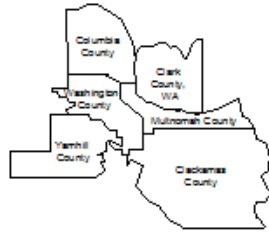




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: June 4, 2024

Approved by Planning Council: July 11, 2024

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, June 4, 2024, 4:00 – 6:00 pm
 Zoom meeting

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 4:00 PM.
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 – Remembering Tom Cherry	Council leadership lit the candle in memory of Tom Cherry, a long time member of the Planning Council who died recently. Tom dedicated his life to supporting community health. <p>For nearly two decades, he served on the Portland Area HIV Services Planning Council. As a cherished member of that group, he served for years in leadership positions including as Co-Chair. He will be remembered for his dedication to serving those in need and his strong commitment to making government systems work for people. Tom brought his considerable life experience, professional expertise in mental health systems, and passion for families to this work. His legacy continues in the powerful system he helped build to ensure all people are treated with dignity and in service of their health and wellbeing.</p>
Announcements & Introductions	Announcements: See slides. <p>The group reviewed the Council Participation Guidelines (see slide).</p> <p>Attendees introduced themselves via chat.</p> <p>Announcements</p> <ul style="list-style-type: none"> • HIV/AIDS Awareness Days <ul style="list-style-type: none"> ○ Long-term Survivors Day (June 5) ○ National HIV Testing Day (June 27)
Agenda Review and Minutes Approval	The meeting minutes from the May 7 meeting were approved by unanimous consent. <p>The agenda was reviewed by the Council, and no changes were made.</p>
Public Testimony	None. <p>Please invite members of your community to provide public testimony.</p>
Special Election	<i>Presenter: Kris Harvey</i>

Item **	Discussion, Motions, and Actions
	<p><i>See presentation slides.</i> <i>Summary of Discussion:</i></p> <p>Positions available:</p> <ul style="list-style-type: none"> • Co-Chair (currently Bri Williams) • 1 Operations Committee member (previously Tom Cherry) <p>Co-Chair election</p> <ul style="list-style-type: none"> • Nominees are Nick Tipton and Diane Quiring • Decision: Nick Tipton has been elected as Council Co-Chair <p>Operations Committee election – 1 opening</p> <ul style="list-style-type: none"> • Nominations are open • Diane Quiring has been nominated and is willing to serve on Operations • Election will be held at a future meeting
<p>Qualitative Data Presentation</p>	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>Presentation adapted from report by consultant Kheoshi Owens of Empress Rules Consulting, who planned and conducted the Roundtable Discussions with input and support from HGAP staff and a Community Advisory Group. This work would not have been possible without them.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Create more transparency and accessibility around distributing Ryan White funds • Offer a more diverse range of providers • More options/support for healthcare <ul style="list-style-type: none"> ○ Complementary and alternative therapies ○ Location options (e.g, mobile, telehealth) ○ Better continuity of care ○ Support for pharmacy costs • More support for case management, psychosocial support, mental health, peers • More access to mindfulness interventions, self-help resources, advocacy opportunities • More outreach about existing services • Offer trauma-informed services, and safe and supportive environments for: <ul style="list-style-type: none"> ○ Clients of color by addressing systemic racism and dismantling barriers to healthcare access and outcomes and more culturally-responsive programs ○ People who are gender-diverse, older, or living with disabilities, by offering focused programming & training for providers <p>Questions / Comments:</p> <ul style="list-style-type: none"> • Q: Talk more about dissatisfaction with housing services? A: Less about specific landlords. Comments about housing after recovery, long wait lists, getting initial help.

