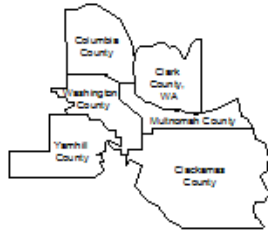




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: February 7, 2023

Approved by Planning Council: March 7, 2023

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, February 7, 2023, 4:00 pm – 6:00 pm
 Virtual Zoom Meeting

AGENDA

| Item** | Discussion, Motions, and Actions |
|--------------------------|---|
| Call to Order | Bri Williams called the meeting to order at 4:03 PM. |
| Welcome & Logistics | <p>Bri Williams welcomed everyone to the Planning Council meeting and 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. <p>Attendees introduced themselves via chat.</p> <p>The group reviewed the Council Participation Guidelines (see slide).</p> |
| Candle Lighting Ceremony | Robb Lawrence led the candle lighting ceremony in memory of two CAP clients who recently died. |
| Announcements | <p>Announcements: See slides.</p> <p>Announcements</p> <ul style="list-style-type: none"> • Today is National Black HIV/AIDS Awareness Day <ul style="list-style-type: none"> ○ The group watched video “The Underlying Truths of HIV in Our Black and Brown Communities” https://www.youtube.com/watch?v=Ou7PVYm6XT0 ○ Local context: <ul style="list-style-type: none"> ▪ In 2021, about 3% of the Portland TGA population identified as Black or African American. ▪ However, these community members were disproportionately overrepresented among: <ul style="list-style-type: none"> • All PLWH living in Portland TGA (about 10% or 3x more) • Newly diagnosed PLWH (about 9% or 3x more) • RW clients (about 13% or 4x more) ▪ Factors: stigma, “minority stress” from oppressive systems, health disparities, lack of access to resources ○ Comments <ul style="list-style-type: none"> ▪ We need to work on access to PrEP ▪ We need to spread the message about continuing disparate outcomes for marginalized communities |

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| | <ul style="list-style-type: none"> ▪ Comment from Julia re: great webinar “Together We Can Make HIV Black History” – Available at https://www.nbhaad.org/ • Scott: Quest is moving to new location at 50th and Franklin (two blocks off of Powell, old Planned Parenthood building) at the end of this month. All of Quest will be in one location, and size will allow for expansion of programs. • CAP SW Washington is also expanding, beginning to hire for a behavioral health clinic which will be located in same building as main office. More information to come. |
| 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 3 meeting were approved by unanimous consent.</p> |
| Public Testimony | <p>Steven Stramam:</p> <p>It’s very hard to walk past the CAP building when you are being harassed by people threatening violence. It would be nice if there were cameras outside. I don’t feel comfortable going there, and I won’t go there, even if I have an appointment. I talked to CAP, and they said they rent the building and are unable to put cameras outside.</p> <p>Amanda Hurley will follow up.</p> |
| Client Experience Survey – Qualitative Data | <p><i>Presenters: Marisa McLaughlin, Carlos Dory</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>TABLED due to Marisa McLaughlin being unexpectedly unavailable. Marisa and Carlos will either record their presentation or reschedule for next month.</p> |
| Clark County Spotlight | <p><i>Presenters: Amanda Hurley, Jasmine Gruenstein (Director, CAP SW Washington, Emma Martinez (Deputy Direct of Medical Case Management, CAP SW Washington)</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>Amanda provided information to set the stage for the discussion (see slides).</p> <p>Questions / Topics:</p> <ul style="list-style-type: none"> • Overview of general services, with a focus on Part A-funded services • Specific context in providing RW services in Clark Co/WA and as part of Portland TGA • Challenges and opportunities • Working with WA State Dept of Health - what do they fund and how does that supplement Part A funding? • Current service gaps and resource needs for clients <p>Presenter comments:</p> <ul style="list-style-type: none"> • Permanently open CAP’s first WA state office in 2017 • Less than 6 years later we have a staff of 23 |

