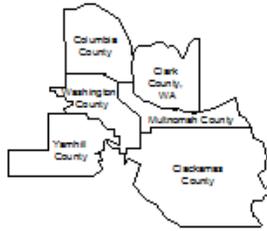




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: March 1, 2022

Approved by Planning Council: April 5, 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. <p>Pausing Land Acknowledgment- Based on guidance shared in a state monthly newsletter, we are currently pausing this practice.</p> <p>A member requested the information/guidance on pausing the land acknowledgement (see below).</p> <p><i>What is a land acknowledgement and when should it be used? Historically tribes have respected one another when visiting a neighboring tribe, sometimes asking permission before entering a tribal community or only proceeding with an invitation from the local tribe. A land acknowledgment is a statement that recognizes and respects the original native people as the traditional stewards of the land. You may have noticed a land acknowledgement as part of a signature line or requested for use at the start of meetings and conferences. Land acknowledgments can be powerful statements but are only meaningful if the organization or individual is actively working to improve relationships with the local tribes and tribal people.</i></p> <p><i>OHA Tribal Affairs has had ongoing discussions with tribal representatives on this topic. Currently, the Legislative Commission on Indian Services (LCIS) is addressing this issue. Until LCIS provides guidance for state agencies about the use of land acknowledgements OHA Tribal Affairs advises that we not use any land acknowledgements. That request is based upon several considerations including that not everyone agrees on their use; they can be perceived as inappropriate and disrespectful; and forthcoming guidance from LCIS will assist with consistency across all state agencies.</i></p>
Candle Lighting Ceremony	Marisa McDowell led the lighting of the ceremonial candle in memory of her brother, Joshua Michael McDowell. As we light this candle, we remember families with complicated relationships who grieve in complicated ways.

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Announcements	<p>Announcements: See slides.</p> <p>The group reviewed the Council Participation Guidelines (see slide).</p> <p>Announcements</p> <ul style="list-style-type: none"> • National Women & Girls HIV/AIDS Awareness Day • National Native HIV/AIDS Awareness Day • Today at 6:00 PM is the State of the Union address, so we will do everything we can to make sure we end on time • While it has been announced that mask mandates will be ended, Operations Committee and Planning Council staff have not had the opportunity to review the rules and discuss, and we do not know when we will be able to meet in person.
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 February 2022 meeting were approved by unanimous consent.</p>
Discuss Proposals to PC Bylaws	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>Review Proposed Bylaw Changes- Recommended by Ops</p> <ol style="list-style-type: none"> 1. Time limit of three minutes (originally 2 minutes) 2. Speak on HIV-related issue which council has discretion over 3. Co-chairs should be able to stop public testimony at any time for inappropriate language <p>Review Proposed Bylaw Changes- Undecided by Ops</p> <ol style="list-style-type: none"> 1. Who should speak (currently only non-members) 2. How much advance notice should be required (currently 30 minutes before meeting) <p><u>Discussion</u></p> <p>The reason we have these discussion at Ops is to create more opportunity for public testimony and make it more accessible.</p> <p>Question: what is the definition of “inappropriate language” in this context? This is a power issue.</p> <ul style="list-style-type: none"> • Foul language / cursing, belittling, disrespectful • This cannot be due to disagreement with the speaker • Swearing isn’t bad, but swearing at people isn’t okay <p>Including members?</p> <ul style="list-style-type: none"> • Public testimony is usually reserved for those who don’t have the opportunity to do so as a member during the meeting • If we had people clamoring to give public testimony, being really strict makes sense, but when we have space, we should give people the opportunity to comment <p>Ops Committee will discuss this at the next meeting</p>

