

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: October 6, 2020

Approved by Planning Council: November 3, 2020

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council MEETING MINUTES

Tuesday, October 6, 2020, 4:00 pm – 6:00 pm Virtual WebEx Meeting

AGENDA

Item ^{**}	Discussion, Motions, and Actions						
Call to Order	Emily Borke called the meeting to order at 4:05 PM.						
Welcome & Logistics	 Lorne James 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 Webex), please mute yourself to minimize background noise, unless you have a question / comment 						
Candle Lighting Ceremony	Matthew Moore led the lighting of the ceremonial candle in honor of Danny. Danny was diagnosed with AIDS a couple of weeks after Matt was born, and died a few weeks after that. He had an impact on Matt's life, on many people's lives, and continues to impact Matt's work. Remember all of those who had and continue to have an impact on us.						
Mindful Minute	Lorne James led a mindful minute: "How wonderful it is that nobody need wait a single moment before starting to improve the world."						
Introductio ns	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 and Lorne read the Council Participation Guidelines.						
Announcem ents & Review Graphic Cycle / Year	 Announcements: See slides. Reminder - meetings are recorded to ensure accurate minutes. Operations Committee vacancy – 1 year term. If interested or want more info, please email Aubrey by October 23. An email will also be sent with this request. Q: Is there a requirement about how long a person has to be on the Council before Ops? Yes, one full 2-year term Julia Lager-Mesulam: OHSU Infectious Disease has a focus grant to increase testing in EDs, provides linkage to care coordinator. Shared position between Partnership Project and New Directions Team. Please share with your communities. Link: 						

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	• Amanda Hurley: We just submitted the Ryan White Grant application. Thanks to HGAP staff, Health Department staff, and the Planning Council for all of their work.						
1	 Planning Council Membership Outgoing members: Michael Stewart, Myranda Harris, Jonathan Livingston, Jeremiah Megowan 						
	New members: Robert Kenneth, Sandra Poon, Bert Partin, Sam Wardwell						
Agenda Review and	The agenda was reviewed by the Council, and no changes were made.						
Minutes Approval	The meeting minutes from the August 18, 2020, meeting were approved by unanimous consent.						
Public	Bevan Hurd, Manager of Mental Health & Cultural Services						
Testimony	Speaking about medical motel program						
	Program normally has 10-12 people at any one time						
	We broadened our criteria						
	Got to the point of up to 50 people at any one time						
1	 Usually costs approximately \$100/night We're asking Planning Council to keep in mind when allocating funds 						
	 Unplanned, unprecedented unmet need 						
	 Also working to connect these individuals to other programs and services 						
	Attendees were asked to put any questions into the chat for later review by HGAP staff.						
Planning	Presenter: Emily Borke						
Council	Summary of Discussion:						
Reminders	See documents sent prior to meeting.						
	Annual Member Forms Revew and Approval						
	Annual member forms were emailed to Planning Council members by Aubrey Daquiz						
	for review:						
l	 Member Responsibilities On the of One of the state 						
	 Code of Conduct Conflict of Interest Disclose 						
	 Members were then asked to complete a Google form as a form of electronic sign off 						
	of these forms.						
	• The Google form also served as a poll on meeting times and topics.						
	Members, if you have not completed the Google form, please do so as soon as						
	possible. Google form link:						
	https://docs.google.com/forms/d/e/1FAIpQLSfmjr1QF3eNzKKCmV7STXkdjeFwj8KHVPr c35bbNdIZMYGBww/viewform						
	Conflict of Interest Policy						
	• Conflict of Interest: actual or perceived interest by the member in an action that results or has the appearance of resulting in personal, organizational, or professional						
	gain.						

