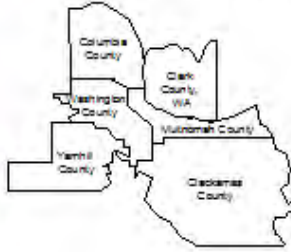




# Portland Area HIV Services Planning Council

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

*Ryan White Program, Part A*



## Meeting Minutes

Meeting Date: June 4, 2019

Approved by Planning Council: July 12, 2019

Grantee: Multnomah County Health Department



# ***MEETING MINUTES***

## ***Planning Council***

Portland Area HIV Services Planning Council

**June 4, 2019**  
**4:00 pm – 7:30 pm**  
**Multnomah Building**  
**501 SE Hawthorne Blvd.**  
**Room 315**

<b>Members Present:</b>	Emily Borke, Tom Cherry, Carlos Dory, Alison Frye (Council Co-Chair), Myranda Harris, Shaun Irelan, Lorne James (Council Co-Chair), Toni Kempner, Julia Lager-Mesulam, Heather Leffler, Toni Masters, Jeremiah Megowan, Scott Moore, Jace Richard, Michael Stewart, Michael Thurman-Noche, Robert Thurman-Noche, Abrianna Williams
<b>Leave of Absence:</b>	NA
<b>Members Absent (Excused):</b>	Erin Butler, Mary Rita Hurley, Jonathan Livingston, Laura Paz-Whitmore, Rosemary Toedtemeier
<b>Members Absent (Unexcused):</b>	Greg Fowler, Dennis Grace-Montero, Nathan Roberts
<b>Staff Present:</b>	Jenny Hampton, Jesse Herbach, Amanda Hurley, Marisa McLaughlin
<b>Others Present:</b>	Jamie Christianson (HHSC), Ashley Allison (Oregon AETC), Hollis Kinner (Partnership), Diane Quiring (OHA Medicaid), Matthew Moore (CAP Clark), Dennis Torres (Gilead), Erin Waid (Russell Street Dental Clinic)
<b>Recorder:</b>	Jenny Hampton

**Lorne James, Planning Council Co-Chair, called the meeting to order at 4:00 p.m.**

<b>Item:</b>	<b>Candle Lighting Ceremony</b>
<b>Presenter(s):</b>	Michael Thurman
<b>Summary:</b>	Toni Kempner led the lighting of the ceremonial candle in honor of a friend who committed suicide after learning of his HIV diagnosis. She also reminded the group that stigma is still present today.
<b>Item:</b>	<b>Welcome &amp; Introductions</b>
<b>Presenter(s):</b>	Lorne James
<b>Summary:</b>	Lorne James welcomed everyone to the meeting and introductions were made, with Council members declaring any conflicts of interest.
<b>Item:</b>	<b>Announcements</b>
<b>Presenter(s):</b>	All
<b>Summary:</b>	Announcements: <ul style="list-style-type: none"> <li>• Quest recovery home - transitional housing for LGBTQ+ (emphasis on transgender and nonbinary) people in outpatient SUD treatment) <ul style="list-style-type: none"> <li>○ Still have a couple of slots open.</li> <li>○ Working hard to have a dedication ceremony in July.</li> </ul> </li> <li>• Alison will be here for second part of meeting</li> <li>• Reminder - please complete evaluations</li> <li>• Trying this meeting without microphones, please project your voice</li> <li>• Still working on retreat logistics, have this space (Multnomah Building Room 315) if we need it, but trying to secure a different location</li> </ul>

<b>Item:</b>	<b>Agenda Review and Minutes Approval</b>
<b>Presenter(s):</b>	Lorne James
<b>Summary:</b>	<ul style="list-style-type: none"> <li>• <b>The agenda was accepted by unanimous consent</b></li> <li>• <b>The meeting minutes from the May 7<sup>th</sup> meeting were approved by unanimous consent</b></li> </ul>

<b>Item:</b>	<b>Public Testimony</b>
<b>Presenter(s):</b>	Lorne James
<b>Summary:</b>	No public testimony.

<b>Item:</b>	<b>FY18-19 Annual Report of Services</b>
<b>Presenter(s):</b>	Jesse Herbach
<b>Summary:</b>	<p>See handout</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>• Q: Re total clients served, do you know what accounted for additional 2%? A: We have not looked at that. Q: Will there be another 2% increase next year? A: We will be getting more money from Part B.</li> <li>• Q: Re total clients served, are those not getting RW services getting treatment somewhere else? A: We will know this info soon - state is starting to generate lists of clients not in care for follow up by DIS.</li> <li>• Q: Is there any reason to believe there might be a large number of people not receiving care? Will this list show eligibility? A: No.</li> <li>• Q: What about veterans affairs? A: No, VA does not report into state surveillance system (2 people at Partnership have access) - VA has about 200-300 people in care.</li> <li>• Comment: re. total clients served, difference between black and green may be a lot of people who are still working and not eligible for RW services. We have no way of knowing if people are getting services somewhere else (we'll know if they're getting labs, and if they're suppressed or not)</li> <li>• Q: Housing status - how do we define these? A: HRSA definitions, three categories. It would be up to program who receives that money to make changes. Q: Could we make that a contract requirement? A: If they don't receive RW funds, we as contract monitors don't have any sway. RW cannot pay for permanent housing, but only transitional housing until someone gets into permanent housing (however the program defines that), as well as case management.</li> <li>• Q: Demographics - source of income? A: We don't have the ability to look at that info.</li> <li>• Q: Outcomes - what is the FY being referenced? A: March-February</li> <li>• Q: Outcomes - what labs? A: Viral load or CD4</li> <li>• Q: Outcomes – why is there a difference in N (the denominator) used for these different measures? A: Not looking at everybody, but only everyone who had that visit in first 6 months. For medical engagement, this year using lab as proxy for 2nd six months visit.</li> <li>• Q: Demographics risk factor - this is for everyone, not just new diagnoses? A: Yes. Q: Is MSM still this high of a risk factor? A: Not completely clear, due to risk factor only being reported at date of diagnosis and that is what remains in the system. Request – add data on risk factor for newly diagnosed.</li> <li>• Presenter question: What additional info would you like to see at retreat? <ul style="list-style-type: none"> <li>○ Number of people who experienced unstable housing at any point during year</li> </ul> </li> <li>• If other questions come up, please let us know</li> </ul>

<b>Item:</b>	<b>TCQPlus Training Highlights</b>
<b>Presenter(s):</b>	Carlos Dory & Fernando Moreno
<b>Summary:</b>	<p>Carlos Dory &amp; Fernando Moreno (Brandi Velazquez and Marisa McLaughlin also attended)</p> <ul style="list-style-type: none"> <li>• Fernando’s comments <ul style="list-style-type: none"> <li>○ Thank you for letting me experience training</li> <li>○ As a Peer Support Specialist, I am experienced, but not with this kind of work</li> <li>○ As a person with HIV, maybe this is the stuff I need to know</li> </ul> </li> <li>• TCQ = Training of Consumers for Quality <ul style="list-style-type: none"> <li>○ Keep us thinking about what quality looks like, what advocacy looks like</li> <li>○ 30 people from around the country</li> <li>○ Our numbers are amazing in comparison to country</li> <li>○ Bring it back here, bring new energy</li> <li>○ Got us thinking about things in a way that we didn’t even realize we were doing</li> <li>○ “Games” - 1-10 experience at last visit</li> <li>○ Would be interesting to hear experiences here</li> <li>○ Had us do the exercises</li> <li>○ Also learned a lot of acronyms</li> </ul> </li> <li>• It would be cool to take these this back to all different providers <ul style="list-style-type: none"> <li>○ Plan is to get a training together to present to client advisory board (CAB)</li> <li>○ We’re going to do these four modules</li> <li>○ Starting with Emily and Toni, we will present to their client advisory council</li> <li>○ Do one module at a time, 1.5 hours each</li> <li>○ Once we have this together, go to other providers</li> </ul> </li> <li>• Portland had it more together than other areas</li> <li>• There are smaller TGAs than ours</li> <li>• We always need to open our eyes up to the possibility of improvement</li> <li>• Planning to do a game for the retreat</li> </ul> <p>Brandi sent in a couple of comments:</p> <ul style="list-style-type: none"> <li>• “It was great to be in a training with providers/staff/- Consumers whom are interested in Quality Advocacy, and what that meant to them, how important it was to have consumers at the table and their voices be heard as well.”</li> <li>• “Learning about data, it was interesting to see it through a different lens. I understood the data, and the graph in a different way. Like how to dissect the graph with the numbers. It was definitely very informative learning about the data.”</li> </ul>

<b>Item:</b>	<b>Develop Carryover Request Estimation</b>
<b>Presenter(s):</b>	Jesse Herbach
<b>Summary:</b>	<p>Develop Carryover Request Estimation</p> <ul style="list-style-type: none"> <li>• See handout</li> <li>• We need to submit a request to HRSA by the end of July, don’t have time to talk about this at the retreat, so we need to make decisions tonight.</li> <li>• When we do this estimation of carryover, this is not our final carryover request. We have to put our request into a service category, but it can change.</li> <li>• <b>Decision: for this particular pot of money, we will give grantee flexibility to make changes as needed based on priorities we set.</b></li> <li>• <b>Decision: put carryover funds into medical care</b></li> </ul>