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Public Testimony	<p>“Raymond P” (client):</p> <p>The last couple of years have been a nightmare for everyone. I never knew how much I relied on certain HIV services until the pandemic struck, and we were all locked down. There were a lot of other things going on in the world (politics, fires, etc), and it was a very stressful time. The Day Center served as a lifeline, both for food and for my mental health. I hope your support of all of these HIV organizations continues for years to come.</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>
Panel: Food Access for PLWH	<p><i>Panelists: Linda Drach (Oregon Health Authority), Brent Blackwell (Esther’s Pantry / Tod’s Corner), Meghan Lewis (EMO Daily Bread Express)</i></p> <p><i>Summary of Discussion:</i> See slideshow.</p> <p>Linda Drach (Oregon Health Authority)</p> <ul style="list-style-type: none"> • Information we learned from a statewide resource assessment of data gathered on food security and strategies for improving access to food for people living with HIV • Current state of food access <ul style="list-style-type: none"> ○ Hunger and food insecurity has always been a big issue for Oregonians – our state has always been in the top half of the country ○ Rates skyrocketed during pandemic ○ Comparable to 1930s, about 13% of Oregonians were reporting food insecurity in 2019 and for comparison about one in six or about 17% of people have been with HIV, who participated in the HIV medical monitoring project reported food insecurity in that same period ○ Rural areas have fewer food pantries, are more likely to report hunger (which is more severe than food insecurity) ○ Link to congregate food services in Oregon ○ The closer to I5 corridor, the more access to resources • Barriers included lack of transportation; shame / stigma; lack of culturally appropriate; lack of food at pantries; lack of access to kitchens • Some solutions are easier, some are more long term <ul style="list-style-type: none"> ○ Transportation ○ Short term – connect clients to pantry staff, supply transportation ○ Long game – establish new pantries ○ Longer game – make sure clients have financial resources to pay for transportation ○ Anyone vulnerable to discrimination has been more impacted by pandemic ○ Strategies in Part B <ul style="list-style-type: none"> ▪ Regional case management trainings around food security – will be coordinating with Amanda Hurley to bring one to this area ○ Implement hunger vital signs into intake / screening – asking 2 questions to help identify people experiencing food insecurity without stigmatizing them • Older adults are less likely to access SNAP resources • Want to make sure everyone who is eligible for SNAP is on SNAP <p>Brent Blackwell (Community Services Coordinator for Esther’s Pantry (food pantry) & Tod’s Corner (clothes closet))</p>

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	<ul style="list-style-type: none"> ● Current state of food access? <ul style="list-style-type: none"> ○ When pandemic started, everyone was afraid to go out but needed services ○ We didn't have resources or staff to deliver ○ We ended up partnering with CAP ○ Started March 2020 with 15 food boxes; went up to 80-100 every week ○ Staff would work all day Wednesday putting boxes together ● Managing limited resources <ul style="list-style-type: none"> ○ Ended delivery program for most when people started to feel more comfortable going out (and when CAP ran out of funds) ○ Ended food delivery to hotel rooms earlier this month ○ Case managers can still call and get food boxes on Wednesdays ○ We ran out of money ○ Have been able to get more donations and buy more food ● Supporting diverse communities <ul style="list-style-type: none"> ○ Culturally specific food, healthy food, and food good for the soul ○ Last year we started a trans and non-binary specific pantry day one Friday every month, at request of Oregon Food Bank <ul style="list-style-type: none"> ▪ Some clients didn't feel safe going to some of the locations ▪ Some clients were experiencing hunger for the very first time, and didn't feel worthy or felt like others needed it more ▪ Accessing food service doesn't take away from anyone else ● We are operating from a place of abundance, sharing between agencies <p>Meghan Lewis (Daily Bread Express Coordinator)</p> <ul style="list-style-type: none"> ● Current services <ul style="list-style-type: none"> ○ In-home meal delivery program for medically fragile PLWH ○ Serve 6 counties, but mostly Multnomah and Washington Co ○ RW funded program is referral based ○ Also receive non-RW money, which is self-referred ○ 7 individually packaged frozen meals ○ Cooked onsite and frozen ○ Lead and cook are paid, everyone else are volunteers ● Managing limited resources <ul style="list-style-type: none"> ○ In pandemic, main change was volume, from 30-40 clients per week to 80 per week ○ That number has since decreased again ○ Our biggest barrier is funding, always funding! ○ We get reimbursed \$6.75 per meal, which is not much considering the cost of things is going up ○ A lot of the clients we serve are aging, and have co-occurring medical issues (such as diabetes, renal disease, heart disease) with special dietary needs ○ Amount of people we serve vs money we have to do it – we have funding to serve 12 people per week, currently have 18, we are always over budget ○ This program is run by volunteers ○ A little bit more stability would be helpful ○ We haven't run out of food, as we buy what is available ○ Barrier – with very few staff, when one person gets sick (cook was sick for 2.5 months), there isn't anyone to step in, very stressful

