

### 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 27, 2021

### Approved by Planning Council: October 5, 2021

#### Grantee: Multnomah County Health Department



# Portland Area HIV Services Planning Council MEETING MINUTES

Tuesday, July 27, 2021, 3:00 pm – 6:00 pm Virtual Zoom Meeting

#### AGENDA

Item <sup>**</sup>	Discussion, Motions, and Actions						
Call to Order	Emily Borke and Lorne James called the meeting to order at 3:00 PM & shared a Lan Acknowledgement (see slide).						
Welcome & Logistics	<ul> <li>Emily welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics.</li> <li>Please say your name each time you speak</li> <li>Please "raise your hand" or type questions in the chat box</li> <li>We will mute and unmute folks as needed during the meeting</li> <li>If you're calling in (and not able to view Zoom), please mute yourself to minimize background noise, unless you have a question / comment</li> <li>Meetings are recorded for accurate meeting minutes.</li> </ul>						
Candle Lighting Ceremony	Julia Lager-Mesulam led the lighting of the ceremonial candle in honor of the collective stories of the many people she has had the honor to meet or hear about from her coworkers.						
Introductions	Emily Borke conducted a roll call of Planning Council members and staff. Attendees introduced themselves: name, pronouns, role or affiliation, conflicts, and one word check in. Emily shared the Council Participation Guidelines.						
Announcements	Announcements: See slides.						
	Food Boxes Update – Michael T-N connected with CAP, was told food box program will be ending in August. CAP is looking into either continuing it or providing transportation. BIPOC Data Review Meeting Aug 10 Some members of the PC are taking a more in-depth look at data for Ryan White HIV stats, specifically how HIV data is reported with regards to BIPOC identities and underserved populations.						
	PNW Water Protectors having medicine gathering Sept 10-12 at Oxbow Park Partnership with Future Generations Collaborative, Earth Generations Council, and Portland Arbor Community Coalition Contacts are Lorne James and Aubrey Daquiz						
	Multnomah County Universal Face Covering Recommendation MC recommending universal face coverings for all public locations Includes all visitors to MC buildings Reaching out to businesses as well Masks recommended regardless of vaccination status						

Item**	Discussion, Motions, and Actions						
	Part A grant was released, due Oct 6						
	HRSA virtual site visit rescheduled to Oct 25-29 There will be some asks of your time for this visit						
	Quest update – Scott Moore Has no plans to discontinue food boxes Beginning opening up facilities to outside groups Please fill out Oregon 55 LGBTQ survey						
	County is offering gift card compensation for vaccination \$100 for first dose, \$50 for second dose, or \$150 for J&J						
Agenda Review	The agenda was reviewed by the Council, and no changes were made.						
and Minutes Approval	The meeting minutes from the July 6, 2021, meeting were approved by unanimous consent.						
Public Testimony	No public testimony. Reminder to all: Please remind your community that we are always looking for community input on their experience with HIV services.						
Planning Council Year-In- Review	Presenter: Amanda Hurley Summary of Discussion: See <u>slides 9-20</u> .						
Finalize FY22-23 Allocation Proposals (Small Groups)	Small Group Leads: Lorne James, Toni Kempner, Michael Thurman-Noche, Julia Lager- Mesulam, Scott Moore Summary of Discussion: See <u>slides 22-25</u> .						
	<ul> <li>Emily Borke outlined some key reminders-</li> <li>75% of funds need to go towards Core Services, 25% to Support Services</li> <li>Top five service category priorities for FY22-23: <ol> <li>Medical care</li> <li>Mental health</li> <li>Housing</li> <li>Substance use disorder treatment</li> <li>Emergency financial assistance</li> <li>Note: This doesn't have to be the way that your group comes up with what they want to fund, but this is a good piece of information that these are these five categories that we felt we should give some special attention to.</li> </ol> </li> <li>Part B <ul> <li>Reminder of some additional funds that those service categories get</li> <li>We don't make decisions about that funding, but it's good to consider it when you're thinking about where you want to put an increase in funding.</li> </ul> </li> </ul>						

