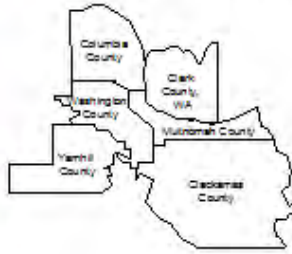




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: November 6, 2018

Approved by Planning Council: January 8, 2019

Grantee: Multnomah County Health Department



MEETING MINUTES

Planning Council

Portland Area HIV Services Planning Council

**November 6, 2018
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A**

Members Present:	Sara Adkins, Emily Borke, Tom Cherry, Carlos Dory, Greg Fowler, Alison Frye (Council Co-Chair), Dennis Grace-Montero, Myranda Harris, Mary Rita Hurley, Lorne James (Council Co-Chair), Toni Kempner, Jeremiah Megowan, Julia Lager-Mesulam, Heather Leffler, Jonathan Livingston, Toni Masters, Robert Noche, Laura Paz-Whitmore, Jace Richard, Michael Stewart, Michael Thurman, Rosemary Toedtemeier, Abrianna Williams
Leave of Absence:	NA
Members Absent (Excused):	NA
Members Absent (Unexcused):	Erin Butler, Shaun Irelan, Scott Moore, Nathan Roberts,
Staff Present:	Jenny Hampton, Jesse Herbach, Amanda Hurley, Marisa McLaughlin
Others Present:	Rene Nicolas, Sam Hurley, Ashley Allison, Paul DeOuden, Leslie Johnson, Liz Murvihill
Recorder:	Jenny Hampton
Alison Frye, Planning Council Co-Chair, called the meeting to order at 4:00 p.m.	
Item:	Candle Lighting Ceremony
Presenter(s):	Heather Leffler
Summary:	Heather Leffler led the lighting of the ceremonial candle “for all who have exited the planet from this illness, and all who have managed to stick around to do the good work we are doing today.”
Item:	Welcome & Introductions
Presenter(s):	Lorne James
Summary:	Lorne James welcomed everyone to the meeting and introductions were made with Council members declaring any conflicts of interest. New Planning Council member: Mary Rita Hurley, from Our House.
Item:	Announcements
Presenter(s):	All
Summary:	Announcements: <ul style="list-style-type: none"> • One opening on Operations Committee – please let Jenny know if you are interested in serving • National HIV Transgender testing day is in April <ul style="list-style-type: none"> ○ Many groups joining forces to plan next year’s event ○ Next meeting is 11/27 at Quest ○ See handout (from Julie Lager-Mesulam) • Reminder of World AIDS Day <ul style="list-style-type: none"> ○ Multnomah County Board of County Commissioners proclamation scheduled for 11/29 ○ Please visit World AIDS Day NW website (worldaidsdaynw.org) and add any relevant events • Empowered to Thrive series

	<ul style="list-style-type: none"> ○ Wellness programming & dinner for people identifying as long term survivors ○ First workshop Tues. 11/13 at Taborspace ○ Other workshops coming in December, January and February <p>Grantee Updates:</p> <ul style="list-style-type: none"> • Received carryover award of \$125K from last year, able to put it back into medical, health insurance, medical case management, and early intervention services for this year • Already started distributing it to providers
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Item:	Agenda Review and Minutes Approval
Presenter(s):	Lorne James
Summary:	<ul style="list-style-type: none"> • The agenda was accepted by unanimous consent • The meeting minutes from the September 11th meeting were approved by unanimous consent

Item:	Public Testimony
Presenter(s):	Lorne James
Summary:	Lorne James posted results from a men's group about aging with HIV, for attendees to review during the dinner break.

Item:	Quality Management – New Quality Improvement Projects & Care Continuum
Presenter(s):	Marisa McLaughlin
Summary:	<p>See slideshow.</p> <p>Questions</p> <ul style="list-style-type: none"> • Q: Were housing improvements for entire TGA? A: No, only Clark County, because only Clark County was doing that quality improvement project. • Q: Do we know what the cultural responsive questions in the Client Satisfaction Survey will be? A: No, but Marisa will bring them back to the Planning Council when we have those tools.

Item:	Mid-Year Scorecards
Presenter(s):	Jesse Herbach
Summary:	<p>Jesse Herbach presented the mid-year scorecards, reviewing the first six months of the Ryan White fiscal year (beginning of March through end of August) – see handout</p> <p>Medical/Ambulatory</p> <ul style="list-style-type: none"> • Received \$80K in carryover • New field RN <p>Health Insurance</p> <ul style="list-style-type: none"> • \$4K in carryover • Clark County only <p>Mental Health</p> <ul style="list-style-type: none"> • Peer hours a bit lower than would be expected - peer retention is a challenge everywhere (peers promoted, doing different kinds of work, etc) <p>Oral Health</p> <ul style="list-style-type: none"> • Clark County ADAP has eliminated cap on benefits • Majority of dental needs are being covered by other funds

	<ul style="list-style-type: none"> • Part A dental is only Clark County <p>Medical Case Management (including MAI)</p> <ul style="list-style-type: none"> • Expanding access to MCM • Challenges with consistent staffing for African American MAI program • Open Enrollment just began - many Medical Case Managers focused on this right now <p>Early Intervention Services</p> <ul style="list-style-type: none"> • \$10K carryover • They will be working closely with Multnomah, Washington & Clackamas Counties (tri-county EISO program) • Hours a bit low in this category - staffing challenges • As of August, EIS has 3 full-time staff, on track <p>Substance Abuse Treatment (Outpatient)</p> <ul style="list-style-type: none"> • Hiring delays made peer hours lower than anticipated, but position has been filled, contractors anticipate being able to spend all funds <p>Housing</p> <ul style="list-style-type: none"> • Part A only used for Clark County <p>Psychosocial</p> <ul style="list-style-type: none"> • Long Term Survivor workshops have been scheduled <p>Food</p> <p>Non-Medical Case Management</p> <ul style="list-style-type: none"> • Slight change in slides vs handout: <ul style="list-style-type: none"> ○ Change in number of clients served due to data sharing / permissions issue ○ All clients had to be removed from CAREWare until new permissions could be granted ○ Contractor estimates 30-40 people served who will be re-entered into CAREWare ○ Number of hours listed on scorecard reflect numbers currently in CAREWare, which will also increase when client data is updated <p>Residential Substance Abuse Treatment</p> <ul style="list-style-type: none"> • Subcontracting issue delayed implementation/spending • Now resolved, working to place individuals in two different facilities • We will be working to reallocate some of these funds • MCHD Mental Health & Addictions Services Division is also providing HIV 101 training to treatment providers <p>Questions</p> <ul style="list-style-type: none"> • Q: Peer retention - how many do we have in the system? Do we have ways to test for appropriateness of work? How to increase retention? <ul style="list-style-type: none"> ○ Personal experience at Quest: provides extra support for selfcare for peers such as clinical supervision and additional wellness related benefits ○ We have a number of people going to the RW conference in December ○ Community Health Workers organization ○ International Peer Support Network ○ All RW funded peers required to go to state training, which has added support built in ○ We have had peers promoted to case management, service navigation, etc - positive outcomes
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Item:	Clark County System & Funding Review
Presenter(s):	Sara Adkins & Sam Hurley
Summary:	See slideshow.

