

Oregon HIV Care Coalition

GENERAL ASSEMBLY MEETING MINUTES

Co-Chairs: Brad Howell and Muriel DeLa Vergne-Brown

Date: June 14, 2006 **Start Time:** 10:00 a.m. **End Time:** 4:00 p.m.

Present: Sherri Alston, Jerae Bjelland, Deborah Cockrell, Ryan Deibert, Muriel DeLa Vergne-Brown, Scott Ekblad, Victor Fox, Becky Harmon, Suzy Holcomb, Nancy Horn, Veda Latin, Tom McConnell, Susan McCreedy, Jeff Miller, John Motter, Loreen Nichols, Karen Pancheau, Debby Parrish, Kathy Pickle, Steven Pierson, Sheryl Powell, Sean Schafer, Ann Shindo, Jill Snyder, Mitchell Zahn

Unable to attend: Denis Carnaby, Don Jarvi, Melissa Murphy, Robert Skinner, Brad Howell

Guests:

Staff & Contractors: Lisa McAuliffe, John McDaniel, Karen Smith, Carolyn Underwood, Donna Yutzy

	Agenda Item	Discussion Notes and Conclusion
1.	Welcome & Introductions Announcements	Muriel DeLa Vergne-Brown convened the General Assembly of the Oregon HIV Care Coalition. Attendees introduced themselves and made announcements about upcoming events.
2.	PLWH Ceremony	A moment of silence was observed.
3.	Committee Report: <ul style="list-style-type: none">Quality Management Task Force	<i>Co-Chairs: Becky Harmon, Nancy Horn</i> Donna Yutzy reporting. The QM Task Force was developed to assist HIV Client Services (Title II) in developing a QM Plan as part of Oregon Title II participation in the HRSA Title II QM Collaboration. The QM Task Force is now expanding its role to become a statewide, all Ryan White Titles quality management collaborative group. The first meeting of the new group was yesterday, June 13 th . The first joint all-titles project will be to collect, trend and analyze “Medical Visit” data across all the titles.
4.	Committee Report: <ul style="list-style-type: none">HIV Housing Task Force	<i>Co-Chairs: Renee Yandel & Jerae Bjelland</i> Jerae Bjelland reporting. The Housing Task Force just completed a year-long strategic planning process with experts invited into each meeting to help the group learn about priority areas (such as Housing & Mental

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		Health/Substance Abuse issues) and develop goals and objectives related to those priority areas. Goals and objectives were developed after each presentation. The task force members have requested that guest presenters on key topics continue to be invited to each meeting. The future meetings will include expert presentations, networking and sharing between members and ongoing discussions about meeting the proposed goals and objectives. The next meeting will be in September, when the Committee will work on refining the goals created this Spring.
5.	Committee Report: • CAREAssist Advisory	Vic Fox presenting. There have been no meetings; Debby Parish has agreed to co-chair the Committee The dates of future meetings will be announced in the next couple of months.
6.	Committee Report: • PLWH/A	<i>Co-Chairs: Suzy Holcomb and Roger Gednalske</i> Tom McConnell: A clear definition of the PLWH committee role in OHCC is still needed. A PLWH/A peer-led training program for rural areas was discussed, but with limited funding it looks difficult. Lack of a clearly defined purpose may be the reason PLWHs are not turning out for Committee meetings.
7.	Committee Report: • Needs Assessment	<i>Co-Chairs: Kathy Pickle, John Motter</i> John: The Committee met at 7:30 a.m. today regarding medical monitoring. Leslie Johnson, Muriel DeLa Vergne-Brown and Sean Schafer also attended. Today’s meeting was to develop contacts for participation. The Committee hasn’t received any “no’s” to invitations, but no callbacks either. Six facilities have agreed to participate; Multnomah County and OHSU are the largest. The study is CDC-funded in 20 states and six cities, looking at provider standpoint v. consumer standpoint. Oregon is polling approximately 600 patients to pull data, plus a one-hour interview; looking at mental health, risk factors - working with local facilities for set up, such as healthcare agencies, and also criminal justice/corrections agencies. John Motter is going to CDC in August.
8.	Program Report: CAREAssist	<u>CARE Assist: Presented by Vic Fox</u> The Program appears very stable right now, with no impending changes to enrollment caps or closing of the program. The client benefits groups (Group #1, #2, and #3) of CAREAssist was briefly reviewed and the group was reminded that Group 3 will