Item**	Discussion, Motions, and Actions					
	<ul> <li>Across the board cost of living increase (how much? and/or do some</li> </ul>					
	services not need it?)					
	<ul> <li>Which categories might need more or less funding?</li> </ul>					
	Aubrey Daquiz reviewed the process for creating small group allocation proposals. T Council then split into small groups for discussion, returning to the large group only					
	before the meeting ended.					
Finalize FY22-23	Presenter: Emily Borke					
Allocations	Summary of Discussion:					
	See slideshow.					
	• Every group has a 5% increase.					
	Red Group					
	o 3% COLA across the board					
	<ul> <li>\$63K increase to medical</li> </ul>					
	<ul> <li>\$1K increase to health insurance</li> </ul>					
	<ul> <li>\$3K increase for food/home-delivered meals</li> </ul>					
	Blue Group					
	<ul> <li>3.5% COLA across the board</li> </ul>					
	<ul> <li>\$50K remaining to medical</li> </ul>					
	Green Group					
	<ul> <li>3.1% COLA across the board</li> </ul>					
	<ul> <li>\$60K to medical</li> </ul>					
	<ul> <li>\$4200 to food/home-delivered meals</li> </ul>					
	Summary					
	<ul> <li>All proposed across the board COLA (3-3.5%), significant increase to</li> </ul>					
	medical (due to priority, significant reallocated funds for several years, and					
	don't receive Part B funds), additional funds to food/home-delivered meals					
	(loss of CARES Act funds and no Part B)					
	Discussion					
	<ul> <li>Reason for health insurance- Red Groups noted they were often spending</li> </ul>					
	out, but \$1K might not go very far; helps with parity for Clark County-					
	ensure fair funding; with higher COLA, we might not have added it there.					
	<ul> <li>Q: Oral health and housing also go to Clark County – was there a</li> </ul>					
	specific reason for health insurance?					
	<ul> <li>A: They do not get Part B like oral health and housing and seem to</li> </ul>					
	have received about \$1000 less than previous years.					
	<ul> <li>We had mixed sentiments on it, and we might raise the COLA and take the 1000 out of there</li> </ul>					
	<ul> <li>It's not like we're going to say okay just don't stop paying health</li> </ul>					
	insurance and forget about parity. We usually use a reallocation or					
	something to fill in that gap because that's what we have to do, • Re: 3.5% COLA- Blue Group was having consensus that cost of living and					
	inflation is becoming more and more of an issue and also we wanted to					
	demonstrate a true commitment to providers. We need to take care of					
	employees in private agencies, because of increased costs, if they are					
	going to take care of clients.					

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	<ul> <li>Discussion, Motions, and Actions</li> <li>Increase to food- Green group noted there was input with Clark County having issues accessing food and funding for that going away. Increase would help ensure they had enough food and food boxes for next year.</li> <li>Can we meet in the middle for cost of living, select an amount for food/home-delivered meals, and rest in medical care?</li> <li>Final Proposal         <ul> <li>3.25% COLA across the board</li> <li>\$3500 to food / home-delivered meals (loss of CARES, no Part B, and that \$ will make an impact)</li> <li>\$55, 670 to medical care (priority, no Part B, and significant reallocations last few years)</li> </ul> </li> </ul>					
Brainstorm FY21-22 Presentations	Presenter: Emily Borke Summary of Discussion: See <u>slides 28-29</u> .					
	<ul> <li>Key highlights from past year</li> <li>Welcoming in 6 new members!</li> </ul>	<ul> <li>Ideas/Suggestions for next year</li> <li>What will the meetings look like now</li> </ul>				
	<ul> <li>Learning experience of working together virtually with all the technology issues / handled COVID Zoom to get the work that was needed done / Meetings got easier / inclusive of people with children due to being able to do planning council remotely / the fact that we got through a Council year virtually!</li> <li>Joining! / Joining the ops committee</li> <li>Being able to facilitate my first small group</li> <li>One highlight from my first year was just the community that is in this committee.</li> <li>The way all participants have honored and shown respect for one another throughout all of our meetings, and have allowed each of us to speak, regardless of our "credentials" or expertise.</li> <li>Loved the resume and the shared wisdom of this PC group.</li> <li>Council members' commitment in the face of so many adversities.</li> <li>Nothing about us without us frame we got from HGAP staff.</li> <li>Getting to learn from all of you about PC and doing more for clients!</li> <li>Assistance getting covid information out to the community.</li> </ul>	<ul> <li>that COVID is "lessened"? Will we continue virtually?</li> <li>sit down dinners / Want sit-down dinners too / The hope that COVID becomes a thing of the past and we can all share in person meetings again as well as a meal together</li> <li>I would love to stay virtual and keep normalizing safety. I love these virtual meetings / Having a combination of in person meetings and having the option for zooming in.</li> <li>Please do more to publicize and get the word out to encourage and bring in many more people to share their public testimony and personal stories. We need to maintain and build up the public/ personal face of who we are and what we do.</li> <li>Create a one pager or index card with quick info on planning council and one about public testimony</li> <li>Continuing to build our presence in the HIV PDX community</li> <li>How Covid has impacted the ability to get services or provide services</li> <li>I'd love to hear from providers about what services/changes they implemented during COVID that they plan to maintain or continue</li> </ul>				

