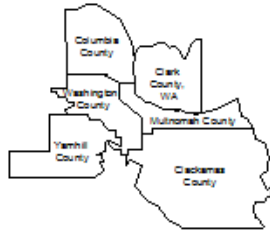




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: February 1, 2022

Approved by Planning Council: March 1, 2022

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, February 1, 2022, 4:00 pm – 6:00 pm
 Virtual Zoom Meeting

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Michael Thurman-Noche called the meeting to order at 4:05 PM. Bert Partin shared a Land Acknowledgement (see slide).
Welcome & Logistics	<p>Michael Thurman-Noche 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 (not viewing slides), please mute yourself to minimize background noise, unless you have a question / comment • Meetings are recorded for accurate meeting minutes.
Candle Lighting Ceremony	Heather Leffler led the lighting of the ceremonial candle in honor Don, a patient she has known for more than 20 years who died in his sleep a month ago. We honor his beautiful presence of grace and grit that he brought to this world.
Introductions	<p>New member introduction – welcome Troy Preble, who works for CAP in Clark County!</p> <p>Bri Williams conducted an attendee roll call via chat. Attendees introduced themselves: name, pronouns, role or affiliation, conflicts, and one word check in.</p> <p>The Planning Council split into small groups and reflected on, “What does Black HIV/AIDS Awareness Day mean to you?”</p>
Announcements	<p>Announcements: See slides.</p> <p>Announcements</p> <ul style="list-style-type: none"> • February 7 is Black HIV/AIDS Awareness Day • Next Planning Council meeting is March 1 • Operations Committee will be meeting February 8, 3:00-5:00pm (Ops usually takes this month off) • Meaningful Care Conference coming end of March. It will be all online. Registration is open. • Maria Kosmetatos, a long-time provider in this community, is retiring • Emily Borke’s last day at the clinic will be on February 18. She will be taking a position with CareOregon representing Columbia County, and hopes to continue on the Council.

Item **	Discussion, Motions, and Actions
Public Testimony	<p>None.</p> <p><i>Reminder to all:</i> Please remind your community that we are always looking for community input on their experience with HIV services.</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 2022, meeting were approved by unanimous consent.</p>
Special Election: Operations Committee	<p>An election was held for a new Operations Committee member. Bert Partin (the only candidate) was elected.</p>
Panel: Care for PLWH who are incarcerated or justice-involved	<p><i>Panelists: Jim MacDonald, NP (Mult Co Corrections); Elwood E (Health Services Center); Jill Crum, DO (Correctional Health Partners); Hunter Spencer, DO (OHSU)</i></p> <p><i>Summary of Discussion:</i> See slideshow.</p> <p>Jim MacDonald Worked 4.5 yrs in Inverness Jail (Mult Co facility). Most of prior work has been working with people with HIV Hep C, substance use disorder, etc.</p> <p>What is the current state of HIV testing and care for people who are incarcerated and justice involved in the corrections?</p> <ul style="list-style-type: none"> • We screen everyone who does not decline for gonorrhea, chlamydia, syphilis Hep C, and HIV. Part of intake for adults and juveniles in custody. • In corrections everyone gets their medications • If they come to us on medication, we continue it • If they come without any medication supply, but we can confirm where they got their last prescription filled • More than 99% on ART • If they are due to discharge, we call in a prescription to Westside pharmacy for a 30 day supply with two refills • Same would be true for DNOC, federal facility <p>What are the outcomes for people who have recently been incarcerated (viral suppression, engagement in care)? Don't have a great deal of data analysis</p> <ul style="list-style-type: none"> • We have the data, but not the analysis • Comparable to HHSC for viral suppression <p>What are current/anticipated gaps or needs of PLWH, especially those who are BIPOC, related to treatment and care? Population ~80% BIPOC. A lot of issues re health inequities, cultural and language barriers, etc.</p> <ul style="list-style-type: none"> • Feel we've done a great job with cultural competency education and training, motivational interviewing • Have an OUD medication-assisted therapy program • Many PLWH in custody have addiction or mental health issues • Don't feel like different services for people in custody are on the same page