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> • Re evictions, our network of support is now greater than in years past. Court support for HIV clients more thorough, more coherent, with better networking. Still a great challenge. • Majority of Ryan White housing in our TGA is through Part B in the five counties in Oregon. Request for more information about those services and what those funds provide. • I'm hearing a desire for more support/resources for folks in that space that start working and become ineligible for services, yet don't make enough to survive • Maybe there needs to be a way to fill out the application other than online, as not everyone can fill out online, and many landlords only take online applications • How to pay for fees can be a barrier • How can organizations improve the process of filling out applications and getting fees paid? • I know one of the major housing organizations does have walk in housing support hours for folks who need specific supports. That doesn't meet everyone's needs of course. • There is a large governance process at Metro through their Supportive Housing Services body, which includes 19 FTE support and joint involvement with Portland Development Commission- all these are external network folks outside of Ryan White • Q: Was there a final report from the consultant that can be shared with the Council? A: Yes, Aubrey will send out
<p>FY23-24 Preliminary Expenditures & Carryover Request</p>	<p><i>Presenters: Derek Smith, Jonathan Basilio</i> <i>Summary of Discussion:</i> See slides.</p> <p>FY23-24 Final Expenditures</p> <ul style="list-style-type: none"> • Spent 96.1% of budget • Part A Services Budget Unspent = \$145,035 • Administrative Unspent = \$3,768 • Total Unspent available for Carryover = \$148,803 <p>FY24-25 Final Grant Award</p> <ul style="list-style-type: none"> • Notified 5/23/24 (three months into budget year) • Portland TGA FY24-25 allocation was reduced by \$29,000 (~0.7%) • HGAP followed PC's Contingency Plan Decrease Scenario: <ol style="list-style-type: none"> 1. Hold harmless up to 3% all categories that don't receive Part B funds (Medical, Health Insurance, Early intervention, Psychosocial, Food) 2. Decrease remaining areas proportionally • Applied service reductions: <ul style="list-style-type: none"> ○ MH = -\$4,097 ○ Oral = -\$344 ○ MCM = -\$17,995 ○ SUD = -\$2,332 ○ Food = -\$1,022 ○ Non-MCM = -\$2,255 ○ Administration = -\$3200 ○ Quality Management = -\$1,650

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	<p>HGAP developed Carryover proposals for where to allocate \$148,803 unspent from FY23-24 into FY24-25 budget</p> <ul style="list-style-type: none"> • Green plan <ul style="list-style-type: none"> ○ Allocates to services that experienced a decrease, and factors in provider requests and opportunity to expand. ○ Housing (specifically Clark County) = \$50K ○ Psychosocial (support for women) = \$10K ○ Medical Care = \$60K ○ Food = \$28,803 • Gold plan <ul style="list-style-type: none"> ○ Similar to Green plan, but backfilled funds that were cut due to reduced allocation ○ Brings services back to flat level, then allocates remaining funds ○ Also skips administrative services step of updating fund amounts in contracts <table border="1" data-bbox="532 779 1312 1157"> <thead> <tr> <th>Service Categories</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Medical Care</td> <td>\$51,955</td> </tr> <tr> <td>Mental Health</td> <td>\$4,097</td> </tr> <tr> <td>Oral Health</td> <td>\$344</td> </tr> <tr> <td>Medical Case Management</td> <td>\$17,995</td> </tr> <tr> <td>Substance Use Disorder Treatment (Outpatient)</td> <td>\$2,332</td> </tr> <tr> <td>Housing</td> <td>\$40,000</td> </tr> <tr> <td>Food</td> <td>\$29,825</td> </tr> <tr> <td>Non-Medical Case Management</td> <td>\$2,255</td> </tr> </tbody> </table> <p>Decision: Gold Plan is approved</p>	Service Categories	Amount	Medical Care	\$51,955	Mental Health	\$4,097	Oral Health	\$344	Medical Case Management	\$17,995	Substance Use Disorder Treatment (Outpatient)	\$2,332	Housing	\$40,000	Food	\$29,825	Non-Medical Case Management	\$2,255
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Needs Assessment	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides and table below.</p> <p>Questions / Comments:</p> <ul style="list-style-type: none"> • Q: Re housing, is it housing when a person is released from jail, immigrant, difficulty filling out forms. They'll look at credit score and green card, won't be considered qualifying for housing support. How can we support housing for people with disabilities? What does this process look like in Portland? Rules are very behind at HUD. Concerned about delays in housing help resulting in not being able to access housing. Also, landlords are not being fair and can break the law. How can we make sure landlords are providing equal access to people with HIV? • Suggestion – report landlords breaking the law to Fair Housing Council (fhco.org). Bureau of Labor and Industries can also help (https://www.oregon.gov/boli/civil-rights/pages/fair-housing.aspx). • Part B provides a lot of housing funding. The Council would need to hear that this funding is insufficient in order to consider allocating Part A funds. 																		

