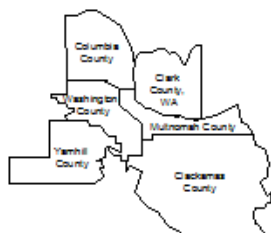




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: March 7, 2023

Approved by Planning Council: April 4, 2023

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council

MEETING MINUTES

Tuesday, March 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 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	Jamal Muhammad led the candle lighting ceremony in memory of people who have died of HIV and AIDS. There still is not a cure, but we are very close. In the meantime, we need to keep people living with HIV in the back of our minds as we continue to struggle.
Announcements	<p>Announcements: See slides.</p> <p>Announcements</p> <ul style="list-style-type: none">• National Women & Girls HIV/AIDS Awareness• National Native HIV/AIDS Awareness• March 1 was the start of the RW Grant Year 23-24• April 20 is National HIV Transgender Testing Day. If you're interested in volunteering, reach out to Julia or Justine. Partnership and Quest along with a variety of organizations are putting on an event at Oaks Park -free skating for the 1st 350 attendees and will have HIV/STI testing. A flyer will be coming out shortly. Email me lagermes@ohsu.edu with questions or check out our Facebook page https://www.facebook.com/nthtdportland/• Quest Center has moved to new building in SE Portland at Powell & 50th (3231 SE 50th Ave). This will allow Quest to increase services dramatically.• EMO Day Center: New Long Term Survivor support group for PLWH. Starting next Thursday, March 15, 2-3pm. This is a 12-week support group for those living with HIV/AIDS for 10+ years. This will be hosted at the Day Center, 2941 NE Ainsworth, PDX 97211. Available to be hybrid. There will be two more cohorts after the first. This support group will focus on social support, physical, and mental wellness. If you are interested or have clients interested, please contact Julie Galstad at jgalstad@emoregon.org or 971-865-4660.

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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 7 meeting were approved by unanimous consent.</p>
Public Testimony	None.
Panel on Measure 110 & HIV Services	<p><i>Presenters: Ron Williams (Director of Outreach, Health Justice Recovery Alliance), Ian Schroeder (Director of Behavioral Health, Prism Health), Justine DaCosta (HIV Services Program Manager, Quest Center), Scott Moore (Community Affairs & Policy Officer, Quest Center)</i></p> <p><i>Summary of Discussion:</i> See slides.</p> <p>Ron Williams, Health Justice Recovery Alliance <i>(see slides)</i> I'm a person in long term recovery; been involved with community advocacy, particularly recovery advocacy for about 20 years and in recovery for about 24 years. I recently led a statewide political organization for many years, before being hired to implement ballot measure 110 in 2020, which eventually grew into the Health Justice Recovery Alliance. HJRA is an advocacy organization and coalition of community organizations and experts whose sole purpose is to focus is full, meaningful, and timely implementation about the measure 110. Measure 110 was passed overwhelmingly by the voters (~57%) in November 2020, and was supported by a coalition of about 80 organizations across the state.</p> <p>Measure 110 decriminalizes (but does not legalize) possession of small personal use amounts of drugs. It also invests hundreds of millions of dollars in critical addiction and harm reduction services and established the Oversight and Accountability Council, who make grants and funding for organizations to provide the services that are included in the measure, including low-barrier treatment, peer support, and harm reduction. The law also created an e-class violation for very specific drugs and possession amounts that acts like a ticket. This gives people the option to call a screening hotline number or take the ticket to a behavioral health resource network (BHRN) provider, get a screening by a peer or certified alcohol and drug counselor, and submit your verification of screening to the courts to dismiss the citation.</p> <p>Two funding streams were created- one was access to care grants, and the other was to establish behavioral health resource networks. By law, each county has to have a minimum of one behavioral health resource network. 944 division of administrative rules describe and define the behavioral health resource networks and can be found on the Secretary of State's website. Through the request for proposals, the council received nearly 400 applications for the \$265M and they needed to make tough decisions about who they would fund. By fall of 2022, they had allocated and appropriated to organize 235 organizations in all 36 counties. The Oregon Health Authority and the Oversight and Accountability Council developed a matrix to determine how much funding we go to each county and they weighted these variables of homelessness, overdose rates, arrest rates, and Medicaid population to determine how much each county would get. There was a floor of \$750,000, and the maximum was awarded was to Multnomah County at \$58M.</p>

