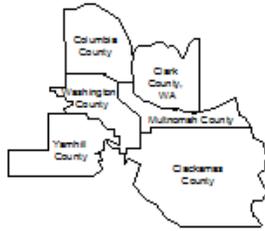




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: July 28, 2020

Approved by Planning Council: August 18, 2020

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Friday, July 28, 2020, 3:00 pm – 6:00 pm
 Virtual WebEx Meeting

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Emily Borke called the meeting to order at 3:00 PM.
Welcome & Logistics	<p>Lorne James welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics.</p> <ul style="list-style-type: none"> • Please use audio and video, when speaking • Say your name each time you speak • Type questions in the chat box or unmute yourself • If you're calling in (and not able to view Webex), please mute yourself to minimize background noise. • We will mute and unmute folks as needed (Roll-call intros, Vote, Questions/comments, Noise)
Candle Lighting Ceremony	Erin Butler led the lighting of the ceremonial candle in honor of Ray McBrady, a delightful human who committed a lot of time supporting his community in Key West. He passed away in March 2016 due to complications of HIV, including issues of access to medications. This is a reminder of those people who need continued support, regardless of how it might look from the outside.
Mindful Minute	Lorne James thanked everyone for attending, and invited the group to remember why they are all here.
Introductions	Emily Borke conducted a roll call of Planning Council members and staff. Attendees introduced themselves, stated their pronouns, gave their role or affiliation, declared any conflicts of interest, and provided a one word check in.
Announcements & Review Graphic Cycle / Year	<p>Announcements: See slides.</p> <ul style="list-style-type: none"> • Reminder - meetings are recorded to ensure accurate minutes. • Revised Annual Report Presentation <ul style="list-style-type: none"> ○ We heard your feedback re annual report presented ○ Acknowledging that we made a mistake, focused on outcomes and disparities, didn't provide full dataset and full information about all populations impacted by HIV ○ You should have received a revised presentation ○ They are on this call, and are are happy to respond to questions, either now or later ○ We do want to continue to have conversations about how our data is reported ○ You all received an email requesting feedback specifically from BIPOC PC members in regards to PC guidance and changes to that language

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> ○ Want to have further conversations and possibly look into creation of some sort of PC BIPOC subcommittee, whether a data review comm or some other type of comm, we'll probably have time to talk about that at our next Ops meeting and bring that forward ○ Thank you for sharing your feedback and holding us accountable ● USCHA (US Conference on HIV/AIDS) virtual conference registration open (https://uscha.life/), Dr. Fauci is keynoter, registration is free for first 4000, October 2020 ● Ryan White conference in two weeks, registration closed, virtual conference. HGAP presenting on Meaningful Engagement of Consumers in QI Endeavors, and Viral Suppression Support Project <p>Planning Council – next meetings:</p> <ul style="list-style-type: none"> ● Aug 4, 4:00-6:00pm (Operations Committee only) ● Aug 18, 3:30-5:00pm ● Sept/Oct TBD?
Agenda Review and Minutes Approval	<p>The agenda was reviewed by the Council, and no changes were made.</p> <p>The meeting minutes from the July 10, 2020, meeting were approved by unanimous consent with the following edit:</p> <ul style="list-style-type: none"> ● On first page of text of minutes, date is incorrect - reads July 8, should read July 10.
Public Testimony	No public testimony.
Review FY 19-20 Scorecards	<p><i>Presenter: Jesse Herbach, Jeremiah Megowan, Michael Thurman-Noche, Scott Moore</i></p> <p><i>Summary of Discussion:</i></p> <p>See slideshow, scorecards and shared scorecard summary documents.</p> <p>Background</p> <ul style="list-style-type: none"> ● Scorecards look a little different this year because we're looking at both Part A and Part B ● Looking at both funding data and service data ● Demographic distribution ● Outcomes ● Three year performance trends <p>Blue Group – Jeremiah Megowan</p> <p>Dental</p> <ul style="list-style-type: none"> ● Part A funds spent, Part B mostly spent, appears Part A funds could remain the same. ● Tends to spend all of its Part A money ● Trend toward spending more Part B funds ● Consistently spends money they are awarded, not going over <p>Substance Abuse Treatment</p> <ul style="list-style-type: none"> ● Mainly funded by Part A, Part B funds just started and would supplement or could replace some Part A funds.

