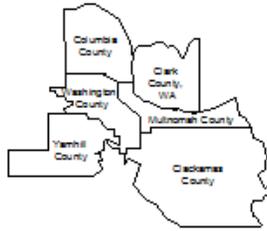




# Portland Area HIV Services Planning Council

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

*Ryan White Program, Part A*



## Meeting Minutes

Meeting Date: July 10, 2020

Approved by Planning Council: July 28, 2020

Grantee: Multnomah County Health Department



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

Friday, July 10, 2020, 9:00 am – 12:00 pm  
 Virtual WebEx Meeting

**AGENDA**

Item**	Discussion, Motions, and Actions
Call to Order	Emily Borke called the meeting to order at 9:00 AM.
Welcome & Logistics	<p>Lorne James welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics.</p> <ul style="list-style-type: none"> <li>• Please use audio and video, when speaking</li> <li>• Say your name each time you speak</li> <li>• Type questions in the chat box or unmute yourself</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 (Roll-call intros, Vote, Questions/comments, Noise)</li> </ul>
Candle Lighting Ceremony	Robbie Thurman-Noche led the lighting of the ceremonial candle in memory of JM, a friend who died in 2008.
Mindful Minute	Lorne James invited the group to center themselves and remember why they are all here. He then shared a Navajo blessing prayer.
Introductions	Emily Borke conducted a roll call of Planning Council members and staff. Attendees introduced themselves, stated their pronouns, gave their role or affiliation, declared any conflicts of interest, and provided a one word check in.
Announcements & Review Graphic Cycle / Year	<p>Announcements:          See slides.</p> <ul style="list-style-type: none"> <li>• Reminder - meetings are recorded to ensure accurate minutes.</li> <li>• Co-Chair &amp; Operations Committee online election results             <ul style="list-style-type: none"> <li>○ Co-Chair: Lorne James</li> <li>○ Operations Committee members: Jeremiah Megowan, Michael Thurman-Noche, Robbie Thurman-Noche, and Scott Moore</li> <li>○ 1-year and 2-year terms will be worked out by Operations Committee with new committee members</li> </ul> </li> <li>• Carryover Request was approved by online vote             <ul style="list-style-type: none"> <li>○ \$6366 for housing</li> <li>○ See spreadsheet</li> </ul> </li> </ul> <p>The Council reviewed the graphic of the Planning Council year. Next meetings:</p> <ul style="list-style-type: none"> <li>• July 28, 3:00-6:00pm</li> <li>• Aug 4, 4:00-6:00pm (Operations Committee only)</li> <li>• Aug 18, 3:30-5:00pm</li> </ul>

Item**	Discussion, Motions, and Actions
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 June 2020 meeting were approved by unanimous consent with the following edit:</p> <ul style="list-style-type: none"> <li>• Danielle Deer (Quest) section originally read “two beds not funded by Part A,” should read “two beds funded by Part A.”</li> </ul>
Public Testimony	No public testimony.
COVID-19 Updates / Reopening	<p><i>Presenter: Amanda Hurley</i>  <i>Summary of Discussion:</i>  See slideshow.</p> <p>Brief Update on Coinfections (as of yesterday):</p> <ul style="list-style-type: none"> <li>• Total of 26 PLWH diagnosed with COVID-19</li> <li>• Of those 26, a few were hospitalized but since fully recovered</li> <li>• No deaths</li> <li>• Of 26, 19 resided in tri-county area (Clackamas, Washington &amp; Multnomah counties)</li> </ul> <p>HIV Services Update</p> <ul style="list-style-type: none"> <li>• See document (will be available on Contractors website and Planning Council Google drive)</li> <li>• Additional updates <ul style="list-style-type: none"> <li>○ Erin Butler (CAP) – we are offering HIV/STI testing by appointment on Tuesdays and Saturdays at PIVOT. Very slowly rolling that service back out over the last month. Can share contact info for that in chat or by email. Part of process is COVID risk screening over the phone. Also working on increasing testing by mail capacity.</li> <li>○ Emily Borke (HHSC) – right now have 50% staff rotation, in a week and a half will be increased to 75% staff rotation. Seeing an increase in care that needs to happen in person.</li> <li>○ Erin Waid (Russell St.) – if an established patient has an urgent need, call in and we will try to work them into the schedule.</li> </ul> </li> </ul> <p>Questions / Comments</p> <ul style="list-style-type: none"> <li>• Esther’s Pantry is also handing out masks when you get your food boxes</li> <li>• Q: Is the County HIV Clinic doing any COVID testing of clients, or do you have to be having symptoms? <ul style="list-style-type: none"> <li>○ A: Amanda – general County: as far as we know, individuals must be having symptoms or have had contact with someone with COVID</li> <li>○ A: Emily – HHSC is doing COVID testing of clients at the provider’s discretion. There are also certain communities that can be tested while asymptomatic.</li> </ul> </li> <li>• Q: Can protesters get tested?</li> </ul>

