

Oregon HIV Care Coalition

GENERAL ASSEMBLY MEETING MINUTES

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

Date: January 26, 2006

Start Time: 10:00 a.m.

End Time: 4:00 p.m.

Present: Rey Agullana, Sherri Alston, Annick Benson-Scott, Jerae Bjelland, Denis Carnaby, Deborah Cockrell, Ryan Deibert, Muriel DeLa Vergne-Brown, Victor Fox, Roger Gednalske, Becky Harmon, Suzy Holcomb, Brad Howell, Veda Latin, Tom McConnell, Susan McCreedy, Jeff Miller, Doug Moon, John Motter, Loreen Nichols, Debby Parrish, Kathy Pickle, Steven Pierson, Sheryl Powell, Sean Schafer, Ann Shindo, Robert Skinner, Jill Snyder, Renee Yandel

Unable to attend: Scott Ekblad, Cherrell Edwards, Doug Harger, Nancy Horn, Don Jarvi, Melissa Murphy, Karen Pancheau, Mitchell Zahn

Guests: Steve Gewurtz, Margy Robinson, Terry Bonatz

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

| | Agenda Item | Discussion Notes and Conclusion |
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| 1. | Welcome & Introductions Announcements | Brad Howell and Muriel DeLa Vergne-Brown convened the General Assembly of the Oregon HIV Care Coalition. Attendees introduced themselves and made announcements about upcoming events. <i>Becky Harmon:</i> Cascade AIDS Project has a new ED – Jean Ann Van Krevelen <i>Steve Pierson:</i> AETC and Title I will offer a training session on the chronic care model. Steve will get information to the Coalition soon. <i>Loreen Nichols:</i> Some of Loreen’s staff will be attending later in the day to meet Coalition members. |
| 2. | PLWH Ceremony | Candle Lighting Ceremony and a moment of silence was observed. |
| 3. | Introduction to new organization of HIV Care Coalition | <i>Donna Yutzy, Facilitator</i> This is a brand new process and this is a newly reconfigured Coalition. The past years’ method of two-day meetings were getting more and more difficult to maintain; we were losing members and money. The new Coalition is composed of six active task forces or committees, which will meet individually, possibly by teleconference. The Coalition members are the Co-Chairs & one Member-at-Large from each of the smaller planning groups plus additional members appointed by the program. The entire Coalition will meet twice annually. |

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| <p>4.</p> | <p>Committee Report:</p> <ul style="list-style-type: none"> Quality Management Task Force | <p><i>Co-Chairs: Becky Harmon, Nancy Horn</i></p> <ul style="list-style-type: none"> Full QM Report will be coming out this Spring with charts and graphs. Oregon is one out of seven states invited to participate in a national Quality Management collaborative. <p>Activities:</p> <ul style="list-style-type: none"> Testing what data can be collected; definitions Training in Washington DC for 2 days; How to make incremental, rather than giant, changes to an entire system <p>Improvement activities:</p> <ul style="list-style-type: none"> Tracking client loss; successful recertification; clients in pending; increase and track numbers of CD4 and viral load tests – should be four per year. <p>How does Oregon compare to the other 7 states? We are ahead of the curve on data collection.</p> <p><u>Handout:</u> “Oregon Title II Quality Management National Collaborative Demonstration Project, Narrative Summary Report, January 2006”</p> |
| <p>5.</p> | <p>Committee Report:</p> <ul style="list-style-type: none"> HIV Housing Task Force | <p><i>Co-Chairs: Renee Yandel & Jerae Bjelland</i></p> <p>The HIV Housing Task Force has just completed a five-meeting planning process where experts on priority focus areas were invited to present to the Task Force. Goals were then developed for each focus area and written into the Title II Services Comprehensive Plan.</p> <p>1st meeting – Fair housing issues (legal presentation) & Hispanic community housing issues.</p> <p>2nd meeting – Cascade Aids Project Ready to Rent program; rent program in Marion County – Discussion of how to help people who are difficult to rent; Return to Work programs.</p> <p>3rd meeting - Dan Murphy/Arches - working with the homeless population – The highly successful “Housing First” model, and the concept that everyone has three homes: physical, emotional and spiritual. Presentation helped w/clarifying goals.</p> |

