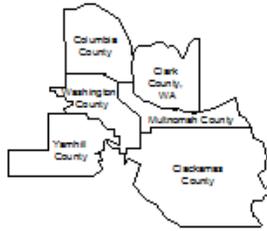




# Portland Area HIV Services Planning Council

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

*Ryan White Program, Part A*



## Meeting Minutes

Meeting Date: May 5, 2020

Approved by Planning Council: June 2, 2020

Grantee: Multnomah County Health Department



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

Tuesday, May 5, 2020, 4:00 – 7:00 pm  
 Virtual WebEx Meeting

**AGENDA**

Item**	Discussion, Motions, and Actions
Call to Order	Emily Borke called the meeting to order at 4:00 PM.
Welcome & Logistics	<p>Aubrey Daquiz welcomed everyone to the first virtual Planning Council meeting, and reviewed meeting logistics.</p> <ul style="list-style-type: none"> <li>• Members: Please use audio and video, when speaking</li> <li>• Say your name each time you speak</li> <li>• Use "raise your hand" (hand icon next to your name in participant list) or type in the chat box to ask questions</li> <li>• If you're calling in (and not able to view Webex), please mute yourself to minimize background noise.</li> <li>• We will mute and unmute folks as needed</li> </ul>
Candle Lighting Ceremony	<p>Scott Moore led the lighting of the ceremonial candle in memory of his first cousin Steven Allen who passed in the first wave of HIV infections. This candle is for both those who have passed, and also those who survived and are struggling with this isolation we are all experiencing.</p>
Mindful Minute	<p>Lorne James led the Mindful Minute, acknowledging everyone's hard work and encouraging attendees to take a minute to center themselves before making important decisions as a Council.</p>
Introductions	<p>Emily Borke conducted a roll call of Planning Council members and staff. Attendees introduced themselves, stated their pronouns, declared any conflicts of interest, and provided a one word check in.</p>
Announcements & Review Graphic Cycle / Year	<p>Announcements:</p> <ul style="list-style-type: none"> <li>• Reminder - meetings are recorded to ensure accurate minutes.</li> <li>• Next meeting - Co-Chair &amp; Operations Committee elections. Nominations can be sent to Aubrey Daquiz or Jenny Hampton.</li> <li>• Long-Term Survivor Brunch on Saturdays have been suspended, but a Zoom call (hosted by Quest) is growing. If you have clients interested in attending, contact Scott Moore or anyone in HIV Services at Quest Center to be forwarded the Zoom call link.</li> <li>• In-person national Ryan White Conference scheduled for August has been cancelled. The event will be held virtually, but no further information has been provided. HGAP may be able to "send" more people to this event than in the past, given lack of travel costs. HGAP will provide more information as it becomes available.</li> </ul>

Item**	Discussion, Motions, and Actions
	The Council reviewed the graphic of the Planning Council year.
Agenda Review and Minutes Approval	<p>Aubrey Daquiz instructed the Council on virtual meeting voting logistics:</p> <ul style="list-style-type: none"> <li>• Best option: video thumbs-up</li> <li>• second option: chat approval</li> <li>• third option (and for those who are participating by phone): verbal approval</li> </ul> <p>The agenda was reviewed by the Council, and no additions were made.</p> <p>The meeting minutes from the March 2020 meeting were approved by majority vote.</p>
Public Testimony	No public testimony.
Review PSRA Timeline	<p><i>Presenter: Aubrey Daquiz</i>  <i>Summary of Discussion:</i>  See slideshow.</p> <p>Comments / Questions:</p> <ul style="list-style-type: none"> <li>• Planning Council may need to meet in August this year in order to get everything done, due to our current shortened virtual meetings. (We have traditionally kept August free in case the Council needed more time to make decisions.)</li> <li>• Q: Are we having a virtual meeting in June? A: To be determined. We're hoping we can gather in a larger room, but we just don't know. Operations Committee voted to start with a May meeting now, so we could stay on schedule as much as possible, and we'll see about future months.</li> <li>• At this point, HRSA has not come up with any guidance about extending the due date for the Part A grant application submission (currently due in September). If they do extend the date, as they have done for Part C, we may have more time.</li> </ul>
Questions re HIV-specific Housing Panel / Speakers	<p><i>Presenter: Jesse Herbach</i>  <i>Summary of Discussion:</i></p> <p>For next month's HIV-specific Housing Panel / Speakers, please answer these questions:</p> <ul style="list-style-type: none"> <li>• Who do we want to hear from?</li> <li>• What key info do we need to know?</li> <li>• What key questions do people have?</li> </ul> <p>Responses:</p> <ul style="list-style-type: none"> <li>• What needs have been during Covid, projected needs for next 6 months?</li> <li>• Access to shelters or outdoor shelters, what that looks like</li> <li>• Get in touch with A Home for Everyone; they have a specific LGBTQ rep</li> <li>• See what post-covid plans / resources we have, if we have another pandemic or another surge of cases that come up</li> </ul>

