Council agreed to these additions by unanimous consent.**

Item:	**Agenda Review and Minutes Approval**
Presenter(s):	Tom Cherry
Summary:	• **The agenda was accepted by unanimous consent** • **The meeting minutes from the March 6th meeting were approved by unanimous consent**

Item:	**Medical Monitoring Project**
Presenter(s):	**Alicia Knapp, Haiou He, and Doris Cordova**
Summary:	See slideshow.

Item:	**Expenditures Report and Reallocations**
Presenter(s):	Amanda Hurley
Summary:	See handouts. Draft numbers for expenditures for FY17-18 • In process of getting final accounting completed • Will probably give another update in June if the numbers change significantly • Weird year for spending due to new programming • Higher unspent funds this year ○ Dental care: only for Clark County residents, always like to leave some money in their budgets because we don't know how much will be needed, $9700 left unspent ○ Early Intervention Services: one of our providers thought they would use full allocation, but did not ○ Psychosocial & Food: primarily due to staffing transitions; also unable to purchase some items by end of year ○ Substance Abuse Treatment, Non-Medical Case Management, Residential Substance Abuse Treatment: implementation year, getting program established. Budgeted for full year of funding, but after contracting process we were only funding services for about five months. ▪ Peer Program was stable, spent as expected. ▪ Outpatient Substance Abuse Treatment - don't have need for outpatient treatment, as there are other resources available for outpatient services. We've had high success rates in getting people into treatment, and found other funding

	to use instead of last-resort Ryan White funding. Assistance in getting people into treatment is through Addictions Benefits Coordinator. • Q: Are we still able to monitor success rates? A: If we're not paying for their treatment, most likely not, but if they have accessed treatment through ABC, yes. ▪ Residential treatment - major barriers due to our County contracting system. We were not able to access any residential treatment providers this year. We do have a possible plan for next year. ▪ Addictions Benefit Coordinator (ABC) - Budgeted for full year of funding, but ended up only funding for about five months. Now fully staffed with full-time ABC, invoicing as appropriate. • Carryover limit o We cannot have over 5% of our funding unspent. o There is a possibility that we will have to give back some money this year. ▪ We have never previously had to give money back. ▪ Money sent back goes into Ryan White supplemental pool. o We will submit a carryover request for the full amount, but likely will not receive over 5%. Request for reallocation for current fiscal year: • Request may seem counterintuitive, as we are requesting more funds for residential, which was not spent in previous fiscal year • Financial assistance for outpatient substance abuse is not a need any longer • Residential treatment is still a need • Average rate for residential bed is $52K/year (much cheaper than expected) • If we move $45K from outpatient to residential, we could pay for 2 beds for year • On average people are staying in those beds for 45 days, so approximately 10 people could use it over course of year • We have 3-4 providers to contact, but we want to make sure we have funding first • If we don't have 1-2 solid providers within next 30 days, we will need to switch gears • Goal is to have treatment continuum • ABC says she maintains a list, could easily fill those beds • **Request: move $45,000 from outpatient to residential, for total of $107,510 in residential** • **Request approved by unanimous consent**

Item:	**Youth Navigation Services**
Presenter(s):	Emily Borke and Jamie Christianson
Summary:	See slideshow.

Item:	**Review of PSRA Process**
Presenter(s):	Julia Lager-Mesulam
Summary:	See handout.

Item:	**Reviewing Service Categories and Guidance**
Presenter(s):	Alison Frye
Summary:	See slideshow and handout.

	The Council played Service Category Bingo to review concepts.
	
	Consider if any changes are needed for Grant Year 2019-20:
	• Are there things that are not covered that should be? Does anything need to be added?
	• Bring your ideas, and we can consider if it can be addressed through service categories or guidance
	• We will revisit at June meeting if we hear from people with ideas
	• Suggestion: Assist with moving costs / expenses?
	  o Enact via guidance under housing?
	  o Pay for other things (utility assistance, etc.) to offset moving costs?
	  o Council Staff will research options
	• When thinking about guidance, consider how to make both as specific and as flexible as possible (i.e. "home based recovery" may not always be called that)

The meeting was adjourned at 7:05 p.m.