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	<ul style="list-style-type: none"> <li>○ A: We have heard yes, but have also heard conflicting information about confusion as individuals show up at testing sites.</li> <li>● Q: Is COVID testing offered at CAP Davis? <ul style="list-style-type: none"> <li>○ A: No, not at Davis. Prism Health able to offer to established patients. In process of increasing COVID testing beyond established patients. There is federal funding in the works to increase COVID testing capacity among FQHCs and FQHC look-alikes.</li> </ul> </li> <li>● Q: Are there any movements for the grantees to widen their access to services now that we have an uptick in COVID and have a requirement to stay at home longer? I heard that one grantee is only delivering food to shelters, but now that we have more people stay at home without an income, are there any movements to be more inclusive regarding services? <ul style="list-style-type: none"> <li>○ A: Julia – Partnership (in coordination with CAP) are providing food boxes not just for people in medical motels, but for anyone who needs food in the whole TGA. Mostly CAP staff from throughout agency who opt in to doing food delivery.</li> <li>○ A: Jaime – Another place to check in is Daily Bread Express program. If there is need, reach out to Megan Lewis. They have increased their capacity, and have received additional funds. They have tended to rely on referrals for individuals who cannot get to the Day Center or other food pantries due to a medical need.</li> </ul> </li> <li>● Q: Food is only one of the essential needs. What about housing, utility assistance? What is the need? Do you have updates on these services? How many people are accessing these services? <ul style="list-style-type: none"> <li>○ A: Amanda - For housing and rent assistance, we're seeing a huge increase in amount being spent month to month. They have increased their capacity to serve more people. At the same time, operating at that pace is not going to be sustainable as the money does not exist. This is a long-term concern. We added in carryover funding to housing, which is being used to cover some of those rental assistance requests. State and local JOHS have received CARES funding, which would go into HOPWA contracted agencies. HOPWA can also pay for employment services, so they were looking at possible employment support. We put some of the CARES funding into Emergency Financial Assistance, which can be used for a wide array of financial needs. This could be used for utility assistance, for a one-time need. We could do better job of letting people know those services do exist.</li> </ul> </li> <li>● Q: Can support be available for those mandatorily quarantined?</li> <li>● RESOURCE SHARING IN CHAT <ul style="list-style-type: none"> <li>○ Utilities – <ul style="list-style-type: none"> <li>▪ Comcast had given me a free month without my asking</li> <li>▪ Jeff Merkley's team has emailed about federal funding on energy assistance such as LEAF program</li> </ul> </li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ Quest Center's referral form for emergency financial assistance says it could be used for phone or utility assistance, short-term (~1-3 months) \$100 per person per bill, funds of last resort</li> </ul> </li> <li>○ Food-               <ul style="list-style-type: none"> <li>▪ Quest Center continues to provide food boxes beyond HIV clients, we work to provide gluten free boxes and other dietary needs.</li> </ul> </li> <li>○ Transport               <ul style="list-style-type: none"> <li>▪ For Clark County/SW Washington, the Human Services Council --who more regularly does Med-transport -- has provided transportation to access a food bank, pharmacy, or grocery stores. You can call 360-735-5733 and leave a message. As far as I know this just serves Washington, more specifically Clark County (also Cowlitz, Wahkiakum, Skamania, and Klickitat)</li> </ul> </li> </ul> </li> <li>• Q: How long can we sustain this extra need?       <ul style="list-style-type: none"> <li>○ A: This year we're going to need to look at the spending and see where we're at. This year we received additional CARES funding, plus program income from Part B, but no guarantees for future.</li> </ul> </li> </ul> <p>Please send any additional questions to HGAP, who will collect them and make sure to get information out to Council members.</p>
Annual Report	<p><i>Presenter: Jenna Kivanç &amp; Marisa McLaughlin</i></p> <p><i>Summary of Discussion:</i></p> <p>See slideshow.</p> <p>Pre-recorded presentation Please share questions in the chat</p> <p>Questions</p> <ul style="list-style-type: none"> <li>• Q: TGA overview cases and clients, shows rise in clients in 2019 vs 2017. Shows large increase, but smaller percentage are RW clients. Do we know why that is?       <ul style="list-style-type: none"> <li>○ A: The number of clients has increased, but it is a function of two things – exiting the system (relocating or no longer receiving RW services) or entering system (newly diagnosed or coming into our system new). In our work with OHA, we have found we actually have a pretty small number in TGA who are not in care; most of those who are not receiving Ryan White services are receiving care in different health systems.</li> </ul> </li> <li>• Q: For newly diagnosed clients, if 97% are in care, why are only 87% virally suppressed?       <ul style="list-style-type: none"> <li>○ A: With viral suppression, this is potentially impacted by when a client got diagnosed. If a client was diagnosed in November or December, there may not have been time to access care, start ART, and become virally suppressed by last test of calendar year.</li> </ul> </li> </ul>