<b>Item:</b>	<b>Co-Chair &amp; Operations Committee Elections</b>
<b>Presenter(s):</b>	Jace Richard
<b>Summary:</b>	<p>Co-Chair election</p> <ul style="list-style-type: none"> <li>• 1 nominee: Emily Borke</li> <li>• <b>Elected: Emily Borke</b></li> </ul> <p>Operations Committee</p> <ul style="list-style-type: none"> <li>• 3 open positions</li> <li>• 4 nominees: Michael Thurman, Julia Lager-Mesulam, Tom Cherry, Myranda Harris</li> <li>• <b>Elected: Julia Lager-Mesulam, Tom Cherry, Myranda Harris</b></li> </ul>

<b>Item:</b>	<b>Establish Priorities &amp; Service Categories for FY20-21</b>
<b>Presenter(s):</b>	Jesse Herbach & Alison Frye
<b>Summary:</b>	<p>At the last meeting, the Council brainstormed ideas for new services / guidance. HCS staff reviewed the results, sorted the ideas out into service categories, and stated how or if they might be funded under Ryan White.</p> <p>At this meeting, Jesse reviewed the ideas and how HCS categorized them. Jesse and Alison then facilitated discussion:</p> <ul style="list-style-type: none"> <li>• Q: Does legal services cover expungement? A: No</li> <li>• Q: Does legal services cover advance directives / living wills? A: Yes. Q: Does it need to be a lawyer? A: Not necessarily. The person has to be qualified to provide the service, which may mean a certification or an advanced degree, depending on the service.</li> <li>• Q: Sexual wellness - what does this mean? A: That is up to this group to determine.</li> <li>• Q: There is a lot of PTSD with consent and trauma around first diagnosis with another person. Now with viral load suppressed, how are we empowering HIV positive people to be sexually healthy people? A: Quest has program - six weeks, twofold: as we are beginning to look into doing universal opt-out testing at Quest, offering quarterly workshop based on health promotion</li> <li>• Process question: What are we deciding here?</li> <li>• Goal: set priorities so when we set allocations decisions, we have a basis for conversation</li> <li>• This is not to make decisions on whether or not we put money in certain services/categories</li> <li>• Prioritizing ideas only</li> </ul> <p>Dot prioritization: individuals voted for their favorites (each person was able to vote for three)</p> <ul style="list-style-type: none"> <li>• Long term care – 1</li> <li>• Transportation – 5</li> <li>• <b>Emergency financial assistance – 18</b></li> <li>• Caregiver respite – 2</li> <li>• Legal services (wills) – 2</li> <li>• Caregivers – 1</li> <li>• More patient navigators – 2</li> <li>• Peer services (for homeless) – 1</li> <li>• Long term survivor assistance to break isolation – 1</li> <li>• LGBTQ+ seniors – 0</li> <li>• <b>Helping homeless stay in care – 6</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Support for trans folks – 1</li> <li>• <b>Clinic based SUD counselors – 8</b></li> <li>• Team of people to help stabilize clients (high needs behavioral health) – 0</li> <li>• Storage (lockers) – 0</li> </ul>
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<b>Item:</b>	<b>Develop Final Guidance</b>
<b>Presenter(s):</b>	Alison Frye
<b>Summary:</b>	<b>Conversation about possible changes to guidance is tabled until the next meeting.</b>

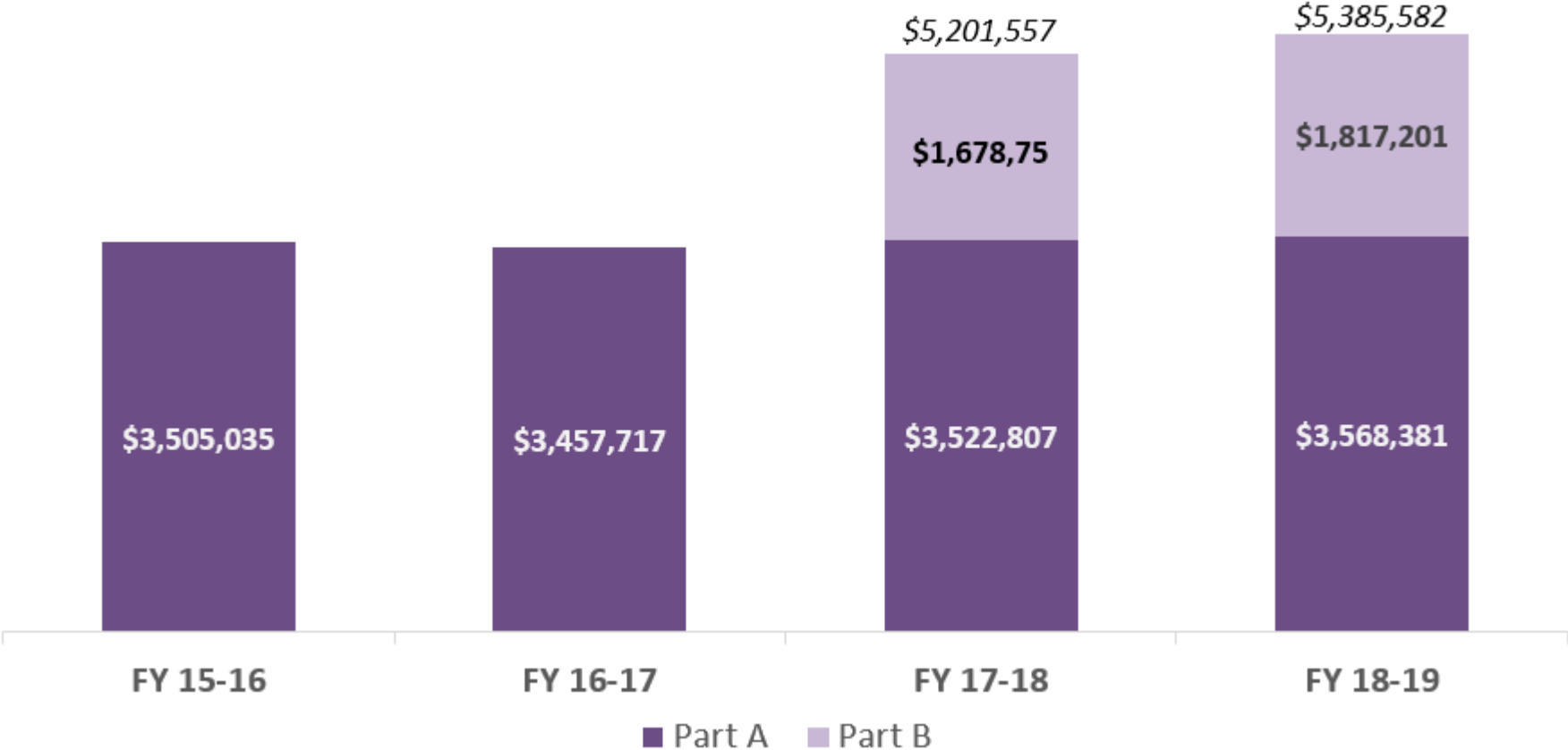
**The meeting was adjourned at 7:00 p.m.**