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	<ul style="list-style-type: none"> ○ We are now co-located with NE Emergency Food Pantry, which means less space for storage but possibly more access due to living with the food pantry ○ Also providing a bag of shelf stable groceries 1x/month to supplement frozen meals ● Supporting diverse communities <ul style="list-style-type: none"> ○ Sometimes meals aren't as culturally specific or culturally appropriate as would be preferred, due to volume of meals being prepared ○ Our biggest issue is not always having access to culturally specific / appropriate meals ○ Long-term dream is to find volunteer chefs in different culinary traditions <p>Questions / Comments:</p> <ul style="list-style-type: none"> ● Comment for Linda: During pandemic, Ride to Care started providing cab transportation to food pantries. This is no longer available. Please give feedback that this was so helpful, life changing, please bring back. ● Comment for Meghan: Brent Blackwell can help connect with Imperfect Foods for donations of produce ● Comment for Meghan: Scott Moore would like to follow up about working together with Question Center food/nutrition program ● Suggestion for Meghan: partner with culinary schools to help provide culturally appropriate meals ● Request to share speakers' contact information with Council members
Client Experience Survey, Part 2	<p><i>Presenters: Marisa McLaughlin, Jenna Kivanç</i> <i>Summary of Discussion:</i> See slides.</p> <p>Marisa McLaughlin and Jenna Kivanç provided background and set up for the small group activity. The Council then split into small groups to review and discuss data on a variety of different services and demographics.</p> <p>Small group sessions (from Jamboard) What stood out to you the most about how different client demographic groups experience the RW care service system? Group B: Housing & LGB+; 55+; Gender Diverse/Trans</p> <ul style="list-style-type: none"> ● THEME: additional support <ul style="list-style-type: none"> ○ Give people Housing and support system ○ Cycle of homeless, need to address substance use and mental health ○ Transportation also an issue, ○ HUD definitions state couching surfing is not house-less, Section 8 system ○ Surprised Housing service gap is not higher, wait time for Housing services is long, take years ● THEME: costs of Housing <ul style="list-style-type: none"> ○ Housing is so expensive, people moving out to neighboring counties ○ What's missing is income or FPL on data slides, studios at \$1,300 ● THEME: justice-involved <ul style="list-style-type: none"> ○ Release from prison makes rent history hard and complicated ○ Persons with services just put in a place, persons from corrections. Thinks no one has given them a support system.

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	<ul style="list-style-type: none"> ○ House-less and encampment, waiting for 3 years for housing. Also justice-involved ● THEME: Technology <ul style="list-style-type: none"> ○ SSDI interview, computer made it hard to complete the interview ○ Access to information, showing them how to do it ○ Is this about access to information, in terms of services that are available. In the past, Housing was a challenge ○ Age demographics and navigating technology, no ability to make online appointment <p>Group D: Service Navigation & BIPOC</p> <ul style="list-style-type: none"> ● *That BIPOC clients are more dissatisfied with the TIC areas of seeing their cultural identity reflected and staff understanding cultural identity. While not necessarily surprising, it stood out a lot. ● The numbers of disproportionate service gaps among BIPOC clients is surprising: food, transportation, mental health, service navigation, and psychosocial support. ● Thinking about some of the RW services + service gaps seen that exist in the care system - how/who programs is developing programs and how they get represented out to different communities. ● Want to know more about the technology gaps and who is facing them (BIPOC clients less likely to report service access tech use). Is this related as well to age? Technology gaps? Seen in other demographic groups? <p>How could this information be used in the upcoming Priority Setting and Resource Allocations [PSRA] process (e.g., service guidance, priority setting, resource allocation)?</p> <p>Group A: Mental Health & People w/ Disabilities</p> <ul style="list-style-type: none"> ● People with Disabilities: about 45% of people who answered as being disabled (cognitive, mobile); demographic group who had the most disproportionate levels; ● *How much is pandemic related and how much is HIV specific? ● *Pandemic still needs to be considered -lack of availability for MH services: barrier to access and availability as well. Look towards funding to use for support group, therapy. ● No specific patterns related to people and their struggles. Except folks struggling with MH - higher % response than in 2019. ● *Isolation isn't a positive impact but I believe the person sharing was saying how can we deal with isolation and to help change to make a positive impact. ● Whatever Council can do to improve connection with people may be significant in helping with MH. ● Suggestion: encourage Organizations to have more in-person and group therapy. Places are trying to figure out how to do this; needs to be trauma informed as well. Make recommendation to the County on behalf of PC to have more in-person. <p>Group B: Housing & LGB+; 55+; Gender Diverse/Trans</p> <ul style="list-style-type: none"> ● All conversation on Housing is relevant to PSRA ● Theme: cost of Housing in TGA continues to go up ● Theme: additional support needs that go with Housing ● Theme: disparities in access to technology and information, help with online services and appointments ● Theme: justice-involved folks need additional services and social support, background checks are a barrier