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	<ul> <li>Hearing patients discuss the health kits they received from CAP and how grateful they were</li> <li>The fact that I feel I'm contributing and working toward a better future.</li> <li>bipoc data review cohort. 2. more native american representation</li> <li>Yes, the bipoc cohort is amazing. Seeing the effort is much appreciated</li> <li>Also a big thank you to staff for all of their hard work to make these virtual meetings work for everyone including Voting virtually.</li> <li>Collaboration with culturally specific programs/groups</li> <li>To hear from the Native American community on how they engage in their community. How we can collaborate regarding Health Care</li> <li>We need to hear more from the Hispanic community</li> <li>Outreach to sex workers and helping them feel welcome and encouraged to share with us their challenges and needs.</li> <li>Share with other planning councils around the US virtually (e.g., perhaps do a shared workshop around covid challenges, racial justice, etc.)</li> <li>Scavenger hunt as a group activity.</li> <li>Activity to write an "I appreciate message" to ourselves or others that we keep to remind us why we are here</li> <li>Maybe send a cookie drop-off once / I miss the treats basket and wonder if there's a random screen outburst of fun graphics to substitute</li> </ul>
Community Building / Celebration	Presenters: Amanda Hurley, Jonathan Basilio Summary of Discussion: See slideshow.
	When the PC is at our best, what does that look like?

Item**	Discussion, Motions, and Actions			
Item**	Discussion, Motions, and Actions When the HIV Services System is at its best, what does that look like? Communicating Being inclusive/welcoming Centralized answered referral EaSy participate while COVID suppression Simplified taken people newly taking teams Folks Everyone's heard best lead really information engaged Community feels things system Service wrong resolved PLWH Inclusive present question trying Consumers support all use commentary seen better Work language Working stay needs access doing accessing receiving person between Meet long Peer Viral Available future new Seamless Services budget remember Push professional survivors need negative Invite wraparound outcomes appreciate			
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, she/her (Co-Chair)	Х		Marisa McDowell, she/her	Х	
Tom Cherry, he/him	Х		Matthew Moore, he/him		E
Jamie Christianson, she/her	Х		Scott Moore, he/him	Х	
Carlos Dory, him/his	Х		Laura Paz-Whitmore, she/her	X	
Michelle Foley, they/them	Х		Bert Partin, he/him	X	
Greg Fowler, he/him	Х		Sandra Poon		L
Taylor Gleffe, she/her		E	Diane Quiring, she/her		E
Dennis Grace-Montero, he/him	Х		Jace Richard, he/him	Х	
Shaun Irelan, he/him	x		Michael Thurman-Noche, he/him	x	
Lorne James, he/him (Co-Chair)	x		Robert Thurman-Noche, he/him	x	
Chris Keating		E	Erin Waid, she/her	Х	
Toni Kempner, she/her	Х		Sam Wardwell, they/them		
Robert Kenneth, he/him	Х		Joanna Whitmore, she/her	Х	
Julia Lager-Mesulam, she/her	Х		Abrianna Williams, she/her	Х	
Heather Leffler, she/her					
PC Support Staff			Guests		
Lisa Alfano			Ashley Allison		
Jonathan Basilio	Х		Rachel Greim		
Laura Bradley			Dennis Torres, he/him (Community Liaison, Gilead)		
Aubrey Daquiz, she/her	x		Abby Welter, she/her (Training Coordinator, OR AETC)		
Jenny Hampton, she/her (Recorder)					
Amanda Hurley, she/her	Х				
Jenna Kıvanç	Х				
Marisa McLaughlin					
Kim Toevs				1	

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