# **18-19 RYAN WHITE YEAR IN REVIEW**

6/4/19 Planning Council Meeting



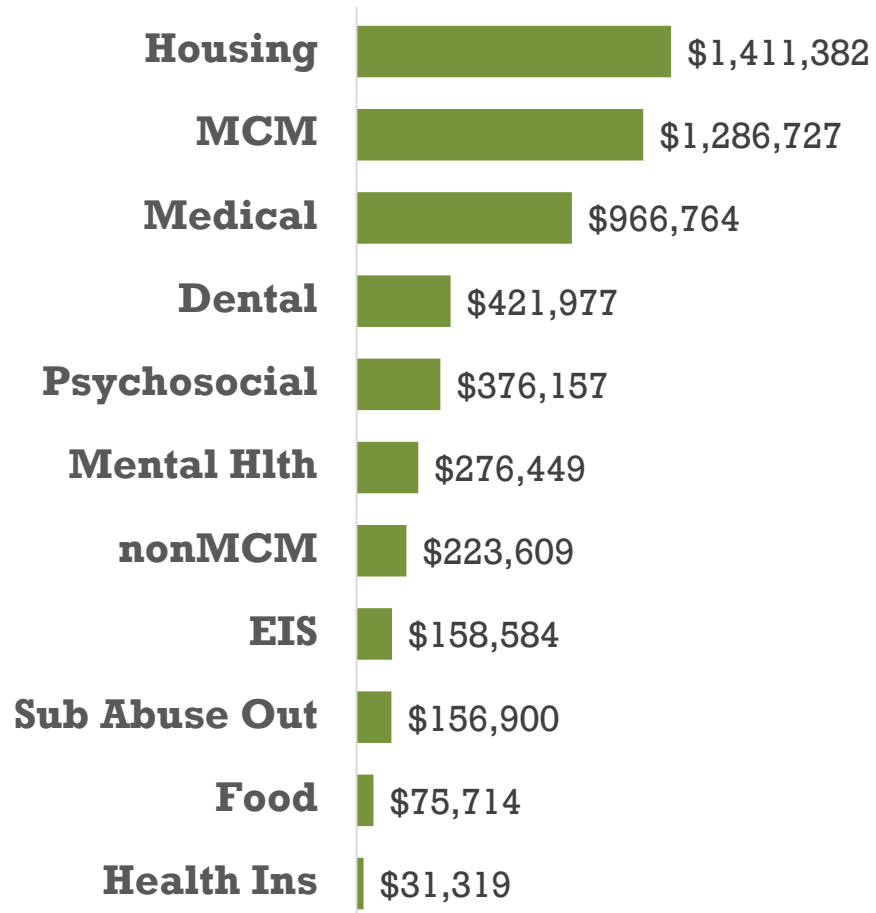
# NOTICE OF AWARD





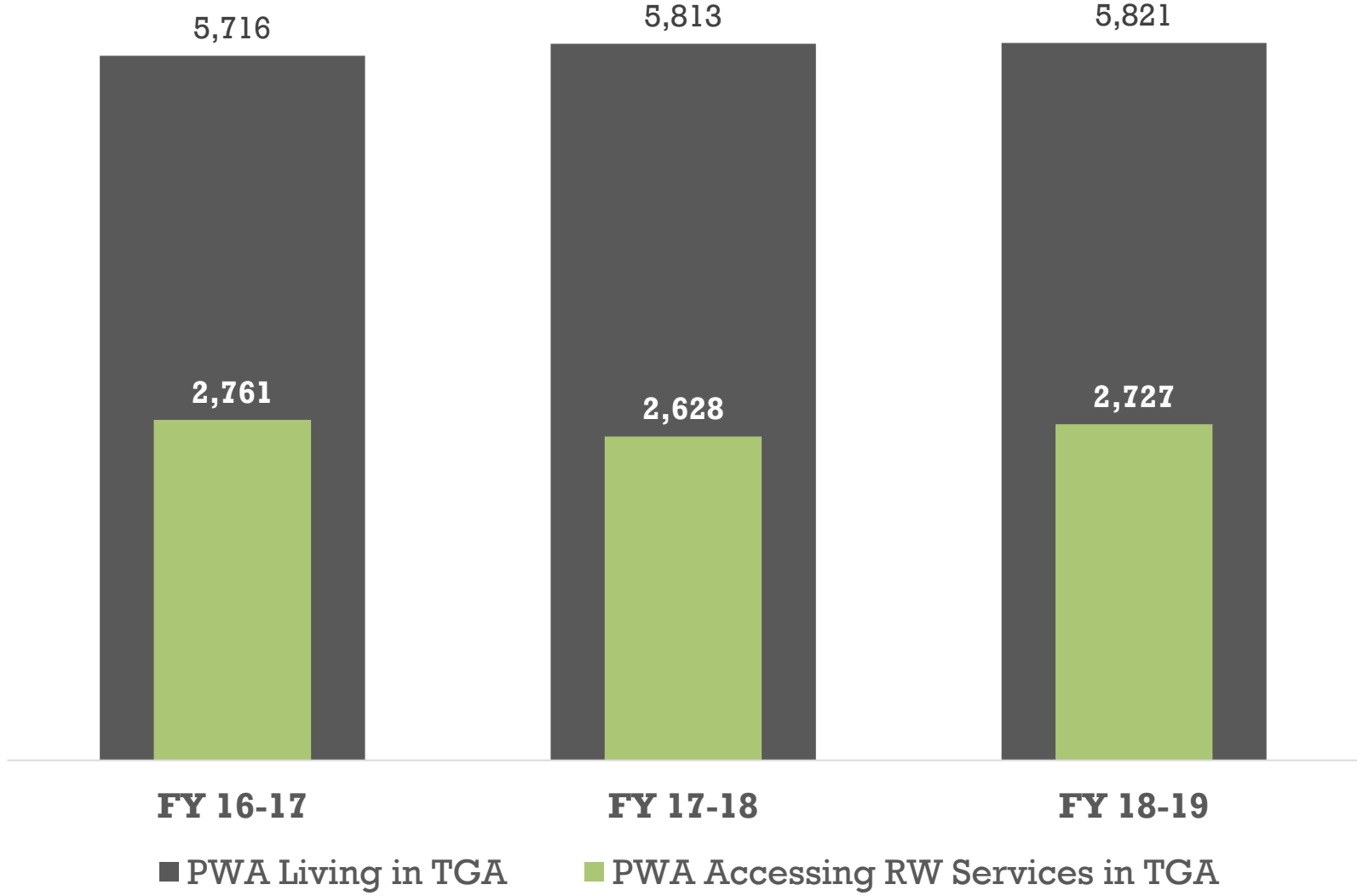
# ALLOCATIONS BY SERVICE CATEGORY

(TOTAL AWARD: \$5,385,582)



Includes  
A&B





## TOTAL CLIENTS SERVED

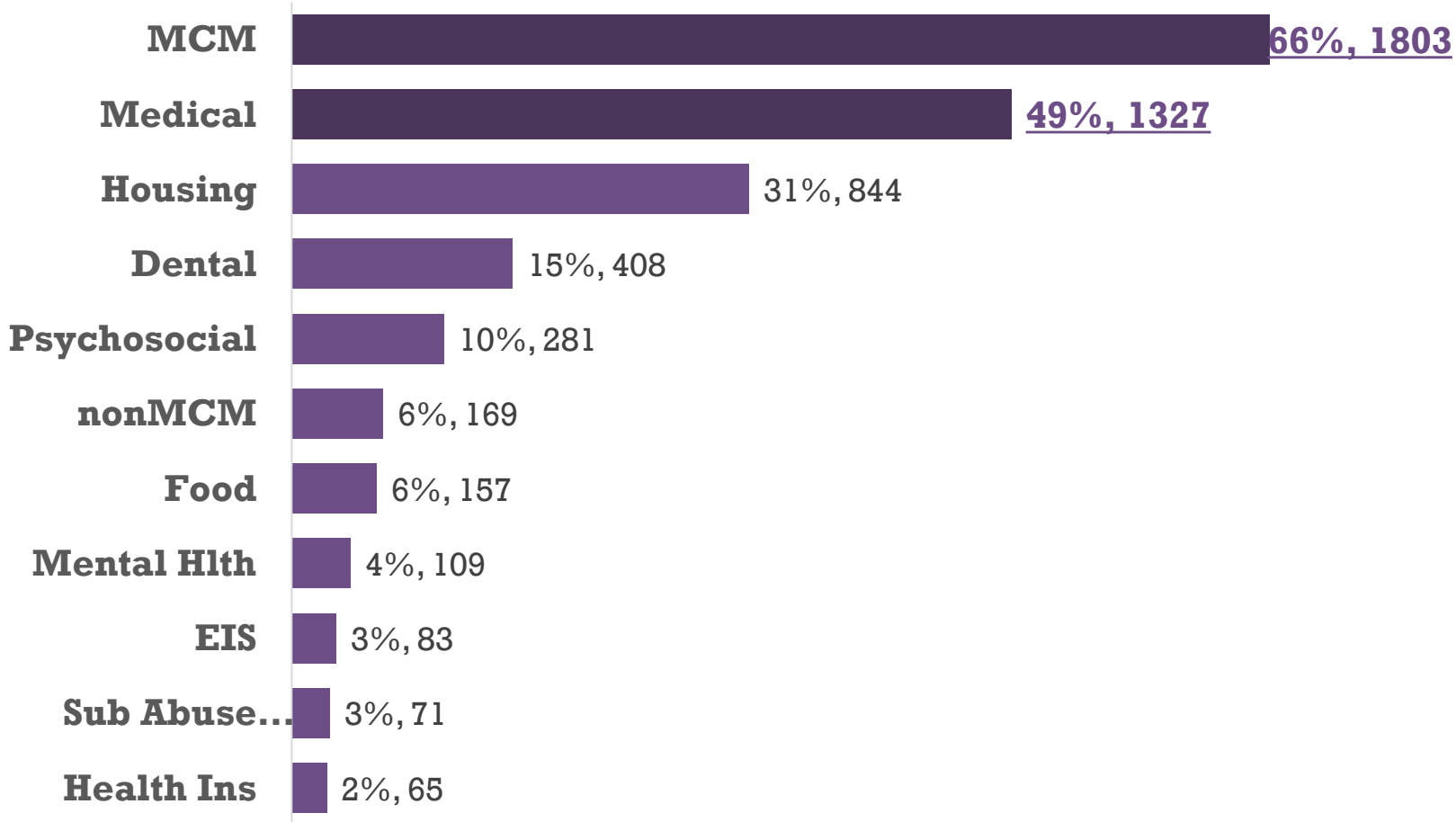
In FY 18-19, 47% of the folks living with HIV in the TGA received RW A/B services.