Item **	Discussion, Motions, and Actions
	<p>Elwood Intake Coordinator & Lead Case Manager at Health Services Center How are connections made for treatment, medication, and support services as people move through justice systems or upon re-entry?</p> <ul style="list-style-type: none"> • Prior to COVID, our relationship to detention was a lot different • There was a relationship between HHSC and Mult Co detention, one of our providers would go in to detention to provide care and build relationship • This can be a time when they are more lucid – not on substances and/or getting mental health treatment • CAP would go in, build relationships • This access has ended • There is now a great provider there already • We share EPIC, which helps to coordinate care • Get referrals through DIS or through CARELink • We help with insurance, as they lose their insurance while incarcerated • Help with medications • Help with outpatient treatment (sometimes part of parole) • Coordinating with PO • Med refills • Rapid Start expansion – connected to care within 5 days • Can help with housing • Have a navigator to help with follow up • We are a very low barrier clinic – same day appointments available <p>Jill Crum Site Medical Director at Washington Co Jail through Correctional Health Partners Also Site Medical Director at Clackamas Co Jail through NavCare Washington Co and Clackamas Co – health care provided by for-profit third party vendor We offer testing to anyone who requests it, but not everyone as part of intake Re: Connections to treatment</p> <ul style="list-style-type: none"> • I connect with Tessa at Washington County Health Department to connect with folks who are HIV meds; some have consistent relationship with providers on the outside and have an exact plan for transitioning care, etc. when they leave. • We get a few new diagnoses • We try to bridge those gaps when they leave, but sometimes we don't know they're leaving or where they're going • All it takes to activate OHP is a phone call (by staff or client), so we can call in meds at discharge • When with us, the majority are virally suppressed, almost all after 2-3 months • They have the right to refuse, but they don't have much else to do, so they don't refuse <p>Barriers?</p> <ul style="list-style-type: none"> • Language • Washington Co – huge Hispanic population • We have Spanish speaking staff • Also occasionally have people speaking other languages for which we don't have staff who speak the language – takes a lot of coordination just to sit down and talk • Occasionally, someone gets transferred without connecting, but not often.

Item **	Discussion, Motions, and Actions
	<p>Hunter Spencer OHSU doctor</p> <ul style="list-style-type: none"> • From our perspective, feels disconnected • Unlike linkage in Mult Co, no direct linkage in Washington Co • Incarceration is very disruptive to their healthcare • Getting reestablished after incarceration is a big barrier • No “opt out” screening in Washington County • Washington & Clackamas Co not a high prevalence, but still an unmanaged epidemic • Rely on Tessa Robinson as linkage • Way HIV care cascade is affected by incarceration (federal level) • On average, incarcerated persons more likely to have HIV • More likely to be properly linked to care, retained in care, achieve viral suppression • Upon release, everything is disrupted, and is as bad or worse than results for people who were not incarcerated <p>Gaps???</p> <ul style="list-style-type: none"> • Reflects inequities baked into mass incarceration system <p>Questions</p> <ul style="list-style-type: none"> • Tessa, can you speak to what you are doing with Washington County? • A: Our offices are located a few blocks away from jail. When someone is identified as having HIV, I will go to the jail and meet face to face, do paperwork, discuss their plans post release. The goal between myself and case management and jail health is really to make sure you know that we can set them up for success as best as we can. • Communication is key • I have connected with a few individuals who were incarcerated and were not virally suppressed, and post-release they came to my office and reestablished care • Hard to determine when individuals are going to be released • Release day/time not being during business hours can be a barrier, something that could be changed • Working relationship with Hunter Spencer to engage newly-released individuals into care <p>Q: Is there a standardized way that patients and healthcare providers can deal with exchanging information privately? A: Jill – we try to keep as much privacy as possible, but within correctional facility, they are not guaranteed complete privacy. At Washington Co individuals can send electronic communication or ask deputy to call us. I never give anybody a paper copy of their labs, but am always willing to put a paper copy in their property, or have their outside provider request them.</p> <p>Q: Jill, any funding efforts to secure money for testing? A: If anyone has any ideas, I’m all for it. I have only very limited hours to work. I have worked at a location where the local health department provided STD testing. Also, at Washington Co we’re at critical staffing levels, so I have a lab list that is very long.</p> <p>Q: Is there any barriers to type of funding or partnerships? A: It is possible, but may be complicated – who is applying for it? Technical / administrative questions, but legally fine.</p>

