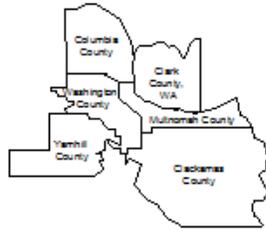




# Portland Area HIV Services Planning Council

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

*Ryan White Program, Part A*



## Meeting Minutes

Meeting Date: February 2, 2021

Approved by Planning Council: March 2, 2021

Grantee: Multnomah County Health Department



**Portland Area HIV Services Planning Council**  
**MEETING MINUTES**

Tuesday, February 2, 2021, 4:00 pm – 6:00 pm  
 Virtual Zoom Meeting

**AGENDA**

Item**	Discussion, Motions, and Actions
Call to Order	<p>Emily Borke called the meeting to order at 4:00 PM.</p> <p>Lorne James shared a Land Acknowledgement (see slide).</p>
Welcome & Logistics	<p>Lorne James welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics.</p> <ul style="list-style-type: none"> <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	<p>Robert Kenneth led the lighting of the ceremonial candle in memory of his late husband, Gregory James Holtzer.</p>
Introductions	<p>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 shared the Council Participation Guidelines.</p>
Announcements	<p>Announcements:          See slides.</p> <ul style="list-style-type: none"> <li>• 2/7 is National Black HIV/AIDS Awareness Day</li> <li>• Lorne: Future Generations Collaborative and Native Wellness Institute offers online support and home kits to anyone who needs MH support and SUD support (Well-briety). They are inclusive and no insurance is needed.</li> <li>• Julia: Portland Police Dept. seeking input regarding “Interacting with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Persons,” open until March 3. General info: <a href="https://www.portlandoregon.gov/police/59757">https://www.portlandoregon.gov/police/59757</a>. Directive (scroll all the way through to get to the link where you can provide feedback): <a href="https://www.portlandoregon.gov/police/article/780614">https://www.portlandoregon.gov/police/article/780614</a>.</li> </ul> <p>The Council reviewed the work plan for 2020-2021 (see slide).</p>
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 January 5, 2021, meeting were approved by unanimous consent.</p>

Item **	Discussion, Motions, and Actions
Public Testimony	<p>No public testimony.</p> <p>Please remind your community that we are always looking for community input on their experience with HIV services.</p>
Grantee Updates	<p><i>Presenter: Amanda Hurley</i>  <i>Summary of Discussion:</i>  See slideshow.</p> <p>Updates HRSA Site Visit: May 24-28</p> <ul style="list-style-type: none"> <li>• Amanda requested an extension due to lack of information about details of virtual site visits. We will be planning over the next couple of months.</li> <li>• CARES Funding Extension – we are eligible to request extension of up to 12 months, so we are reviewing our expenditures, will let you know next month if we will request an extension.</li> </ul> <p><a href="#">COVID 19 Vaccine &amp; HIV Community Forum</a> – in coordination with OHA, will post a 1-hour pre-recorded forum based on questions/themes from community.</p> <ul style="list-style-type: none"> <li>• Once we have the recording available (recording 2/8), we will put out on various social media platforms.</li> </ul> <p>Staffing Updates</p> <ul style="list-style-type: none"> <li>• Some HGAP staff have been involved in COVID response work, and have been pulled in more recently due to vaccination needs. Marisa currently working on vaccination plan for homeless individuals over 65. Jenna has been working on vaccine inventory system.</li> <li>• Jesse Herbach leaving HGAP at end of February, moving out of Portland. Thanks for all of his great work!</li> </ul>
New HIV Cases, Testing, and Outreach	<p><i>Panelists: Kelsi Junge, Harm Reduction Program Supervisor, Multnomah County Health Department (MCHD); Edgar Mendez, Manager of Clinical Health Services, CAP; Desiree Batiste, Early Intervention Services &amp; Outreach (EISO) Program Coordinator, MCHD; Chris Hamel, Community Testing Coordinator, MCHD; Erin Parrish, Senior Program Coordinator, Washington County Health &amp; Human Services</i></p> <p><i>Summary of Discussion: (See slides.)</i></p> <ul style="list-style-type: none"> <li>• What is the current state of HIV prevention and testing efforts, and how has COVID impacted this?</li> <li>• What trends have you seen among: <ul style="list-style-type: none"> <li>○ people newly diagnosed (demographic or situational factors)</li> <li>○ services being received, and who’s accessing them</li> </ul> </li> <li>• What culturally specific services and outreach are available for BIPOC communities?</li> <li>• What additional wraparound/supportive services are offered with prevention &amp; testing (e.g., Addiction Benefits Coordination/SUD, Behavioral/Mental Health support, Basic Needs support)</li> <li>• What are the challenges/needs/opportunities you see in the next 6 months?</li> </ul> <p>2019 New HIV Cases – see slide</p> <p>Edgar Mendez, Manager of Clinical Health, CAP</p> <ul style="list-style-type: none"> <li>• Testing available directly through CAP and has varied throughout pandemic</li> </ul>