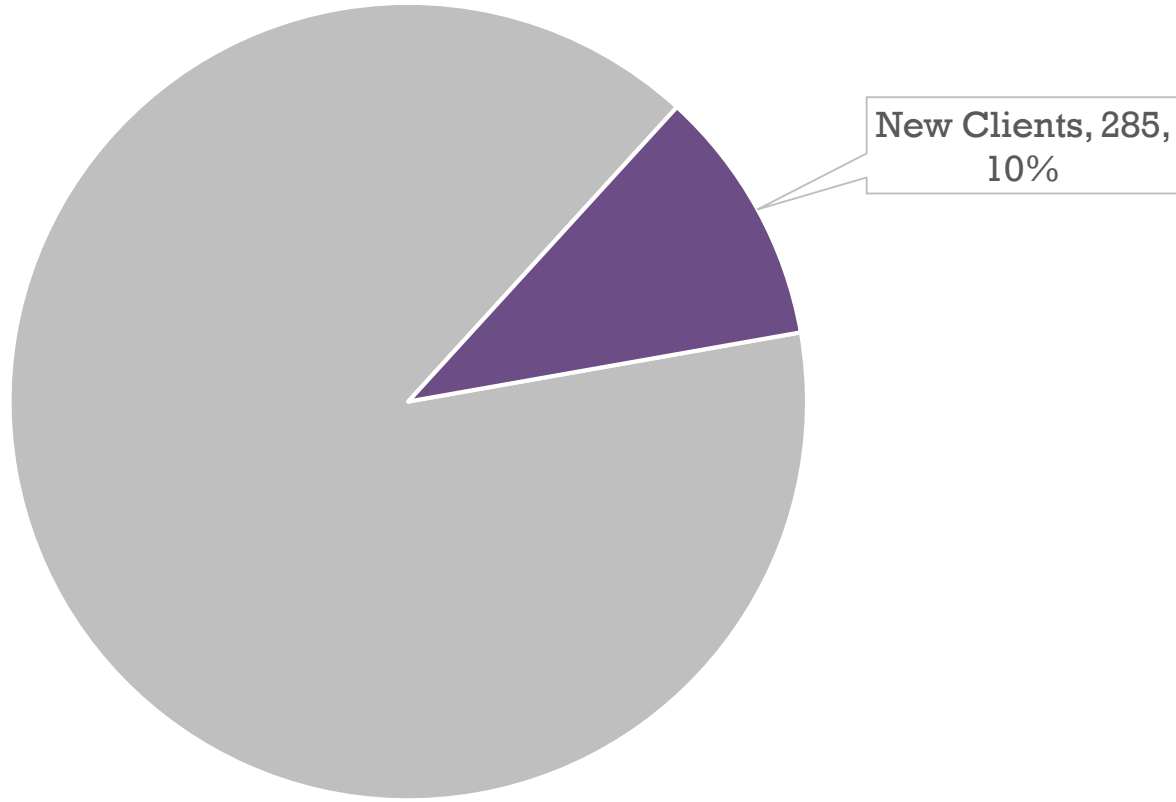
This percentage increased by 2%.



# CLIENTS SERVED BY SERVICE CATEGORY

(TOTAL CLIENTS: 2,727)





# NEW CLIENTS TO THE SYSTEM

2,727 Total Clients

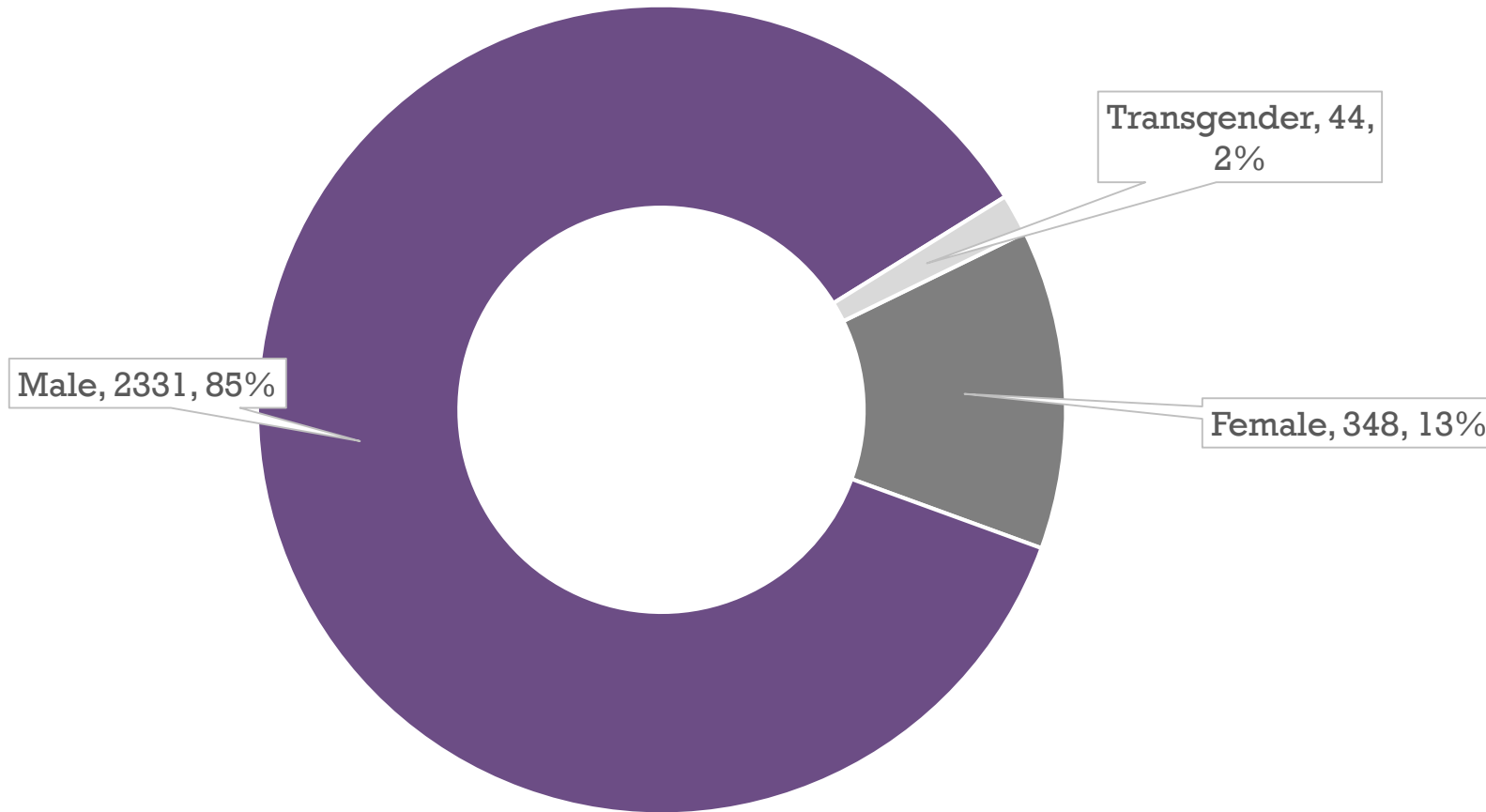
285 New Clients.





# **RYAN WHITE CLIENTS**

FY18-19 Clients enrolled in RW services



## DEMOGRAPHICS – GENDER (N=2,727)

The number of Transgender individuals the RW Part A/B program serves has increased over the past 4 years.