MEDICALMONITORINGPROJECT

Haiou He
Alicia Knapp
Doris Cordova

Planning Council Meeting
May 2018

Objectives

- MMP introduction
- Review demographic data
- Explore common unmet needs
- ART adherence and Viral suppression
- Stigma/Discrimination
- Local Questions

Medical Monitoring Project Goals

- National population-based sample of adults receiving medical care for HIV/AIDS
- Representative statewide data for participating states
- Linked interview and medical record data

CDC Centers for Disease Control and Prevention

MEDICAL MONITORING PROJECT

Sampling Design

- Through 2014 cycle
  - Facility based sampling
- 2015 and beyond
  - Case surveillance based sampling

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Benefits of Case Surveillance Based Sampling

- Data representative of all adults diagnosed with HIV, not just those in care
- Opportunity to link people not in care to services
- Reduce burden on facilities

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Questions MMP Can Address

- Access/utilization/barriers to care
- Unmet needs (dental, psychological, social, housing, food)
- Quality of treatment measures
- Health behaviors (drugs, sex)

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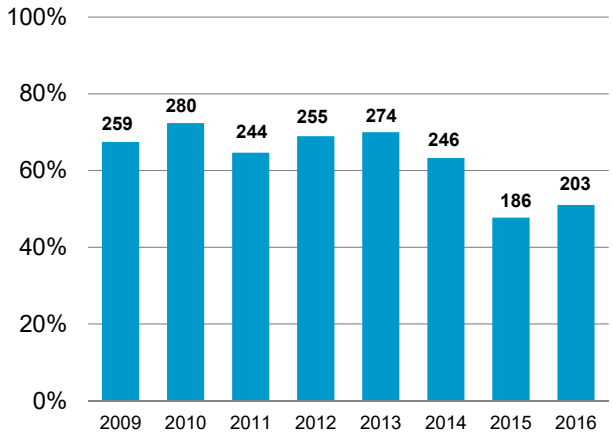
Annual Data Collection

- 400 people in Oregon sampled each year
- Participation includes
  - Interview: 45-60 minutes
    - Telephone or in person
  - Medical record review

MEDICAL MONITORING PROJECT

Participation Rate by year- Statewide



MEDICAL MONITORING PROJECT

Selected TGA Interview Results*

June 2015 – May 2017
Data Collection Cycles

* Unweighted data

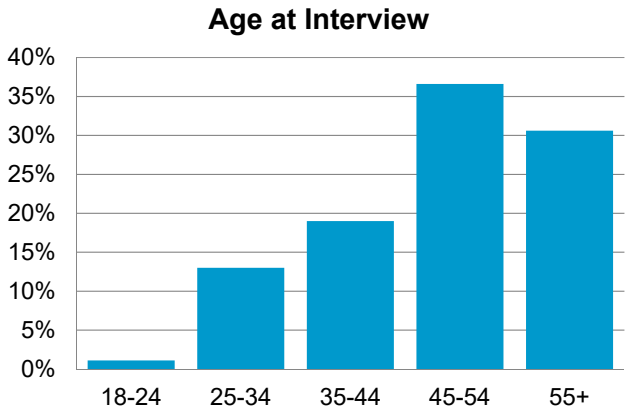
Participant Demographics (n=268)

Gender	n (%)
Male	246 (92)
Female	19 (7)
Transgender	3 (1)
Sexual Orientation	**n (%)**
Gay	170 (63)
Bisexual	24 (9)
Straight	63 (24)
Other	11 (4)

MEDICAL MONITORING PROJECT

Participant Demographics

Mean age = 49 (range 22-86)



MEDICAL MONITORING PROJECT

Race/Ethnicity	n (%)
White, non-Latino	184 (70)
Black, non-Latino	20 (8)
Latino	46 (17)
Other Races	14 (5)

Education	n (%)
< H.S. diploma or GED	27 (10)
H.S. diploma or GED	48 (18)
Some college	95 (35)
Bachelor's or higher	98 (37)

MEDICAL MONITORING PROJECT

Other Sociodemographic characteristics	n (%)
Employed, past 12 months	135 (50)
Living below federal poverty line, past 12 months	72 (28)
Homeless, past 12 months	24 (9)
Incarceration, past 12 months	13 (5)