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>○ Currently restarting a lot of our testing sites that have been paused.</li> <li>○ Every other Saturday at Peninsula Cross trail in collaboration with Portland People’s Outreach Project (PPOP)</li> <li>○ Starting 2/13, routine clinic-based testing restarts at Pivot <ul style="list-style-type: none"> <li>▪ Shifted to appointment based, pre-screened</li> <li>▪ Limited to Tues &amp; Sat, but working to expand back to regular hours</li> <li>▪ With Pivot’s location at Prism primary care, patients at Prism can also access low barrier prevention and testing services without insurance</li> </ul> </li> <li>○ On Thurs, 2/11, reopen Sunnyside Medical Center in Clackamas Co (HIV/Syph)</li> <li>○ Partnering with WA County for HIV/Syphilis/Gonorrhea/Chlamydia in Hillsboro</li> <li>● Have seen 4 new positives, all through PIVOT</li> <li>● Overall, of who reaches us, we’re seeing a mix of the same populations <ul style="list-style-type: none"> <li>○ Connections with Educate Ya, Familias en Accion, Urban League</li> </ul> </li> <li>● Wraparound services - Have PrEP navigators and insurance navigators</li> </ul> <p>Kelsi Junge, Multnomah County Harm Reduction</p> <ul style="list-style-type: none"> <li>● Also contract with Outside In to provide syringe services</li> <li>● Current state of testing – we are able to test again <ul style="list-style-type: none"> <li>○ Had to close down testing March 13</li> <li>○ There was interim period over summer when we could do testing for known exposures or symptomatic individuals</li> <li>○ In October started doing testing at Harm Reduction clinic – on-demand testing, including both venipuncture and dried blood spot</li> <li>○ Outside In also doing rapid testing at syringe service site downtown</li> <li>○ Due to staffing challenge and inability to use volunteers, there are certain days when testing may be more limited</li> </ul> </li> <li>● New cases- Since restarting in October, have not had any positives, but very concerned about our population &amp; want to do more testing and PrEP screening <ul style="list-style-type: none"> <li>○ Often not a priority, as they tend to have more critical health/safety needs</li> </ul> </li> <li>● At HR clinic, we have staff from medication supported recovery program</li> <li>● Trying to improve staff education about culturally specific services &amp; testing resources <ul style="list-style-type: none"> <li>○ Anyone with new info please send to Kelsi. We’re very good at referrals.</li> </ul> </li> <li>● All of our syringe service sites have stayed open throughout COVID <ul style="list-style-type: none"> <li>○ Staffing has been and is a big challenge</li> </ul> </li> </ul> <p>Desiree Batiste, Regional EISO Program Coordinator</p> <ul style="list-style-type: none"> <li>● Have been in this role since last August</li> <li>● Focus on culturally specific question, as serving our BIPOC community members is an area that really needs improvement and has room to grow <ul style="list-style-type: none"> <li>○ My goal is to focus on BIPOC communities across tri-county region</li> <li>○ Multnomah and Washington Counties have specific positions dedicated to Latinx communities; have developed specific materials, outreach and education with community orgs (Familias en Accion and Latino Network) but this is not enough.</li> <li>○ Have designated 30K in budget for this reason</li> <li>○ Need radical culture shift across Tri-county region to relocate resources for specific positions, e.g., more KSA positions across region (KSA- knowledge, skills, and abilities. Something added to support culturally-specific positions) <ul style="list-style-type: none"> <li>○ Engage more and collaborate with more community leaders of color to make the work more relevant and be in the right spaces.</li> </ul> </li> </ul> </li> </ul>

