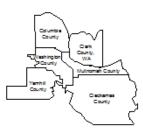
Portland Area HIV Services Planning Council





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

Ryan White Program, Part A

Meeting Minutes

Meeting Date: November 3, 2020

Approved by Planning Council: December 1, 2020

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council MEETING MINUTES

Tuesday, November 3, 2020, 4:00 pm - 6:00 pm Virtual WebEx Meeting

AGENDA

Item**	Discussion, Motions, and Actions						
Call to Order	Emily Borke called the meeting to order at 4:05 PM.						
	Lorne James shared a Land Acknowledgement- Multnomah County is located on the territory of the Multnomah, Kathlamet, Clackamas, Chinook, Tualatin Kalapuya, Molalla, and other indigenous nations, taken between 1848 and 1855. Termination of federal recognition of many Oregon tribes began in 1954. A large number of Oregon Tribes had their governments abolished, lands taken, and social services revoked. There are still tribes in Oregon for whom termination remains a bitter reality, even for tribes who have been reinstated. In response, thousands of our Native families came to Portland to seek jobs, a place to live, and community.						
Welcome & Logistics	Lorne James welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics. • 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 (and not able to view Webex), please mute yourself to minimize background noise, unless you have a question / comment						
Candle Lighting Ceremony	Michelle Foley led the lighting of the ceremonial candle in honor of Klaus Nomi. He was a performer born in Bavaria in 1944, moved to NYC where he became involved in East Village art scene. Mezzo soprano singer, combining opera and rock in new ways. Revolutionary. Performed along with David Bowie on Sat Night Live. Klaus passed away in 1983 from complications of HIV/AIDS, known to be one of the first public figures to die of HIV/AIDS. From Tom: Vick Fox died recently, original head of CAREAssist, was on the Planning Council From Robert: October 27 birthday of late husband Gregory James Hotzler, who died in 2002 due to cancer and AIDS complications.						
Mindful Moment	From Emily: Reminder to Breathe. Inhale Slowly. Hold. Exhale.						
Introductions	Emily Borke conducted a chat roll call of Planning Council members and staff. Attendees introduced themselves in the chat: name, pronouns, role or affiliation, conflicts, and one word check in. Emily and Lorne shared the Council Participation Guidelines.						
Announcements	Announcements: See slides. Reminder - meetings are recorded to ensure accurate minutes. Lorne:						

Item**	Discussion, Motions, and Actions
	November is Native American Heritage Month
	 Transgender Day of Remembrance Nov 20
	 These two demographics are consistently of high concern in our community
	 Lorne facilitates Two Spirit Support Circle every Monday 5-7pm, on
	Facebook. Search for: "FGC Two Spirit/Indigenous Queer Support Circle"
	Julia: World AIDS Day Dec 1. If you have events you want to promote, email Julia,
	she will get it posted on WAD Facebook page.
Agenda Review and Minutes	The agenda was reviewed by the Council, and no changes were made.
Approval	The meeting minutes from the October 10, 2020, meeting were approved by unanimous
	consent with the following amendments:
	1. Typo in Jesse's updates of Lorne's name
	2. Spell out BIPOC the first time - Black, Indigenous, and People of Color
Public	No public testimony.
Testimony	
Housing Panel:	Panel: April Rohman (Emergency Shelter & Services Coordinator, JOHS), Nicki Turk &
Medical Motels,	Meghan Von Tersch (Director of Housing & Support Services & Housing Navigation Team
Shelters,	Lead, CAP), Shane Wilson (Patient Navigator, HSC), Taylor Gleffe (Interim Program
Housing	Manager, HIV Services, EMO)
Support	Moderator: Emily Borke
	Summary of Discussion:
	3. Joint Office of Homeless Services - April (they/she)
	Co-system lead with Katie Evans for Adult System Services
	Have been involved in COVID shelter response
	How many people are using medical motels / shelters / housing support and what's the
	current and projected capacity?
	COVID hit community end of March. Normal shelter and housing programs had to
	shift gears to follow CDC guidelines for social distancing etc.
	Public shelters – most had to cut capacity in half, have other half in other buildings
	We typically have 1000 beds in adult system year-round, currently have around 500
	 Made up for this with shelter response, so never had reduced capacity
	In addition, now have physically distanced shelters at community centers
	 Mt Scott Community center serves all genders, couples, and youth
	 Charles Jordan Center also all genders and couples
	Transition Projects will be running shelter in old Greyhound Station (mid nov0)
	Existing winter capacity at Walnut Park expanding to 24 hours
	Total of 300 beds, which is typical winter response
	Physical distancing motel shelters
	For people coming from congregate environments at highest risk of bad outcomes
	We have 5 motel shelters open now run by nonprofit providers
	Urban League is new shelter provider – AA community
	Will have 283 motel rooms available for people at highest risk of negative
	outcomes from COVID 19
	Voluntary Isolation Motels- for intergenerational families, congregate settings