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| | <ul style="list-style-type: none"> • HIV care and prevention • Two offices – Vancouver and Longview • Main funders are RW Part A, as well as RW Part B and other smaller funding • Part A services <ul style="list-style-type: none"> ○ Health insurance ○ Housing – provide emergency rental assistance, med transportation assistance ○ Oral health – supplements WA ADAP program, which only covers \$3K /year ○ Food pantry services • Challenges <ul style="list-style-type: none"> ○ Lacking a hub of services in SW Washington ○ Fewer networking opportunities ○ Agency operating in two different states – funding, client navigation ○ WA state ADAP program has lower FPL (425%) than Oregon CAREAssist ○ Navigating insurance plans – plans change year to year, clients sometimes need to change insurance • Medical Case Management (MCM) is our most robust program <ul style="list-style-type: none"> ○ All clients assigned intake with MCM when accessing program for first time, who will then work with them to refer for other services • CAP Davis office and CAP SW office have similar programs, but different funders, different intake processes • Peer navigation – 3 full time navigators • Employment services • Prevention <ul style="list-style-type: none"> ○ STD clinic ○ PrEP navigation ○ Community outreach - attendance at events with safer sex supplies • Current service gaps & resource needs <ul style="list-style-type: none"> ○ We have really grown in the last year <ul style="list-style-type: none"> ▪ Many people are moving post-pandemic ▪ Brought in 85-90 clients in 2022 (average in past years is 40-50) ▪ People want / need to get back on track with medical and dental care ○ Increase in requests for housing <ul style="list-style-type: none"> ▪ Significant increase in EFA requests ▪ Need more unrestricted funding to use for mortgage assistance ○ Need additional unrestricted funding for supplies for clients living on the street – sleeping bags, tents, blankets ○ Additional need for transportation assistance – can be the difference between being able to access care or not <p>Questions / Comments:</p> <ul style="list-style-type: none"> • Q: Does the “My Chart” client interface work fairly well for clients in Washington? <ul style="list-style-type: none"> ○ A: We have not heard about major barriers, but CAP SW’s clinic just got EPIC (and therefore “My Chart”) in the last year. We also work with Clark County DIS to access client charts to assist with appointment coordination, etc. • Q: Is there any advocacy that can be done to show best practice, to make EIP for comparable to CAREAssist? |

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| | <ul style="list-style-type: none"> ○ A: HGAP and WA DOH have been talking about making CAREAssist and EIP more comparable, including FPL. As of now, some clients choose not to move from Oregon to Washington due to losing access to benefits. ● We continue to struggle funding housing needs – no real shelter system here in Vancouver. Washington state does not have rent control, so rents tend to increase faster in WA than in OR. This is very apparent in more rural areas which people moved to, often from Portland, for affordability reasons, but it goes up in pretty big amounts annually for renters. And we have no funded source for household goods in SW Washington, so even when we are able to help people find and maintain housing, there is no option for folks to get furnishings in the area. |
| <p>FY22-23 Spending Update</p> | <p><i>Presenters: Jonathan Basilio</i> <i>Summary of Discussion:</i> See slides.</p> <p>Spending Update</p> <ul style="list-style-type: none"> ● Reviewing expenditures for March – November <ul style="list-style-type: none"> ○ Goal for this time period is 75% spent ○ Part A at 65% ○ Part B at 71% ● We have submitted a waiver in case we do not spend 95% of Part A award ● Discussed spending barriers with sub-recipients ● Open positions / hiring delays ● Brainstormed ways to mitigate underspending ● Other jurisdictions experiencing the same ● Early HGAP numbers indicate a jump in spending in December |
| <p>HIV Criminalization</p> | <p>February 28 is HIV Criminalization Awareness Day Video: https://www.hivisnotacrime-etaf.org/</p> <p>See slide showing U.S. States with HIV and STD Criminalization Laws in 2022</p> <ul style="list-style-type: none"> ● “Sentencing enhancement” means they have added on to one of their criminal statutes that knowingly transmitting HIV adds points for sentencing ● “Criminalize or Control Actions Through HIV-Specific Statutes and Regulations” means laws are specifically calling out HIV ● “Criminalize or Control Actions Through STD/Communicable/Infectious Disease Specific Statutes” means general laws about knowingly taking actions that increase the likelihood of others acquiring an infectious disease of some sort <p>Does the state have an HIV-specific criminal law?</p> <ul style="list-style-type: none"> ● Oregon: NO - but has general STI/ Communicable Disease Laws. It is a felony in Oregon to willfully transmit a communicable disease. Oregon has prosecuted people living with HIV (PLHIV) for exposing others to HIV under general criminal laws, including attempted murder, assault, and reckless endangerment. ● Washington: YES. Amended in 2020, people living with HIV (PLHIV) may face misdemeanor (rather than felony) charges if they transmit HIV to any person via |