Item:	Open Enrollment Period Information
Presenter(s):	Jonathan Livingston, Emily Borke, Julia Lager-Mesulam, Sara Adkins
Summary:	<p>Open Enrollment</p> <ul style="list-style-type: none"> • 11/1/18 - 12/15/18 • 45 days to enroll over 700 people with HIV in new insurance • Trends: slight premium increases, • Factors: recent approval of substandard health plans (can destabilize market) • Challenges in ensuring every county has at least two options, but Oregon has that • Formulary review (silver plans) - many new treatments of 2018 slowly being added • HealthNet and PacificSource have not released their formularies • Challenge re specialty pharmacies for HepC treatment, can be approved through exceptions process <p>Partnership</p> <ul style="list-style-type: none"> • 338 people need new plan • Have done 41 so far • Some clients doing it on their own <p>CAP Clark County</p> <ul style="list-style-type: none"> • All 3 plans offered in 2018 will also be offered in 2019 • Unless wanting to change, all clients auto-enrolling • About 10 clients on individual plans outside of exchange (most are undocumented), coming in to re-enroll • Evergreen Health Insurance Program (EHIP) not requiring signatures for Qualified Health Plan auto-enroll • We have an insurance navigator at our office, which is very helpful <p>HIV Clinic - Emily</p> <ul style="list-style-type: none"> • 300 people on Qualified Health Plans or uninsured • Some people on outside plans (due to documentation status) • Assisting clients with online enrollment • Has not been a big deal to see HIV Clinic as out of network provider, but that is changing

Item:	HIV Medical Provider Panel
Presenter(s):	Alison Frye
Summary:	<p>Moderator: Alison Frye</p> <p>Panelists:</p> <ul style="list-style-type: none"> • Dr. Paul DenOuden, HIV physician (18 years), Multnomah County Health Department Site Medical Director • Heather Leffler, Social Worker at Kaiser Immune Deficiency Clinic • Liz Murvihill, Nurse Case Manager at Legacy • Julie Lager-Mesulam, Partnership Project (representing OHSU, VA, Providence HIV clinics) • Dr. Leslie Johnson, Primary Care & HIV Provider at Legacy Northwest <p>How many patients per year? Please describe demographics, trends, supportive services available, and gaps in care.</p> <ul style="list-style-type: none"> • Legacy (Liz Murvihill & Leslie Johnson) <ul style="list-style-type: none"> ○ See handout from Legacy

- 2500 patients (both inpatient and outpatient) per year
 - Some data hard to capture
- Two main primary care providers, plus infectious disease group
- Demographics
 - Mostly white
 - Seeing larger population ages 50-69
 - More people living to an older age with HIV
 - Comorbidities are rising - syphilis, Hepatitis C, Diabetes, cardiovascular disease
- Medical home model
 - Primary care clinics have physician, behavioral health care, pharmacist (diabetes educator)
 - Working on pilot project for cardiovascular disease
 - Planning for “Healthy Living with HIV” peer support group in 2019
 - Case managers
- Challenges
 - Dental & vision care
 - People with CareAssist get dental care, but some without CareAssist cannot afford dental care
 - As patients get on Medicare, they can no longer use co-pay cards, so have had to change meds
- MCHD HIV Clinic (Paul DenOuden)
 - Embedded in Multnomah County FQHC model - low-barrier open access clinic
 - 4 provider teams
 - Holistic model: all primary care & all HIV care with patients
 - All HepC co-infected care in house
 - All providers doing suboxone for substance use disorder
 - Same-day openings every day for patients who have high barriers
 - One-stop shop
 - Barrier: transportation to different appointments
 - Demographics
 - Current census 1400 range
 - Nearly half of patients living with mental health diagnosis
 - One third have Substance Use Disorder
 - 20% experiencing homelessness
 - 15-30 new patients per month
 - More than half already diagnosed, transferring from other locations
 - Others newly diagnosed
 - Clinic sees clients diagnosed with HIV who have previously taken PrEP (PrEP “failures”)
 - Resistance to HIV medications caused by sporadic use
 - Comorbidities
 - Diabetes
 - Hypertension
 - Cardiovascular
 - Malignancies (cancer) - some common in aging, some HIV-specific
 - Gaps
 - Robust onsite mental health care– MCHD has 2 0.2 FTE on call psych providers, but have clients with really complex co-morbidities
 - Retention and engagement in care – MCHD starting project with new intake coordinator, piloting rapid ART treatment

- Kaiser Permanente (Heather Leffler)
 - 1217 positive patients (not including PrEP, which adds 500-700 people)
 - Demographics
 - 30% Medicare; 10% Medicaid; rest have commercial, group, or OHP
 - Age: almost 70% 40-64, 20% 65+, 13% 25-39, some under 18
 - Only 10% drug and alcohol co-morbidities
 - 50-60% co-occurring mental health
 - 10% HepC co-morbidities
 - Non-referral-based clinic (people can self-refer)
 - Immune Deficiency Clinic works as medical home (HIV and primary care)
 - Some patients choose to have a different primary care provider due to distance, and Clinic co-manages with PCPs
 - Teams include: HIV provider, social worker, Registered Nurse and Nurse's Aide (allows us to work within our scope to eliminate barriers to care)
 - Same day and walk in appointments for providers and social worker
 - Clinical pharmacists work to make sure no one walks out without their meds
 - Counseling – newly diagnosed patients and anyone who needs it
 - Case management: food boxes, dementia evaluations, transplant evaluations
 - Men's group
 - Anal Dysplasia Clinic – has drastically reduced rate of rectal cancer
 - Gaps:
 - People over 500% FPL who are also on senior advantage plans, hit donut hole with meds – no program that helps them pay for their meds
 - Large issue with homelessness / housing instability
 - Transportation to/from appointments
- OHSU (Julia Lager-Mesulam)
 - HIV Clinic exists within Internal Medicine clinic
 - Not able to get complete data (gap in staffing in that clinic, no dedicated data person)
 - 1200 patients per year
 - 82% from Portland metro area
 - 18% travel to OHSU to see provider
 - Providers act as PCPs and HIV docs
 - Demographics based on Partnership clients served by OHSU HIV Clinic
 - Partnership served 233 of their clients
 - Most are men, white, live in Multnomah County (then Washington, then Clackamas)
 - 30% 50-59, then 40-49,
 - 40% on Medicaid, then 29% Medicare,
 - 90% viral suppression rate
 - Only 10% have HepC
 - Clinic staffing:
 - 3 MDs and 1 NP (one female identified)
 - 1 psychiatrist (one afternoon per week – significant gap)
 - 1 PT LPN (new intakes and coordination of care – 10% for HIV clinic)
 - 1 MA (not 100% dedicated to HIV Clinic)
 - 1 full-time clinical pharmacist
 - MCM - 1 female identified from PP onsite + 3 case managers offsite
 - Other services:
 - Navigators (Latinos, African Americans, refugees & immigrants)
 - Housing case manager (offsite)
 - PP nurse case managers (offsite)
 - Just hired a social worker who will do brief mental health interventions (30% HIV Clinic)