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	<p data-bbox="380 186 565 216">Early Successes</p> <ul data-bbox="428 222 1463 579" style="list-style-type: none"> • \$30 million+ in Measure 110 funds were released early, immediately infusing Oregon's harm reduction and addiction recovery service landscape with urgently needed funds; • 16,000+ Oregonians accessed critical services in just six months using these dollars. • Dozens of community providers were able to keep the lights on and maintain operations, and even in some instances expand services. • 60% of the services went out to as harm reduction support. • More than 42,000 people had been served as a result of the access to care grants in the first year. 150K syringe exchange kits distributed, 4k sharps containers, and 20K doses of Naloxone. <p data-bbox="380 621 649 651">2022 independent poll</p> <ul data-bbox="428 657 1419 831" style="list-style-type: none"> • Majority of Oregonians <ul data-bbox="526 690 1419 831" style="list-style-type: none"> ○ still support the law and support was noted in all parts of the state. ○ believe that 110 is the right approach (e.g., removing criminal penalties and ensuring that there's a science and health-based approach to substance use rather than a criminal approach). <p data-bbox="380 873 813 903">Key Metrics for 2023-2025 Biennium</p> <ul data-bbox="428 909 1110 1014" style="list-style-type: none"> • Impact on service availability • Impacts on crime, homelessness, overdose etc. • Impacts on criminal legal system and racial disparities <p data-bbox="380 1056 716 1085"><i>Ian Schroeder, Prism Health</i></p> <ul data-bbox="428 1092 1463 1911" style="list-style-type: none"> • a really unique opportunity for Prism Health and CAP as well • As part of the process of opening up Prism Health, we realized that there's a wider variety of people that we need to offer services to as well. • We offer primary care and behavioral health services, as well as appointments for PrEP. With our providers, and we also have PIVOT testing on site, as which is a free testing service for STIs in the community. • Our primary focus is the LGBTQ community. • In my role there I was brought on to help expand our services, which led us to grant funding from measure 110. • We are funded for low barrier substance use treatment; full, comprehensive behavioral health intakes and assessments, and (separate from measure 110 funding) we also provide medication assisted treatment, which is desperately needed for this community. • Some of the successes that we've had, and opportunities that have risen as part of these BHRN collaborations is partnering with agencies we would have never maybe even came in contact with in the community (e.g., larger organizations, such as Providence). I've actually been able to partner with them to help support our transgender community and offer more outreach as part of the collaboration. • Some of the gaps is the workforce. There just aren't people to fill these positions, so we've created substance use treatment and have positions open and available, and we just don't have as many applicants out there. So really hoping to find people who want to work with transgender folks and the LGBTQ community to provide these services that are desperately needed.

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	<ul style="list-style-type: none"> • Being that we're part of CAP, we have lots of referral resources for people who are impacted by HIV and can support housing needs through CAP NW, and those things are outside of the BHRN collaboration. But it's part of who we are, and trying to help decrease barriers to substance use treatment. <p><i>Scott Moore & Justine DaCosta, Quest Center</i></p> <ul style="list-style-type: none"> • The BHRN we're part of in Multnomah County is about 18 organizations, and it's called Indigeneity. I'm going to talk about our BHRN, the partnerships that we've established, and funds we've been able to utilize internally, and then externally. • This week we've moved into our new building as part of the funding from measure 110, which was a one-time fund, and helped us to refurbish the building. • More importantly, we've been able to have about 30% more capacity to take on around 500 new clients in addiction services. Creating more capacity and therefore more access. • We're really looking forward to this long term funding stream. I think that's what's most important about Measure 110. The Legislature and organizations like Ron's are working together with providers across the State to bring stories and the successes of measure 110. Measure 110 is a funding stream based on Cannabis revenue so it's going to support the long-term health of these organizations. • What's great about our BHRN is that we've seen lots of smaller organizations be able to start up culturally responsive programs in addiction services for substance use disorder and/or recovery services. It has allowed us to open a third house in cooperation again with Bridges to Change with one of our partners in the BHRN. • Miracles Club is a peer support recovery program that Quest is currently working with to create a substance use disorder treatment of their own. The Resilience Initiative is run by the Miracles Club, and currently Quest Center helps in the hiring, some of the staffing costs, HR, billing as they ramp up. They're really invested in measure 110, because of the impact on their community. They are an African-American, Black-led organization and this measure has increased their staff by 2 or 3 positions that are really important. • Quest Center is so happy to be involved in this and the collaboration that we're seeing with so many new organizations at the intersectionality of our populations. This is demonstrated in the third House that supports people who are in the Resiliency initiative at Miracle's Club. It is a house for Black/African-American, LGBTQ+ people in treatment. Quest has the transition house for people once they've completed the intensive outpatient. For people living with HIV and looking for recovery services for Quest, this really opens up more access to programs across our integrative services, so being all under one roof again, is fantastic, and also it's opened up more internal referrals in between programs. • While measure 110 doesn't pay for services for Quest, it's paying for positions so we have been able to increase those and support for those are those impacted by the War on Drugs, which criminalized possession and sent people to jail for years. Now they've been decriminalized the small amount of possession, and really working to increase services for all marginalized people as both the LGBTQ communities as well as people living with HIV have higher rates of addiction. For Quest, this is an opportunity to be able to increase capacity. • Being a harm reduction based program, there are challenges that we face in terms of connecting folks with resources and this is a way to speed up the process.