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>• What was set up that was successful in this surge? How will we plan for next surge?</li> <li>• Number of clients currently housed, demographic information about clients housed, versus unhoused if it's available.</li> <li>• Build on looking at our more vulnerable clients, looking at people of color</li> <li>• Reaching out to our providers</li> <li>• Shelters or temporary housing - what happened during these last few months when the need increased? Transgender people, HIV positive people, did services decrease because they were too “difficult?”</li> <li>• Raven Drake (raven@streetroots.org) with Street Roots and Creating Conscious Communities with People Outside Villages</li> <li>• What has / has not been available to Ryan White clients?</li> <li>• Could we get someone from the Oregon Housing Authority to discuss COVID-19 Updates Tennant Rights during pandemic?</li> </ul>
<p>FY 19-20 Preliminary Expenditures Report</p>	<p><i>Presenter: Jesse Herbach</i>  <i>Summary of Discussion:</i>  See slideshow.</p> <p>Part A expenditures</p> <ul style="list-style-type: none"> <li>• Only \$2710 unspent funds this year!</li> <li>• Per previous PC approval, did end-of-fiscal year funding changes to expedite spend out <ul style="list-style-type: none"> <li>○ Moved a bit from psychosocial to food</li> <li>○ Any other unspent funds moved to medical</li> </ul> </li> <li>• Q: Why was MCM (medical case management) underspent? A: Hiring stalling at beginning of year for one of the MAI programs</li> <li>• These expenditures are preliminary - still working to close out grant year</li> </ul> <p>Part B expenditures</p> <ul style="list-style-type: none"> <li>• Spending more robust this year – we added funding and categories</li> <li>• 94.2% spent out</li> <li>• MCM lower due to hiring issues (similar to Part A)</li> <li>• EFA (emergency financial assistance) quite low at 19.9% - program didn't get started spending Ryan White funds until very late in year</li> <li>• \$94,700 in unallocated funds - adding to carryover</li> <li>• Total carryover of \$238,098 will be put towards housing and EFA funding</li> <li>• While PC is not making decisions about how Part B income is spent out, HGAP will be providing info on how it is spent to inform Part A spending decisions</li> </ul>
<p>Public Charge Update</p>	<p><i>Presenter: Amanda Hurley</i>  <i>Summary of Discussion:</i>  See slideshow.</p>

Item**	Discussion, Motions, and Actions
	<p>Public Charge: For anyone who is currently applying or planning to apply for citizenship, receiving some types of federal public benefit could negatively impact their immigration application.</p> <p>Things NOT considered public charge:</p> <ul style="list-style-type: none"> <li>• COVID 19 testing, treatment, and preventative care, no matter how that testing or treatment is paid for</li> <li>• Unemployment insurance</li> <li>• Coronavirus stimulus payments</li> <li>• HOPWA, Ryan White, other supportive housing programs (some other housing programs are considered public charge)</li> </ul> <p>Links:</p> <ul style="list-style-type: none"> <li>• Public Charge fact sheet: <a href="https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he2520.pdf">https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he2520.pdf</a></li> <li>• Immigration Status &amp; Eligibility for Government Help: <a href="https://oregonlawhelp.org/resource/immigration-status-and-eligibility-for-govern?ref=QYN8r">https://oregonlawhelp.org/resource/immigration-status-and-eligibility-for-govern?ref=QYN8r</a></li> <li>• U.S. Citizen &amp; Immigration Services Final Rule: <a href="https://www.uscis.gov/news/public-charge-fact-sheet">https://www.uscis.gov/news/public-charge-fact-sheet</a></li> </ul>
COVID 19 Updates	<p><i>Presenters: Amanda Hurley &amp; Kim Toevs (Director, Multnomah County Communicable Disease, Harm Reduction, Youth Sexual Health Equity Programs; Unified Commander, Multnomah County Emergency Operations Center)</i></p> <p><i>Summary of Discussion:</i></p> <p>HIV Services updates - Amanda</p> <ul style="list-style-type: none"> <li>• All agencies are providing some sort of limited service <ul style="list-style-type: none"> <li>○ Exception is Russell St. - OHSU dental can assist with urgent needs</li> <li>○ Have seen a lot of coordination among providers</li> </ul> </li> <li>• Services <ul style="list-style-type: none"> <li>○ Food boxes</li> <li>○ Dishes &amp; can openers for people in medical motels</li> <li>○ Esther's Pantry has received additional funding <ul style="list-style-type: none"> <li>▪ has focused on people in medical motels</li> <li>▪ has waived limit on amount of food people can receive if they are in a medical motel</li> </ul> </li> <li>○ For new diagnoses, people should still be able to get intake appointments</li> <li>○ Kaiser and HIV Clinic doing modified schedule for labs</li> <li>○ People still able to get treatment for other STIs (sexually transmitted infections)</li> <li>○ Needle exchange and other harm reduction services still providing service</li> </ul> </li> <li>• Current needs <ul style="list-style-type: none"> <li>○ Food</li> <li>○ Emergency Financial Assistance (EFA)</li> <li>○ Housing</li> </ul> </li> </ul>