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> • Most Part A targets hit, Part B may have started late with contracts. • Focus on culturally appropriate services and faster connection (only 57%) • Q: How is 45-day connection measured? <ul style="list-style-type: none"> ○ A: The next step towards treatment after peer – enrolled in some regular connection – groups, outpatient. ○ Comment: this may be difficult to measure, if peer is connecting. ○ Response: we have made some shifts, but the measure still at some point has to be about more formal connection <p>Housing</p> <ul style="list-style-type: none"> • Spent 100% Part A (Clark County) and B (Oregon only) – in both, always overspent • Still only 65% stably housed, still a lot of unmet need. Housing costs continue to increase. • Stably housed more likely to have annual lab. • Medical housing is a good model. • Suggestion: add statistic about evictions <p>Psychosocial</p> <ul style="list-style-type: none"> • Expansion of Women’s services in Clark County • Revamp of Long Term Survivors • Most funds spent, revamps may have just started and will have better results and spending • Long term survivor groups - four workshops offered <ul style="list-style-type: none"> ○ Q: do we know the number of attendees? A: 25 this year ○ Comment: Could we do a better job of outreach? ○ Q: Will these LTS groups be available virtually? A: Can’t speak to LTS groups in particular, but have heard that virtual Women’s group has been very successful, something they are wanting to continue in the future ○ Comment: Suggest in guidance to have virtual check ins? <p>Red Group – Michael Thurman-Noche</p> <p>Medical</p> <ul style="list-style-type: none"> • They did get less money than last year • Section 3 <ul style="list-style-type: none"> ○ Clients over target 1419 (107%) VS 1325 ○ Visits over target at 6910 VS 6100 • Section 4 <ul style="list-style-type: none"> ○ Achieved almost all of their goals with labs and ART V/L • Section 5 <ul style="list-style-type: none"> ○ Seemed to serve mainly white and latinx most others were very low? • Seems to be doing a great job with retention, Rapid ART and linkage/referral to Medical care. 90% got ART within 5 days of initial contact (that is impressive) and 77% were suppressed at their next labs. • Expenditures are 100% spent noting that need exceeds allocations (initial allocation \$740,538 versus final allocation/expenditure \$876,088.)

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> • Reductions in Part C and Part D funding continue to present challenges to maintain current service levels given the increasing cost of infrastructure, core services and new programming. • Field nursing program has expanded, Initiated Write Around Portland, providing virtual art program to any person living with HIV, implementing comprehensive PDX Medication Supportive Therapy services on site. • 21% Latinx, 56% white, 10% black, 9% multiracial, 46% 25-44 years of age. 78% Multnomah County. • Comment: on scorecard, where purple is larger than grey, they are serving more BIPOC than are in population <p>Early Intervention Services</p> <ul style="list-style-type: none"> • Section 3 <ul style="list-style-type: none"> ○ Served 66 of target 80 but spent 3,535 hours of targeted 3,182? ○ Q: They appear to be spending more time serving less clients. Does this mean taking more time for clients? <ul style="list-style-type: none"> ▪ A: Yes, these are extraordinarily complex clients. Average of 50 hours per client. Also doing a better job of documenting service hours. ○ Fell from 144 clients in 17-18 to 66 in 19-20 ○ Hours went up from 2038 in 17-18 to 3535 in 19-20 • Section 4 <ul style="list-style-type: none"> ○ They seem to be falling way behind their targets of V/L and Connected to MCM ○ Comment: Some of these targets may not be the best measure due to highly complex cases as well as the time it takes to get folks into care, then to viral suppression • Section 5 <ul style="list-style-type: none"> ○ Demographics falling way behind in all non white clients. <p>Food</p> <ul style="list-style-type: none"> • Section 3 <ul style="list-style-type: none"> ○ Total clients 9 more than target ○ Had 53 meals, target of 59 that is 6 less meals. ○ Supplements were almost \$4000 higher than target. Food boxes were 102, 12 more than target. ○ Overall supplements have gone up drastically. ○ Food boxes as expected went up only by 9? • Section 5 <ul style="list-style-type: none"> ○ Mainly serving white clients little to any others with Latinx at 10% • Section 6 <ul style="list-style-type: none"> ○ Clients averaged 4 food boxes that is the same as last year. ○ Home delivered meals up 34 to 274 more than last year. <p>Non-Medical Case Management</p> <ul style="list-style-type: none"> • Section 3 <ul style="list-style-type: none"> ○ Served 19 more clients than target, only 835 hours of target 67% ○ Again number of clients keep going up from 336 in 17-18 to 835 in 19-20 • Part B 1037 hours for 597 clients. • See Section 6.