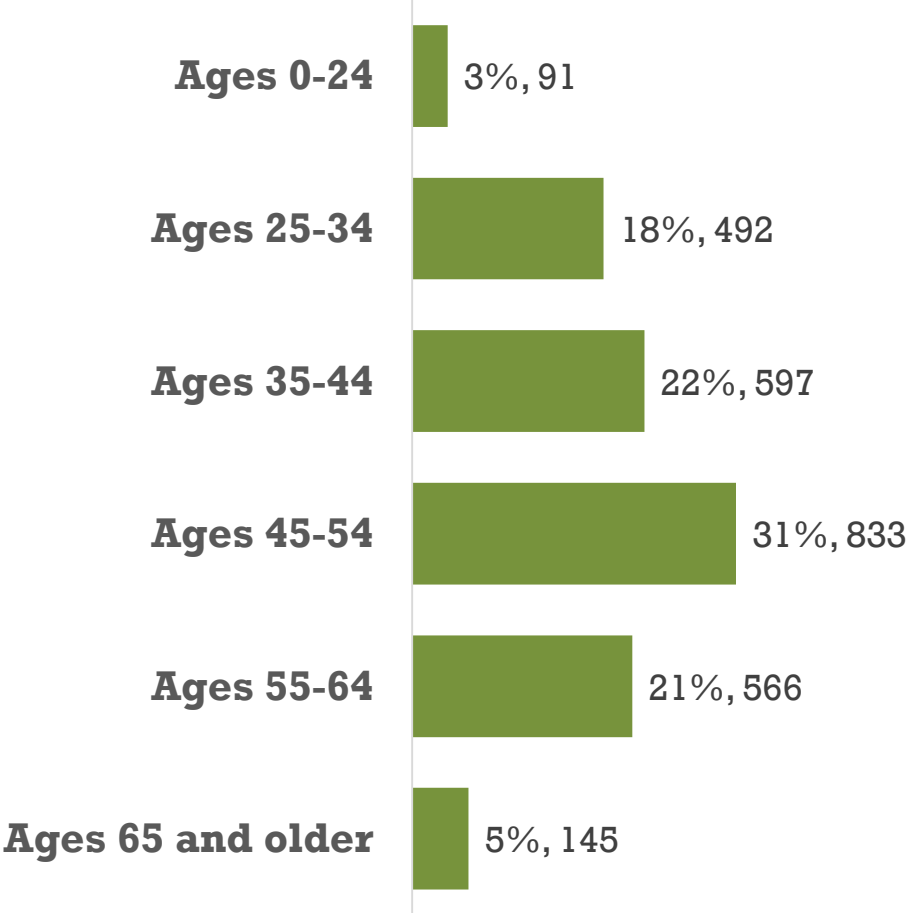
FY 17-18 = 38 Transgender

FY 16-17 = 39 Transgender

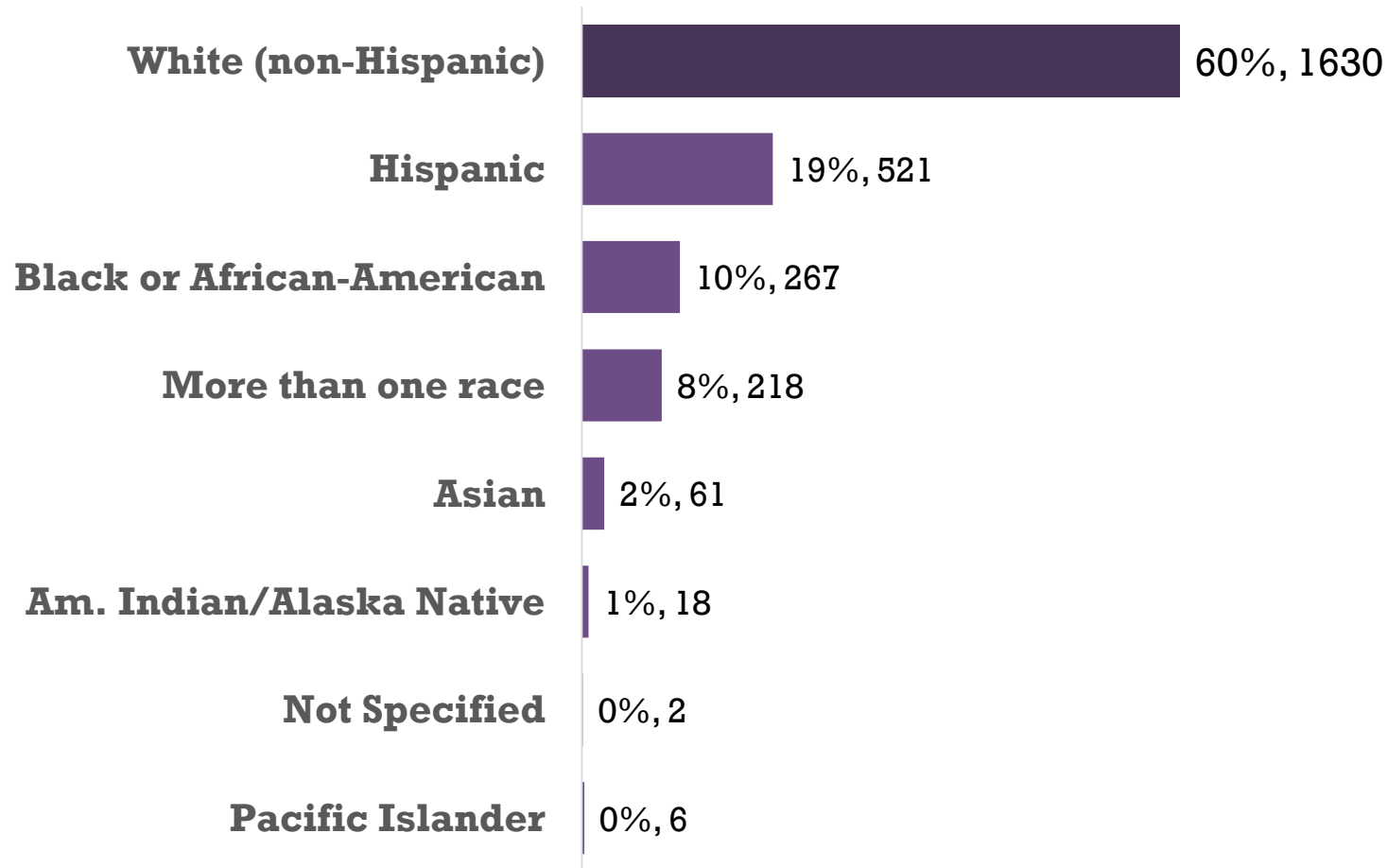
FY 15-16 = 30 Transgender



# DEMOGRAPHICS — AGE (N=2,727)

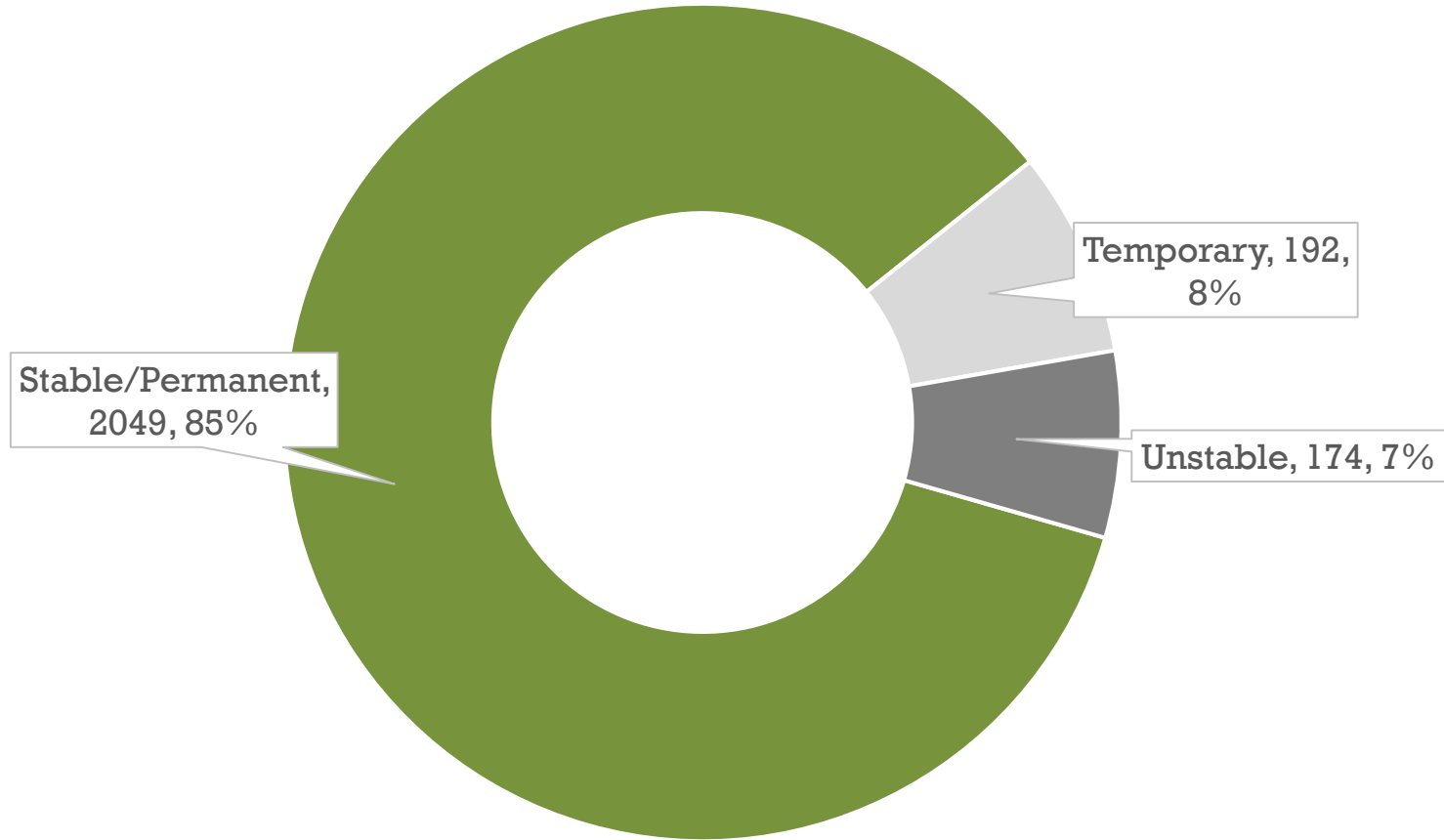


