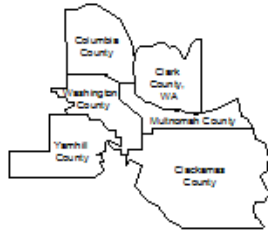




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: July 11, 2024

Approved by Planning Council: October 1, 2024

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Thursday, July 11, 2024, 11:00 am – 4:00 pm
 Zoom meeting

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 11:00 AM.
Welcome & Logistics	Scott Moore welcomed everyone to the meeting and reviewed meeting logistics. <ul style="list-style-type: none"> • Please say your name each time you speak • Please raise your hand • Meetings are recorded for accurate meeting minutes.
Candle Lighting Ceremony	Robert Middleton lit the candle in memory of Christopher.
Announcements & Introductions	Announcements: See slides. The group reviewed the Council Participation Guidelines (see slide). Attendees introduced themselves via chat. Announcements <ul style="list-style-type: none"> • None
Agenda Review and Minutes Approval	The meeting minutes from the June 4 meeting were approved by unanimous consent. The agenda was reviewed by the Council, and no changes were made.
Public Testimony	None. Please invite members of your community to provide public testimony.
Special Election	<i>Presenter: Kris Harvey</i> <i>See presentation slides.</i> <i>Summary of Discussion:</i> Positions available: <ul style="list-style-type: none"> • 1 Operations Committee member (previously Tom Cherry) Operations Committee election – 1 opening <ul style="list-style-type: none"> • Nomination: Diane Quiring • Decision: Diane Quiring is elected to the Operations Committee

Item**	Discussion, Motions, and Actions
Finalize FY25-26 Priorities & Guidance	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>Service Priorities</p> <ul style="list-style-type: none"> • Top 3 Service Priorities from June vote: <ul style="list-style-type: none"> ○ Mental Health (17 votes) ○ Medical Case Management (13) ○ Housing: Clark County (13) ○ (4th is Medical, 12 votes) • Reminders / Comments: <ul style="list-style-type: none"> ○ The Housing service category was listed only as “Housing” on the online ballots. However, there is \$2.2 million in Part B housing funds for the five Oregon counties in our TGA. Clark County in Washington, on the other hand, has very limited housing funding. ○ Setting priorities does not mean you cannot add funds to other services categories ○ Request for more information regarding how Washington is using Part B funds, similar to information we have for Part B in Oregon • Q: Do you all agree to these top 3 priorities? <ul style="list-style-type: none"> ○ Decision: Agreed on these top 3 priorities by unanimous consent <p>Service Program Guidance</p> <ul style="list-style-type: none"> • Shared guidance input from Council members • Once a year this Council needs to approve Guidance for use in contracts for the next year • In the future, we will have opportunities for further conversation • Comment: in the past we had a committee for this to do required wordsmithing • Suggestion: create a workgroup or a sitting committee • Decision: Create a subcommittee workgroup, so people with strong interest in this work can bring suggestions to the Council in the future. Operations Committee will discuss in September, then invite members from full Council in October. • Decision: Service Program Guidance approved as presented by unanimous consent.
Small Groups #1 – Review Scorecard	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>The Council split into three small groups to review the service category scorecards.</p>
LUNCH	<p>Adjourned for lunch at 12:10 pm. Reconvened at 1:15 pm.</p>