MEDICAL MONITORING PROJECT

Health insurance coverage (categories not mutually exclusive)	n (%)
Private health insurance	138 (52)
Medicare	71 (27)
Medicaid	104 (39)
Ryan White HIV/AIDS Program or ADAP	178 (67)
Other publicly funded insurance	3 (1)

MEDICAL MONITORING PROJECT

MMP Needs Data

- Series of interview questions about each service

Core Services - dental care, case management, ADAP, mental health, adherence counseling, substance abuse tx, home health services, patient navigation services

Support Services - peer group support, SSI and SSDI, DV services, shelter/housing, meal or food assistance, interpreter services, transportation assistance, lawyer /legal services

MEDICAL MONITORING PROJECT

MMP Needs Data

- Interview questions
  - Did you get…? yes/no
  - Did you need…? yes/no
- Needed and did not receive service = "unmet need"
  - Does not capture partially met needs

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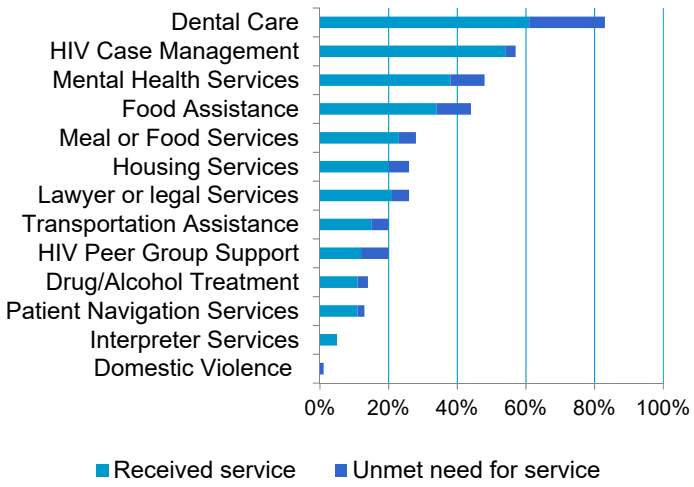
Met and Unmet Needs for Services



MEDICAL MONITORING PROJECT

Barriers to receiving HIV care services

Unmet Need	Lack of Money/Insurance	Lack of info needed to receive service	Service not meet needs/not eligible for it	Personal reasons
Dental Care (n=63)	10 (17%)	10 (17%)	3 (5%)	40 (69%)
Mental Health Counseling (n=30)	1 (4%)	8 (31%)	7 (27%)	14 (54%)
Food Assistance (n=29)		5 (18%)	19 (70%)	5 (18%)
Peer Group Support (n=22)		6 (29%)	5 (24%)	11 (52%)
Shelter/Housing (n=18)		5 (31%)	10 (63%)	3 (19%)
Transportation (n=13)		10 (71%)	2 (15%)	1 (7%)

MEDICAL MONITORING PROJECT

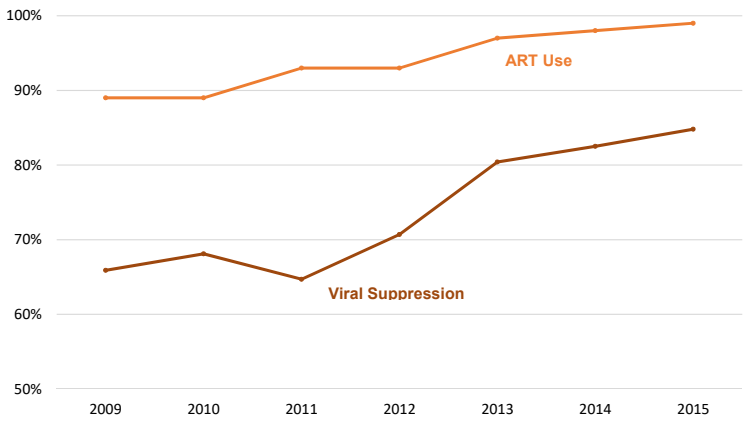
Quality of Care Received, overall and by Race/ethnicity

Variable	Overall %	White %	Black %	Hispanic %	Other %
Satisfaction with quality of HIV care received					
Very satisfied	84	84	74	87	85
Somewhat satisfied	13	11	21	13	15
Somewhat dissatisfied	2	3	0	0	0
Very dissatisfied	1	1	5	0	0