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>○ Building more partnerships with community agencies to help reduce stigma and provide opportunity for authentic engagement.</li> <li>● Testing <ul style="list-style-type: none"> <li>○ Integrating HIV testing and outreach with COVID services and outreach messaging will continue, continue to be a challenge as things continue to change.</li> <li>○ Utilize a social network strategy to distribute home HIV test kits to a network of transgender women who engage in sex work and their sexual partners. <ul style="list-style-type: none"> <li>● This particular network overlaps with a generic cluster of HIV that was identified across multiple counties.</li> <li>● A client who tested positive for HIV last spring has championed this effort to picking up home testing kits and is in delivering them to workers in her network, taking them their tests and providing them with an envelope containing information about confirmatory testing at the Multnomah County STD Clinic (14 kits since August)</li> <li>● October – joint event with COVID-19 testing and HIV/Syphilis at the Night Out for Liberation event with LGBTQ BIPOC community leaders. They hope to plan future successful events like this one with these key partners.</li> </ul> </li> </ul> </li> </ul> <p>Chris Hamel, Community Testing Coordinator, MCHD</p> <ul style="list-style-type: none"> <li>● Testing &amp; Outreach <ul style="list-style-type: none"> <li>○ Pre-COVID we were on the verge of a massive increase of our testing capacity due to the purchase of a testing van (similar to Washington County’s van) <ul style="list-style-type: none"> <li>▪ Cannot use mini clinic rooms in van due to COVID risk</li> </ul> </li> <li>○ Restarted outreach testing first week of January, every Tuesday <ul style="list-style-type: none"> <li>▪ New setup using tents, lights, heaters</li> <li>▪ Next week will be starting up again on Mondays at JOIN, Blanche House on Wednesdays (same time as shower truck)</li> </ul> </li> <li>○ Recently restarted conversation with Hawk’s bathhouse <ul style="list-style-type: none"> <li>▪ Had previously been testing four times per month at Hawk’s</li> <li>▪ Hawks is also moving locations</li> <li>▪ Without having a partnership with Hawks, we’re missing out on testing the MSM (men who have sex with men) community</li> </ul> </li> <li>○ Outreach testing goal is to increase capacity and make sure whatever commitments we make internally we are able to meet.</li> <li>○ We are available for popup events for BIPOC communities etc.</li> </ul> </li> <li>● Lorne: want to hear from Chris, move to Ops Committee, allow a good chunk of time. Approved by PC</li> </ul> <p>Erin Parrish, Senior Program Coordinator with Washington Co Public Health See slides</p> <ul style="list-style-type: none"> <li>● Testing in van stopped in March and then we were able to reopen our Hillsborough clinic in August (appointment based currently - all day on Thursdays) <ul style="list-style-type: none"> <li>○ Watching what Multnomah County is doing, hopes to restart testing in van</li> </ul> </li> <li>● Very happy to get our high risk testing back up <ul style="list-style-type: none"> <li>○ We're about usually have about double the number of client visits</li> <li>○ Our Hispanic and Latino and MSM populations are about consistent percentage wise with what we'd normally have we would like to see</li> <li>○ Among our BIPOC communities, we'd like to see more outreach to really improve / expand who were seeing and reach out to those communities</li> </ul> </li> </ul>