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>○ Shelter <ul style="list-style-type: none"> <li>▪ Have seen 2-3x increase in housing requests - emergency rent assistance or shelter</li> <li>▪ Need to continue to look at housing funding sources</li> <li>▪ We have 40 people in medical motels – at risk or sleeping on the streets <ul style="list-style-type: none"> <li>• They’re receiving food boxes in conjunction with some of our HIV providers and Esther’s Pantry</li> </ul> </li> </ul> </li> <li>○ Huge need for cell phones and data plans</li> <li>○ Tents and sleeping bags</li> <li>○ More personal protective equipment (PPE) for clients and staff</li> <li>○ Dish sets &amp; can openers</li> <li>• Communications <ul style="list-style-type: none"> <li>○ We hold a weekly phone call with most of the providers</li> <li>○ Daily digest emails of various resources</li> <li>○ Amanda Hurley is HIV Liaison to Multnomah County Emergency Operations Center (EOC)</li> <li>○ Tyler Termeer is LGBTQ liaison to EOC</li> <li>○ Two community letters have been sent out <ul style="list-style-type: none"> <li>▪ Wanted to show aligned and coordinated effort among providers</li> </ul> </li> <li>○ Coordination with OHA and End HIV campaign</li> <li>○ Trying to get more messages out on MCHD social media (Facebook) - reposting info from some of our providers <ul style="list-style-type: none"> <li>▪ We don’t have permission to have our own social media sites (County wants to keep messaging centralized), so we’re encouraging people to check Multnomah County website</li> </ul> </li> <li>○ Trying to figure out if we can find a way to send email blasts to community <ul style="list-style-type: none"> <li>▪ Anything that has IT related infrastructure is more complicated</li> <li>▪ Need HIPAA-compliant option</li> <li>▪ Not rapid, but want to continue to pursue</li> </ul> </li> </ul> </li> <li>• Additional resources <ul style="list-style-type: none"> <li>○ CARES Funding - Parts A, C &amp; D</li> <li>○ More resources put into HOPWA through a variety of sources – they have been in contact with us to coordinate</li> <li>○ We have Part B carryover funding</li> <li>○ State put in quite a bit of money to food resources - will be seeing this go out in community</li> <li>○ Q: How long can you stay in hotels? A: Right now are not putting limit on number of days; re-upped every two weeks.</li> <li>○ Q: What about landlord-tenant rights? A: If you occupy a residence for more than 30 days, you have tenant rights. Therefore, motels are requiring individuals to move to a different hotel before that point. We’re working with motels on this issue.</li> </ul> </li> <li>• Recovery Discussion <ul style="list-style-type: none"> <li>○ See slide</li> </ul> </li> </ul>