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| | | <p>4th meeting – Marty Perrigan, RN, on The Corrections Population: Problems with testing, confidentiality.</p> <p>5th meeting – Mental Health/Substance Abuse– Office of Mental Health and Addictive Services (OMHAS) – Mental Health and housing issues, building & funding info; fed block grant priorities; SB I – Mental Health insurance on the medical treatment model; alcohol & drug services directory, plus key persons in each county for alcohol & drug services; discussed shared case management. Governor’s Council for housing.</p> <p>Next meeting will be in March to finalize goals and objectives.</p> <p><u>Handout:</u> “HIV Housing Task Force Mission, Focus Areas and Goals”</p> |
| <p>6.</p> | <p>Committee Report:</p> <ul style="list-style-type: none"> • CAREAssist Advisory | <p>Vic Fox presented:</p> <p>The Committee is now at a crucial point – meetings have been less frequent and less predictable – Vic has requested installation of a co-chairperson. He says the Committee needs people who are knowledgeable about systems; have good Title representation.</p> <p>Immediate Goals: more predictable meetings on a schedule, more and better information dissemination</p> <p>Environment since last Spring – we need answers from the legislature and from our department (DHS), so Vic does not currently have information to share.</p> <p>When the chairs are identified, the Coalition will be contacted.</p> |
| <p>7.</p> | <p>Committee Report:</p> <ul style="list-style-type: none"> • PLWH/A | <p><i>Co-Chairs: Suzy Holcomb and Roger Gednalske</i></p> <p>We need to hear the voice of PLWH – what does that look like?</p> <p>T. McConnell: It’s hard to identify the PLWH role in the process – what to do as a specific committee; with changes in legislation, etc., most decisions are made without room to create. Systems are now doing the job – there aren’t the huge changes of 5-10 years ago. We need to be at the table, but what would we see as a larger purpose as committee and role? We discussed the possibility of putting PLWHs on the road, but there is no funding, so we’re back at square one.</p> <p>D. Moon: Was told prevention is top priority; how to set up successful prevention inclusive of PLWH – SPG/State wants to partner w/PLWH.</p> |

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| | | <p>S. McCreedy – Client input could be very helpful, but it would be better if PLWH could go to them (rural).</p> <p>J. Motter – Consumers (rural v. urban) have common issues; need more people involved, pool consumers from all groups: Title I, II, III.</p> <p>T. McConnell – All those who have something to say don’t necessarily belong in this room; this is not an opportunity for solving personal problems with the system. Can we get training as to how to get info to others?</p> <p>B. Howell – Rural v. urban very important differences: docs, care, even community residents; agrees on inclusion of SPG, Titles, etc. As to clients speaking: would need a cap to be effective.</p> <p>R. Gednalske – We need a PLWH group.</p> <p>D. Yutzy – We need to move forward, have a meeting of all grantees to see if there is something to be done.</p> <p>D. Parrish – Hearing that PLWH needs training within and for outreach.</p> <p>D. Yutzy – We also need PLWH point people to “bird dog” – Roger & Suzy (former PLWH co-chairs)</p> <p>T. McConnell re the Memorial Board: We are now sharing the Memorial Board with Title I – T. has been the keeper, but now no longer involved w/Title I. The Title I attorney advises they cannot share due to HPPA regulations, so the Memorial Board is not being used properly, not getting seen. Perhaps we should look for a permanent home?</p> <p>D. Yutzy – Needs research – We will keep it on the front burner.</p> |
| <p>8.</p> | <p>Committee Report:</p> <ul style="list-style-type: none"> • Needs Assessment | <p><i>Co-Chairs: Kathy Pickle, John Motter</i></p> <p>Assessment conducted in 2002 across state Title I & II for recipients of Ryan White services.</p> <p>CDC started a medical monitoring project – could get more info-hooked needs assessment work to it & setup – it’s a very slow</p> |