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>○ 40% of our clients have tested at the high-risk clinics previously, so we do try to really build trust with our clients, create a safe space where they feel comfortable coming and testing with us and some other information.</li> <li>● New Cases <ul style="list-style-type: none"> <li>○ 30% of new HIV cases were people who identify as Latino or Hispanic</li> <li>○ 19% of our new cases were among people who reported using substances (both injection and non-injection)</li> <li>○ This year we had two new cases of HIV from our testing from our clinic as well as through case investigations and partner services that we provide.</li> </ul> </li> <li>● Kept syringe exchange going throughout COVID after starting in October 2019 <ul style="list-style-type: none"> <li>○ Used van for mobile syringe exchange at a park and Hillsborough; had worked with a day center that was shut down, so looking for new location</li> <li>○ Working with other homeless services providers to partner with</li> <li>○ Aiming for April 1 start date for restarting testing at syringe exchange</li> </ul> </li> <li>● Community engagement and outreach <ul style="list-style-type: none"> <li>○ Built a strong partnership with Familas en Accion <ul style="list-style-type: none"> <li>▪ Developed a sexual health curriculum; working with Washington County community based organizations for Latinx communities</li> <li>▪ Community Health Worker Training focused on reducing stigma, talking confidently about sexual health, referring clients to testing, and helping clients feel comfortable having those conversations</li> <li>▪ Shifted in-person training to virtual, and pilot it with Washington County and then be able to roll it out a little bit more broadly throughout the state</li> </ul> </li> <li>○ Partnership Project and Neighborhood Health Center <ul style="list-style-type: none"> <li>▪ NHC is a federally qualified health Center in Washington County that has some HIV treatment service providers.</li> <li>▪ Partnership has offered co-located case management services for the first time (pre-COVID- currently, visits are virtual) and develop a strong connection with the health center.</li> <li>▪ We've been able to work on getting clients into care much more quickly this way.</li> </ul> </li> <li>○ Focusing on work with street outreach team <ul style="list-style-type: none"> <li>▪ Hope to transition outreach around syringe exchange into testing</li> <li>▪ About half of our program staff got pulled into COVID, so we've had a lot of limitations around testing; really excited as vaccines roll out</li> </ul> </li> <li>○ Partnership with the Washington county jail <ul style="list-style-type: none"> <li>▪ Implementing regular STI testing; seen an increase in syphilis cases due to routine testing people as they're being booked into the jail.</li> <li>▪ Our public health nurse can support people who test positive for HIV by making sure they're connected with a case management service before they're released. People can be tough to find so it allows us that opportunity while we know where they are to connect with them.</li> </ul> </li> </ul> </li> <li>● Plan to start Harm Reduction Coalition in next 6 months <ul style="list-style-type: none"> <li>○ To encompass both syringe exchange/harm reduction, and HIV STI testing</li> <li>○ Hope to use this opportunity to engage more community based organizations</li> </ul> </li> <li>● A lot of unknowns with COVID re: staffing, coverage <ul style="list-style-type: none"> <li>○ Looking to expand services, but might be toward end of 2021</li> </ul> </li> </ul>