# DEMOGRAPHICS — RACE (N=2,727)

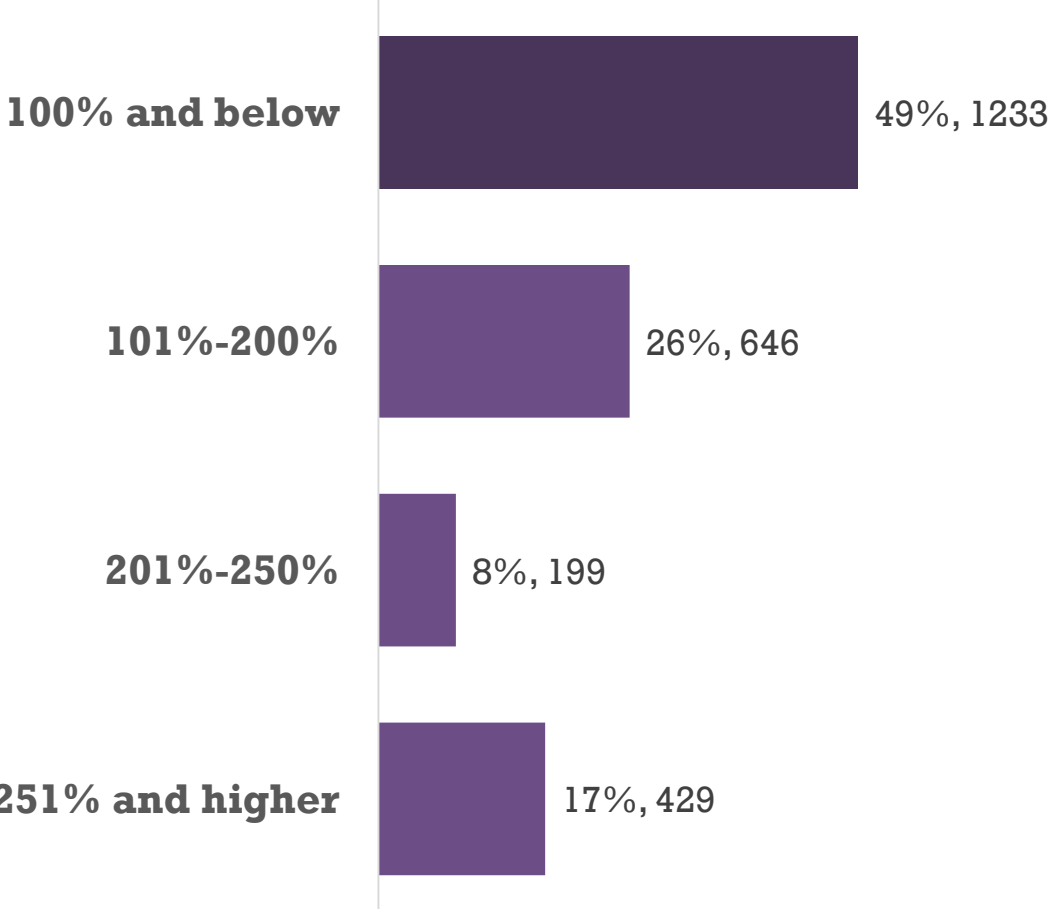




## DEMOGRAPHICS – HOUSING STATUS (N=2,727)



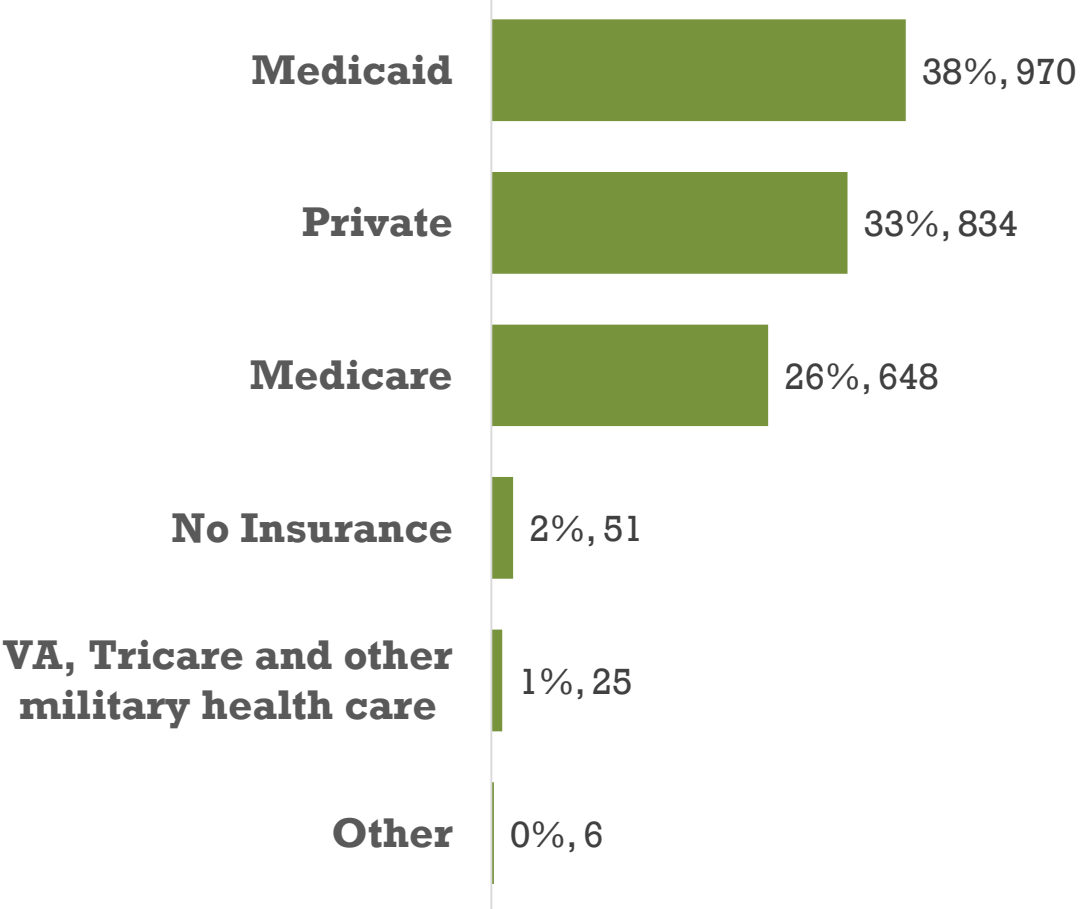
# DEMOGRAPHICS — FEDERAL POVERTY LEVEL (N=2,727)