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	Make sure you are aware of your conflict of interest, and state it when making comments / decisions that may impact your agency.				
	 "Provider blind" approach The Planning Council determines funding for service categories, and can specify what the money is to be spent for, but we do not determine specific providers. The Planning Council makes decisions about service categories, while HGAP makes decisions about providers. 				
	 Council Participation Guidelines: Share group time fairly. A raised hand is recognized. One person speaks at a time; listen to understand and please do not interrupt. Remain focused on the topic at hand. Out-of-order comments and side conversations distract others. Make sure everyone has the opportunity to speak and all views are heard. Aim for understanding before judgment. Remain open minded. Ask questions. Speak from your own experience. Be sure of your facts. Speak your truths; tell your feelings. Be considerate; disagree openly but maintain respect for each other. Remember that this is a public forum and what you say becomes available to the public. Take care of personal needs as necessary. Be aware of your own bias and judgment. Practice "both/and" thinking. In contrast to "either/or, which asks <i>which idea is better</i>," "both/and" combines ideas to come up with an idea or solution that draws from both concepts. 				
Evaluation of the Administrati	Presenter: Toni Kempner, Lorne James Summary of Discussion: See slideshow.				
ve Mechanism	 Evaluation of the Administrative Mechanism How do we evaluate the Administrative Mechanism? Ryan White Contractors Satisfaction Results and comments Compare to previous year's evaluation The HIV Administrative and Planning (HGAP) contract process The Fiscal Year 19-20 contract tracking log. Planning Council Evaluation Results Planning Council Agenda/Minutes and Data Presentations Multnomah County contracts and procurement rules How did we do? 100% of the services grant award as directed by the PC for the 2019-20 grant year including several reallocations throughout the year were spent. Less than \$7,000 is being requested for carryover. Biannual score cards are used for tracking. Contracts issue noting that average days increased from 28 days to 34 days resulting in award to contract execution being outside the 90 day expectation 				

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	(101 days) due to Multnomah County contracts team being understaffed and
	continuing to manage a new contracting system, which affected contractors
	across the county. The Program Specialist has continued to work closely with
	the county team to minimize delays. Two-year contracts are in place for FY 20-
	22 with possible goal to move towards five-year contracts.
	Reviewed Communications PC
	Evaluation committee reviewed presentations this year:
	 panel discussions by experts from the HIV community
	 epidemiology and trends in HIV/AIDS at local/state and national levels
	including funding, contract and program updates
	 Public Charge updates
	 HIV housing
	 U=U endorsement
	 Open Enrollment
	 MAI panel
	 End HIV Oregon updates
	Portland TGA program update with Part B funding
	 Long term survivor panel
	 COVID-19 updates
	Actions Taken from 2018-19 Recommendations:
	 Continue to remind planning council members to fill out evaluations
	throughout the meeting to increase number of PC evaluations.
	 Simplify quality management presentations to meet various learning styles.
	 Improve PC website to be more user friendly.
	 Enhance public testimony and outreach to the larger community and targeting
	youth (higher disparities).
	Recommendations for 2020-21
	 Develop a Black, Indigenous, and People of Color (BIPOC) data review group
	that represents our BIPOC community. Recommendations to have bus tickets,
	gift cards and child care to help recruit from the community.
	5
	 PC website development in light of the COVID19 pandemic in terms of being a controlliged place for information for clients?
	centralized place for information for clients?
	 Continued focus on public testimony with follow up to those who share their A statical (arranged a theorem and with a state from PC membrane). Package leads
	stories (premade thank you cards with notes from PC members). Perhaps look
	at increasing the time allotment to 5 minutes since 2 minutes is a limiting
	factor. Look at other options for public testimony: art forms, sending emails,
	letters or videos.
	 Use of qualitative evaluations being turned into word mapping for visual
	impact alongside the consumer scorecards provides support and reminder that
	people have the opportunity for their voices to be heard.
	 Continue to build relationships with BIPOC-led community organizations in
	order to build partnerships outside the HIV community to support the End HIV
	Oregon initiative.
	 Use of qualitative and quantitative data is important in presentations and
	encourage HGAP to continue to find ways to bring the numbers and voic the clients together. In particular, this is an interest in pulling in historica to see the impacts and changes happening in the Portland TGA (ie. COVI