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	<p>Group C: Food & LGB+; 55+; Gender Diverse/Trans</p> <ul style="list-style-type: none"> ● Food is offered through 2 service categories - Food (food pantries and home delivered meals) & Psychosocial (congregate meals). ● Transportation resources; how to bring food to other locations for easier access. ● More resources for BIPOC food access <ul style="list-style-type: none"> ○ Lack of food diversity - invest in culturally relevant food options. ○ Recipe & meal planning specific to cultural considerations. ● LGB+: Continue to provide access to telemedicine by funding more resources. ● Look at representation of MH/SUD treatment providers for 55+. Are they comfortable accessing? ● Review guidance <ul style="list-style-type: none"> ○ Does it match communities that do not have as much access. ○ Seek out more partnerships with more culturally specific organizations. <p>Group D: Service Navigation & BIPOC</p> <ul style="list-style-type: none"> ● Who are MAI MCM programs serving currently? MAI MCM program currently serve primary BIPOC clients - AA, Latinx, immigrants/refugees through contracts w/community based agencies ● Recommend PC looking at guidance <ul style="list-style-type: none"> ○ Potentially revising it and making sure that the program staff that reflect who we are serving is being prioritized in TGA ○ Guidance talks broadly around cultural responsiveness, but should definitely revisit during the retreat/PSRA process to see what can be more specific. ○ *Think it would be beneficial to hear recommendations around service guidance and priorities directly from the BIPOC Data Review Committee. Agreement, can definitely add to the future agenda prior to PSRA. Contact Robbie if any questions or requests from this group.
Eval and Closing	<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>
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke, she/her	X		Jamal Muhammad	X	
Tom Cherry, he/him	X		Bert Partin, he/him	X	
Jamie Christianson, she/her	X		Laura Paz Whitmore	X	
Carlos Dory, him/his	X		Troy Preble	X	
Michelle Foley, they/them	X		Diane Quiring, she/her		E
Greg Fowler, he/him	X		Jace Richard, he/him		E
Taylor Gleffe, she/her	X		Tessa Robinson, she/her	X	
Dennis Grace-Montero, he/him		E	Michael Thurman-Noche, he/him (Co-Chair)	X	
Shaun Irelan, he/him	X		Robert Thurman-Noche, he/him	X	
Toni Kempner, she/her	X		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 (Co-Chair)	X	
Marisa McDowell, she/her	X		Michelle Wilson		E
Scott Moore, he/him	X				
PC Support Staff			Guests		
Lisa Alfano	X		Dennis Torres (Community Liaison, Gilead Sciences)		
Jonathan Basilio	X		Ashley Allison	X	
Laura Bradley			Andrew Applegate (HHSC)	X	
Aubrey Daquiz, she/her	X		Brent Blackwell (Esther's Pantry)	X	
Jenny Hampton, she/her (Recorder)	X		Kevin Hockley (Optum 340B)	X	
Amanda Hurley, she/her	X		"Raymond P" (client of services)	X	
Jenna Kivanç	X		Sydney Dutton	X	
Marisa McLaughlin, she/her	X		Heather Hargraves	X	
Kim Toevs, she/her or they/them					

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