Item** **Discussion, Motions, and Actions** • Two locations, 122 rooms total Accessible through referral specialist line • Don't hesitate to refer people, there is generally space • Allows for space to isolate, if not able to isolate at home Alternative shelter sites • Village site through Catholic Charities, 14 women's sleeping pods • St Johns Village opening this winter, serving all genders, single adults Outdoor distancing shelters o C3PO – Creating Conscious Communities with People Outdoors Additional Shelters Janus runs youth shelters Human Solutions run family shelters • Domestic violence shelter system through Call to Safety Looking into future • We also plan for severe weather response • We open more capacity to reduce hypothermia Needing to find larger spaces – working with Emergency Management/Operations at Multnomah County and City of Portland • Gaps- Space, Staffing, Twice the space and twice the people to staff, winter overlap What are related supports and longer term plans... • Working with Homeless Service Provider Continuum We're housing people out of hotels now Working with partners like Northwest Pilot Project since many over age 65 • Connecting to other departments (e.g., aging and disability services) Rent Relief plans Portland Housing Bureau, JOHS, and Home Forward work with non-profits (who regularly receive short-term rent assistance) to allocate even more funds Recognizing disproportionate impact on Black and Indigenous communities, expanded partnerships – working to get money out in more culturally specific ways Access via 211 for appointments available Can also reach out to organizations receiving funding • April can follow up with specifics about who has funding and how to contact them Overall what has changed? • Everything - Need is growing, and what happens when eviction moratorium ends? We've been working in emergency mode • How do we provide services sustainably in the long term? CAP NW - Meghan and Nicki How many people are using medical motels / shelters / housing support and what's the current and projected capacity? • Since pandemic, have seen huge increase in housing related needs, more beds • Increase in med motel voucher requests Eviction prevention From start through August, were averaging 40 people in motels Relaxed criteria for Med motel vouchers Motels are really expensive Due to funding, starting in Aug, had to triage, help people to transition to housing

or shelters whenever possible

Item** Discussion, Motions, and Actions Robb placed two participants in the MAI Program at the Urban League Shelter Received more funding through OHA and JOHS thru end of Dec Eviction prevention Many people losing income; there is moratorium, but money will need to be repaid Continue to support rent assistance to help mitigate that • Cross-trained additional staff to process additional requests Have 11 people in motels right now Part of TPI's guest bed program o We have 5 beds at Clark Center, 1 at Jean's Place o Has been challenging to get folks in We have 1 person in Clark Center, but 5 at River District and 1 at Walnut; using general beds because CAP beds are currently harder to come by Related support and longer term plans Worked with PP to make sure we had all folks in longer-term motels due to COVID risk were on CAP's housing waitlist, on the Coordinated Access for Adult list, and (if they met certain criteria/eligibility) getting referrals forms for them When we've had openings in longer term housing programs, approving people who are in motels and needing to transition out In sum, getting people on as many waitlists as possible and helping transition to either shelter or housing when motel time ends Received CARES act funding through multiple contracts Deadlines for spending – some Dec, some longer term deadline, being very careful about how we're spending to make sure we have funds for eviction prevention to meet need in 2021 Overall, COVID has changed everything How we operate, work; what resources are available Will continue to be huge need for motels, shelters, housing well into 2021 Gaps Communication has been tricky o People without phones, or in med motels but not answering phones o Issues getting people into shelter beds because we can't reach them o Being able to provide intensive case management We had not being doing home visits, but we've made safety kits for case managers, and encouraging them to start home visits now We're already noticing folks coming into drop in hours just wanting a place to get warm and eat, but we don't want them to take their masks off Vulnerability Assessment Tool (VAT) is supposed to be done in person due to observation component Health Services Center - Shane (he/his) How many people are using medical motels / shelters / housing support and what's the current and projected capacity? Right now we have 6 people using med motels, 5 are long term A few months ago we had up to 30 people in long term; many in permanent housing • When funding was running low, we had to prioritize

