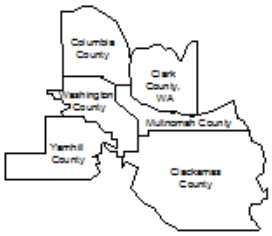
Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: May 4, 2021

Approved by Planning Council: June 1, 2021

Grantee: Multnomah County Health Department

Multnomah County

Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, May 4, 2021, 4:00 pm – 6:00 pm
Virtual Zoom Meeting

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Emily Borke called the meeting to order at 4:00 PM & shared a Land Acknowledgement (see slide).
Welcome & Logistics	Emily welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics. • Please say your name each time you speak • Please "raise your hand" or type questions in the chat box • We will mute and unmute folks as needed during the meeting • If you're calling in (and not able to view Zoom), please mute yourself to minimize background noise, unless you have a question / comment • Meetings are recorded for accurate meeting minutes.
Candle Lighting Ceremony	Greg Fowler led the lighting of the ceremonial candle in memory of Adam.
Introductions	Emily Borke conducted a chat roll call of Planning Council members and staff. Attendees introduced themselves in the chat: name, pronouns, role or affiliation, conflicts, and one word check in. Emily shared the Council Participation Guidelines.
Announcements	Announcements: See slides. • Asian Am Pac Isl Heritage Month – see slide • Julia: study happening at OHSU looking at impact of COVID vaccine on those living with HIV. There is compensation. Asking for people who have not yet had vaccine, so blood can be drawn before and after. • Scott Moore: Quest Center will be collaborating with the Miracles Club on MLK, an organization that serves the Black community in peer-supported recovery and recovery house. They will collaborate to create a substance use disorder treatment program as well as pain management program. The partnership will last for several years until miracle club is able to take over that program themselves and become an independent program. More information on that in the next month or week.
Agenda Review and Minutes Approval	The agenda was reviewed by the Council, and no changes were made. The meeting minutes from the April 6, 2021, meeting were approved by unanimous consent.
Public Testimony	No public testimony. Please remind your community that we are always looking for community input on their experience with HIV.

Item**	Discussion, Motions, and Actions

Planning Council Elections	*Presenter: Julia Lager-Mesulam*
	Summary of Discussion:
	See slides.
	
	Nominations:
	• Co-Chair (1 position)
	  o Michael Thurman-Noche
	• Operations Committee (3-4 positions, depending on Co-Chair election)
	  o Bri Williams
	  o Jamie Christianson
	  o Julia Lager-Mesulam
	  o Tom Cherry
	
	All nominees elected by unanimous consent.

Review Final 20-21 Expenditures	*Presenter: Amanda Hurley*
	Summary of Discussion:
	See slideshow.
	
	Grantee Updates
	• Request to reschedule HRSA Virtual Site Visit to September/October, due to lack of staffing capacity
	• Program Specialist Sr. hiring update
	• Conducted interviews last week & this week
	• Top candidate identified, conducting reference checks now
	• Multiple high-caliber candidates
	• Hiring announcement to come soon!
	• Approval from Oregon Health Authority (OHA) to use FY20-21 carryover to supplant FY21-22 Part A decrease
	
	Updated FY20-21 Expenditures & Re-allocation
	• Currently approximately 98% spent out
	• Requesting reallocation $63,494 from Medical Case Management into Medical
	• If we make that shift, we will still have unspent funds of $68,768
	• Explanations of higher levels of unspent funds
	  o MH & MCM: both have reported transitions in staff, then not being able to hire quickly enough, in some cases due to COVID impact, in others due to changes in services due to COVID
	  o MISSED 4:32pm
	  o If they were not doing in person services, agency was not paying for services and supplies at same level
	• Toni: reminder that Medical/Ambulatory does not receive Part B funding, and has continued to provide in the field services
	• **Decision: reallocation of $63,494 from Medical Case Management into Medical is approved**

Annual Report: Epidemiology Trends	*Presenter: Jenna Kıvanç* *Summary of Discussion:* See slideshow.