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	impact, etc). Recommendation is to put this historical context be available to				
	all council members, perhaps on google drive.				
Meeting Schedule & Priorities	Presenter: Emily Borke Summary of Discussion: See slideshow. Reminder of Summary of 21-22 Proposed Allocations Preview of next meeting: Contingency Planning – 3 scenarios				
	Decrease up to 3%				
	Flat funding Increase up to 4.32%				
	Reviewed 2020-2021 Meeting Schedule / Plan				
	 Potential Speakers / Panels Google form link: 				
	https://docs.google.com/forms/d/e/1FAIpQLSfmjr1QF3eNzKKCmV7STXkdjeFwj8KHVPr				
	c35bbNdIZMYGBww/viewform				
	 Form responses: New cases/testing (Harm Reduction/Needle Exchange) - 12 Mental Health - 11 				
	 Housing Panel - 11 A balance the Disorder Trademark Devel - 10 				
	 Substance Use Disorder Treatment Panel - 10 HIV Medical Provider Panel- 10 				
	 Care for People who are Incarcerated/Justice-Involved - 9 				
	 Long term survivors - 8 Write-ins: RW providers and new practices during COVID; BIPOC inclusion, data collection/reporting, feedback 				
	There's still time to provide your feedback				
	What specific questions do people have? Other general topics?				
	 SUD Treatment panel – I know we started some new programs. How are they working? Challenges faced? COVID updates? 				
	 Housing panel – How Mental Health and Substance Use Disorder is affecting the housing 				
	 Housing panel – How to support people during the moratorium and after the moratorium. How is COVID affecting all parts? 				
	 HIV Medical Provider panel – updates on new medications coming up (including antibody medication), updates on routine labs / new guidelines / best practice BIPOC – ways that our providers are being more inclusive. What learning opportunities are our providers utilizing to be more inclusive of populations who have been underserved or overlooked? (BIPOC, two-spirit, women, justice-involved) Intersectionality of homelessness on these different panel discussions compounded by COVID-19 				
	• BIPOC – what are some steps Ryan White providers have taken to partner with already existing BIPOC organizations that deal with wellness and community support? How are we utilizing the City of Portland to help us build bridges and work with communities that we've historically had trouble reaching out to?				

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Item**	 Discussion, Motions, and Actions How people experiencing homelessness are assisted What program providers are doing about making sure BIPOC input and data are including in decision making and resource allocation Regarding Long Term Survivor panel – keep in mind that there is often a divide between older people and youth who have survived for a long time as well, with the latter often feeling like they don't belong General question to all panels – how has COVID impacted your work? How programs define or incorporate harm reduction If you have more question suggestions, please email to Amanda Are there one or two of these topics you would prefer to hear about sooner rather than later? Care for people who are incarcerated / justice-involved Recent mass transfers of Oregon inmates due to the fires directly impacted timely access to HIV meds. Additionally, COVID-related quarantine and/or concentration of inmates are currently interrupting continuity of HIV care. Housing panel Mental Health & Substance Abuse panel(s) 						
	 For either of these panels, does anyone have any specific recommendations for speakers? Mental Health and Substance Use Disorder organizations who utilize peer support specialists, and updates on the two SUD beds we fund. Native Wellness Institute (Lynn James), NAYA or NARA to see what mental health and preventative service looks like in their community Advocates for Youth If you have more recommendations, send to Amanda, Aubrey and/or Emily 						
Program Updates (Parts A & B, CARES)	 Presenter: Jesse Herbach Summary of Discussion: See slideshow. Program Updates CAP MAI Reencuentro will be having their first virtual session in the near future Urban League MAI program has been continuing to see more clients, in particular working closely with CAP housing case managers during the pandemic EIS Have been working with a number of clients on early release from prison due to COVID-19; connecting them to care, employment and other resources CAP SW As of the end of the second quarter, and halfway through the contract year, CAP SW Washington Served 96 households through our 4 Part-A funded categories of Housing, Food, Oral Health, or Health Insurance. HHSC 						
	 CAC and virtual art therapy have continued meeting, with increased participation. CAC, the Quality Management Team, and the TIC Talk team are making recommendations to the clinic management team around issues of 						