Item **	Discussion, Motions, and Actions
	<p>Q: Elwood, is there a program set up for people who have substance abuse or mental health struggles to meet with them before they are released?</p> <p>A: No longer have this program, but previously our navigator had this access. Currently can provide linkages by phone.</p>
<p>Quality Management, BIPOC Data Review Committee, & Client Experience Survey</p>	<p><i>Presenters: Marisa McLaughlin, Jenna Kivanç, Robbie Thurman-Noche</i></p> <p><i>Summary of Discussion:</i> See slides.</p> <p>Recommendation: Clinical Quality Management video by Carlos and Brandi with HGAP.</p> <ul style="list-style-type: none"> • Quality Management Overview and Consumer Advocacy for Quality (Minute 00:00 - 14:00) • Quality Improvement Principles, Plan Do Study Act (PDSAs) (Minute 14:00-26:45) • Health Numeracy Concepts (Minute 25:45 - 34:15) • Performance Measurement (Minute 34:15 - end of video) <p>Questions / Comments:</p> <p>Q: Could we see the survey questions?</p> <p>A: Yes, Aubrey will send this out after the meeting.</p> <p>Q: Was there a non-binary option on the gender question, and if not, why not?</p> <p>A: Included REAL-D questions, including different options for gender. Jenny will share more detailed information in March.</p> <p>Q: Was SOGI included in the questions (as it was added to REAL-D)?</p> <p>A: Yes, SOGI (Sexual Orientation and Gender Identity) was included, we will include more information in March.</p> <p>Q: How do you approach populations of people who don't complete surveys?</p> <p>A: This has been and is very challenging. In the past we've had the survey distributed in a couple of support groups. This time we had staff assisting at EMO to get the survey out. We also had people who did complete the survey who volunteered to respond to follow up questions. We did a targeted mailing to PLWH who are people of color. There are also lessons to be learned from the Medical Monitoring Project.</p> <p>Q: Was race, language, and disability included in your survey?</p> <p>A: We didn't ask the language question on the survey, because we only had the survey available in English and Spanish. We did include both language and disability. We can see that most of the people who completed the survey are stably housed, so unstably housed is a population we need to reach in the future. We also had a staff member go to EMO and interview individuals, including reading the survey outloud, on a few occasions.</p>
<p>Eval and Closing</p>	<p><i>Presenter: Michael Thurman-Noche</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p>
<p>Adjourned</p>	<p>6:05 PM</p>

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke, she/her	X		Scott Moore, he/him	X	
Tom Cherry, he/him	X		Jamal Muhammad	X	
Jamie Christianson, she/her	X		Bert Partin, he/him	X	
Carlos Dory, him/his	X		Troy Preble	X	
Michelle Foley, they/them	X		Diane Quiring, she/her	X	
Greg Fowler, he/him	X		Jace Richard, he/him	X	
Taylor Gleffe, she/her	X		Tessa Robinson, she/her	X	
Dennis Grace-Montero, he/him		U	Michael Thurman-Noche, he/him (Co-Chair)	X	
Shaun Irelan, he/him	X		Robert Thurman-Noche, he/him	X	
Toni Kempner, she/her		E	Sam Wardwell, they/them	X	
Julia Lager-Mesulam, she/her	X		Joanna Whitmore, she/her	X	
Heather Leffler, she/her	X		Abrianna Williams, she/her	X	
Marisa McDowell, she/her	X		Michelle Wilson	X	
PC Support Staff			Guests		
Lisa Alfano			Dennis Torres (Community Liaison, Gilead Sciences)		
Jonathan Basilio	X		Rachel Greim (Logistics Coordinator, Oregon AETC)		
Laura Bradley			Ashley Allison		
Aubrey Daquiz, she/her	X		Valerie Warden, she/her or they/them, Multnomah County Behavioral Health		
Jenny Hampton, she/her (Recorder)	X		Jill Crum, DO (Correctional Health Partners)	X	
Amanda Hurley, she/her	X		Heather Hargraves, OHA		
Jenna Kivanç	X		Jim MacDonald, NP (Multnomah County Corrections)	X	
Marisa McLaughlin, she/her	X		Elwood E, Clinical Services Specialist (Health Services Center)	X	
Kim Toevs, she/her or they/them			Hunter Spencer, DO (Oregon Health and Sciences University)	X	

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