- HepC clinic once a month
- VA (Julia Lager-Mesulam)
 - 400 adults
 - Partnership has seen 7 of these (huge decrease)
 - Demographics: most over 60, most live in Multnomah County, white men, VA insurance
 - No HepC (have cured everybody!)
 - Staffing:
 - Infectious Disease docs: 4 doctors, plus access to 3 other ID docs who work incrementally with their patients
 - Fellows come through each year
 - 1 full-time Infectious Disease PharmD
 - Half day a week psychiatry
 - VA-employed social worker there all the time
 - PP case manager one morning a week
 - Access to all other PP services located offsite
 - HepC clinic once a month
- Providence (Julia Lager-Mesulam)
 - 2 HIV Clinics – One at St. Vincent’s (West side), one in NE (East side)
 - DO NOT act as primary care providers - significant barrier and challenge (insurance requirement and clinic requirement – especially if they have Providence insurance)
 - Partnership helps people establish with both primary care and ID docs
 - Combined 920 patients
 - Demographics
 - Partnership has served 230
 - 79% English speaking
 - 30% 40-49, then 50-59
 - Majority live in Multnomah County, then Washington County
 - Majority white men
 - 50% on Medicaid, then 25% on Qualified Health Plans (through the marketplace)
 - Most below %138 FPL
 - 95% viral suppression rates
 - Similar staffing in each clinic (East and West) – each have:
 - 5 medical providers
 - 1 Nursing supervisor
 - 1 office staff
 - 2 MAs
 - Patient relations representatives – East has 2, West has 4
 - Access to PP case manager one morning or afternoon per week
 - Access to everything else PP provides (offsite)
 - Recently started with specialty pharmacist (mostly on West side, but accessible to East side patients as well)

Questions

- Q: How helpful is it for Planning Council to dedicate money to Peers (for Mental Health or Substance Use)?
 - A: Huge benefit. People respond to different people in different ways, and patients really respond to peers, can talk to them in a different way. Very important in engaging and returning to care.
 - EndHIV looking at behavioral health care in year 3, and in particular co-locating in HIV clinics – more coming soon

	<ul style="list-style-type: none"> • Q: Data concern: Added up number of clients to get 7747 clients in Portland area? Is this accurate? Is this a duplicated count? <ul style="list-style-type: none"> ○ A: Legacy had a hard time separating out outpatient and inpatient, so Legacy's inpatient clients could be outpatient in other systems ○ A: For Julia's data (Partnership, OHSU, Providence and VA) <ul style="list-style-type: none"> ▪ Not sure where this data came from ▪ Not sure if this is a point in time, so some could be double-counted (different points in time) ▪ Numbers for OHSU not specific to TGA ○ MCHD HIV Clinic data is very accurate re unique patients ○ Kaiser's data is also not specific to TGA ○ Clients may access care in multiple systems, so the total client number may contain duplicate clients ○ Data may include duplicate clients, clients outside the TGA, and clients that do not access Ryan White services, but this is the data available to us • Does intermittent PrEP adherence cause resistance? <ul style="list-style-type: none"> ○ This is, and has been, a significant concern ○ EndHIV Oregon: <ul style="list-style-type: none"> ▪ Y1 focused on increasing number of PrEP providers ▪ Y2 focused on enhancing PrEP navigation services ▪ Y3 will focus on financial assistance component • Q: How many people for whom do you become the mental health prescriber for your panels? <ul style="list-style-type: none"> ○ A: By default, PCP gets to do everything – providing continuation of prescriptions, crisis management
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Item:	Reallocations
Presenter(s):	Jesse Herbach
Summary:	<p>See handout</p> <ul style="list-style-type: none"> • \$41,085 needs to be reallocated • Pulling from oral health and substance use treatment • Q: how many bus passes will this fund? A: Honored citizen monthly bus passes cost \$28 each, but some of those funds may be used for staff travel & training • Proposal approved by consensus:

Service Categories	Allocation (Part A)	% Spent	Allocation Reduction	Suggested Reallocations	Justification
Medical Care	\$ 797,424	53%			
Health Insurance	\$ 35,216	51%			
Mental Health	\$ 272,349	47%		\$ 4,100	Increased \$ for bus passes for clients, FTE for peer support to women
Oral Health	\$ 32,292	28%	\$9,430		
Medical Case Management	\$ 1,329,024	50%		\$ 7,000	Increase to MCM programs for capacity
Early Intervention Services	\$ 172,834	40%			
Substance Use Disorder Treatment (Outpatient)	\$ 155,000	42%		\$ 1,900	Increased \$ for bus passes for clients, staff travel and training
Housing	\$ 80,345	75%		\$ 6,000	Housing needs in Clark County
Psychosocial	\$ 389,058	48%		\$ 5,500	Food costs for groups due to decrease in volunteer capacity, funding for PS group starting in Clark County in January, additional funding for Wednesday groups
Food	\$ 67,329	53%		\$ 1,585	Small amount of money left over can make larger impact on this category than others.
Non-Medical Case Management	\$ 130,000	58%		\$ 15,000	To support staff capacity for services and supervision
Substance Use Disorder Treatment (Residential)	\$ 107,510	0%	\$31,655		
Total	\$ 3,568,381	49%	\$ 41,085	\$ 41,085	