MEDICAL MONITORING PROJECT

Sustained Viral Suppression, Current ART Use

- All VL readings within 12 months preceding participation undetectable or <200 copies/ml



MEDICAL MONITORING PROJECT

Internalized Stigma

- What is HIV-related internalized stigma?
  - When HIV-infected people believe negative social attitudes, biases, and stereotypes about people living with HIV as true about themselves
- Stigma is related to lower ART adherence, poor mental health, and non-disclosure of HIV status to sex partners

MEDICAL MONITORING PROJECT

Stigma Scale (Internalized)

2015-2016 (n=268)

Statement	Agree (%)
I am very careful who I tell I have HIV	206 (78%)
I have been hurt by how people reacted to my HIV status	127 (48%)
I worry that people will tell others I have HIV	126 (48%)
I have stopped socializing with some people because of their reactions to my HIV status	100 (38%)
I have lost friends by telling them I have HIV	82 (31%)
Having HIV makes me feel unclean	58 (22%)
Having HIV makes me feel I am not as a good a person as others	53 (20%)
Having HIV makes me feel that I am a bad person	23 (8%)

Stigma Scale (Externalized)

2015-2016 (n=268)

Statement	Agree (%) - TGA
Most people think that a person with HIV is disgusting	104 (39%)
Most people with HIV are rejected when others find out	125 (48%)

MEDICAL MONITORING PROJECT

Higher stigma characteristics

- Male vs Female (44% vs 16%)
- 50+ vs younger (18-34) age group (46% vs 22%, 44% for 35-49 age group)
- Did not get mental health services vs did (46% vs 35%)
- Did not get peer group support services vs did (45% vs 19%)

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MMP Local Questions

2017 Data

MMP Local Questions

- Local questions can address issues/questions not covered in national questionnaire
- Encourage inclusivity and better utilization of data
- Workgroup meets quarterly

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MMP Local Questions

- Constraints:
  - Time restrictions for development and research
  - Time restrictions for length of questionnaire (10 minutes)
  - 26 questions

Housing Stability

- 25% moved in the past 12 months
- Of those, 30% moved because they could no longer afford that place
- 11% lived with friends or family because they did not have anywhere else to go

Provider Comfort

Comfortable discussing the following topics with your healthcare provider?	n (%)
Physical health/symptoms	211 (98)
Taking medications as prescribed	212 (99)
Mental health	203 (95)
Sexual activity	194 (92)
Alcohol and/or drug use	199 (93)

- 1 out of 4 reported new sex partner
- 2 out of 3 asked by doctor if sexually active

MEDICAL MONITORING PROJECT

Mental Health

- Nearly 1 out of 3 diagnosed or treated for depression and anxiety in last 12 months
- Almost 1 in 5 were referred for mental health services

PTSD Screen	n (%)
Nightmares	60 (28)
Avoid situations	61 (29)
Constantly on guard	49 (23)
Felt numb or detached	45 (21)

MEDICAL MONITORING PROJECT

Hepatitis

- 1 in 9 have or had Hepatitis B
- About 1 in 6 have or had Hepatitis C
  - 2 out of 3 have been treated for Hep C

MEDICAL MONITORING PROJECT

Questions?

For more information…

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Project Coordinator
971-673-0589
Doris.M.Cordova@dhsoha.state.or.us

Thank you to all the participants who shared their stories…

2015-2016 Project Team Includes:

Alicia Knapp
Aviel Forster
Doris Cordova
Denise Skrypkar
Erik Everson
Haiou He
Megan Redfield
Sara Kersey
Sean Schafer
Tyler Swift