Item**	Discussion, Motions, and Actions
<p>Large Group #1 Shareout</p>	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>The Council returned to the large group to provide summaries for each scorecard.</p> <p><i>Red Group</i> Health Insurance</p> <ul style="list-style-type: none"> • Funding consistently fully spent out • Steady growth in number of clients served • Consistent high performance • Serves higher proportion of AI/AN and AA and PI clients • Reminder: not all co-pays are paid for by Washington insurance <p>Oral Health</p> <ul style="list-style-type: none"> • Clark County residents only (Part B funds Oregon counties) • Underspent – spent 53%, but this was amount that was normally allocated, did not spend carryover • Trend of increase in clients served over time as well as visits • Less younger people receiving services – connected to Clark Co demographics or WA Medicaid eligibility • More PI clients being served <p>Medical Case Management</p> <ul style="list-style-type: none"> • Fully spent out category, but not the year before; higher priority • Significant drop in hours; might be due to data entry • Caseloads very high • MAI program, Latinx, and Black/African American program have staffing issues • Rapid Start highlighted in agency comments and effects on performance • High proportion of 25-44 yo clients connected to younger folks and/or PWID being diagnosed • Also consider the older clients’ needs <p>SUD Treatment</p> <ul style="list-style-type: none"> • Allocation increased by spending remained constant • Many challenges getting clients into treatment • All are Multco residents; due to where treatment is available; if they don’t have an address, we default to where they receive • Age plays a role with 64+ and increases in 25-44as well, especially related to new diagnoses <p><i>Green Group</i> Mental Health</p> <ul style="list-style-type: none"> • Almost fully spent out (as spent out as they have been) • Far above targets for therapy clients (575%) and therapy hours (219%) • Lab rates increased and are above TGA target

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	<ul style="list-style-type: none"> • Serving high population of Latinx clients • Need for increased access for BIPOC and LGBTQ+ services • Need for increased weekend access <p>Q: Why is Part A so high, and Part B so low? How are these number being captured in the system? We need more information to figure out what’s going on here.</p> <p>Suggestion: leave targets off of scorecards? They are just noise, less meaningful.</p> <p>Suggestion: HGAP talk to individual service providers more specifically about their targets?</p> <p>Q: Is there a push on our side towards making targets that are not useful and/or unrealistic?</p> <p>Part A vs Part B, wildly different outcomes as compared to funding.</p> <p>Early Intervention Services</p> <ul style="list-style-type: none"> • EIS is for engagement for people who are newly diagnosed or out of care • 100% spent • Hit 90% of target for clients, but only 46% of visits • Had decrease in annual labs in 2022 and 2023, but also had staffing shortage in 2022 and 2023. They have filled this position in 2024. • Big population of 25-44 yo <p>Housing</p> <ul style="list-style-type: none"> • Close to spent out • Drastically outperforming target MORE HERE • May be data importing issue • Always a need for housing • Carryover is never guaranteed for housing • Annual lab rates decreased slightly from 2022, but there was a huge surge of intakes in 2023 <p>Blue Group</p> <p>Ambulatory/Medical</p> <ul style="list-style-type: none"> • Spent 94% • We allocated carryover, but it wasn’t spent • Serving more clients and providing more visits than targets • Getting more clients every year • Hard to know from this data if they’re maxed out • Added a second medical provider this year • Viral suppression rates stable, very high labs <p>Non-Medical Case Management</p> <ul style="list-style-type: none"> • % spent is incorrect – should be 83% • Case management attached to housing, addiction, insurance assisters • Part A low hours due to staffing vacancy • What was there NA for targets?

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	<p>Food</p> <ul style="list-style-type: none"> • 98% spent out • Food boxes relatively same from last year • Increased expenses reducing total number of meals for year • Decrease in RW clients receiving food services due to loss of pandemic CARES act funds
PC Year In Review	<p><i>Presenters: Derek Smith</i> <i>Summary of Discussion:</i> See slides.</p> <p>TABLED due to lack of time.</p>
Small Group #2 – Draft Allocations	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>The Council again split into small groups to draft initial allocations.</p>
Large Group #2 Proposals	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>The Council returned to the large group to present their drafts to the group.</p> <p>Blue Group proposal:</p> <ul style="list-style-type: none"> • 3% COLA across the board • Additional fund allocations <ul style="list-style-type: none"> ○ Mental Health \$15,000 (Prioritized by PC) ○ Medical Case Management \$15,000 (Prioritized by PC) ○ Housing \$15,000 (Prioritized by PC) ○ Non-Medical Case Management Minority AIDS Initiative (MAI) \$6,344 (No carryover or Part B) ○ Early Intervention Services \$6,344 (No carryover or Part B) ○ Psychosocial \$12,690 (No carryover or Part B. Solely Part A funded for entire TGA.) ○ Note: While Health Insurance has no carryover or Oregon Part B, it was not allocated additional funds because it receives Washington Part B funding <p>Green Group proposal:</p> <ul style="list-style-type: none"> • 3% COLA across the board • Additional fund allocations <ul style="list-style-type: none"> ○ Mental Health Services \$15,378 ○ Housing \$35,000