Some got sleeping bag and a tent Ebb and flow due to funding

Item** **Discussion, Motions, and Actions** Recently have had 3 people housed Pandemic has pushed us to make things happen more easily for people • There's definitely not enough shelter space and permanent supportive housing Current gaps With the number of people needing shelter, TPI is our primary referral Limited capacity due to social distancing and number of people needing shelter Can't get people in as fast as we would like to We work with CAP – motels, resources for housing (assessments for vulnerability, mental health; disability verifications to get people expedited into housing) Looking at every avenue to get people connected to resources After eviction moratorium, don't have much info on that, as we using other finances or resources for that Overall... Shelter capacity/need put high demand on prioritizing who needs to get into Need is only going to increase • We will have winter shelters open, and hope access continues into April Ecumenical Ministries of Oregon / Day Center - Taylor (she/her) Ainsworth United Church of Christ will be doing winter shelter for HIV clients First prioritized to Day Center clients Then sent out to others for referrals Plan to be open 25 degrees or lower or snow or ice, due to staffing Hope to get to 32 degrees if they get volunteers Will be doing temp checks and screenings – doors open at 4pm, close at 8pm Gaps Really hard to get resources and referrals for clients o Knowing what is available is difficult We try to keep updated with network emails o Have a new MSW intern who will be able to compile more resources, especially housing and shelters Many supports aren't meeting – recovery, therapy, and mental health o If virtual, people may not be tech literate or have access to tech Currently open only 4 hrs/day Related support and longer-term plans Relief plans – received funds through CARES act to provide client assistance Have been providing gift cards to Fred Meyer for basic needs PDX Assist was doing gift cards last week, trying to find some of those opportunities to continue to support clients Overall... Hoping to build back sense of community which has been somewhat broken while we were only open 2 hrs/day, serving housed folks differently through to-go meals Strive to help address isolation through reaching out by phone, having more congregate space and activities; working on how to have holiday dinners Concordia nursing students have been helping out

client capacity.

o With 30 person capacity, they bring 9 people with them, so it reduces our

Item** **Discussion, Motions, and Actions** We will implement more COVID screening / temp checks, try to get symptomatic folks to get tested (possibly motels while waiting); Working out protocols for that CARES act funds will be ending in February – no more gift cards Bus passes – have been providing to everyone who needs it right now, but when funding runs out, we may need to go back to limiting by attendance (but complex because only encouraging folks to come to Day Center if they really need to) Q&A from chat Q: from Jamie: Can you send out a list of agencies that received the cares act money for rent assistance? A: **CARES Act** COVID Rent Relief program (CVRRP) Expanded Cascadia Partner Organizations: Central City Concern African Family Holistic Health Organization El Programa Hispano African Youth Community Organization **Human Solutions** Black Community of Portland **Impact Northwest** Black Educational Achievement Movement (BEAM) **Black Parent Initiative IRCO** Insights Brown Hope JOIN Centre of African Immigration and Refugees Latino Network (CAIRO) **MCDD Doulas Latinas International** NARA Hacienda CDC NAYA **HAKI Community Organization** Northwest Pilot Project Mt. Olivet Baptist Church Outside In- Collaborative Oasis of Praise / Bridge Self Enhancement, Inc. Oregon Chinese Coalition Transition Projects, Inc. Portland Community Reinvestment Initiatives (PCRI) Urban League Utopia PDX Volunteers of America Wisdom of the Elders Q: From Robert: Thank you April and all. I understand that the old Greyhound bus station will be opened and repurposed as a shelter, but only for a specific period. Given the housing and COVID crises, do you know whether that and other similar properties will be maintained as homeless facilities for longer periods rather than for, say, a few months? A: Hi Robert! The Downtown Shelter (at former greyhound station) and the two shelters at Mt Scott and Charles Jordan Community Centers will be open at least through the winter until April. Extension beyond that will depend on availability of funding. Q&A verbal Q: To Taylor: I have been hearing stories about people testing positive for COVID at Day

Center, and psychosocial support is so important. What's the situation right now?

any yet, but also looking at what happens if client tests positive and effects for the