- 2018 FPL (1 person)
- 100% \$12,140
  - 200% \$24,280
  - 250% \$30,513

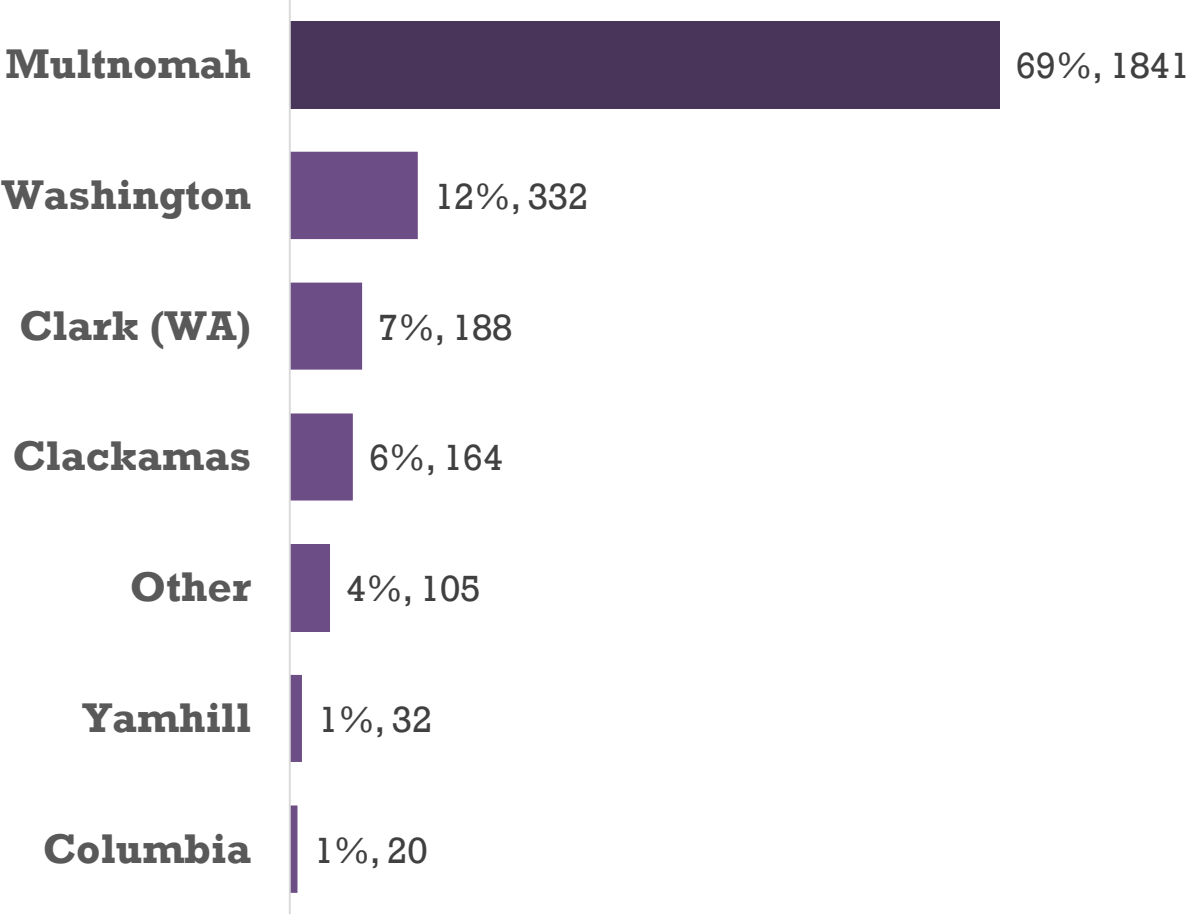


# DEMOGRAPHICS — INSURANCE (N=2,727)

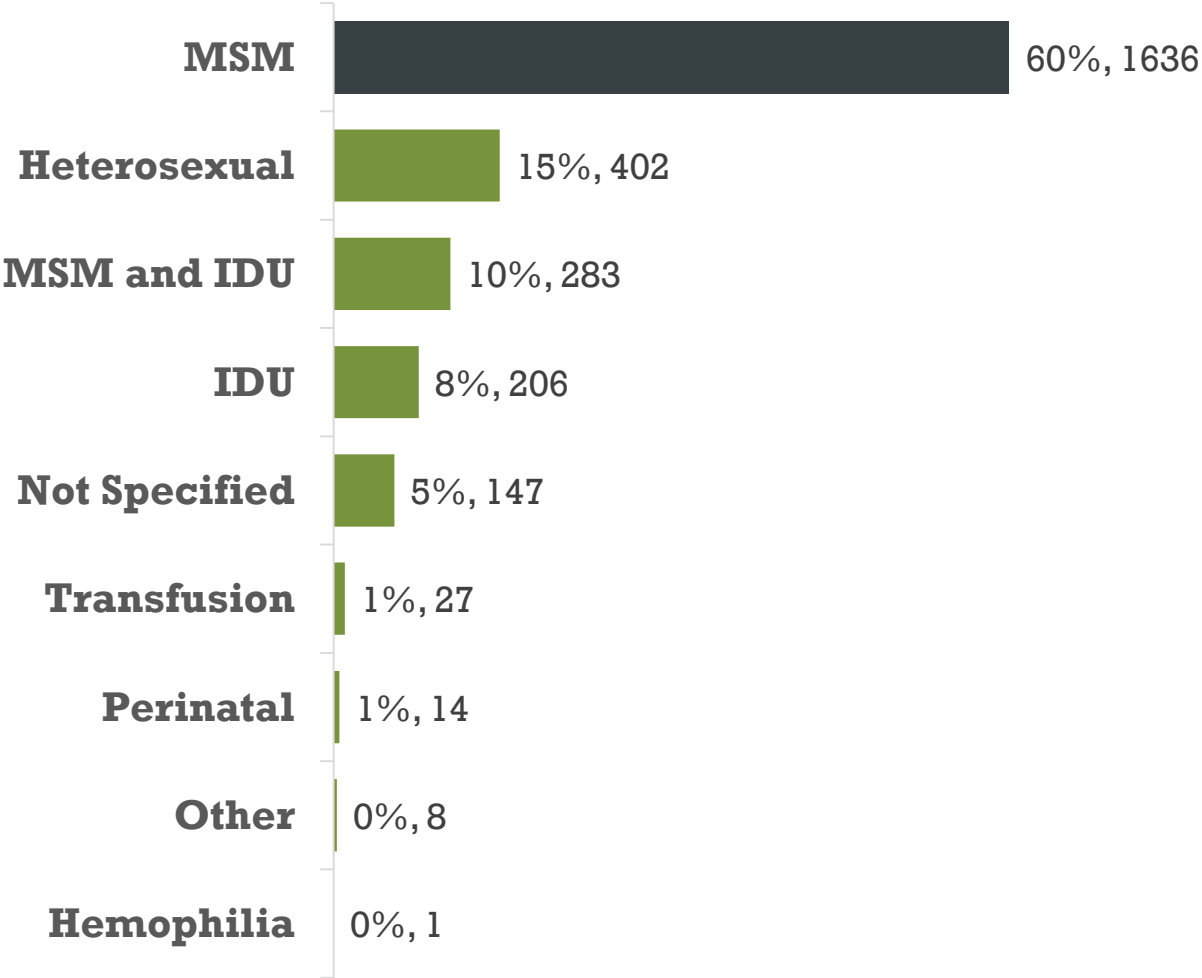


# DEMOGRAPHICS — COUNTY OF RESIDENCE

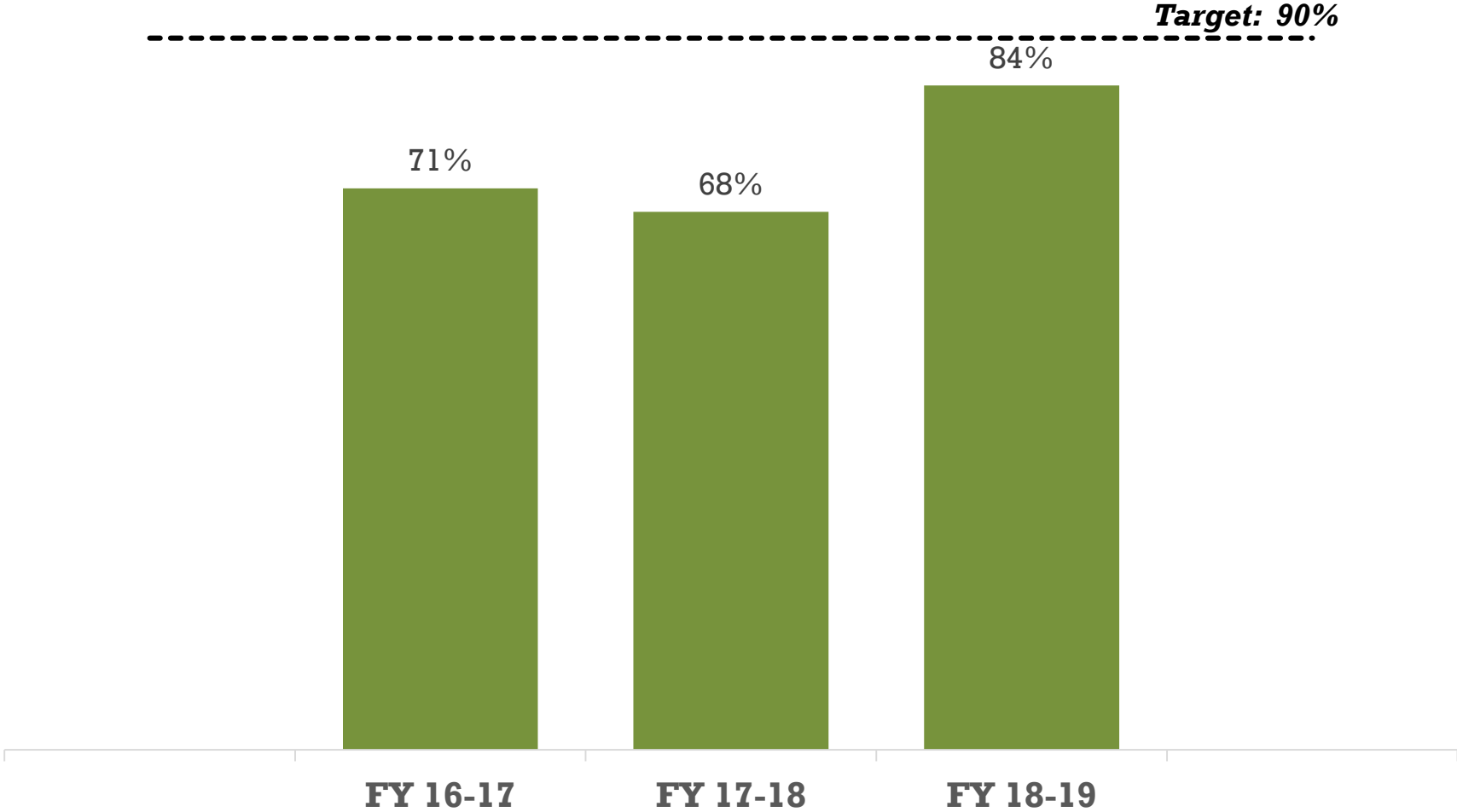
(N=2,727)