Item**	Discussion, Motions, and Actions
	<p>This is why viral suppression goal for newly diagnosed clients is slightly lower than among all clients receiving care.</p> <ul style="list-style-type: none"> <li>• Q: On demographics of TGA newly diagnosed, you have white and Latinx, but why no other categories (African American, etc)? <ul style="list-style-type: none"> <li>○ A: Jenna only pulled out the categories with variation in trends</li> </ul> </li> <li>• Q: With the amount of funding available, and if we want to help non-clients too, what happens if we run out of funding trying to help with everything and everybody? <ul style="list-style-type: none"> <li>○ A: Starting next week, HGAP is monitoring clients receiving Ryan White services on a monthly basis, and comparing it to service patterns last year. We aren't sure what to expect – an increase, as more people are losing income and becoming eligible for RW services, or a decrease, as people who normally receive RW services are not receiving them due to COVID. We will report to the PC if we see any sort of drastic change, whether increase or decrease.</li> </ul> </li> <li>• Comment: Stoplight system slide – really important that we have a snapshot of all people of color (POC). I feel very offended that I don't see my demographic on this slide. I do see why we're using the stoplight system. But if you look at slide 16, it gives the false perception that we only need to serve x-number more people to meet a quota. We have been having this discussion for years. We need to do a better job of reflecting both Native American and POC data. <ul style="list-style-type: none"> <li>○ A: We (HGAP) can produce additional graphs and slides, and would be happy to work with the PC about how to present this data in a more representative fashion. We can pull data and present at future meetings.</li> <li>○ Response: Julia – when we're talking about data, it's important that we bring back that we're talking about people, not just numbers.</li> </ul> </li> </ul>
<p>Discuss FY21-22 Priorities &amp; Guidance</p>	<p><i>Presenter: Aubrey Daquiz, Emily Borke, Lorne James</i>  <i>Summary of Discussion:</i>  See slideshow.</p> <p><b>PRIORITIES</b>  Top priorities (FY 21-22), per survey results:</p> <ul style="list-style-type: none"> <li>• Housing (7)</li> <li>• Emergency Financial Assistance (6) – phones, wifi <ul style="list-style-type: none"> <li>○ Comment: phones currently being purchased and distributed by various providers under various service categories.</li> <li>○ Comment: having multiple options for people who do not have reliable communication is important for access to telehealth appointments and other services</li> </ul> </li> <li>• Mental Health (6) – alternative models for high-barrier folks / crisis support</li> </ul> <p>Current priorities (FY20-21)</p>

Item**	Discussion, Motions, and Actions
	<ol style="list-style-type: none"> <li>1. Medical Care</li> <li>2. Health Insurance</li> <li>3. Mental Health</li> <li>4. Dental Care</li> <li>5. Medical Case Management</li> <li>6. Early Intervention Services</li> <li>7. Substance Abuse Treatment</li> <li>8. Housing</li> <li>9. Psychosocial</li> <li>10. Food</li> <li>11. Non-Medical Case Management</li> <li>12. Emergency Financial Assistance</li> </ol> <p>Reasoning behind order of current priorities:</p> <ul style="list-style-type: none"> <li>• Priorities section has to do with our grant application</li> <li>• App requires we put it in some order</li> <li>• This has traditionally been the standing order – they haven’t changed except for additions</li> <li>• 1-7 are core services, 8-12 are supportive services</li> <li>• Medical care and health insurance have been our top priorities</li> <li>• Q: Does the prioritization impact our funding decisions? A: No, it does not (other than the 75% core / 25% support split).</li> </ul> <p><b>Question: Do we need new service categories?</b></p> <ul style="list-style-type: none"> <li>• All of the top priorities identified for FY 21-22 are within current service categories</li> <li>• <b>Decision: no new service categories.</b></li> </ul> <p><b>Question: Do we need to re-order current priorities?</b></p> <ul style="list-style-type: none"> <li>• Q: Does the prioritization impact our funding decisions? A: No, it does not (other than the 75% core / 25% support split).</li> <li>• Given our current situation and the increase in EFA needs, not sure if this means we should change the rankings.</li> <li>• What would be the intended purpose of making changes?</li> <li>• The amount of money we allocate is what is important to the community, not these rankings.</li> <li>• <b>Decision: no change in order of current priorities.</b></li> </ul> <p><b>Question: Do we need to add or revise guidance? If so, how?</b></p> <p>Current Guidance</p> <ul style="list-style-type: none"> <li>• See current Guidance document</li> <li>• Emily reviewed guidance with the group</li> </ul> <p>Suggested Guidance FY 21-22 from client satisfaction survey</p> <ul style="list-style-type: none"> <li>• Include language (perhaps #1) that providers examine processes and procedures that maintain white privilege. At minimum, an acknowledgment that procedures (intakes, outreach, interventions, etc.)</li> </ul>