A: We're open MWF, 9-1, serving breakfast and hot lunch. We have closed a couple times in the last couple of months due to potential exposures (on staff side) to keep clients safe. We're trying to figure out better protocol for symptom(s) vs. positive test. Haven't received

Item**	Discussion, Motions, and Actions
	community. Will keep everyone updated as we figure out what that looks like. We are open now.
	Q: Regarding psychosocial support, social determinants of health, and housing, the HIV community seems to be looking for that one-on-one connection, and connecting to financial resources. It seems like communication is a need, and community connection is a need. What are some best practices that to mitigate some of the stress factors that clients experience navigating accessing resources (e.g., short-term housing, assistance)? A: From April: Yes, we know that to be true. It says it in the name "socially distanced." Unfortunately, mental and behavioral health supports often come secondary in our emergency response. We are partnering with BH to provide more MH peers to be collocated at medical motels. This issue will only amplify as outdoor spaces are less accessible in winter. Working to figure out how to create outdoor warming shelters for folks who don't want to come to a congregate shelter, but it's tough to due with staffing. We have funds, so it's more about finding the human capacity to provide it and do it safely. We're trying to connect to psychosocial services that exist in a more intentional way. A: Nicki: We have funds to be able to purchase phones so clients can stay in touch with peer / case manager / med provider. We have peer support specialists who have been key in reaching out to people. We had staff reach out to every person on our caseload asking if they want check ins, have had a number of people who have requested more frequent check ins. Now doing doorstep visits (not actual home visits). We do have a housing readiness coordinator who is available to meet with people and make a plan, as well as short term rent assistance coordinator in moving costs or eviction assistance prevention is needed.
	Q: Yes, I heard themes about many services, communication; and offering a combination of services to help meet needs – how else are you supporting connection needs? A: Nicki: offering virtual RealTalk and Reencuentro, Zoom peer recovery group. Challenge of helping people navigate technology, but working to get these back up. Erin: The Link & Lunch & Learns have been going remotely as well April: Food, internet, crisis intervention, community – all so much harder to obtain right now- AND we have seen many grassroots and public partnership to meet these needs come up in exciting ways.
	Q: from Michael to Nicki: When you are transitioning people out of motels, where are you transitioning people to? Out on the streets? A: Unfortunately, sometimes yes, we did transition people to their previous living environment outside on the streets. Provided tent and sleeping bag. After that, received additional funding, thru end of December.
	Q: from Jamie: Previously in order to be eligible for eviction prevention, you had to have some sort of written notice. Has the requirement changed with the moratorium? A: Yes, as long as there is a demonstrated need / inability to pay, we are helping with

term support than pre-pandemic.

Q: From Lorne: Two months, and then you can extend it? Is that on a case-by-case basis?

And for BIPOC, there's a lot of different funding to address those needs. What has been

eviction prevention. We also used to be doing only 1 month at a time, have now been approving 2 months at a time if clear that it will be a longer-term need and offering longer-

Item**	Discussion, Motions, and Actions
	your experience in CAP to help support financial management for clients this and next
	year? Nicki: We get short-term rent assistance funding from a number of different sources Ryan White, HOPWA for rent and utility assistance, local funding through HomeForward, and CARES. We've been really lucky in that we haven't had to turn people away if they have been able to demonstrate their need for eviction prevention assistance. We also got CARES Act funding through each of our different HOPWA contracts and designated some of that for eviction prevention assistance. We're trying to leverage each of those funding sources based on spending deadlines.
	Thanks to our panelists!
Preliminary Contingency Planning	Presenters: Jesse Herbach, Erin Butler, Greg Fowler, Jace Richard, Jamie Christianson Summary of Discussion: See slideshow.
	Recap: We are planning for fund year starting March 2021
	• In August, we submitted our plan
	Now: Contingency planning – 3 scenarios
	o Decrease
	o Flat funding
	o Increase of 1-4%
	What are PC priorities for each scenario?
	Breakout groups – begin discussing priorities • If you use a specific strategy for one scenario, you should use it for all of them
Open Enrollment	Presenters: Joanna Whitmore, Emily Borke, Julia Lager-Mesulam, Matthew Moore Summary of Discussion: See slideshow.
	CAREAssist - Joanna Whitmore, Program Manager (she/her)
	Medicare started last month;
	 Healthcare.gov and off-exchange enrollment beginning now through December 15 Working again with PP, HSC, CAP, HIV Alliance, and EOCIL for CareAssist Enrollment 5 case workers processing all information
	 Encouraging folks join a silver medal plan (rather than gold, bronze, other plans) Those not eligible for the ACA premium tax credit can apply for an off-exchange enrollment plan (with CareAssist) and that would auto-renew. New for Medicare - If you have end stage renal disease, you have the opportunity
	to get on a Medicare Advantage Plan
	Partnership Project - Julia We have 245 folks on qualified health plans or uninsured or on outside exchange 75 medicare, need to check in with to ensure fit/happy with their plan Also check in with people who have group insurance Already have 20 done, today is first day
	CAP SW - Matt