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	<p>Case Management and Support Services</p>	<p>be scaled back or eliminated first, if that becomes necessary. However, there is nothing on the horizon that would suggest a need to curtail services.</p> <p>The CAREAssist Client Satisfaction Survey has been completed, and there was an improvement in client satisfaction in the last year. Vic expressed his appreciation of the abilities of staff to deal with ongoing challenges while maintaining consistent continuity of service.</p> <p>Future issues: working with DHS and Director’s office on funding needs, tabled until October/November; the goal is to continue the current level of service and remain open to new applicants. Program data is posted on the website.</p> <p>Report will be posted on the web site within one week.</p> <p><i>Handout</i></p> <p><u>Case management - Annick Benson-Scott</u> Donna Yutzy reporting.</p> <p>Highlights: <i>CAREWare 4.0 was successfully installed; we can now access data through a secure central server. Oregon is the first state in the country to go statewide. We became the data test site and did the work for all other states. The software company sent out reps on site to help us.</i></p> <p><i>A completely new Program Manual will be issued at the end of June. New sections include an overview, the OHOP Program, information on the CAP benefits specialist – staff hopes the new, revised manual will be more useful for case managers.</i></p> <p><i>The Benefits Assistance Specialist at CAP will be presenting trainings in Bend, Eugene and Salem in July & August. The training will focus on how to successfully sign up clients in SSI. Trainings will be in Bend on July 14, in Eugene on July 26, and in Salem on August 17. The announcement flyer will be mailed this week.</i></p> <p><i>Site visits by Donna and Annick are coming up. The visits have been cut back because programs are now doing much of their QI own work (chart reviews using a required protocol)</i></p> <p>Case management and support <i>services awards</i> and dental allocations are selected per county through a formula process. Any questions can go to Vic or Jill.</p> <p><i>Handout.</i></p> <p><i>HRSA Organizational Program Review (OPR):</i> We have just finished the HRSA review process. The report was that as long as we’re maintaining current levels, we’re doing great. We need to see an increase African-American participation. Discussion</p>
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	<p>OHOP</p>	<p>of change in acuity levels in 2004.</p> <p>Vic Fox: John Hopkins University is adopting the Title II CM, HIV Minor Child acuity scale and giving Oregon the credit. Handout.</p> <p><u>OHOP – Presented by Ryan Deibert</u> <i>HUD site visit in January</i> - results positive; total of 9 findings, 5 of which had been already fixed in transition to OHOP from OHCS.</p> <p><i>Rural Oregon Continuum of Care</i>- access through OHCS.</p> <p><i>New HOPWA SPNS grant</i> app of \$1.3 million to support clients post incarceration; first time to pull RW Title 1, 2, HOPWA, Corrections, OHCS, etc. together in one program.</p> <p>June 19 and 20: first OHOP <i>strategic planning retreat</i>.</p> <p>Next fall will set up for collection of data in <i>CAREWare 4.1</i></p> <p>Need to participate in <i>local planning processes</i> for mainstream housing resources and getting HIV listed as a priority population in the housing plans throughout the state.</p> <p><i>OHOP will host the statewide Case Manager Conference in October- connect housing to other supportive services.</i> Handout</p>
<p>9.</p>	<p>CM Services Client Satisfaction Survey Results Report</p>	<p>Linda Drach, PDES Presented results from “We’re Still Listening: the 2005 Needs Assessment of PLWH/A in Oregon”. Handout</p>
<p>10.</p>	<p>Lunch Presentation</p>	<p>Linda Drach, PDES “Client Satisfaction with Case Management Services – Results form the 205 Survey of the Title II Service Area” Handout</p> <p>Discussion: there is a need for connection. How to involve PLWH? Support Groups? Drawbacks: leaders get overwhelmed; funding; some don’t have computers; Urban experience does not translate well to rural pop. Grant monies to provide computers? Can use “Free Geek” for recycled computers, but there are additional costs of software and servers. Discussion will continue on the next agenda.</p>

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11.	Partner Reports:	See below
12.	Partner Report: • Title I	<p>Presented by <u>Loreen Nichols</u> Six-county area served. Multnomah county at Pride celebration – will do testing – can act as resource for other counties</p> <p>Handout <u>Planning Council – John Motter</u> There is an issue this year with County budgeting process – possible outsource of role of grantee to outside agency. Looks like monies are being restored. Loreen – thanks to john for speaking up and avoiding loss of Title I funding. Handout.</p>
13.	Partner Report: • Title III	<p><u>Title III, Multnomah County – Deborah Cockerell</u> SPNS grant ending this fall Trying to get more participants in PICODAP study</p> <p><u>Title III, Marion County – Sheryl Powell</u> Continues to use Title III Capacity Building Grant to develop a network of providers.</p>
14.	Partner Report: • AETC	<p>Presented by <u>Steven Pierson</u> Program project yearends June 30 – goals for year have been met or exceeded. Highlights: HIV Client Services brought in experts from the San Francisco AETC to do a two day Nurse Case Manager clinical training; Kathleen Canon, MD, Consultant from Oakland, brought in to do a presentation on Chronic Disease Management for providers in Portland; example from Sherri Alston: good to meet and get better idea of some of the docs/clinicians to benefit from training/consultation. Reports: outcome study from phone or e-mail consultations Next year: support outlying training sites, Klamath Falls, Bend, Benton county; Susan McCreedy and four others attended the Charles Drew University seminar HIV web study with University of Washington is online. Handout</p>
15.	Partner Reports • HIV Prevention	<p>Presented by <u>Mitch Zahn</u> Doug moon and Bob Skinner are co-chairs of SPG (State Planning Group). New model is being created at suggestion of CDC. A major issue in Oregon is loss of funding for HIV prevention. This year lost \$92K, which was taken out of contracts.</p>