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	racial equity as related to policies, workflows and other practices and
	telehealth and other changes implemented since covid19.
	• Rapid ART Start program receiving funding from SPNS grant – will be hiring for
	a bilingual intake coordinator
	Russell Street
	 Opened clinic on Monday, June 29th seeing a limited number of patients at 25% capacity. Our dental assistants worked diligently on organizing the clinic prior to opening, as new protocols and processes were implemented including HEPA filters being installed in each exam room
	 Hygiene appts starting back up in Oct
	EMO
	 In July, the Day Center opened to hours of 9AM-1PM. This has provided clients with a hot breakfast and lunch at the Day Center, Clients have access to computers and client services.
	 The shower services are not available at the time while AUCC is remodeling the basement bathrooms, which will provide two separate toilets and two separate showers all which will be accessible.
	 Awarded a grant through Part C for LTS project; will be hiring a coordinator who will create a curriculum of three cohorts of "long, longer, and longest term survivors"
	Quest Decrease in Poor clients just in the last menth; men's group and WeW meeting
	 Increase in Peer clients just in the last month; men's group and WoW meeting virtually
	 EFA Has been a heavily coordinated process with other programs in order to make things easy for programs and accessible for clients. Spending was low, so funds were moved to Housing Part B to help with MMVs
	• PP
	 Despite the pandemic, maintaining a response time to initial contact to intake can sometimes be the same day if not, within a couple of days. This often includes insurance screening and enrollment given the impacts to clients' employment during the pandemic.
	Housing Part B
	 Requests for medical motel vouchers increased from about 10 to 12 per week to up to 50 per week in the pandemic. In order to support clients, rules were relaxed and the process simplified for getting medical motel vouchers. Recently, due to limited funding, they had some difficult conversations with referring partners to narrow down the scope of reasons to request a medical motel. They expect to be closer to our usual rate of motel vouchers. The participants who have been benefiting from extra medical motel vouchers have been contacted to complete applications for housing waitlists, make plans for continued shelter outside of motels, provided tents/sleeping bags/tarps where appropriate and in a few cases, will be transferred to long term housing vouchers at CAP
	CARES Funding Average of 126 clients nor month receiving CARES Act funded convises
	 Average of 126 clients per month receiving CARES Act funded services Three programs funded
	 Funding continues to support needs such as home delivered meals, nutritional supplements, food boxes, camping gear, hygiene and safety kits, gift cards, medical equipment, transportation, and cell phones. We are monitoring the

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	CARES Act service data monthly. Lower spending than anticipated – we will be looking at expanding the scope of work some of these funds to include MMV needs – need to get permission from HRSA for this change in scope of work. Questions:					
	 Q: How many more people in the TGA qualify for Ryan White now that we are in a pandemic? A: We don't have that information. 					
	 Q: Is there a way that we can be more proactive in capturing and using data we get from how CARES funds are spent? A: We are keeping track of how CARES funds are utilized and who is utilizing it, so if other funding opportunities come up, we can use this data to show whom we have served. We are also starting to use service utilizati data by month so we can compare with previous years and document additional needs. We're sending CARES Act reports to HRSA on a regular basis as well. Q: I don't see utilities included on updates with CARES Act. Are we not funding that? We're not funding utilities through CARES Act, we're doing that through Part B EFA funding Q: With COVID going on and people not being able to work, are we seeing an increa in people losing their employer-based insurance and going to CARE Assist and using more Ryan White services? A: We did see a spike in people using Ryan White services in March or April in comparison to previous years. Anecdotally, programs are sharing that they are seeing an increase as well. 					
Eval and Closing	Presenter: Emily Borke & Lorne James Summary of Discussion: See slideshow.					
	Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.					
	Please complete the evaluation: <u>https://docs.google.com/forms/d/e/1FAIpQLSf5xtk2gXkUQTbrZJ3b2yOsZm6d7-</u> <u>OQIPL97jsnO059yC2pEg/viewform</u>					
Time of Adjournme nt	6:00 PM					
Community Garden	QUESTION/COMMENT - None RESPONSE – NA					
Items						

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	X		Julia Lager-Mesulam	Х	
Erin Butler	X		Heather Leffler	Х	
Tom Cherry	Х		Matthew Moore	Х	
Jamie Christianson	Х		Scott Moore	Х	
Carlos Dory	Х		Laura Paz-Whitmore		L
Michelle Foley	Х		Bert Partin	Х	
Greg Fowler	Х		Sandra Poon	Х	
Alison Frye	E		Diane Quiring	Х	
Dennis Grace-Montero	X		Jace Richard	Х	
Bevan Hurd	X		Michael Thurman-Noche	Х	
Shaun Irelan	E		Robert Thurman-Noche	Х	
Lorne James (Council Co-Chair)	Х		Erin Waid	Х	
Chris Keating	E		Sam Wardwell	Х	
Toni Kempner	Х		Abrianna Williams	Х	
Robert Kenneth	X				
PC Support Staff			Guests		
Lisa Alfano			Kevin Hockley	Х	
Aubrey Daquiz	x		Wanda Vazquez (Sr Comm Liais Janssen)	x	
Jenny Hampton (Recorder)	Х		Robb Lawrence	Х	
Jesse Herbach	Х		Rachel Greim (OR AETC)	Х	
Amanda Hurley	x		Katrina Dougherty (DIS, Clackamas County Public Health)	x	
Jenna Kıvanç			Leanne Neumann (Sales Representative, IQVIA/Janssen)	x	
Marisa McLaughlin			Dennis Torres (Community Liaison, Gilead)	x	
Kim Toevs					

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