Service Category	Description of Identified Need(s)	Supporting Evidence/ Data Source	Need currently funded?
Medical/ Outpatient Ambulatory Health Services	More support needed to serve a notable increase in clients in 2023 (1580 up from 1460 in 2022)	Annual Report 2023	Yes
Health Insurance	Key need is anything that would help adults in custody reach resources before (or immediately after) they are released (e.g., access to OHP)	March 2024 Care for people who are (or were recently) incarcerated	Partially
	More support and health with accessing affordable medications	Feb 2024 MCM Panel	Yes
	Approving prior authorization process for medications	Feb 2024 MCM Panel	Yes
Mental Health	More support for clients to access needed resources: mental health care	Feb 2024 MCM Panel	Yes
	Addictions and mental health treatment for PLWH who also have intersecting marginalized identities	Feb 2024 MCM Panel	Partially
	About 3 in 5 clients reported that MH issues affected their ability to access care	Client Experience Survey 2024	Yes
Oral Health			
Medical Case Management	More case manager(s) needed as caseloads are large & growing with no plan to mitigate this	Feb 2024 MCM Panel	Yes
	-Insurance work has become larger, ongoing (e.g., Medicare, educating providers & clients on medication access, prior authorization process, cost of meds, OHP and CAREAssist renewals)	Feb 2024 MCM Panel	Yes
	More support for clients to access needed resources: mental health care, shelter beds, housing, food, cell phones, dental care, interpretation services, aging and disability resources, dual diagnosis resources, family support.	Feb 2024 MCM Panel, Client Experience Survey 2023	Yes
	Increased need related to poverty, mental health, drug use for some because lack of services in the system- housing, mental health, substance use, etc	Feb 2024 MCM Panel	Partially
	More support for clients to access needed resources: navigators	Feb 2024 MCM Panel	Yes

Minority AIDS Initiative	More support needed for Black/African American clients who are disproportionately affected by HIV (only 3% of TGA population, but 10% of PLWH and 9% among newly diagnosed clients)	Feb 2024 HIV/AIDS Awareness Days	Yes
Early Intervention Services	In 2023, a decrease in the proportion of clients linked to care in 30 or 90 days decreased, so more support may be needed to engage those with higher needs.	Annual Report 2023	Partially
Substance Use Disorder Treatment	More support for clients to access needed resources: dual diagnosis resources	Feb 2024 MCM Panel	Partially
	More housing for people with substance use disorder and/or mental health diagnoses	April 2024 Housing Panel	Partially
	Addictions and mental health treatment for PLWH who also have intersecting marginalized identities	Feb 2024 MCM Panel	Yes
	Low-barrier housing	April 2024 Housing Panel	Partially
Housing Services	More support for clients to access needed resources:shelter beds, housing (navigators, supportive housing, housing assistance programs)	Feb 2024 MCM Panel	Partially
	Anything that would help adults in custody reach resources before they (or immediately after) they are released (e.g., address for early release)	March 2024 Care for people who are (or were recently) incarcerated	No
	Improve working conditions to increase # of (qualified) housing staff members	April 2024 Housing Panel	Partially
	Support housing stability by providing more rental assistance, eviction prevention support, and assistance with move-in costs / security deposits	April 2024 Housing Panel	Yes
	Expand access to supportive housing programs, which provide case management and rental assistance for individuals with complex needs	April 2024 Housing Panel	Yes
	Housing with on-site access to mental health, substance use treatment, other support services.	April 2024 Housing Panel	No
	More info and education for landlords / property managers, without education, some are less willing to work with vouchers	April 2024 Housing Panel	Yes
	Due to higher costs and rent, fewer people are being served due to current funding levels; waitlist hasn't moved in 14 months	April 2024 Housing Panel	No
	Affordable housing with adequate soundproofing	April 2024 Housing Panel	No
Psychosocial Support	More support for psychosocial meals and staff time is needed	FY23-24 Reallocation Discussion	Yes