Item**	Discussion, Motions, and Actions								
	 Work very closely with EHIP (Evergreen Health Ins Program) - (Washington version CAREAssist) 								
	All clients in Clark County are having their plans auto-renewed								
	Expecting a very easy open enrollment; same goes for Medicare								
	 Case managers looking into different Medicare plans that have more dental insurance because EIP has capped dental benefits at \$2000; previously, there had been more coverage for clients in SW Washington 								
	HSC - Emily								
	 Open enrollment is very stressful time at HSC Medical case managers and eligibility specialists are reaching out to all clients impacted including folks on qualified health plans outside exchange plan, on Medicare B. and Medicare Part D (that will not be offered in 2021), and uninsured folks Reaching out to around 400 people with 5-6 attempts In-person, via telehealth, and however meets client needs 								
	Qs/Info from Chat Q: From Robert: Joanna: Will CareAssist be mailing out a flyer or some sort of information to current clients about open enrollment? I'm hearing confusion and worry from some folks who want to switch from, say, Kaiser, and move to Legacy or Providence or Multco Health, but are confused about how such moves affect their Care Assist coverage. Thank you A: Joanna Whitmore, CAREAssist, OHA: HI Robert. We have already mailed out letters to all clients on QHP's and off-exchange plans. Please reach out to me if you have questions or tidbits to add A: Erin Butler (he/him) - Cascade AIDS Project: CAP was able to hire an additional								
	temporary Benefits Navigator to support open enrollment. This means there are 3-4 staff who can do QHP apps								
Eval and Closing	Summary of Discussion:								
	See slideshow.								
	Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation. Please complete the evaluation!								
Time of Adjournment	6:00 PM								
Community	QUESTION/COMMENT - RESPONSE – NA								
Garden Items	None								

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	Х		Heather Leffler	X	
Erin Butler	Х		Matthew Moore	Х	
Tom Cherry	Х		Scott Moore	X	
Jamie Christianson	Х		Laura Paz-Whitmore		L
Carlos Dory	Х		Bert Partin		E
Michelle Foley	Х		Sandra Poon	Х	
Greg Fowler	Х		Diane Quiring	Х	
Alison Frye	E		Jace Richard	Х	
Dennis Grace-Montero	E		Michael Thurman-Noche	Х	
Shaun Irelan	Х		Robert Thurman-Noche	Х	
Lorne James (Council Co-Chair)	Х		Erin Waid	Х	
Chris Keating		E	Sam Wardwell	Х	
Toni Kempner	Х		Joanna Whitmore	Х	
Robert Kenneth	Х		Abrianna Williams	Х	
Julia Lager-Mesulam	Х				
PC Support Staff			Guests		
			April Rohman (Emergency	x	
Lisa Alfano			Shelter & Services Coordinator,		
			JOHS)		
Aubrey Daquiz	X		Nicki Turk (Director of Housing	х	
Aubiey Daquiz			& Support Services CAP),		
Jenny Hampton (Recorder)	Х		Robb Lawrence	X	
Jesse Herbach	x		Meghan Von Tersch (Housing	х	
Jesse Herbach			Navigation Team Lead, CAP),		
Amanda Hurley	x		Shane Wilson (Patient	x	
Amanda Huriey	^		Navigator, HSC)		
Jenna Kıvanç			Taylor Gleffe (Interim Program	x	
Jenna Kivanç			Manager, HIV Services, EMO)	^	
Marisa McLaughlin			Dennis Torres (Community	x	
			Liaison, Gilead)		
Kim Toevs			Ashley Allison (OR AETC)	X	

^{*} A = Unexcused Absence; E = Excused Absence; L = On Leave