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| | <p>sex. People who transmit HIV to a child or a vulnerable adult with the intent to cause harm may face felony charges. The updated law includes new language that it's possible for a person to employ "practical means to prevent transmission," such as modern HIV treatment that can eliminate the virus to the point of being undetectable, and prevention methods like condoms.</p> <p>Questions / Comments:</p> <ul style="list-style-type: none"> • Q: Is there a way to have a nationwide response? This all appears very local. <ul style="list-style-type: none"> ○ A: I don't think there is a federal law criminalizing HIV. It tends to be the domain of states. A surprising number of states have HIV-specific statutes on the books. • Local public health authorities (LPHAs) sometimes get calls from the community <ul style="list-style-type: none"> ○ LPHAs cannot confirm or deny anyone's HIV status ○ Intent is difficult to prove ○ For victims of assault: perpetrators, as part of their sentencing, are sometimes required to complete STI testing |
| Evaluation and Closing | <p><i>Presenter: Bri Williams</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> |
| Adjourned | 5:45 PM |

ATTENDANCE

| Members | Present | Absent* | Members | Present | Absent* |
|--------------------------------------|---------|---------|--|---------|---------|
| Emily Borke, she/her | X | | Marisa McDowell, she/her | X | |
| Tom Cherry, he/him | X | | Scott Moore, he/him | X | |
| Claire Contreras, she/ella | | ? | Jamal Muhammad, he/him | X | |
| Carlos Dory, him/his | X | | Diane Quiring, she/her | X | |
| Michelle Foley, she/they | | E | Tessa Robinson, she/her | X | |
| Greg Fowler, he/him | X | | Taylor (Gleffe) Silvey, she/her | X | |
| Kris Harvey, he/him | X | | Nick Tipton, he/him | X | |
| Shaun Irelan, he/him | X | | Joanna Whitmore, she/her | X | |
| Julia Lager-Mesulam, she/her | X | | Abrianna Williams, she/her (Co-Chair) | X | |
| Robb Lawrence, he/him | X | | Shane Wilson, he/him | E | |
| Heather Leffler, she/her | X | | | | |
| | | | | | |
| | | | | | |
| PC Support Staff | | | Guests | | |
| Lisa Alfano | | | Ashley Allison, she/her (ORAETC) | X | |
| Jonathan Basilio | X | | Emma Martinez, she/her | X | |
| Laura Bradley | | | Jasmine Gruenstein, she/her (CAP SW Washington) | X | |
| Aubrey Daquiz, she/her | X | | ASL Interpreter: Katie | X | |
| Jenny Hampton, she/her (Recorder) | X | | ASL Interpreter: Kevin | X | |
| Amanda Hurley, she/her | X | | Steven Stramam, he/him | X | |
| Marisa McLaughlin, she/her | | | Steven Davies | X | |
| Kim Toevs, she/her or they/them | | | | | |
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* A = Unexcused Absence; E = Excused Absence; L = On Leave