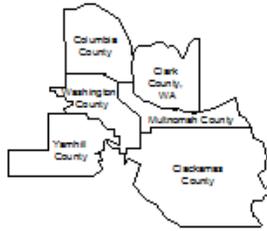




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: April 6, 2021

Approved by Planning Council: May 4, 2021

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

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

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Emily Borke called the meeting to order at 4:00 PM & shared a Land Acknowledgement (see slide).
Welcome & Logistics	<p>Emily welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics.</p> <ul style="list-style-type: none"> • 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 Zoom), please mute yourself to minimize background noise, unless you have a question / comment • Meetings are recorded for accurate meeting minutes.
Candle Lighting Ceremony	Toni Kempner led the lighting of the ceremonial candle in memory of Johnny.
Introductions	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 shared the Council Participation Guidelines.
Announcements	<p>Announcements: See slides.</p> <ul style="list-style-type: none"> • April 10 is National Youth HIV/AIDS Awareness Day • National Transgender Testing Day is April 18. Weeklong event planned starting April 18: zoom bingo, testing every day, April 24 event at Quest with HIV/STI screening & COVID vaccine; April 24 HIV testing event at the Eagle (see facebook page & chat) • AIDS Watch this year was virtual. Not many people from Oregon attended, but was worthwhile. • HIV League reviewed applications for scholarships for graduate work from all over the world. Thanks to staff who send out periodic opportunities for volunteer work. <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 March 2, 2021, meeting were approved by unanimous consent.</p>
Public Testimony	No public testimony.

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	<p>Please remind your community that we are always looking for community input on their experience with HIV.</p>
Ops / Co-chair Nominations	<p><i>Presenters: Michael Thurman-Noche, Julia Lager-Mesulam</i> <i>Summary of Discussion:</i> See slides.</p> <p>Today we are discussing the process and allowing an opportunity to nominate people.</p> <ul style="list-style-type: none"> • Voting will be held at next month’s meeting. • One Co-Chair position open <ul style="list-style-type: none"> ○ Emily’s term is up and she is not going to be running again. • Three Ops positions are open • If you nominate someone else, that individual will need to consent to the nomination • Ways to nominate <ul style="list-style-type: none"> ○ Chat function during this meeting ○ Email: lagermes@ohsu.edu ○ “On the floor” at the April meeting ○ Exact plan for April’s vote to be determined <p>Nominations:</p> <ul style="list-style-type: none"> • Michael Thurman-Noche nominated for Co-chair, nomination respectfully declined; <ul style="list-style-type: none"> ○ After meeting, Michael emailed Co-chairs, Julia, PC staff to change • Julia Lager-Mesulam nominated for Ops, nomination accepted
Grantee Updates	<p><i>Presenter: Amanda Hurley</i> <i>Summary of Discussion:</i> See slideshow.</p> <p>Amanda’s info re HIV eligibility & all eligibility updates - https://covidvaccine.oregon.gov/ Jesse’s position – multiple applications received</p> <p>SEE SPREADSHEET SLIDE for unspent</p> <p>Part A</p> <ul style="list-style-type: none"> • Currently shows \$159K unspent, expecting approximately \$50K further expenses • Unspent funds will first be shifted to Medical / Ambulatory Care, which is overspent • Then remaining funds will be requested as carryover <p>Part B</p> <ul style="list-style-type: none"> • Currently shows \$401K unspent, expecting approximately \$50K further expenses • Will likely be approximately \$350K unspent • We will be requesting carryover <p>CARES</p> <p>Estimating \$72,500 in unspent CARES funds</p> <ul style="list-style-type: none"> • We have requested an extension to spend the remainder of these funds, which has been approved <p>Q: How do these carryover requests compare to previous years?</p> <ul style="list-style-type: none"> • Part A has greatly varied year to year • Part B we have had quite large carryovers, so some of this is likely a residual effect