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>▪ Needs</li> <li>▪ Concerns</li> <li>▪ Questions</li> <li>▪ Resources offered</li> <li>▪ Successes/strengths</li> <li>▪ Which public and social services are most important to fully re-open, or resume in-person access? Which businesses are most important to allow/support to open first?</li> </ul> <ul style="list-style-type: none"> <li>○ No time to discuss, but Aubrey sent out worksheet</li> <li>○ To respond, fill out the document, or send an email, or have an open dialogue (we can staff if desired)</li> </ul> <p>County / Regional overview - Kim Toevs</p> <ul style="list-style-type: none"> <li>• Reviewed Regional COVID-19 data dashboard: <a href="https://multco.us/novel-coronavirus-covid-19/regional-covid-19-data-dashboard">https://multco.us/novel-coronavirus-covid-19/regional-covid-19-data-dashboard</a></li> <li>• Case Counts <ul style="list-style-type: none"> <li>○ Caveats <ul style="list-style-type: none"> <li>▪ Lag for cases to be diagnosed / reported is a couple of weeks</li> <li>▪ Peak in late March / early April</li> <li>▪ Part of reopening is case count goes down over two week period, without going up and down</li> </ul> </li> <li>○ As we reopen, we will see more cases</li> <li>○ The goal is to not overwhelm the hospital system, as well as to decrease (not eliminate) disease transmission</li> <li>○ Trying to reopen in phases <ul style="list-style-type: none"> <li>▪ 3 weeks per phase, so we will have time to see impact of opening before next phase</li> </ul> </li> <li>○ Case counts have been related to who and how many have been tested, so not true representation</li> <li>○ We have expanded testing considerably – approximately 9000 tests per week</li> <li>○ Still not sure if our testing is equitable</li> <li>○ Difficulties in getting demographic data that is accurate and complete</li> <li>○ Q: Are private labs required to report positive results? A: Private labs required to report all results within 24 hours of doing the test.</li> </ul> </li> <li>• Hospitalization <ul style="list-style-type: none"> <li>○ Better representation of disease in community (vs measure of labs in community)</li> <li>○ Each case on this dashboard is a story of a person, a family, a life.</li> <li>○ Having a chronic disease or being older doesn't make you more likely to get this illness (anyone can get the infection), but makes you more likely to die from this illness.</li> <li>○ Can people who get the disease get it again? Are they immune forever? We don't know yet.</li> <li>○ How many people are asymptomatic? Could be as much as 15%</li> </ul> </li> </ul>

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>○ We have very low numbers of people who are unhoused who have tested positive <ul style="list-style-type: none"> <li>▪ Lower proportion of this population is being tested, but we would know if there was an outbreak</li> <li>▪ There have not been outbreaks in shelters</li> <li>▪ Intensive outreach to provide education, face coverings, outdoor shelter camps</li> </ul> </li> <li>○ Q: How are HIV+ individuals represented on this dashboard? A: 11 PLWH have tested positive for COVID-19. They may fall in the “coexisting conditions” graph under “immune compromised.”</li> <li>○ Do all PLWH need to be concerned? It depends on the state of your own immune system, and is a question of balancing risk and benefits.</li> <li>○ Recommendation for those without a strong immune system, or who have any coexisting conditions which make complications more likely to occur: as the community reopens, let others reintegrate into the world first.</li> <li>○ Recommendations for all: face coverings, hand hygiene (hand sanitizer, hand washing, not touching mouth or eyes)</li> <li>○ COVID-19 is tricky as it doesn’t have just one key symptom, but can express in a variety of different ways</li> </ul> <p>Reopening requirements</p> <ul style="list-style-type: none"> <li>● Case level decreasing</li> <li>● Hospitals have surge capacity and personal protective equipment (PPE)</li> <li>● Adequate testing <ul style="list-style-type: none"> <li>○ Tests are not as sensitive and have more margin for error</li> <li>○ We continue to have more and more capacity to test people</li> <li>○ People in last 10 days have had an easier time getting tested</li> <li>○ Health systems have testing capacity that is not being used; we’re working to share capacity</li> <li>○ Still working towards equitable testing accessibility</li> <li>○ Q: Is there any data on reinfections or antibodies? A: We don’t have a lot of antibody testing locally yet. We don’t know yet if there is a certain level of antibody response that gives immunity, or how long immunity lasts, or if gives complete immunity or milder illness</li> </ul> </li> <li>● Adequate staffing for contact tracing <ul style="list-style-type: none"> <li>○ “Contact” has previously been within 6 feet of someone for an hour or more</li> <li>○ Now broadening to be within 6 feet without face covering for 15 minutes or more</li> </ul> </li> </ul> <p>Most impacted?</p> <ul style="list-style-type: none"> <li>● Who is most impacted? <ul style="list-style-type: none"> <li>○ Local numbers similar to nationally</li> <li>○ Looking with a racial equity lens</li> <li>○ Racial disparities for hospitalizations and deaths</li> </ul> </li> </ul>