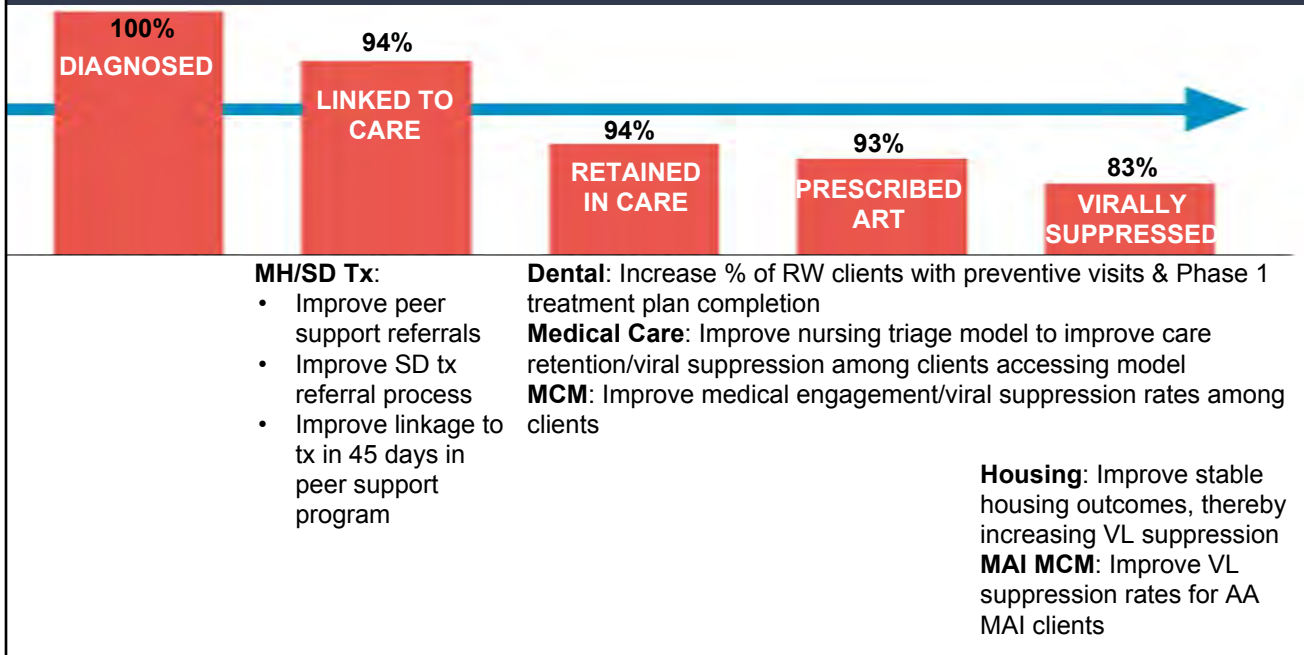
Item:	Finalize Contingency Planning for FY19-20
Presenter(s):	Emily Borke
Summary:	<p>Goal: to approve a philosophy for what to do if we get a decrease in funding. (Flat funding and increased funding scenarios approved at meeting on 9/11/2018.) See handout for review of all scenarios.</p> <p>3% decrease funding: 2 scenarios were discussed at previous meeting</p> <ul style="list-style-type: none"> #1: Hold health insurance harmless, distribute decrease among rest of categories #2: Take 3% decrease only from Substance Abuse treatment (leaves SA with only \$4,208) <ul style="list-style-type: none"> If we choose scenario #2, we would need to put remaining \$4,208 in other categories (not enough funds to make it worth admin costs to run) Q: Have we had enough time to see effectiveness of SA program? A: Contract was just signed, only starting to place clients now. It could be quite harmful to take it away next year after funding it for just a few months. Vision of system starting with residential treatment, then step down to home based treatment, then sober housing Scenario #1 approved by consent <p>Flat funding decision (review only): Increase health insurance for parity, and take those funds from medical case management and medical care, but keep all other funding the same.</p> <p>Increase (less than 5%) decision (review only): increase funding for services in this order: Health Insurance (up to \$1,368), COLA (up to 2.25%), Mental Health (up to \$43,325), Psychosocial (up to \$10,000), Medical Case Management (up to \$40,000).</p>