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	<p>Received HRSA funding award with 1.6% decrease</p> <ul style="list-style-type: none"> • \$69K decrease <ul style="list-style-type: none"> ○ \$59K from services ○ \$10K from admin/QM • Previously approved decrease contingency plan <ul style="list-style-type: none"> ○ Hold harmless Housing, services that do not receive Part B ○ Proportionate decrease across all other categories (3%) <ul style="list-style-type: none"> ▪ \$8,260 from Mental health ▪ \$693 from Oral health care ▪ \$40,872 from Medical Case Management ▪ \$4,701 Substance abuse treatment ▪ \$4,547 from Non-medical case management • OHA has been notified of this cut, and are in agreement to work with us to see if we can use Part B funds to offset some of these cuts
<p>Priority Setting and Resource Allocation (PSRA) Process – FY22-23</p>	<p><i>Presenter: Aubrey Daquiz</i> <i>Summary of Discussion: See slideshow.</i></p> <p>Aubrey reviewed the PSRA process and timeline for the Council.</p>
<p>Substance Use Disorder (SUD) Treatment & Services Panel</p>	<p><i>Panelists: Laura Paz-Whitmore, ABC Program; Hanna Gustafson & Owen O’Neill, CAP NW; Jenya Gluzberg & Keedeahn Mollenhour, Quest; Christina Anderson & Charlie Hanset, VOA</i> <i>Summary of Discussion: See slideshow.</i></p> <p>Questions for panelists:</p> <ul style="list-style-type: none"> • Current Services/Treatment: How many PLWH access treatment and what are the key available services? • Access & COVID: What are key successes and challenges of providing services this past year? What are specific access to treatment successes or challenges for BIPOC PLWH? • Overall Gaps/Disparities: What are current/anticipated gaps or needs of PLWH related to treatment? Are there key gaps or needs for BIPOC PLWH? <p>PC member question- How are you addressing the digital divide for folks who don’t have online access and especially those who are houseless?</p> <p><i>Addiction Benefits Coordination program – Laura Paz</i> <i>Clinical Services Specialist, Addiction Benefits Coordinator</i></p> <ul style="list-style-type: none"> • ABC team places people into treatment in ways that are fast and efficient • Last year placed 82 people • About 70% access to treatment rate (Detox, outpatient, and inpatient treatment) • Any insurance taken- help people navigate insurance and connect to treatment agency • Key successes <ul style="list-style-type: none"> ○ Providers doing assessments over the phone has increased success rate ○ Zoom • Key Issues <ul style="list-style-type: none"> ○ High spike in people with dual diagnosis and escalated mental health ○ In general, when someone is dually diagnosed, placement is a struggle due to SUD providers being unable to support MH diagnoses

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	<ul style="list-style-type: none"> ○ Latinx clients have struggled a lot with COVID, lack of access to services, insurance is a big issue; even if they qualify for indigent funding, they may not qualify for food stamps or any other services (even at treatment agencies, though some do have more wraparound supports) ○ Lack of truly culturally specific treatment services (e.g., they hire one or more staff who are from focus populations, but agency itself isn't culturally specific) ○ Wait times can be long <p><i>Volunteers of America (VOA) – Christina Anderson & Charlie Hanset</i></p> <ul style="list-style-type: none"> ● Key Services <ul style="list-style-type: none"> ○ VOA operates four recovery homes with intensive outpatient treatment while in supportive housing ○ Services – Assessment and Evaluation, Group and Individual Counseling, Case management and referrals, DUII resolution, Naturopathic Health Evaluation and Care, Medication management, Medication supported recovery ○ Currently offering phone and video visits ● Anywhere from 10-15 PLWH over the past year <ul style="list-style-type: none"> ○ 3 people left fairly quickly, reported reason being the lockdown ○ Some people did not respond well to telehealth ○ We continue to work to increase access to treatment for PLWH ○ Hoping to open 14-bed stabilization house and 10-bed Latinx recovery home ● Lack of access to phones is a challenge, so we have satellite stations at our facilities ● We're trying to address the BIPOC population by having staff who identify as them <p><i>CAP – Hanna Gustafson & Owen O'Neill</i></p> <ul style="list-style-type: none"> ● Within peer program, about 60 in addiction, 30+ in MH (about half also dealing with addiction); many are guaranteed a peer and many of those folks dealing with addiction ● Key Successes <ul style="list-style-type: none"> ○ We have not had many issues with getting people connected to treatment ○ Laura and one of the peers have many connections to support services ○ Bringing in a female peer has allowed us to reach a population we haven't been able to reach in the past ○ Transitioned quickly to phone and Zoom <ul style="list-style-type: none"> ▪ Worked well at first, then many experienced "Zoom fatigue" by fall, technological challenges, conflicting ideations ("it's spying on me"), need for in person experience ● Key Challenges <ul style="list-style-type: none"> ○ Our demographic is overwhelmingly white male (about 80%), average age 48; A fair number of Latinx clients, one person who identifies as Asian <ul style="list-style-type: none"> ▪ Language barriers ○ Clients experience challenges to hide both their identity and their health <ul style="list-style-type: none"> ▪ Hiding their meds from others while in inpatient treatment ▪ Trying to hide who you are is not the best way for recovery ○ People coming out of treatment, returning to same apartment and same friends, support only by Zoom calls, wraparound services aren't there ○ People who had been clean for a while went back to using due to isolation ○ We are still giving out phones, as many of clients did not have phones before COVID ○ People getting burnt out