FY17-18 Expenditures

Ryan White Council-May 1, 2018 Meeting

DRAFT Expenditures

Priority	Service Category	FY17-18 Allocation (includes Carryover)	FY17-18 Expenditure	Unspent Funds	% Expended of Award
1	Medical/Ambulatory Care	$ 915,620	$ 915,620	$ -	100.0%
2	Health Insurance	$ 35,610	$ 35,567	$ 43	99.9%
3	Mental Health	$ 262,349	$ 260,544	$ 1,805	99.3%
4	Dental Care	$ 37,000	$ 27,290	$ 9,710	73.8%
5	Medical Case Management	$ 1,314,813	$ 1,314,813	$ -	100.0%
6	Early Intervention Services	$ 181,617	$ 174,175	$ 7,442	95.9%
7	Substance Abuse Treatment	$ 182,404	$ 93,691	$ 88,713	51.4%
8	Housing	$ 62,345	$ 62,345	$ -	100.0%
9	Psychosocial	$ 389,058	$ 365,044	$ 24,014	93.8%
10	Food	$ 64,329	$ 58,308	$ 6,021	90.6%
11	Non-Medical Case Management	$ 77,662	$ 46,102	$ 31,560	59.4%
12	Residential Sub. Abuse Treatment	$ -	$ -	$ -	#DIV/0!
	SERVICES TOTAL	**$ 3,522,807**	**$ 3,353,499**	**$ 169,308**	95.2%

Unspent Services Funds	$	169,308
Unspent Admin/QM Funds	$	-
TOTAL CARRYOVER REQUEST	**$**	**169,308**

FY 18-19 Allocations Request Re-allocation 5/1/18

PSRA Funding Worksheet for FY 2018-2019
Allocation Proposal
Portland TGA

Priority	Service	Start FY 17-18	FY17-18 Carryover Decisions	Request FY18-19	% Change	5/1/18 PC Mtg Reallocation Request	Request FY18-19	Justification:
1	Medical Care	717,424	48,042	776,132	8.18%		776,132	
2	Health Insurance	35,610		35,610	0.00%		35,610	
3	Mental Health Services	272,349		278,341	2.20%		278,341	
4	Oral Health Care	37,000		37,814	2.20%		37,814	
5	Medical Case Management/MAI	1,298,024		1,391,581	7.21%		1,391,581	
6	Early Intervention	185,117		185,117	0.00%		185,117	
7	Substance Abuse Treatment	200,000		200,000	0.00%	(45,000)	155,000	Keep SA Peer program in tact. Not finding need for financial asst for tx.
8	Housing Services	80,345		82,113	2.20%		82,113	
9	Psychosocial Support Svcs	389,058		397,617	2.20%		397,617	
10	Food/Home-Delivered	67,329		68,810	2.20%		68,810	
11	Non-Medical Case Management	130,000		132,860	2.20%		132,860	
12	Residential Substance Abuse Treatment	62,510		62,510	0.00%	45,000	107,510	Able to pay for 2 residential beds all year for people that cannot quickly access or don't have insurance. Avg stay 45 days.
	Total Service Allocation	**3,474,766**	**48,042**	**3,648,505**	**5.00%**	-	3,648,505	
	Subtotal Core Services	2,745,524	48,042	2,904,595	5.79%		2,859,595	
	Percentage in Core Services	79.0%	100.0%	79.6%			78.4%	
	Subtotal Support Services	729,242	-	743,910	2.01%		788,910	
	Percentage in Support Services	21.0%	0.0%	20.4%			21.6%	

Part B

Priority	Service	FY17-18	Justification:
4	Oral Health Care	403,750	OR residents
8	Housing Services	1,275,000	OR TGA residents
	Total Service Allocation	**1,678,750**	

HIV Health Services Center Youth Intervention Update

Ryan White HIV Planning Council
5-1-18

HIV & Youth in the U.S.

- In 2015, 21% of all new diagnoses were among youth
- Youth with HIV are the least likely out of any age group to be linked to care and have a suppressed viral load
- Most of those new diagnoses among youth (81%) occurred among gay and bisexual males.
- Young black/African American and Hispanic/Latino gay and bisexual males are especially affected
- We are seeing progress. Estimated annual HIV infections fell 18% among young gay and bisexual males from 2008 to 2014

HIV Among Youth, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention, April 2018

Ryan White Part D

- Clinic began receiving Part D funding in 2010
- Funding to serve Women, Children, Infants, and Youth (WICY)
- Youth are considered anyone 24 years old and younger
- In 2017, Part D recipients had to select and implement an intervention targeting youth

HHSC Youth- 2017 Data

- We served 38 youth, 9 of them were newly diagnosed
  - 32% Black
  - 32% Hispanic
  - 13% American Indian/Alaska Native
  - 74% below 100% FPL
  - 24% in homeless/unstably housed
  - 3 had an AIDS diagnosis