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

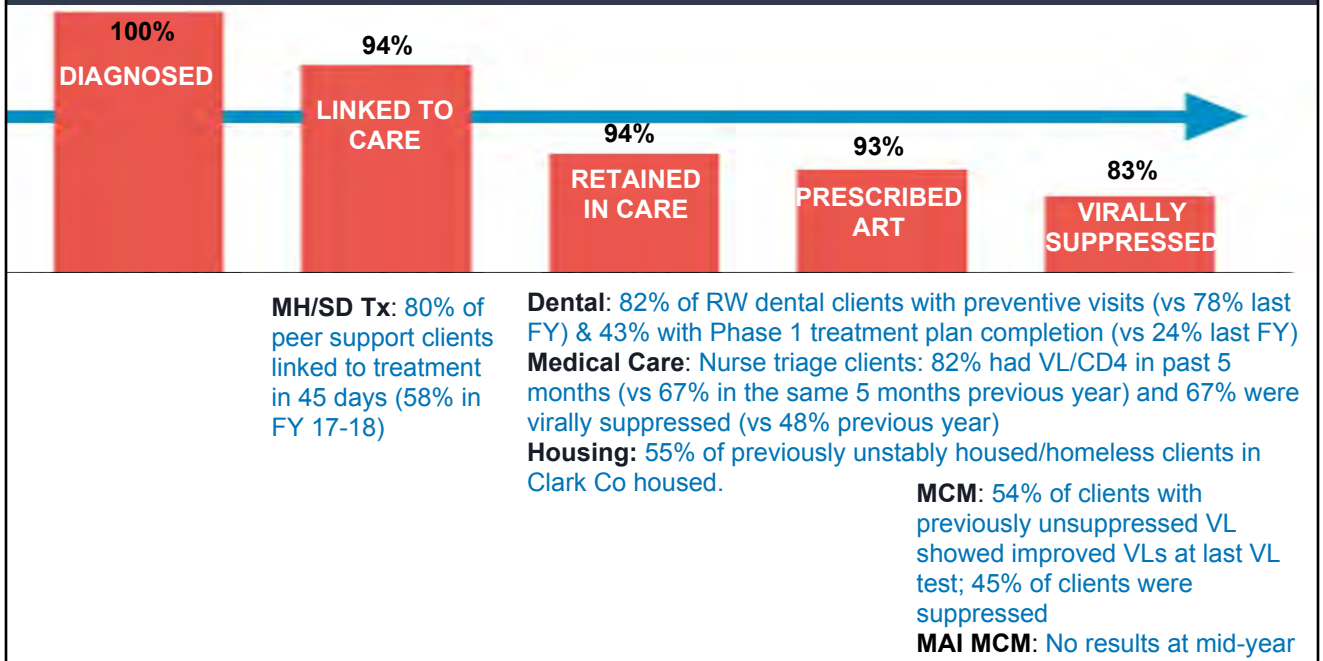
FY 18-19 TGA Quality Goals Review

Planning Council Meeting
11/06/2018

Contractor Quality Goals Along Care Continuum



Mid-Year Quality Improvement Reports



Quality Goals to Improve Client Satisfaction and Trauma-Informed Practices

- **SD Tx:** Enhancing client access to LGBTQ+ culturally responsive services
 - [Request for Informal Proposal \(RIP\)](#) released in October
- **MH/Psychosocial Support:** Improving cultural responsiveness in workplace culture and service provision.
 - 4 primary sessions to clarify peer roles among providers and peer group clients (satisfaction with process: 9.14/satisfaction with outcomes: 8.57)
- **Psychosocial Support:** Improve client service experience and community advisory board processes, thereby increasing client satisfaction with services
 - 20 clients participated in rights and responsibility redraft process → new Community Advisory Board (CAB). CAB evaluation/client satisfaction results pending.

HIV Care Services Quality Goals

1) Ensuring system of care to address disparities in RW client health outcomes

- Ensure implementation of Viral Suppression Support Project (VSSP), including:
 - CW importation of surveillance data,
 - Creation of tools and reports,
 - Evaluation of providers and care system,
 - Coordinating between EISO and RW providers, and
 - Improvement recommendations

2) Improving methods for measuring cultural responsiveness of programs/care system.

- Establish mechanism for developing and implementing:
 - An evaluation of the cultural responsiveness of the RW care system
 - Reviewing results
 - Developing an improvement plan

HCS Quality Goals: Ensuring System of Care To Address Disparities in RW Client Health Outcomes



ORPHEUS DATA IMPORT
October 16th, 2018!

Baseline data indicate:

- VL lab values for 83% of RW clients
- 20% RW clients had at least 1 unsuppressed VL
→ 46% suppressed by last VL test
- 88% of unsuppressed clients had RW MCM services/10% had EIS services

Name	Cross Tab
&Durable Viral Load	No
&First VL Test Unsuppressed - Quarterly PM	No
&Highest VL Test Unsuppressed - Annual PM	No
&Last VL Test	No
&Last VL Test Unsuppressed - Annual	No
&NO VL or CD4 count - Annual	No
&OrpheusCW - NO MATCH	No

Meeting with providers to discuss custom reports in CW

HIV Care Services Quality Goals: Improving Methods for Measuring Cultural Responsiveness



- HCS has consulted with Community Epidemiology Services (CES) and Center for Equity and Inclusion (CEI) to develop evaluation methodology
 - Client Satisfaction Survey
 - Trauma Informed Care Organizational Assessment

Next Steps

- Continue QI projects and measure end-year results
- Assess QI impact at the agency level, by service category and across system
- Results summarized in scorecards and presentations at Planning Council Retreat.

Priority 1: Medical/Ambulatory

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$717,424	\$0	\$80,000	\$797,424	22%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$797,424	\$424,850	53%

	# Served	Target	%
Clients	1,117	1,325	84%
Visits	3,531	6,100	58%

Section 3 Grantee Comments

Fiscal

- A field RN (registered nurse) was hired using Part A funding to compliment Navigation services.

Program

- Medical/ambulatory service category includes: primary and specialty care, RN case management, same day/urgent care, medication assisted treatment, ART adherence counseling, triage, harm reduction, laboratory testing, and nutritional/dietary counseling.
- Increase to new patients during summer months; 30+ per month.

Priority 2: Health Insurance

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$31,216	\$0	\$4,000	\$35,216	1%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$35,216	\$17,791	51%

	# Served	Target	%
Clients	48	55	87%
Payments	96	200	48%

Section 3 Grantee Comments

Fiscal

- The average financial assistance per client is \$371.
- The average number of payments per client is 2.
- Of the 96 payments made, 1 was a premium payment, 70 were co-payments, and 25 were deductibles

Program

- Assistance is for Clark County residents only.
- Washington State's ADAP moved to an open formulary mirroring Oregon's ADAP closely.

Priority 3: Mental Health

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$272,349	\$0	\$0	\$272,349	8%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$272,349	\$127,114	47%

	# Served	Target	%
Therapy Clients	26	22	86%
Therapy Hours	304	562	54%
Peer Clients	82	105	78%
Peer Hours	2,480	5,173	48%

Section 3 Grantee Comments

Fiscal

- Spending is on track.

Program

- Retention of peers has been a challenge for contractors. Peers have received promotions, moved on to other types of work, or have quit positions due to health issues. This issue seems to be similar to what other peer programs are experiencing across the country.

Priority 4: Oral Health

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$32,292	\$0	\$0	\$32,292	1%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$32,292	\$9,167	28%

	# Served	Target	%
Clients	16	27	59%
Visits	31	73	42%

Section 3 Grantee Comments

Fiscal

- \$403,750 is allocated to oral health from Part B funds, not reflected on this scorecard. Part B funds are available for all Oregon residents in need.
- Spending is lower than expected, but based on needs of Clark Co. uninsured or underinsured patients.
- WA State's ADAP (EIP) eliminated the annual cap of dental benefits which will lower assistance needs from Ryan White. Additionally, a waiver is now available so that Washington Medicaid clients are also eligible for EIP Dental, covering the majority of oral health needs.

Program

- Funds are only used for Clark Co. residents.

Priority 5: Medical Case Management

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$1,298,024	\$0	\$31,000	\$1,329,024	37%	\$3,568,381

Section 2 FY17-18 Performance

Program	Total Allocation	Total Expenditure	% Spent
Total	\$1,219,024	\$664,145	54%
MCM	\$1,141,283	\$587,815	52%
MAI	\$187,741	\$76,330	41%

	# Served	Target	%
Total MCM Clients	1,503	2,261	66%
Total Hours	8,135	17,548	46%
MAI Clients	75	160	47%
MAI Hours	806	3,283	46%

Section 3 Grantee Comments

Fiscal

- \$187,741 is allocated towards Minority AIDS Initiative (MAI) programs
- Carryover funds were allocated to MCM programs to continue to try to reduce caseloads and expand access to MCM services.
- The African-American MAI program has not been consistently staffed. HCS and the contractor is working on a resolution to this which may bring fiscal and programmatic changes.