	About 1 in 5 people reported that social isolation was a barrier to accessing care	Client Experience Survey 2023	Yes
Food/Home Delivered Meals	More support is needed for food items	FY23-24 Reallocation	Yes
	More support for clients to access needed resources: food	Feb 2024 MCM Panel	Yes
	About 3 of 5 clients reported food insecurity in past 12 months	Client Experience Survey 2023	Yes
Non-Medical Case Management	More housing /treatment for people with SUD and/or dual diagnoses and/or marginalized identities	April 2024 Housing Panel	Partially
Emergency Financial Assistance	More support for clients to access needed resources: cell phones	Feb 2024 MCM Panel	
	Utility allowances may not keep pace with current prices for utilities	April 2024 Housing Panel	
	More support for clients to access needed resources: finances, interpretation services, aging and disability resources, family support.	Feb 2024 MCM Panel	
Transportation	1 in 5 people reported that lack of transportation affected their access to care	Client Experience Survey 2023	Partially
Not a specific Part A service / other needs to consider	Track patients transferred between facilities	March 2024 Care for people who are (or were recently) incarcerated	N/A
	More community resources for PLWH being released from incarceration	March 2024 Care for people who are (or were recently) incarcerated	N/A
	Mandatory rent insurance for WA state residents – WA doesn't have income protections like OR does, and we are not able to pay rent insurance	April 2024 Housing Panel	N/A
	Security deposits – RW used to cover these, and now they cannot pay for that with the housing voucher and have to go through Emergency Rent Assistance	April 2024 Housing Panel	N/A
Service Category	Description of potential changes to guidance	Supporting Evidence/ Data Source	Currently in Guidance?
Ambulatory Medical	Prioritize people who are or have been incarcerated for sooner appointments (i.e., Clients often released with 30 days of meds, need a primary appt, then a referral)	March 2024 Care for people who are (or were recently) incarcerated	No
	Providers need to establish relationships with people in correctional facilities (all levels of administration) & share any follow ups post-release with DOC to determine if assistance was effective		No

	Clinicians need both education (on corrections care) and relationships established to provide optimal care.		No
Substance use disorder treatment	Addictions treatment for PLWH who also have intersecting marginalized identities	Feb 2024 MCM Panel	Partially
Mental health treatment	Mental health treatment for PLWH who also have intersecting marginalized identities	Feb 2024 MCM Panel	Partially
Medical Case Management	Could clients be introduced to a new resource via conference call, along with the exchange of direct lines? Might already be a standard practice.	Client Experience Survey 2023	Partially
General Guidance (All Categories)	Over half of survey respondents reported having one or more disabilities, so ensuring accessibility or services is key	Client Experience Survey 2023	No
LEGEND			
	: current service categories		
	: potential service categories		

Item **	Discussion, Motions, and Actions
Discuss & Finalize Priorities & Guidance	<p><i>Presenters: Scott Moore, Bri Williams</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>What do you all need to know before finalizing service priorities?</p> <p>Which 3 categories shall the PC prioritize for the FY25-26 grant year and allocations?</p> <p>Prevote from a few members – top choices housing, MH, then SUD and Psychosocial</p> <p>All Council members voted on their top 5 priorities for service priorities HGAP staff will gather this information for use at the July meeting</p> <p>Guidance conversation is TABLED until the next meeting due to lack of time.</p>
Awareness Days	<p><i>Presenters: Scott Moore, Bri Williams</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: Planning Council Retreat, July 11 @ Melody Event Center</p>
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Robert Middleton, all pronouns	X	
Claire Contreras, she/ella		L	Scott Moore, he/him	X	
Steven Davies	X		Jamal Muhammad, he/him	X	
Carlos Dory, him/his	X		Fabian Primera		A
Michelle Foley, they/them	X		Diane Quiring, she/her	X	
Greg Fowler, he/him	X		Tessa Robinson, she/her		
Jeffrey Gander, he/him	X		Jake Schmieder, he/him	X	
Kris Harvey, he/him	X		Taylor Silvey, she/her	X	
Shaun Irelan, he/him	X		Nick Tipton, he/him	X	
Julia Lager-Mesulam, she/her		E	Bee Velazquez	X	
Robb Lawrence, he/him	X		Meghan Von Tersch		E
Heather Leffler, she/her	X		Shane Wilson, he/him	X	
Sean Mahoney, he/him	X		Abrianna Williams, she/her (Co-Chair)	X	
PC Support Staff			Guests		
Sandra Acosta Casillas			ASL Interpreters – Kevin & Sean	XX	
Jonathan Basilio	X		Ronna McHugh-Lemasters, Gilead Sciences	X	
Aubrey Daquiz, she/her	X		Alison Frye	X	
Jenny Hampton, she/her (Recorder)	X		Amanda Hurley	X	
Sara McCall, she/her			Lini Fatu	X	
Neisha Saxena, she/her	X		Judi Flournoy, CIO/Kelley Drye & Warren LLP (sister of Tom Cherry)	X	
Derek Smith, he/him	X		Dale Sattergren	X	
Grace Walker-Stevenson, they/them	X				

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