Item **	Discussion, Motions, and Actions
	<p>Questions</p> <ul style="list-style-type: none"> <li>• <i>Q: How does dried blood spot work?</i></li> <li>• A: Use a lancet to poke a finger, drop spots of blood onto a card. Send card in to lab. Tests for HIV, syphilis, HepC (antibody only for syphilis and HepC, which does not tell if person has an active infection. The lab is working on validating a technique for Syphilis and Hep C diagnosis.) Great test for people when we cannot get blood via venipuncture.</li>   <li>• <i>Q: Are the new cases people who lived here or moved here recently?</i></li> <li>• A: 169 represents new diagnosis in 2019. It would not include people that are new to Oregon that were previously diagnosed before 2019 in another state.</li>   <li>• <i>Q: Is there data for 2020?</i></li> <li>• A: Data is not ready for 2020 yet.</li>   <li>• <i>Q: What HIV-testing and prevention efforts are being made in the municipal jails and at Columbia River Correctional Institution? Could these efforts (if any) be combined with COVID awareness, testing, and prevention efforts with area incarcerated persons?</i></li> <li>• A: Erin: Wash Co definitely seen an increase in testing in our County jail, increase in connecting to care. Cannot speak to COVID awareness. If we are getting more partnerships with other agencies due to COVID, we would like to extend those partnerships to work on HIV.</li> <li>• Robert: Stigma in correctional institutions makes it very difficult to do HIV testing. COVID testing is an opportunity, and a possibility to make more sustained efforts</li> <li>• Chris: We have a strong relationship with the county jail medical teams for continuation of HIV care as well as HIV/STD testing and treatment for high priority individuals. Our DIS team is able to connect with inmates easily to engage in prevention work and targeted interviews. There is currently no wide scale testing or screening effort. We were on the verge of starting something before COVID struck. I do think we will see this idea come back into conversation with county jails again soon.</li> <li>• Edgar: Pre-COVID, CAP had a monthly session with Clackamas County Corrections doing rapid HIV tests at County facility, and hope to resume in the future, but no firm commitment. Not only is stigma an issue but also resistance to ownership over the testing process and continuity of care. Re: Steam and Hawk's CAP would offer testing 2-4 times a month (as would the County), and some folks would come on that day because they knew CAP or County would be testing, so they hope to resume as we can.</li>   <li>• <i>Q: Is there any work being done to combine HIV testing with COVID testing sites?</i></li> <li>• A: Chris: Some. I've written several answers to this question but they're all incomplete. I hope we can talk about this more soon and I can have a more concrete answer.</li>   <li>• <i>Q: In regards to DIS/EISO, what is capacity for community providers to refer to you for additional outreach to engage people in care when the community provider is not having luck engaging them back into care?</i></li> <li>• A: Erin: [Washington County] DIS can take these types of referrals – might be most appropriate to collaborate with HIV case management services to ensure that they aren't clients that agency is already working with. DIS can certainly take referrals and work with HIV case management services to work on locating clients.</li> </ul>

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>• Chris: Currently, [Multnomah County] DIS do not have the capacity to work "the list" provided by the state of people not engaged in care. However, their capacity will increase soon with 3 DIS by mid-March either joining the team or returning after working with COVID. The DIS team is able to accept direct referrals from case managers and evaluate whether and how to follow up on a case by case basis. Since DIS are responsible for newly diagnosed cases above all, these referrals from case managers don't always take priority. Furthermore, fieldwork is limited to new HIV and untreated Syphilis cases, so referrals like this may be limited to phone calls, which the case managers have likely already done.</li>   <li>• <i>Q: In light of the recent 2020 Black Lives Matter Protests, what are your thoughts on uplifting Black Lives, People of Color and other underserved populations that have been historically sidelined in HIV Care and Prevention?</i></li> <li>• A: Erin: More input from clients on services provided, improving existing services, and in planning of new services with a focus on BIPOC and other underserved communities.</li> <li>• Chris: Police are not the only source of institutionalized violence towards Black Lives, People of Color, and other vulnerable populations. A system that has allowed for the continued marginalization of entire groups of people includes Public Health. We have a lot of work to do. Not just in building trust, but actively learning how we lost that trust (or never gained it in the first place). This sort of work is not restricted to just ensuring that people living with HIV are provided forms of assistance for the sake of the safety of the dominant culture, but also client-centered and culturally-specific services that frees people to be more fully restored. It's a matter of justice.</li>   <li>• <i>Q: What is missing from the HIV Care Continuum that could help our historically underserved population thrive post-pandemic?</i></li> <li>• A: Desiree: I'm very new to the County and to HIV work. From my perspective (a woman of color), I look around this group and don't see a lot of people who look like me. If more of us who are in the communities are on the teams. Hope to see more diversity in County staff. There is a barrier because HIV is looked at as its own problem, when it's important to look at the whole person, not just their sickness. What is wrong with incentivizing communities to be a part of it? We need to make it worth people's while to be a part of it.</li> <li>• Robert: I believe language barriers need to be aggressively addressed. Also, we need to compel the county sheriff's office and the Portland Police Bureau to aggressively expand equity initiatives (rather than historically resist them). Community policing and mass incarceration are high priority issues for BIPOC/communities of color.</li> <li>• Erin: Better knowledge of service providers (Substance Use Disorder [SUD] treatment, mental health, housing, etc.) which have bilingual/bicultural staff as well as those who are able to serve specialized needs of underserved communities.</li> <li>• Chris: For starters, the county should work to hire more BIPOC, transgender people, gender non-conforming people, and more. We should represent the people we strive to serve, and frankly, we need the cultural wisdom to do our job.</li> </ul>
PC Community Building	<p><i>Presenters: Emily Borke, Lorne James, Amanda Hurley, Aubrey Daquiz</i></p> <p><i>Summary of Discussion:</i></p> <p>See slideshow.</p>