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	<ul style="list-style-type: none"> ○ Psychosocial \$10,000 ○ Food \$10,000 <p>Red Group proposal:</p> <ul style="list-style-type: none"> ● 5% COLA: Medical Care, Health Insurance, Mental Health, Oral Health, Medical Case Management, Non-Medical Case Management MAI, Housing, Psychosocial, Food ● Additional fund allocations <ul style="list-style-type: none"> ○ Early Intervention Services \$5,053 (lower VLS rates / may be duplicative work) ○ Housing \$6,995 (ongoing and increasing housing needs) ○ Food \$6,995 (increased costs) ○ Non-Medical Case Management \$4444
Finalize Allocations	<p><i>Presenters: Aubrey Daquiz</i></p> <p><i>Summary of Discussion:</i> See slides.</p> <p><i>Discussion</i></p> <ul style="list-style-type: none"> ● Some agreement around COLAs <ul style="list-style-type: none"> ○ Starting with a 3% COLA then allows some programs to have a higher dollar amount added that might have a bigger impact ● Consider carryover amounts from FY23-24 / areas that might need support <ul style="list-style-type: none"> ○ Note: Carryover is not guaranteed, but we've always received it. ● Motion to approve 3% COLA was unanimously approved ● Priority categories- should they receive all or most of the remainder? ● Motion to allocate additional funds to 3 priorities, approved. ● Proposal for \$20K for each priority, then remainder to Food <ul style="list-style-type: none"> ○ Why food? It's a basic need, increased costs, access points, etc. ○ What about Psychosocial? They are often connected with Food, only receive Part A funding, and a few thousand can make a significant impact on smaller programs. ● Proposal for \$10K each to Food/Psychosocial, then divide the remainder across the top 3 priorities <p>Decision:</p> <ul style="list-style-type: none"> ● 3% COLA across the board ● Additional allocations: <ul style="list-style-type: none"> ○ Mental Health \$16,792 (Prioritized by PC) ○ Medical Case Management \$16,793 (Prioritized by PC) ○ Housing \$16,793 (Prioritized by PC) ○ Psychosocial \$10,000 (only Part A, and addresses food insecurity) ○ Food \$10,000 (basic need, high impact)

Item**	Discussion, Motions, and Actions
Community Building	<p><i>Presenters: Aubrey Daquiz</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>TABLED due to lack of time.</p>
Evaluation and Closing	<p><i>Presenter: Bri Williams</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <p>Next meeting: Oct 1, 2024 @ Southeast Health Center</p>
Adjourned	4:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Sean Mahoney, he/him	X	
Claire Contreras, she/ella		L	Robert Middleton, all pronouns	X	
Steven Davies	X		Scott Moore, he/him	X	
Carlos Dory, him/his	X		Jamal Muhammad, he/him	X	
Michelle Foley, she/her/they/them	X		Diane Quiring, she/her	X	
Greg Fowler, he/him	X		Tessa Robinson, she/her	X	
Jeffrey Gander, he/him			Taylor Silvey, she/her	X	
Kris Harvey, he/him	X		Nick Tipton, he/him	X	
Shaun Irelan, he/him	X		Bee Velazquez, she/her	X	
Julia Lager-Mesulam, she/her	R		Meghan Von Tersch, she/her	X	
Robb Lawrence, he/him	X		Shane Wilson, he/him	X	
Heather Leffler, she/her	X		Abrianna Williams, she/her (Co-Chair)	X	
PC Support Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreters	XX	
Jonathan Basilio	X		Daniel P.	X	
Aubrey Daquiz, she/her	X		Dale Sattergren, AETC	R	
Jenny Hampton, she/her (Recorder)	X				
Sara McCall, she/her					
Britt Sale, she/her	X				
Neisha Saxena, she/her	X				
Derek Smith, he/him	X				
Grace Walker-Stevenson, they/them	X				

* R = Attended Remotely (for an in person meeting); A = Unexcused Absence; E = Excused Absence; L = On Leave