- 90% had a visit with a HHSC medical provider

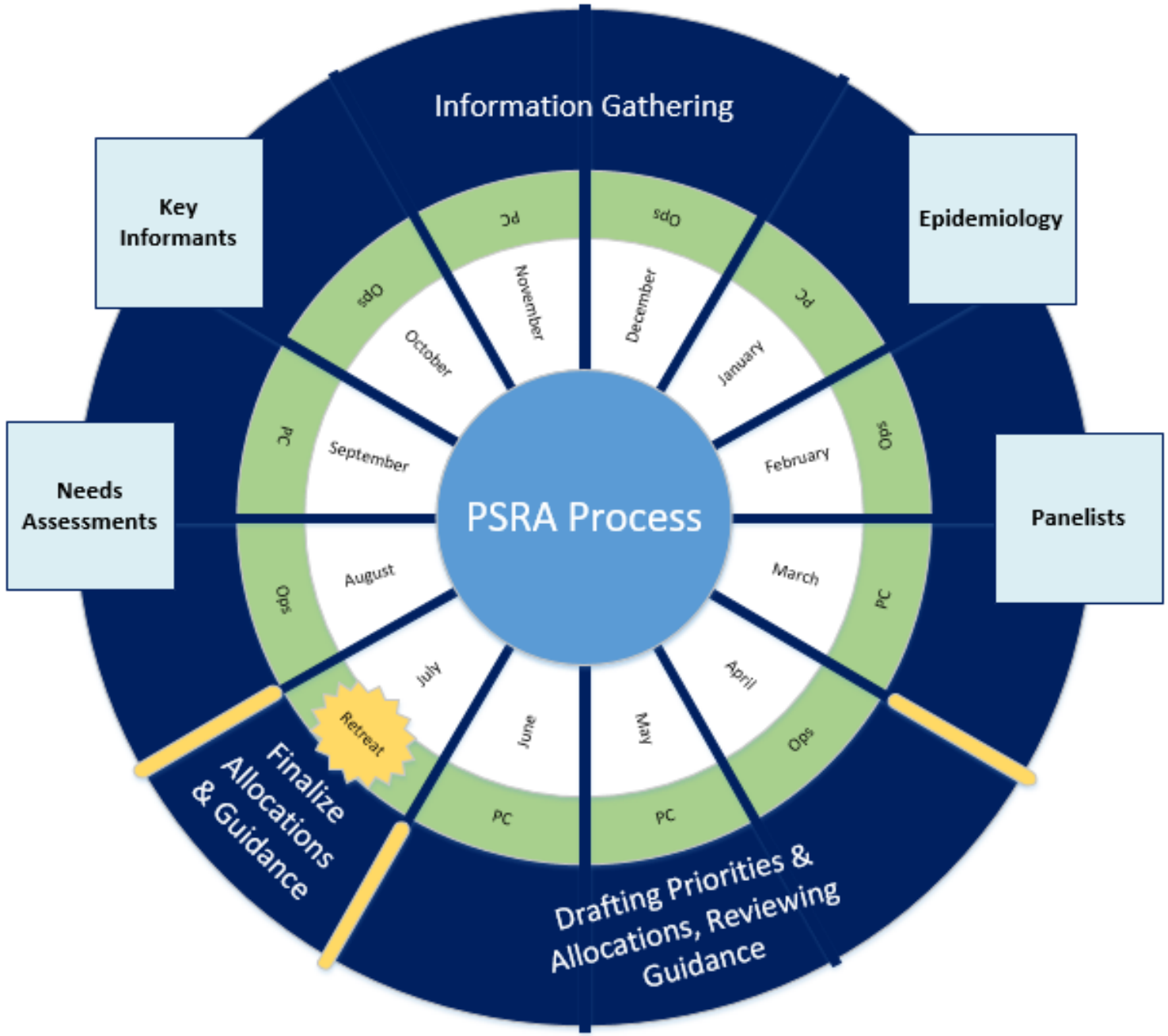
- 97% were prescribed ART

- 71% of youth had a suppressed viral load

2017 HHSC Ryan White Services Report

New Intervention Targeting Youth

- In 2017, HRSA required us to choose from a menu of interventions for youth
- We selected one created by the Damien Center/Brothers United in Indianapolis called *Linkage to Care (L2C)* and adapted to fit our clinic and clients
- Used our existing Patient Navigators and created an "enhanced" navigation workflow for youth
- New youth patients to HSC are all assigned a navigator, and can "opt out"
- Since August 2017, we have provided enhanced navigation services to **17** youth