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	<p>Quest – Jenya & Keedehn</p> <ul style="list-style-type: none"> • Through HIV services, over 60 people identify SUD services as an area of focus • 50-60% of people accessing Finding & Sustaining Recovery (FSR) services are HIV+ <ul style="list-style-type: none"> ○ FSR Services- Groups 4 days a week (on Zoom) • Other services <ul style="list-style-type: none"> ○ Acupuncture- Very limited individual sessions being done ○ House has 9 beds ○ MH counseling ○ Non-opioid pain management ○ Peer-to-peer • COVID changes <ul style="list-style-type: none"> ○ We have transitioned all of our services to telehealth – Zoom or telephone ○ Little to no interruption in services due to COVID • Challenges <ul style="list-style-type: none"> ○ Quest is a community based model, so moving to phone/video has been very difficult, as it diminishes community aspect ○ People are tired of working on the computer ○ Higher rate of relapses due to zoom fatigue and not being able to be in person ○ We are a predominately white organization, and are continually trying to find ways to be more accessible to BIPOC and LGBTQ+ communities ○ Many of the individuals we work with identify as long term survivors – may not be able to navigate zoom, may not have access to computers or skill to use computers & LTSs are living through a second pandemic • Successes <ul style="list-style-type: none"> ○ We’ve been working with food organizations like Esther’s Pantry to ensure all PLWH have access to food boxes ○ Helping people get access to COVID vaccine ○ Working a lot with distrust of medical community ○ Peers have started meeting outside in socially-distanced way to support clients ○ Partnering with Miracles to do culturally specific treatment; more to come <p>Questions:</p> <ul style="list-style-type: none"> • How are we serving those experiencing homelessness? <ul style="list-style-type: none"> ○ We are relying on HIV Clinic for referrals. ○ Barriers of access to technology, ability to use technology, language barriers ○ People are not just falling through the cracks, we aren’t even aware they’re falling through the cracks – they’re invisible ○ A lot of people have gone from stable housing to unstable housing over the course of the pandemic ○ Importance of meeting people where they are – meeting downtown or in parks, funding bus passes and transportation, keeping engaged and in contact, reaching out to those with whom we have lost contact ○ New position with ABC team will be posted soon, will work with Dept of Community Justice, work with clients formerly incarcerated, sex offenders. <ul style="list-style-type: none"> ▪ Biggest struggle is placement of sex offenders in treatment; Blackburn is currently only option. ○ VOA – working to return to in-person treatment, provide COVID vaccine to those who want it. We are meeting in person, in a limited capacity.

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	<ul style="list-style-type: none"> ○ As weather warms up, it gets easier to meet people outside ○ Quest has been open at Burnside M/W/F for medical and acupuncture, 5 days a week at Flanders (Finding and Sustaining Recovery), 2-3 days a week at Clackamas location <ul style="list-style-type: none"> ▪ Beginning talks about hybrid schedules and structural changes are being made to buildings to open up office spaces to ensure the health and safety for clients to be on-site ● Q: Do any of you have any idea how many people you are serving who are houseless or at risk of becoming houseless? And how does that impact your resources? <ul style="list-style-type: none"> ○ Laura – 90-95% houseless or at risk ○ Outpatient is just not working for people and relapse is happening sooner, so needing to send people to inpatient a lot more ○ Peers work with a number of houseless folks or folks at risk; folks who are using are often at risk for housing loss due to being in sober housing units ○ Very challenging to get people engaged ○ Houseless folks are most vulnerable population and most difficult to reach ○ Want services now, and if not available at that moment, may lose contact for weeks at a time ○ Need for more stabilization / early recovery homes ○ Need for more culturally competent houses ○ At VOA, ~90% enter as houseless. Much of our resources that are additionally provided are to meet food insecurity, employment, long term sober supportive housing, ongoing mental health services and mentor supports and services. These resources are built into the holistic approach of services for each person. This would be part of intensive outpatient treatment. <p>PC member comment:</p> <ul style="list-style-type: none"> ● Many sex offenders newly released from prison are prohibited from accessing the internet as part of their post-prison restrictions, as well as access to "Obama" (smart) phones. During COVID, for PLWH struggling with sobriety, who also are former inmates, there's been a marked drop in access to both in-person and online parole and sobriety/treatment resources. Also, "hiding your meds" and HIV status is extremely common in prison. Currently, sex offenders are prohibited access to Home Forward (Section 8) housing assistance and often end up homeless, off their meds, and relapsing into drug use.
Eval and Closing	<p><i>Presenter: Emily Borke & Lorne James</i> <i>Summary of Discussion: See slideshow.</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p>
Time of Adjournment	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	X		Heather Leffler		E
Erin Butler		E	Matthew Moore	X	
Tom Cherry	X		Scott Moore	X	
Jamie Christianson	X		Laura Paz-Whitmore	X	
Carlos Dory	X		Bert Partin	X	
Michelle Foley	X		Sandra Poon		L
Greg Fowler	X		Diane Quiring	X	
Dennis Grace-Montero	X		Jace Richard	X	
Shaun Irelan		E	Michael Thurman-Noche	X	
Lorne James (Council Co-Chair)		E	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	
PC Support Staff			Guests		
Lisa Alfano			Tara Raoufi, Janssen	X	
Laura Bradley	X		Dennis Torres (Community Liaison, Gilead)	X	
Aubrey Daquiz	X		Valerie Warden (ABC Team Care Coordinator)	X	
Jenny Hampton (Recorder)			Laura Paz	X	
Amanda Hurley	X		Priya Kishore	X	
Jenna Kivanç			Hanna Gustafson	X	
Marisa McLaughlin			Owen O'Neill	X	
Kim Toevs			Jenya Gluzberg	X	
			Keedehn Mollenhour	X	
			Christina Anderson	X	
			Charlie Hanset	X	
			Marisa McDowell (Manager of SW Washington Housing Services, CAP)	X	

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