Item**	Discussion, Motions, and Actions
	Questions: Slide 19: Under the AI/AN category, why is the PLWH smaller than the RW number? A: The numbers are all correct. The total number of AI/AN PLWH was 54, but in our RW system the number was 186. Because of the way we are recoding our data (to be more in-line with Multnomah County and better representative of the communities we serve) this will increase the number of folks we served in some of the race/eth categories. Sorry for the confusion. Q: How does the data collection account for any potential under-reporting among specific demographics? A: The data is not perfect. There could be under-reporting or over-reporting. The underpinning of REAL-D is to capture demographic data in a way that is more reflective of the communities we serve. Q: Do you have any thought on the number or PLWH who fall through the cracks and do not receive services? A: In later presentation, Marisa will discuss numbers of people not in care. Q: Do we have any way to track those who are still working? A: We are consistently serving about 44% of PLWH, has not really changed that much. For the 56% of PLWH who are not part of RW system, we have a way of estimating how many are not in care. We have performance measures that the state runs for us so the epidemiologist there will have a better estimate. RW clients do engage in care at a slightly higher rate than PLWH living in the Portland TGA. Q: Is COVID responsible for that many [people reporting no income]? A: We don't know. Providers may be able to provide more information. Comment: Interesting to ask if the increase in folks with "no income" are new clients. Comment: Dental Care went down because many dental providers including our Part A provider had temporary closures and reduced services during COVID.
Review FY 22-23 Priorities & Service Categories	*Presenter: Aubrey Daquiz & Amanda Hurley* *Summary of Discussion:* See slideshow. Reviewed Core and Support Service categories Q: What does Home & Community care look like? A: Occupational health – support for people who are able to live at home but need support. We have never funded this, to Amanda's knowledge. HRSA examples of Home and Community-Based Health Services are: Appropriate mental health, developmental, and rehabilitation services • Day treatment or other partial hospitalization services • Durable medical equipment • Home health aide services and personal care services in the home Reviewed needs expressed throughout the year (see Needs Assessment Document). Three top priorities that were identified last year: Mental Health Housing Emergency Financial Assistance

Item**	Discussion, Motions, and Actions
	Brainstorm SEE Qs ON SLIDE Comment- I appreciate that food delivery options, transportation help is included. Very important Access to Esther's Pantry is extremely limited. Q: Do you know if transportation being provided for food is cab vouchers? People living farther out have difficulty using mass transit, needing to transfer multiple times. A: Not aware of any providers providing transportation, but multiple agencies provided food delivery. Reminder- This will not be the last opportunity. More opportunities will be sent out and provided at future meetings to share input. Comment: would like to look at slides while considering
Annual Report: Outcomes	*Presenter: Marisa McLaughlin* *Summary of Discussion:* See slideshow. Q: What is the measure for retention in care? A: We've been using annual lab rates and retention in care similarly. This has changed over the last few years. Retention in care now means at least one CD-4 or viral load lab during the year. Q: Why are we losing so many retained in care? A: (Emily) I would make a guess that because many PLWH have not been coming in for care (labs) during this last year, the retention rates will go down. This may mean folks are out of care but not necessarily. They may still be taking ART and engaged with their medical provider, but not getting labs. And, despite that reasoning, it is definitely worth looking at the disparities that Marisa is going over to determine how we can better reach and engage folks. Marisa agrees. (See further breakdown in later slides) Heather: At KP, that has been the case. We have not necessarily "lost" patients (had patients fall out of care) but rather patients in care consistently but not wanting to come in for labs for fear of exposure to Covid. Presentation cut short due to lack of time Marisa will record her presentation on the remaining slides for sending out to the Council.
Eval and Closing	*Presenter: Emily Borke* Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.
Time of Adjournment	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	**X**		Heather Leffler	**X**	
Tom Cherry	**X**		Matthew Moore	**X**	
Jamie Christianson	**X**		Scott Moore	**X**	
Carlos Dory	**X**		Laura Paz-Whitmore		**E**
Michelle Foley	**X**		Bert Partin	**X**	
Greg Fowler	**X**		Sandra Poon		**L**
Dennis Grace-Montero	**X**		Diane Quiring	**X**	
Shaun Irelan	**X**		Jace Richard	**X**	
Lorne James (Council Co-Chair)		**E**	Michael Thurman-Noche	**X**	
Chris Keating		**E**	Robert Thurman-Noche	**X**	
Toni Kempner	**X**		Erin Waid	**X**	
Robert Kenneth	**X**		Sam Wardwell	**X**	
Julia Lager-Mesulam	**X**		Joanna Whitmore	**X**	
			Abrianna Williams	**X**	
PC Support Staff			**Guests**		
Lisa Alfano			Ashley Allison	**X**	
Laura Bradley	**X**		Taylor Gleffe (Day Center Program Manager, Ecumenical Ministries of Oregon)	**X**	
Aubrey Daquiz	**X**		Dennis Torres (Community Liaison, Gilead)	**X**	
Jenny Hampton (Recorder)	**X**				
Amanda Hurley	**X**				
Jenna Kıvanç	**X**				
Marisa McLaughlin	**X**				
Kim Toevs					

* A = Unexcused Absence; E = Excused Absence; L = On Leave