Item**	Discussion, Motions, and Actions
	<p>may have contributed to disparate outcomes for BIPOC communities. Guidance should include information on how to evaluate, reflect, and understand intersectionality and equity.</p> <ul style="list-style-type: none"> <li>• Discuss what “harm reduction” means in this content.</li> <li>• None- Agree with part two of FY20-21 priorities guidance on second table</li> </ul> <p>Possible Guidance Changes from Needs Assessment</p> <ul style="list-style-type: none"> <li>• Services/Support in other languages</li> <li>• More outreach/communication outside of social media</li> <li>• Support groups outside of downtown, more east county services</li> <li>• Increased use client incentives</li> <li>• Client voice/leadership, opportunities to volunteer <ul style="list-style-type: none"> <li>○ Q: What is “more client voice” referring to? <ul style="list-style-type: none"> <li>▪ A: Came primarily from focus group. Many people appreciated being able to provide feedback in focus group, and wanted more opportunities to provide feedback and participate in planning and advocacy.</li> <li>▪ A: Clients who are using mental health and substance use services reaching a place in their lives where they want to give back, be leaders, utilize their lived experience. Interested in peer mentor opportunities. <ul style="list-style-type: none"> <li>• Suggestion: add to psychosocial and/or peer support service categories</li> <li>• Could lead to job development, public testimony</li> <li>• <b>Decision: Develop a sentence or two that stays true to intention of feedback, than can be added to some specific service categories</b></li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>PC suggestions:</p> <ul style="list-style-type: none"> <li>• Under Mental Health services (and other locations with similar language), consider adding “underserved communities” as a priority population along with PLWH who are aging and/or long term survivors</li> <li>• Over time the guidance has gotten longer and longer. I wonder if as it gets longer and longer, some things get missed? Could any of this be consolidated?</li> <li>• I think we should had something that intentionally calls out lifting up BIPOC communities, but not sure where and how we do that</li> <li>• Focusing / prioritizing needs of BIPOC</li> <li>• Addressing what providers are doing to dismantle white supremacy in their own organizations</li> <li>• Suggest asking HGAP, Co-Chairs and Operations Committee to craft some language, bring back to PC for more discussion</li> <li>• Don’t think it should be up to Operations Committee to make these decisions. We really need to hear from POC voices.</li> <li>• Suggestion: start a subcommittee of POC community members, and figure out what language comes from their voices. Start by using some of the POC voices in our own council. Maybe we can talk further about this in Operations</li> </ul>

Item **	Discussion, Motions, and Actions	
	<ul style="list-style-type: none"> <li>○ We have done this in the past, and have had difficulty maintaining it. Need to have a conversation in Operations about incentives.</li> <li>○ It's really hard to get trust from populations that have that historical trauma of being pushed out of services. We're going to need to do a lot of work in working with other community members and nonprofit members who have been doing this work.</li> <li>○ In the meantime, need to add something in guidance that indicates this is a priority. We need to acknowledge and set up a framework that allows us to begin to address these historical discrepancies, then move into anti-oppression, anti-racist methodology, so we can provide information for ourselves and our providers, and a mechanism for communication to those communities that we have not always served to the best of our ability. In the short term, we need to come up with a next step for the next month or two.</li> <li>● Amanda – example of something that currently exists: Multnomah County COVID-19 response has put together BIPOC data committee which reviews all data put out to the public and ensures that the narrative they want presented is there, and that the data is presented in an appropriate way that rightfully reflects their stories.</li> <li>● Two parts: there should be guidance internally, and there should be guidance externally. Move to a place where we are providing information on how to evaluate, reflect and understand how past oppression and discrimination has made an impact in our work and their work. Make sure they have the tools to make those reflections and changes as necessary.</li> <li>● <b>Decision: We need to have some guidance added to existing guidance specifically referencing the needs and prioritization of BIPOC, potentially language around what organizations are doing to address their own historical white supremacy, and that we need to determine a process to word that guidance that specifically includes the voices of BIPOC. Operations Committee and HGAP will determine what that process is and how to implement it.</b></li> </ul>	
Time of Adjournment	12:00 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

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

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