Program

- MCM service category includes: service navigation, medical case management, application assisters, and nurse case management.
- 31% African-American, 40% Latino, 29% Refugee clients
- Open enrollment begins November 1.
- The TGA is working on a formalized process in which MCM's follow up with people that do not have labs or are not virally suppressed (Viral Suppression Support Project)
- MCM programs have been internally tracking and doing outreach to those who are not virally suppressed while waiting for data from Orpheus.

Priority 6: Early Intervention Services

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$162,834	\$0	\$10,000	\$172,834	5%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$172,834	\$68,864	40%

	# Served	Target	%
Clients	70	100	70%
Hours	1,248	3,029	41%

Section 3 Grantee Comments

Fiscal

- Local programs within Multnomah, Clackamas, and Washington counties applied as a regional collaborative for EIS & Outreach funding from Oregon State. They are working closely with Part A EIS services and systems level planning.

Program

- EIS funds intensive engagement for people out of care or newly diagnosed and linkage to care for people that are newly diagnosed.
- EIS averages 18 hours per client.
- As of August, the EIS program will have three full time staff, and they anticipate their outreach capacity and service hours to increase.

Priority 7: Substance Abuse Treatment

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$155,000	\$0	\$0	\$155,000	4%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$155,000	\$65,549	42%

	# Served	Target	%
Peer Clients	48	65	74%
Peer Hours	799	3,288	24%
Peer Groups	10	12	83%

Section 3 Grantee Comments

Fiscal

- Hiring delays with one of the contractors made spending lower than anticipated. The position has been filled.

Program

- Funds pay for peer services.
- Hiring delays with one of the contractors made peer hours lower than anticipated. The position has been filled and the program anticipates getting back on track with hours.

Priority 8: Housing

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$80,345	\$0	\$0	\$80,345	2%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$80,345	\$60,056	75%

	# Served	Target	%
Clients	51	65	78%

Section 3 Grantee Comments

Fiscal

- An additional \$1,325,037 from Part B is allocated to housing services, not reflected on this scorecard.

Program

- Part A funds are only for Clark County residents.
- Funds are primarily used for financial rent assistance.

Priority 9: Psychosocial

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$389,058	\$0	\$0	\$389,058	11%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$389,058	\$185,752	48%

	# Served	Target	%
Total Clients	230	312	74%
Women Support Clients	36	62	58%
Women Support Hours	138	110	125%
Women Group Contacts	226	485	47%
Day Center Clients	195	250	78%
Day Center Contacts	3,413	8,000	43%
Day Center Meals	4,388	10,000	44%
Long Term Survivor Clients	0	40	0%
LTS Workshops	0	4	0%

Section 3 Grantee Comments

Fiscal

- Psychosocial funding pays for a women's support group, congregate meals and individual support at a day center, and long term survivor workshops.

Program

- People attend the day center an average of 22 visits.
- Other service providers are onsite at the drop in center to provide additional outreach, referrals, and services.
- The women's group held a retreat in August in which 16 women attended.
- Long Term Survivor workshops are scheduled monthly for November, December, January, and February.

Priority 10: Food

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$67,329	\$0	\$0	\$67,329	2%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$67,329	\$35,443	53%

	# Served	Target	%
Clients	129	179	72%
Delivered Meals Clients	48	59	81%
Meals	5586	10,800	52%
Food Pantry Clients	81	120	68%
Food Boxes	224	480	47%

Section 3 Grantee Comments

Program

- The average number of home delivered meals or supplements is 116 per person.
- The average number of food boxes is 3 per person.

Priority 11: Non-Medical Case Management

Part A Mid-Year Scorecard Report Period: 3-1-18 to 8-31-18

Section 1 FY17-18 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$130,000	\$0	\$0	\$130,000	4%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$130,000	\$74,906	42%

	# Served	Target	%
Clients	50	35	143%
Hours	40	700	6%

Section 3 Grantee Comments

Fiscal

- Program Income from Part B provided an additional \$100,000, not reflected in the scorecard. Part B funding is specifically to support the shared eligibility system for Part A clients.

Program

- Non-MCM services provide addictions benefits coordination assistance for people considering their substance use disorder treatment options.
- Due to a data sharing concern (42CFR Part 2) which restricts sharing of substance use disorder treatment data, 5-10 client records had to be removed from CAREWare until legal permissions are obtained.

Priority 12: Residential Substance Abuse Treatment

Part A Mid-Year Scorecard

Report Period: 3-1-18 to 8-31-18

Section 1 FY18-19 Allocations

Initial Allocation	Reallocation	Carryover	Total Allocation	% of Award	TGA Award
\$107,501	\$0	\$0	\$107,501	3%	\$3,568,381

Section 2 FY17-18 Performance

Total Allocation	Total Expenditure	% Spent
\$107,501	\$0	0%

	# Served	Target	%
Clients	0	2	0%

Section 3 Grantee Comments

Fiscal

- Spending has not happened with this contract yet due to complications with the contract process between the program and their subcontractor. Contract has now been secured with residential treatment facility to refer clients to available beds at two locations within the TGA.

Program

- Funds provide financial assistance to uninsured and underinsured PLWH in need of residential treatment.
- HIV 101 education will also be provided to residential treatment facilities to ensure PLWH have access to culturally affirming treatment options. This was brought up as a need within the community.

CLARK COUNTY UPDATE

Sam Hurley, Medical Case Manager
Sara Adkins, Medical Case Manager

Cascade AIDS Project



Staff

- Started with a staff of six, less than two years ago
 - *Now up to 12 and STILL GROWING!*
- Kristi Addis, Program Director
- Doreen Engelmann, Program Assistant
- Caitlin Truitt, Network Navigator
- Yehoshua Ventura, Peer Navigator
- 2 Housing Support Positions
 - *Lauren Edelstein – Housing Services Coordinator (Clark)*
 - *Marisa McDowell – Housing Navigator (Clark) / Housing Services Coordinator (Cowlitz)*



Staff Continued

■ 4 Case Managers

- *Joseph Campbell– Low Acuity (Wellness Case Manager)*
- *Sara Adkins – Medium Acuity*
- *Emma Martinez– High Acuity and Monolingual Spanish (Transitioning out of this role)*
- *Sam Hurley– High Acuity*

■ Prevention Team

- *Jasmine Gruenstein- Team Lead*
- *Benjamin Meana – Bilingual Prevention Navigator (PrEP Navigation, Insurance Enrollment)*