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| | | <p>process. The data collection is almost finished; a report will be published this Fall.</p> <p>John: Medical monitoring – HIV care provider facilities, inc. State facilities. Interviews will augment chart extraction. Patients through March & June of 2005. Data collection to begin second half of July. Checking possibilities of over-sampling for our own info. CDC literature to be coming out.</p> <p>Kathy: The role of local community groups is seen as learning what the options are of over-sampling, and also how to work with facilities which don't want to participate; what is being asked, and does anything need to be added; health-related quality of life.</p> <p>John: This is a 3-year study; patients are chosen randomly each year.</p> |
| <p>9.</p> | <p>Program Report:</p> <ul style="list-style-type: none"> • HIV Client Services <p>CAREAssist</p> | <p><u>CARE Assist: Presented by Vic Fox</u></p> <ul style="list-style-type: none"> • 1400 are served by the program, including Medicaid • Group I gets the full range of services; 1,086 clients • Group II receives reduced services • Group II has higher incomes <p>There has been a 30% increase in enrollment – more appropriate is 12-15% (clients staying in the program)</p> <p>Collaborative Management Title II – 75% are ADAP earmarked dollars; will continue to engage; looking at policies to improve retention and time lags</p> <p>Latino or Hispanic population is consistently higher – 18% of the enrollment in CAREAssist – due to CM processes</p> <p>Funding level for this year is not yet determined; we will fund current services at same level next year; currently supporting a request for additional funding</p> <p>Question: More clients are falling through the cracks – will there be adjustments for counties which have overspent? Vic: The money is likely to get less, rather than more. Everyone is spending up to their allotments.</p> <p>We appear to be doing better than other states at getting clients into Medicare Part D because of relationship with Kaiser and Humana.</p> |

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| | | <p>PDES had three recommendations for OHOP:</p> <ul style="list-style-type: none"> • Clarify Policy and Procedures. • Expand FTE's • Central Coordination <p>Last four months spent hiring and training new housing coordinators</p> <p>As of 07/2005, there were about 90 clients with about 50 clients on a wait list. Since then, about 40 of those on the wait list were certified into the program, and about 35 remain on the wait list.</p> <p>Those 35 on the wait list are ranked according to acuity, not first-come, first-served.</p> <p>OHOP will be working on integrating the Policies and Procedures into the Case Management Standards.</p> <p>There is also a plan to integrate OHOP into CAREWARE.</p> <p>OHOP is currently working on implementing a Quality Management program.</p> <p>Planning continues to meet the challenges of future funding shifts/decreases. Focusing on managing current caseloads to anticipate changes, as well as looking for additional funding sources.</p> |
| <p>10.</p> | <p>Lunch Presentation</p> | <p>DHS Proposal for Revision of State Rule on HIV Reporting – presented by Sean Schafer</p> <p><i>Handout: “DHS Proposal for Revision of State Rule on HIV Reporting”</i></p> |
| <p>11.</p> | <p>Partner Report:</p> <ul style="list-style-type: none"> • Hepatitis C Prevention | <p><u>Presented by Dr. Ann Shindo, Hepatitis C Coordinator and Program Integration Specialist</u></p> <p>Ann offers education, community building, technical assistance; works with OMHAS, caregivers, etc. She encourages the community to see her as a resource.</p> <p>Hepatitis C is definitely here. Anywhere from 20% - 40% of HIV positive persons are also living with HCV. Hepatitis C is one of the top five causes of morbidity among PLWH/A.</p> |

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| | | <p>There is a new center at CDC, the Coordinating Center for Infectious Diseases, which includes HIV/AIDS, Hepatitis, STD and TB. Dr. Kevin Fenton is the director. For more info, go to: cdc.gov</p> <p>HIV Prevention is implementing the educational portion of the Oregon HCV Strategic Plan. For more info on the plan, go to: http://egov.oregon.gov/DHS/ph/acd/svhpg/svhpg.shtml and choose the hcv plan link.</p> <p>CONTACT INFO: Ann Shindo, PhD Hepatitis C Coordinator & Program Integration Specialist, HIV Prevention Program 800 NE Oregon Street, Ste.1105 Portland, OR 97232 971-673-0153 (w) 971-673-0178 (fax) ann.shindo@state.or.us</p> |
| <p>12.</p> | <p>Partner Report:</p> <ul style="list-style-type: none"> • Title I | <p><u>Presented by Margy Robinson</u></p> <ul style="list-style-type: none"> • Data base: use of encrypted system - no names • Want to use the same definitions as in CAREWare • Chronic care has many different elements – which areas to focus on? • Speaker Feb 8: Dr Kathleen Clannon to discuss chronic care models for primary care • Quarterly Contractors meeting – will address issues with contractors <p>Planning Council – John Motter We need more people.</p> |
| <p>13.</p> | <p>Partner Report:</p> <ul style="list-style-type: none"> • Title III | <p><u>Title III, Multnomah County – Debby Parrish</u></p> <ul style="list-style-type: none"> • Significant increase in size – over 35% included in visits to the clinic • Funding disparities – still have not received grant award – will get at least 75%, but don’t know yet. • Additional funding from Title I to mental health services • There is still no wait to get into the clinic; there has been some goal improvement. |