Item**	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> <li>▪ African American</li> <li>▪ Latinx</li> <li>▪ Native American</li> <li>▪ Pacific Islander</li> <li>▪ Asian Americans</li> </ul> <ul style="list-style-type: none"> <li>• A few different reasons <ul style="list-style-type: none"> <li>○ Layering on structural racism, leading to different levels of chronic disease</li> <li>○ Structural racism leading to different levels of healthcare access (less here for hospitalization, but probably for getting tested)</li> <li>○ People with public facing jobs, less opportunities to telework</li> <li>○ Not just impact from getting disease, but entire community <ul style="list-style-type: none"> <li>▪ More impact on more marginalized populations</li> <li>▪ Many people lost jobs</li> <li>▪ More food insecurity</li> <li>▪ More income insecurity</li> </ul> </li> </ul> </li> <li>• Responses <ul style="list-style-type: none"> <li>○ City of Portland tried to push out money - strong focus on racial equity lens, hasn't been enough</li> <li>○ County still trying to work out a package for food assistance and rental assistance</li> <li>○ Concerns of people in multi-generational households - looking at increasing capacity for motel vouchers</li> <li>○ First thing we did was train over 100 multi-lingual and multi-cultural community health workers</li> <li>○ Have stood up group of community-specific liaisons, share info with them so they can share out, also get information from community through them</li> <li>○ We have many languages on county webpage, a lot of guidance <ul style="list-style-type: none"> <li>▪ Guidance all came as response to community requests</li> </ul> </li> <li>○ Strong community voice in informing our data</li> </ul> </li> </ul> <p>Questions</p> <ul style="list-style-type: none"> <li>• Q: Outreach to farmworkers? A: OSHA, OHA, local region all working on guidance. Our job is to reach out to both employees and employers.</li> <li>• Q: Do you see COVID-19 testing be a part of our regular HIV Lab work in the future? A: Kim: I don't know the answer to that. Toni Kempner: I think it will, absolutely. I'm not sure what that will look like. The challenge that I'm worried about is making sure insurance continues to pay for it. Also deciding which labs to run.</li> <li>• Q: What will the availability of PPE for healthcare workers look like in the next month and into the fall? What steps are being taken to have the supplies needed to keep client services continuing? Are we preparing for another surge? A: We are preparing for another surge; that's why we're expanding testing and contact tracing. Governor has opened hospitals for elective procedures. We're a little nervous about hospitals and dental using a lot of PPE as they open. We've had struggles in getting PPE. At the moment we're in a good spot, but we're watching the stockpiles carefully.</li> </ul>

Item **	Discussion, Motions, and Actions	
	<ul style="list-style-type: none"> <li>If there are follow up questions, Amanda is HIV liaison, and others on Council have information.</li> <li>Plan for additional update during next month's meeting.</li> </ul>	
Client Satisfaction Focus Groups	<p><i>Presenter: Aubrey Daquiz</i> <i>Summary of Discussion:</i></p> <p>This content was tabled due to lack of time. Please review the slides provided, as this valuable information should be considered in the Planning Council's allocation decision-making at the July retreat.</p>	
Time of Adjournment	7:00 PM	
Community Garden Items	QUESTION/COMMENT - None	RESPONSE – NA

## ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	X		Julia Lager-Mesulam	X	
Erin Butler	X		Heather Leffler		E
Tom Cherry	X		Jonathan Livingston	X	
Jamie Christianson	X		Jeremiah Megowan	X	
Carlos Dory	X		Matthew Moore	X	
Michelle Foley	X		Scott Moore	X	
Greg Fowler	X		Laura Paz-Whitmore		E
Alison Frye	X		Sandra Poon	X	
Dennis Grace-Montero		E	Diane Quiring	X	
Shaun Irelan		E	Jace Richard	X	
Lorne James (Council Co-Chair)	X		Michael Thurman-Noche	X	
Chris Keating		E	Robert Thurman-Noche	X	
Toni Kempner	X		Erin Waid	X	
			Abrianna Williams	X	
<b>PC Support Staff</b>			<b>Guests</b>		
Lisa Alfano					
Aubrey Daquiz	X				
Jenny Hampton (Recorder)	X				
Jesse Herbach	X				
Amanda Hurley	X				
Jenna Kivanç					
Marisa McLaughlin					
Kim Toevs	X				

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