Information Gathering
Key Informants
Epidemiology
Needs Assessments
Panelists
PSRA Process
Finalize Allocations & Guidance
Drafting Priorities & Allocations, Reviewing Guidance
Retreat
Ops
PC
November
December
January
February
March
April
May
June
July
August
September
October

Service Categories

5/1/18 Planning Council Meeting

How many HRSA service categories exist?

27 available for Part A

Core	Support
Outpatient/Ambulatory Medical Care	Non-Medical Case Management
AIDS Pharmaceutical Assistance	Child Care Services
Oral Health Care	Emergency Financial Assistance
Early Intervention Services	Food/Home Delivered Meals
Health Insurance Premiums	Health Education/Risk Reduction
Home Health Care	Housing Services
Medical Nutrition Therapy	Linguistic Services
Hospice Services	Medical Transportation
Home & Community Based Health Svcs	Other Professional Services
Mental Health Services	Outreach Services
Substance Abuse Treatment-outpatient	Psychosocial Support Services
Medical Case Management	Referral for Health Care & Support Svc
AIDS Drug Assistance Program-Part B	Rehabilitation Services
	Respite Care
	Substance Abuse Services-residential

Service Categories & Guidance Booklet

Portland TGA Guidance

- Language added to HRSA guidance by Portland TGA Planning Council that specifies what the Grantee (HIV Care Services) needs to “buy” in contracts
- See handout

Service Category BINGO

This is the overall health outcome Ryan White programs strive to achieve.

Viral Suppression

This service category can pay for HIV testing and counseling, outreach, and linkage to care for newly diagnosed individuals.

Early Intervention Services

Services provided under this service category are carried out in a clinic setting. Ambulatory care is another name for this service category.

Medical Care

Within our TGA, we currently provide health insurance assistance to this county.

Clark County, WA

The objective of this service category is to improve access to services

Non-Medical Case Management

Services provided under this service category are transitional in nature and are for the purposes of moving or maintaining a person or family into a long term, stable living situation.

Housing Services

Local planning council guidance for this service category targets funding for women, youth, and children and historically underserved populations such as people that are experiencing homelessness, multiple diagnosis, and racial and ethnic minorities.

Psychosocial

The overall objective for Medical Case Management programs is this.

Improve Healthcare Outcomes

Within this service category pre-packaged meals and nutritional supplements are delivered to people's homes based on medical needs.

Food

The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to PLWHA. Services are based on a treatment plan and conducted in an outpatient group or individual session.

Mental Health

This type of service includes: medical care, dental care, early intervention services, health insurance, mental health, medical case management, and outpatient substance abuse treatment.

Core Services

This is the process we go through every year to decide which services will be funded and the amount of funding for the following fiscal year.

Priority Setting Resource Allocation

Funding generally supports premiums, co-pays, and deductibles.

Health Insurance

The primary objective of Early Intervention Services

Linkage to Care

The role of these people is to get people signed up for insurance.

Application Assisters

In the Portland TGA this funding is for culturally specific medical case management for Latinos, African-Americans, and Refugees.

Minority AIDS Initiative

Only 25% of the total services funding may be allocated to this type of service unless there is a waiver.

Support Services

Preventative exams, diagnosis, teeth cleaning, fluoride treatment, and x-rays are examples of services funded under this service category.

Dental Care

This is an example of a program funded under mental health and substance abuse treatment.

Peer Mentor

This percentage is our goal for the level of viral suppression for people living with HIV in our TGA.

90%

Three components of this are:
Testing is Easy
Prevention Works
Treatment Saves Lives

End HIV Strategy

This is one example of housing services in the Portland TGA.

Home Based Recovery

Examples of services funded under this service category include developing a service plan, assistance with insurance, coordination of care and medication adherence support.

Medical Case Management

Core services funding must make up this percentage or more of the total services funding unless there is a waiver.

75%

The grantee and providers engage in this work to improve the quality of care provided to PLWH.

Clinical Quality Management