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| | | <ul style="list-style-type: none"> • Awarded two special project grants – improve 3rd party billing systems; positive preventions clinician-delivered intervention • Study at clinic: OHSU alternative to methadone treatment for opium addiction • Pilot project with offering HIV testing in clinic for friends, partners of clinic patients • Trainings for med providers, nurses & pharmacists <p><u>Title III, Marion County – Sheryl Powell</u></p> <p>New program data base will model CAREWare – there will be limited access to care providers; may add some data fields not currently in CAREWare: nursing intake, etc, will help with home visits, multiple person intakes. We are in the 2nd year of the grant.</p> |
| <p>14.</p> | <p>Partner Report:</p> <ul style="list-style-type: none"> • AETC | <p><u>Presented by Steven Pierson</u></p> <ul style="list-style-type: none"> • AETC is a statewide network. Steven is really pleased with the new coalition configuration. • AETC has improved visibility across the State, but is limited in capacity. Its primary mission is to train physicians, RNs, etc. • Coming up: there will be a corrections conference in May, in collaboration with Washington (2 days) • An example of work with AETC: Dr. T. Rafalski was originally receiving consultation with faculty member; started with @ 10 clients. He is now up to 80 clients, and doing quarterly trainings with Linn and Benton County health departments. • Training needs assessment: AETC needs suggestions for providers around the State to complete the assessment. |
| <p>15.</p> | <p>Partner Report</p> <ul style="list-style-type: none"> • HIV Prevention | <p><u>Presented by Doug Moon</u></p> <p>Infrastructure (partnership to deliver HIV prevention services):</p> <ul style="list-style-type: none"> • CDC • State Prevention Program • SPG (Statewide Planning Group)– works with health department to set priorities for funding to the State through CLHO • CLHO – Coalition of Local Health Officials • County Health Departments • CBOs (Community-Based Organizations) subcontract for services for specific populations |

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| | | <p><u>SPG – Bob Skinner</u></p> <p>The main purpose of SPG is to develop a comprehensive plan for CDC for Oregon to receive \$3.1 million: identify populations, etc. The group hopes to complete a schedule by the end of June – moving meetings around, plus online conference.</p> <p>Doug: The next OHCC meeting will be a good time to review progress – we look forward to working with you.</p> |
| <p>16.</p> | <p>Title II HIV Comprehensive Planning Process</p> | <ol style="list-style-type: none"> 1. The “Statewide Coordinated Statement of Need” (SCSN) was presented by Kathy Pickle, PDES, facilitator for the SCSN process. 2. Members were divided into four (4) small groups, based upon the priority areas of need identified by the SCSN Work Group: <ul style="list-style-type: none"> • The Service Environment • Co-Existing Conditions • Service Planning and Quality Management • Shared Broad-Based Conceptual Framework for HIV Prevention and Care <p>Members were given a draft “Title II HIV Comprehensive Plan” that included goals and objectives identified in the previous planning process that were not completed. Each group identified additional goals and objectives for the plan.</p> <p><i>Handout:</i> “Draft Ryan White CARE Act, Title II, Oregon HIV Client Services, HIV/AIDS Comprehensive Plan 2006.”</p> <p>Final “Title II HIV Comprehensive Plan 2006” is attached and is also available at www.healthoregon.org/hiv</p> |
| <p>17.</p> | <p>Closing Ceremony Adjourn</p> | <p>Tom McConnell led the group in a closing ritual. Adjourned at 4:00 pm</p> |

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