Client Demographics & Trends (3rd Quarter 2018)

- Completed nearly 320 intakes in less than two years
- Actively working with 285 clients
- 86% of RW eligible clients were engaged in medical care (at least one visit in the last year)
- 83% of our RW eligible clients were virally suppressed
- 232 clients identify as male, 52 identify as female, and 1 identifies as transgender
- Black – 35
- Hispanic – 41
- White, non-Hispanic – 191
- American Indian – 7
- Asian/PI - 8

Cascade AIDS Project



Services offered at CAP SW WA

■ Care Services

- *Medical Case Management*
- *Housing Services*
 - TBRA: Tenant-Based Rental Assistance (HOPWA)
 - PBRA: Project-Based Rental Assistance (HOPWA)
 - ERA: (Emergency Rental Assistance) (Ryan White Part A)
 - STRMU: Short-Term Rent, Mortgage, Utility Assistance (HOPWA)
- *Peer Navigation (focused on Medical Engagement)*
- *Network Navigation (SUD, MH service navigation)*

Services Continued

■ Care Services Continued

- *Food (Martha's Pantry primarily)*
- *Transportation (Bus passes and gas cards)*
- *Health insurance (pays for copays and deductibles)*
- *Dental*

■ Prevention Services

- *HIV/STI testing and treatment 2 days a week (HIV, chlamydia, gonorrhea, syphilis)*
 - *Treatment for Chlamydia and Gonorrhea*
- *PrEP Navigation*
- *Insurance Navigation and Enrollment*

Cascade AIDS Project





**the
stigma
project**
SW Washington



Knowledge. Power. Choice.

#UEqualsU #ScienceNotStigma #StopStigma



Women account for more than half the number of people living with HIV worldwide.

#LadiesNight #StopStigma #ShowLove
#TheStigmaProjectWA

Overview of Early Intervention Program (EIP)

■ Eligibility

- *Proof of HIV positive status*
- *Live in Washington State*
- *400% FPL (\$4,047/month for household of 1)*
- ***NOT** eligible if on Medicaid (Apple Health in WA)*

■ Covered Services

- *Medical appointments*
- *Labs*
- *Dental care*
- *HIV medication*
- *Health insurance premiums*



EIP Covered Services

- Pays for **limited HIV-related** provider visits and tests
- Clients **must** go to providers and labs contracted with EIP
- Covers deductibles, copays, and coinsurance for clients with insurance
- Costs must be for services listed on Medical Schedule of Coverage and Maximum Allowances
- Will cover full cost for HIV-related medical appointments and labs for clients without insurance
- Will never pay for ambulatory transportation, hospital/Emergency Room visits or inpatient mental health.



EIP Dental Coverage

- Pays for certain covered dental services
- Only qualify for EIP dental if you have no other source of coverage
- Recently added a waiver process for Apple Health clients that need dental work not covered by Apple Health (Bridges, Implants, Crowns)



EIP Drugs and Medications

- Contracts with Ramsell Corp to provide Pharmacy Benefit Services
- Will cover copays on any medications that primary insurance covers
- If primary insurance does not cover, EIP will NEVER cover that medication
- For uninsured clients, EIP maintains a drug formulary of covered medications
- Some clients must pay a part of their monthly drug cost
 - 0-100% No cost share
 - >100-200% \$10/month
 - >200-300% \$20/month
 - >300-400% \$30/month
- Medicare and dual eligible clients do not have a cost share



Evergreen Health Insurance Program (EHIP)

- Pays health insurance premiums for eligible EIP clients
- Cannot be enrolled in EHIP if not enrolled in EIP
- Types of plans EHIP will pay for:
 - *Individual plans*
 - *Group plans*
 - *Existing COBRA plans*
 - *QHPs (Gold and Silver)*
 - *PDPs and some MA-PDs*

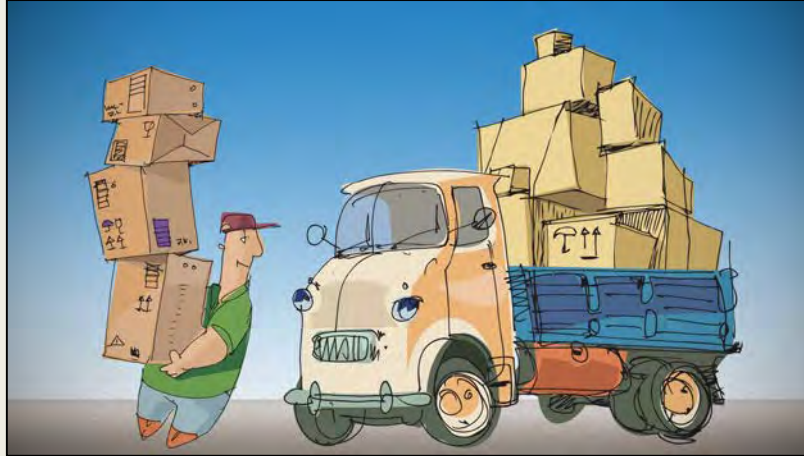


Welcome to Cowlitz and Wahkiakum Counties!

- On December 1st, CAP will take over the lease for the Lifelong Office in Longview.
- Around 85 clients
- 2 new case managers
- 1 new peer position
- Marisa will be helping with housing one day a week



Coming March 2019, we're moving!



- Because of our continued growth (we are adding 3-4 new positions to the Vancouver office soon), we've outgrown our space
- Moving across the hall, more than double our current square footage
- More private offices and meeting rooms, break room, larger multipurpose room, larger waiting room, more testing rooms, etc.
- Easier access to the office from the lobby of the building

Any Questions?



Cascade AIDS Project

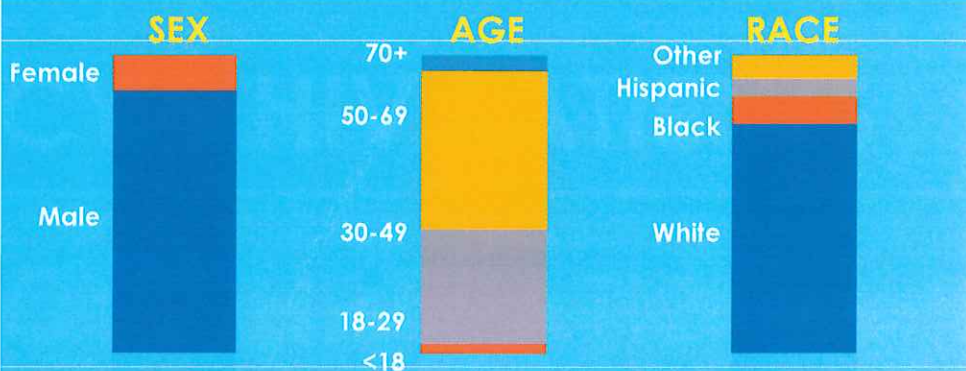


SNAPSHOT

LEGACY'S HIV PATIENTS

TOTAL PATIENTS

2,560



OUR PATIENTS ARE GETTING OLDER



	2008	TODAY
SYPHILIS	3.1%	7.8%
HEP C	7.2%	12.8%
DIABETES	4.9%	9.3%
CVD	22.8%	37.7%

COMORBIDITIES ARE RISING

NEXT STEPS...