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	<p>OMAP</p>	<p>New formula to direct to areas to find positives who don't know they're positive Entire group is restructuring – beyond turmoil, still correcting.</p> <p>Partner Notification is available through Prevention and the Metro area of Multnomah County; the state level contact is Joan Crawford</p> <p><u>Loreen Nichols</u> – Multnomah County Corrections health program is nationally recognized, but had major cuts this year – a minimum of 20 nursing positions being cut. They are opening more jail beds, but cutting health services.</p> <p><u>Nancy Horn, OMAP</u> Expanding children's health program from 6 months to 1 yr of age. 11 – 100% of poverty level clients Limit hosp stay to 18 days Eliminate dental, over-the-counter drugs, vision – feds have not acted – maybe approval in November, but will have to make up money for previous The Governor's initiative on health insurance is for all Oregon children – different from health care – was relying on \$.60 cigarette tax, which is now gone. Governor says we will find funding. New State hosp sites = 600-00 million dollars May shuffle prioritized list – prevention and management may be placed higher; bring back standard population but give them preventive package. Deficit reduction act starts July 1 – 356,000 Oregonians affected-now need application for Medicaid; proof of ID and citizenship, even babies. The concern is that people will go more often to Emergency Rooms. Mail in birth cert. App will stop. 45 days to prove identity & will cover retroactive. If longer than 45 days, will drag out. Question on state reciprocity for fees involved such as request for official copy of birth cert. Major problems with size of system, details of process. <i>Handout</i></p>
<p>15.</p>	<p>Out-of-Care study results Report</p>	<p><u>Presented by Linda Drach</u> Presented results of first two phases of the “Out of Care” study: Phase I was telephone interviews with providers and Phase II was telephone interviews with clients who left CAREAssist in the past three years. 125 clients were identified for potential contact. The evaluators are calling as many as they can and trying up to 5 times to reach these clients. Only one client has declined to be interviewed. The majority has continued to receive medical care after leaving CAREAssist. Vic Fox: The smallest number of clients leaving are due to cost share</p>

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		<i>Handout</i>
16.	Discussion of RW CARE act Reauthorization	<p>Facilitated by Donna Yutzy, with Loreen Nichols, Vic Fox, John Motter</p> <p><u>What We Know</u></p> <p>Vic: Representative from Senator Gordon Smith’s office has been a champion of RW</p> <p>Issue of core services- the legislature is saying a certain percentage of dollars should be spent on core services, but reluctant to define; could be more medical items like substance abuse, etc.</p> <p>75% for core services only vs. 25% spending for all the additional support services.</p> <p>Funding & how will be spent; change in formula for Title II. Unclear as to impact on OR; Title I – Loreen: Proposal for 3-Tier system; much confusion around data used, but Portland EMA probably in Tier 3 (because number of people diagnosed with AIDS over the past three years in the Portland EMA is less than 1,000). Three-year transition to Tier 3, but only \$5 Million to spread over all the EMAs assigned to Tier 3 Extra responsibilities w/out compensation.</p> <p>Portland on the edge between Tier 2 and 3.</p> <p>Veda Latin: remember we’re talking about only the Senate version of the legislation. House version to be voted on next week.</p>
17.	Discussion: Building Bridges to Health & Human Service Partners	<p>Office of Multicultural Health</p> <p>OMHAS</p> <p>Vic: Possible new resource is SAMSA Grant where mental health and addiction service programs could be partners in securing new funding.</p> <p>Tom: List of questions to determine what’s possible</p> <p>Muriel: Must get together & talk – cannot resolve in just a couple of hours.</p> <p>Local community action agencies</p> <p>Next OHCC meeting agenda:</p> <p>(1) Involving PLWH and (2) What partners do we want; get reps to attend from other community groups & discuss building bridges</p> <p>Other agencies suggested:</p> <p>Aging & Disability</p> <p>Migrant Health Coordinator</p> <p>Bob Johnson on Title I for Dental?</p> <p>State Office of Oral Health-Sandy Osborne</p> <p>Transportation:</p> <p>Oregon Food Bank</p> <p>Voc Rehab</p>

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18.	Discussion on Memory Board	Tom McConnell asked for input on how to best use the Oregon PLWH/A Memory Board, which is currently in his keeping. He is requesting that someone else keep the Board so it can be viewed at meetings of both Title I and Title II.
19.	Adjourn	Adjourned at 4:00 pm