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> ○ Total client numbers went up gradually, and hours went up more quickly suggesting clients are in need of more services. ○ Great job with meeting outcomes ○ Serving a lot more Latinx and multiracial clients <p>Green Group – Scott Moore</p> <p>Medical Case Management</p> <ul style="list-style-type: none"> ● Spent out Part A last 3 years, only 53-68% Part B ● \$120K was reallocated ● Reached 85% of goal for clients overall, 70% MAI <ul style="list-style-type: none"> ○ Reached 102% of goal for hours, 55% for MAI ○ MAI hours are lower due to Black/African American program being revamped and funded mid-year ● Met Annual Lab, VL outcomes; potential to reach Engaged in Medical Care is LOW ● Serves more clients who identify as Latinx, African American, Multiracial, younger, and female than TGA ● Programs report additional funds help support cost of living increase, but cannot fund FTE for growing number of clients and high acuity of need ● Quality work includes links to prevention and testing, medical engagement with priority populations, culturally responsive services / engagement <p>Mental Health</p> <ul style="list-style-type: none"> ● Spent 100% of Part A ● Spent 98% Part B: was the \$ meant for only partial year? <ul style="list-style-type: none"> ○ A: They were allocated that amount for about 6 months; allocation for this year is twice that amount. ● Met or exceeded service goals for Part A ● Reach about 33% of goals for Part B (due to new mid-year contract and data entry issues) ● Potential to reach outcomes on stable/improved therapy, connection to care in 45 days ● Met or exceeded outcomes of retained in care in 45 days, VL, Annual Lab ● Quality work to reduce disparities among priority populations through cultural responsiveness ● Q: Are we missing clients (specifically Latinx) due to lack of language services? ● Q: Are Washington County clients being seen in Multnomah County (might account for stats)? <p>Health Insurance</p> <ul style="list-style-type: none"> ● Spent out a decreasing allocation over 3 years <ul style="list-style-type: none"> ○ \$2K was reallocated from this category ● Reached 102% goal of # clients, only 79% payments ● Clients exceeded on both target outcomes ● Reach higher proportion of Latinx clients ● Only available for Clark County to provide parity across OR and WA ADAP (AIDS Drug Assistance Programs) ● Take Away: Spending more on less clients. Costs up

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> • Response: There was a large chunk of funds that was expected to go to payment, but due to insurance issues, that came through in the latter half of year and impacted that amount.
Finalize Guidance	<p><i>Presenter: Lorne James</i> <i>Summary of Discussion:</i> See slideshow.</p> <p>Proposed Guidance Changes / Additions</p> <ul style="list-style-type: none"> • #6 – “Service delivery will use harm reduction principles, a set of practical strategies and ideas aimed at ‘meeting people where they’re at’ and reducing negative consequences of a specific behavior, whenever possible.” <ul style="list-style-type: none"> ○ Suggestion: add “when appropriate” after “Service delivery,” as harm reduction principles are not always appropriate (such as abstinence based substance treatment). ○ Comment: Harm reduction principles are sometimes not in line with success based, evidence based programs. ○ Suggestion: remove “whenever possible” and add “when applicable,” and change to “meeting people where they are” ○ Decision: review again at August meeting • #7 and #10 – remove “Ryan White” before the words “services” and “providers” since all guidance refers to these. • Adding #1 – “Recognizing that historical and current systems of inequity have resulted in disparities in health outcomes for Black, Indigenous, and People of Color (BIPOC) and other underserved populations, providers must examine processes and procedures to evaluate the impact of their practices on the experiences of BIPOC clients, and their health outcomes. Providers will utilize available data, quality management, and client feedback mechanisms to provide direction for system change to improve the experiences and outcomes of BIPOC clients. This includes collecting and reporting data on BIPOC subpopulations, and how the provider or system is addressing the existing disparity for each. Clients and especially BIPOC clients must be included in quality improvement efforts.” <ul style="list-style-type: none"> ○ Q: how would people who are underserved know they are being underserved? ○ A: data from state and HGAP ○ Decision: tabled until next meeting due to lack of time
Develop Initial Allocations	<p><i>Presenter: Emily Borke</i> <i>Summary of Discussion:</i> See slideshow.</p> <p>The large group split into three breakout groups to develop initial allocations.</p> <p>Key Questions to Consider</p> <ul style="list-style-type: none"> • Do we want to do an across the board cost of living increase? • Are there any service categories that do not need a cost of living increase?

Item **	Discussion, Motions, and Actions	
	<ul style="list-style-type: none"> • What service categories could benefit from more funding? • Are there service categories that do not need as much funding from last year? 	
Time of Adjournment	6:00 PM	
Community Garden Items	QUESTION/COMMENT - None	RESPONSE – NA

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	X		Julia Lager-Mesulam	X	
Erin Butler	X		Heather Leffler		E
Tom Cherry	X		Jeremiah Megowan	X	
Jamie Christianson	X		Matthew Moore	X	
Carlos Dory	X		Scott Moore	X	
Michelle Foley	X		Laura Paz-Whitmore		L
Greg Fowler	X		Sandra Poon	X	
Alison Frye	X		Diane Quiring	X	
Dennis Grace-Montero	X		Jace Richard	X	
Shaun Irelan	X		Michael Thurman-Noche	X	
Lorne James (Council Co-Chair)	X		Robert Thurman-Noche	X	
Chris Keating		E	Erin Waid	X	
Toni Kempner	X		Abrianna Williams	X	
PC Support Staff			Guests		
Lisa Alfano			Ashley Allison (lead training coordinator, Oregon AETC)	X	
Aubrey Daquiz	X		Katrina Doughty	X	
Jenny Hampton (Recorder)	X		Rachel Greim (new training coordinator, Oregon AETC)	X	
Jesse Herbach	X		Dayna Morrison (Oregon AETC)	X	
Amanda Hurley	X		Abby Welter (new training coordinator, Oregon AETC)	X	
Jenna Kivanç	X		Cale Williams (Medical Science Liaison for ViiV Healthcare)	X	
Marisa McLaughlin	X				
Kim Toevs					

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