**Comprehensive care
through collaboration**



LEGACY
MEDICAL GROUP

Contingency Planning 11/6/18 PC Meeting

PSRA Funding Worksheet for FY 2019-2020

Approved at 9/11/18 PC Meeting

FLAT FUNDING SCENARIOS

Portland TGA			Grant Request		#1	
Priority	Service	Start FY 18-19	Request FY19-20	% change from FY18-19	Flat funding - maintain funding as it is FY18-19; exceptions being to keep increase in HI for parity (no COLA), taking funding from MCM and Med	% change from FY18-19
1	Medical Care	717,424	733,566	2.3%	716,937	0%
2	Health Insurance (Clark Co only)	31,216	33,286	6.6%	32,584	4%
3	Mental Health Services	272,349	321,802	18.2%	272,349	0%
4	Oral Health Care (Clark Co only)	32,292	33,019	2.3%	32,292	0%
5	Medical Case Management/MAI	1,298,024	1,367,230	5.3%	1,297,143	0%
6	Early Intervention	162,834	166,498	2.3%	162,834	0%
7	Substance Abuse Treatment	155,000	158,488	2.3%	155,000	0%
8	Housing Services (Clark Co only)	80,345	82,153	2.3%	80,345	0%
9	Psychosocial Support Svcs	389,058	407,812	4.8%	389,058	0%
10	Food/Home-Delivered	67,329	68,844	2.3%	67,329	0%
11	Non-Medical Case Management	130,000	132,925	2.3%	130,000	0%
12	Residential Substance Abuse Treatment	107,510	109,929	2.3%	107,510	0%
Total Service Allocation		3,443,381	3,615,550	5.0%	3,443,381	0%

Subtotal Core Services	2,669,139	2,813,888	2,669,139
Percentage in Core Services	77.5%	77.8%	77.5%
Subtotal Support Services	774,242	801,662	774,242
Percentage in Support Services	22.5%	22.2%	22.5%

Contingency Planning 11/6/18 PC Meeting

PSRA Funding Worksheet for FY 2019-2020

Portland TGA					3% DECREASE FUNDING SCENARIOS			
					#1		#2	
Grant Request								
Priority	Service	Start FY 18-19	Request FY19-20	% change from FY18-19	Hold Health Insurance harmless at flat funding, distribute decrease among the remaining categories	% change from FY18-19	Decrease 3% from Outpatient SUD TX; not enough data to justify funding, minimizes the number of consumers impacted	% change from FY18-19
1	Medical Care	717,424	733,566	2.3%	695,417	-3.07%	717,424	0.0%
2	Health Insurance	31,216	33,286	6.6%	32,585	4.39%	31,216	0.0%
3	Mental Health Services	272,349	321,802	18.2%	263,995	-3.07%	272,349	0.0%
4	Oral Health Care	32,292	33,019	2.3%	31,301	-3.07%	32,292	0.0%
5	Medical Case Management/MAI	1,298,024	1,367,230	5.3%	1,258,206	-3.07%	1,298,024	0.0%
6	Early Intervention	162,864	166,528	2.3%	157,869	-3.07%	162,864	0.0%
7	Substance Abuse Treatment	155,000	158,488	2.3%	150,245	-3.07%	155,000	0.0%
8	Housing Services	80,345	82,153	2.3%	77,880	-3.07%	80,345	0.0%
9	Psychosocial Support Svcs	389,058	407,812	4.8%	377,123	-3.07%	389,058	0.0%
10	Food/Home-Delivered	67,329	68,844	2.3%	65,264	-3.07%	67,329	0.0%
11	Non-Medical Case Management	130,000	132,925	2.3%	126,012	-3.07%	130,000	0.0%
12	Residential Substance Abuse Treatment	107,510	109,929	2.3%	104,212	-3.07%	104,285	-3.0%
	Total Service Allocation	3,443,411	3,615,581	5.0%	3,340,109	-3.00%	3,340,109	-3.0%
Subtotal Core Services		2,669,169	2,813,918		2,589,618		2,669,169	
Percentage in Core Services		77.5%	77.8%		77.5%		79.9%	
Subtotal Support Services		774,242	801,662		750,491		771,017	
Percentage in Support Services		22.5%	22.2%		22.5%		23.1%	

Contingency Planning 11/6/18 PC Meeting

PSRA Funding Worksheet for FY 2019-2020

Approved at 9/11/18 PC Meeting

Increased Funding (Up to 5%)

Portland TGA

Grant Request

Priority	Service	Start FY 18-19	Request FY19-20	% change from FY18-19	
1	Medical Care	717,424	733,566	2.3%	
2	Health Insurance	31,216	33,286	6.6%	#1 - up to \$1,368
3	Mental Health Services	272,349	321,802	18.2%	#3 - up to \$43,325
4	Oral Health Care	32,292	33,019	2.3%	
5	Medical Case Management/MAI	1,298,024	1,367,230	5.3%	#5 - up to \$40,000
6	Early Intervention	162,834	166,498	2.3%	
7	Substance Abuse Treatment	155,000	158,488	2.3%	
8	Housing Services	80,345	82,153	2.3%	
9	Psychosocial Support Svcs	389,058	407,812	4.8%	#4 - up to \$10,000
10	Food/Home-Delivered	67,329	68,844	2.3%	
11	Non-Medical Case Management	130,000	132,925	2.3%	
12	Residential Substance Abuse Treatment	107,510	109,929	2.3%	
	Total Service Allocation	3,443,381	3,615,550	5.0%	#2 - up to 2.25% COLA for all service categories

Subtotal Core Services	2,669,139	2,813,888
Percentage in Core Services	77.5%	77.8%
Subtotal Support Services	774,242	801,662
Percentage in Support Services	22.5%	22.2%