Item **	Discussion, Motions, and Actions
	<p>Individuals completed a Google form to provide information for a collective resume / CV. The large group was then split into small groups to discuss what brings them to the Planning Council, and what it means to them to be on Planning Council. After returning to the large group, they reviewed the Google form results. Aubrey will share a more complete summary at the next meeting.</p>
<p>Eval and Closing</p>	<p><i>Presenter: Emily Borke &amp; Lorne James</i>  <i>Summary of Discussion:</i>            See slideshow.</p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <p>Please complete the evaluation:  <a href="https://docs.google.com/forms/d/e/1FAIpQLSfAExcgzXWMNDXZh4-wbvJVWIHI2xQ407uw71d-9nDb5toTDg/viewform">https://docs.google.com/forms/d/e/1FAIpQLSfAExcgzXWMNDXZh4-wbvJVWIHI2xQ407uw71d-9nDb5toTDg/viewform</a></p>
<p>Time of Adjournment</p>	<p>6:00 PM</p>

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## ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	X		Heather Leffler	X	
Erin Butler		E	Matthew Moore		L
Tom Cherry	X		Scott Moore	X	
Jamie Christianson	X		Laura Paz-Whitmore		E
Carlos Dory	X		Bert Partin	X	
Michelle Foley	X		Sandra Poon		
Greg Fowler	X		Diane Quiring	X	
Dennis Grace-Montero	X		Jace Richard		
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		Sam Wardwell	X	
Robert Kenneth	X		Joanna Whitmore	X	
Julia Lager-Mesulam	X		Abrianna Williams	X	E
<b>PC Support Staff</b>			<b>Guests</b>		
Lisa Alfano			Kevin Hockley, Optum	X	
Laura Bradley	X		Erin Parrish	X	
Aubrey Daquiz	X		Tara Raoufi, Janssen	X	
Jenny Hampton (Recorder)	X		Dennis Torres (Community Liaison, Gilead)	X	
Jesse Herbach	X		Tessa Robinson, Wash Co PH	X	
Amanda Hurley	X		Leanne Neumann, Janssen	X	
Jenna Kivanç			Wanda Vazquez, Janssen	X	
Marisa McLaughlin			Kelsi Junge (Harm Reduction Program Supervisor, Multnomah County)	X	
Kim Toevs			Edgar Mendez (Manager of Clinical Health Services, CAP)	X	
Desiree Batiste (EISO Program Coordinator, Multnomah County)	X		Chris Hamel (Community Testing Coordinator, Multnomah County)	X	
			Luis Ramos (Gilead HIV Prevention Medical Scientist)	X	
			Rachel Greim (Oregon AETC)	X	
			Barbara Pritchard	X	

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