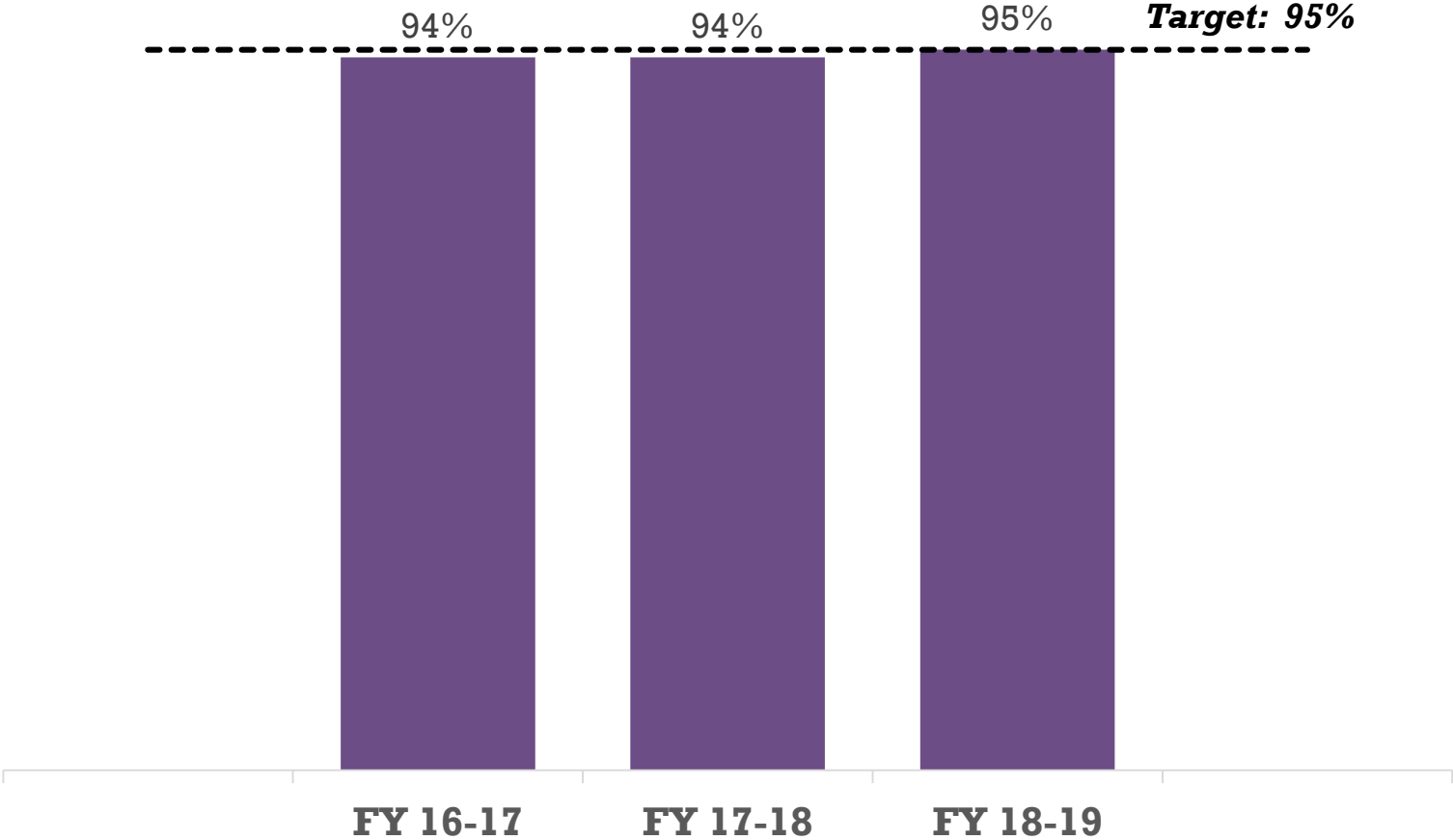
# DEMOGRAPHICS — RISK FACTOR (N=2,727)



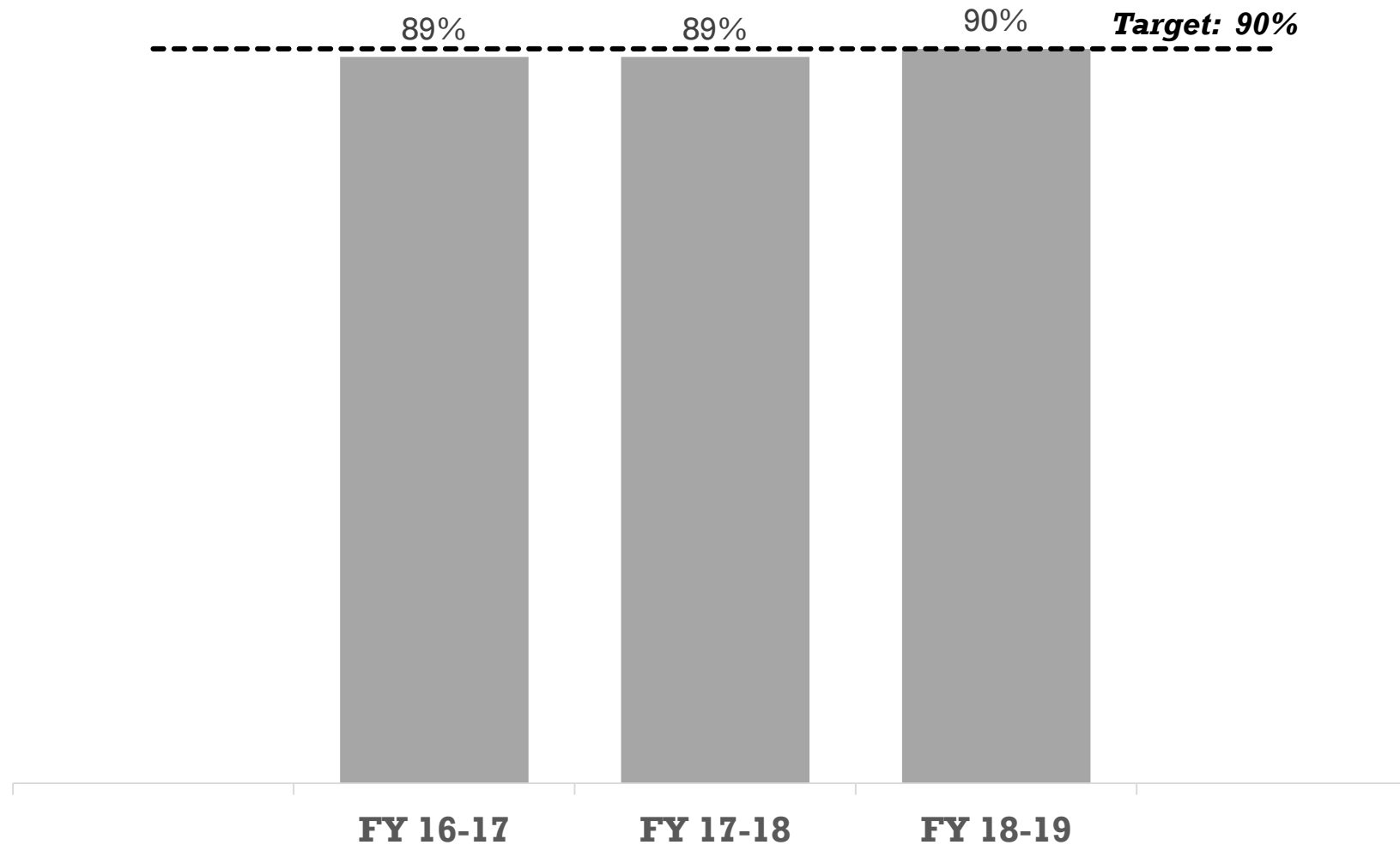
# OUTCOMES — MEDICAL ENGAGEMENT (N=2,141)



# OUTCOMES — ANNUAL LAB (N=2,536)



# OUTCOMES — VIRAL LOAD SUPPRESSION (N=2,367)





# TGA PROJECTS

- **Viral Suppression Support Project**
  - ORPHEUS Data Sharing
  - Facilitation of Tri-County Early Intervention Services and Outreach (EISO) client coordination process mapping
- **Shared Eligibility**
  - 3<sup>rd</sup> year of Evaluation
  - Program income from Part B funding Non-MCM intake and eligibility services at MCM sites
- **Reports and Data**
  - Stoplight System
  - Tableau



# TGA PROJECTS

- TIC Organizational Learning Collaborative
  - Organizational Assessment
  - Contractor “Speed Dating” at Networking Meeting
  - Review intake paperwork
  - Client Rights & Responsibilities
  - New Hire Orientation
  - Motivational Interviewing training
  - TIC Implementation Workshop at RW Care & Treatment conference
- New services/contracts for:
  - LGBTQ+ competency and HIV 101 trainings for external community treatment providers
  - Medical navigation at a new clinic site (Program income from Part B)
  - Non-Medical Case Management intake and eligibility work (Program income from Part B)



**What additional  
information would you like  
to see at the July Retreat?**



Carryover Request-HIV Care Services Proposal  
 Ryan White Council-June 2019 Meeting

Approved 6/4/19

Priority	Service Category	Current FY19-20 Allocation	Current Allocation for Program Income from Part B	Estimated Program Income from Part B (August 2019)	Requested Amount	Reason
1	Medical/Ambulatory Care	\$ 740,538.00			\$ 19,659	Part C clinic has a budget short fall this year. Funds can get spent out quickly.
2	Health Insurance	\$ 32,725.00				
3	Mental Health	\$ 273,531.00		\$ 88,000.00	\$ -	
4	Dental Care	\$ 32,416.00	\$ 325,000.00		\$ -	
5	Medical Case Management	\$ 1,353,659.00	\$ 96,000.00	\$ 84,700.00		
6	Early Intervention Services	\$ 163,541.00				
7	Substance Abuse Treatment	\$ 155,673.00		\$ 49,500.00	\$ -	
8	Housing	\$ 80,694.00	\$ 1,388,137.00	\$ 825,500.00	\$ -	
9	Psychosocial	\$ 408,723.00			\$ -	
10	Food	\$ 67,621.00			\$ -	
11	Non-Medical Case Management	\$ 150,564.00	\$ 187,570.00		\$ -	
<b>SERVICES TOTAL</b>		<b>\$ 3,459,685.00</b>	<b>\$ 1,996,707.00</b>	<b>\$ 1,047,700.00</b>	<b>\$ 19,659</b>	

\*Request flexibility to put towards approved service categories based on need when/if carryover is approved.  
 \*Request approved 6/4/19

**TOTAL CARRYOVER REQUEST** \$ **19,659**