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	<ul style="list-style-type: none"> Folks can get assessments from one of our BHRN navigators and get connected with services that are culturally specific, or are trauma informed and they can just get things moving more quickly than we have in the past. For Quest, it's created avenues of services for people living with HIV. We still have the first house which has 2 Ryan White funded beds in it for people who are involved in the Finding & Sustaining Recovery program If I get if I get to say anything about measure 110, it's that it's an amazing measure for what it's done to decriminalize possession, that it has built into it this Oversight and Accountability Council. The reality is, if the legislature had taken that money, it would have never gone to the community based organizations that are now receiving it, such as Prism, Quest, and the multitudes of organizations within these different BHRNs. This first round of funding is really about ramping these services up. Measure 110 is the promise by the Oregon voters to really address addiction in the State of Oregon. The state and counties have been unable to manage these outcomes in that Oregon is currently last in services because we have very few inpatient services and also detox beds, which are just desperately needed in the State of Oregon. Hopefully this will allow the State or the counties to be able to use their funding to do something like those lines. This is a long term goal to address a long term problem, which was the War on Drugs, which was decades in the making. What we really need is the support of everyone to be able to continue this amazing funding stream and continue these services that are culturally appropriate and culturally responsive. It's very much community based and a community effort which I just appreciate. <p>Comment:</p> <ul style="list-style-type: none"> Partnership also receives Measure 110 funding works with the Everly Project to implement a super low-barrier support group at the Day Center. I just want to share, for decision making for us as the Planning Council, it just has really opened up a number of opportunities to collaborate with substance use providers in our community that Partnership hadn't been connected to before. I feel like it is an opportunity to access other resources that we may not be familiar with within our HIV continuum of care, so it's been a great experience. Annie was supposed to come here, and she would have been amazing but she couldn't make it today. Yes, part of the process of establishing the behavioral health resource networks is that the parties who are forming the network have to sign an MOU, a memorandum of understanding, that explains how they're going to coordinate and collaborate. This helps ensure that anyone needing the services in that particular geographic area can receive those services and that really puts people in relationship and helps folks build those relationships in a meaningful way to ensure services are delivered.
MAI Speaker	<p><i>Presenters: Chrisetta "CiCi" Mosley, she/her, Community Health Navigator MAI, Urban League / Cascade AIDS Project NW</i></p> <p><i>Summary of Discussion:</i> My role is called a Minority AIDS Initiative (MAI) Community Health Navigator, and this partnership between the Cascade AIDS Project and Urban League came about just because there was a need for health services, HIV services in the Black community, and CAP wasn't</p>

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	<p>reaching as many Black folks as maybe they could. They felt that if they partnered with the Urban League, that might be a good fit.</p> <p>I'm employed by the Urban League, but then I also have credentials at CAP, so I am familiar with the staff at CAP and I'm able to draw resources from both organizations.</p> <ul style="list-style-type: none"> • I have a client who is having some issues with their housing. If I'm not able to get housing from Urban League, then I would be able to draw from maybe CAP to see if they have resources, so I'm able to utilize both organizations • With this role, I'm a caseworker, and I'm there to help clients with their needs, such as their health but before we can even talk about their health there's often other needs- rental assistance, which I can help with. The Urban League has a rental assistance line that opens every second Friday from 9 to 12, and that will be happening this week. Their priority is helping people that are houseless. I'm also there to help them with their medical needs, help them get food boxes. • I work in the Health and Seniors team at the Urban League. So we have Oregon Health Plan navigators that can help them navigate those benefits. • We also have our own senior center on Martin Luther King Blvd and that's open daily, with a van that can take clients on trips, and that's besides the HIV services. • We're serving about 50 participants right now in the program. And we are showing about a 90% of our clients have a viral suppression, and the only requirement to be in this program is the client must be HIV positive. And for this program obviously, we're looking to reach out to the Black community so all of my clients are Black, living with HIV. • I've been in the role for about a year, so I came in right during the pandemic, and it just seemed to me that there wasn't anything too different, because I had just came into the role. • Other than that, some things that I help with are access to food, getting a HopPass. We help them navigate their lives in any way that they may need, and if I don't know the answer, then there's someone that I can ask. <p>Questions</p> <ul style="list-style-type: none"> • <i>What resources or support do you need?</i> Have you ever heard the same that it just takes the village? I just think that just being able to draw into folks, like I said, if I don't have the answer, if I don't really know where the resources coming from. I think it takes a lot longer to really understand the dynamics of this position, and the people that I'm working with and working for. So just being able to ask my questions, and so far that's worked. • <i>How do we refer folks to your program?</i> Referral Form shared with Council members via email and available from Zana Mosley, Community Health Program Manager, zmosley@ulpdx.org. There's 2 steps, so first they would get the intake from CAP to make sure that they're Ryan White eligible, then I do the Urban League intake myself. • <i>Are there any transgender individuals on your caseload? And are there any barriers with working with them in the community?</i> I don't. I had one client but we only worked together for a little bit, then they fell off and I haven't seen them in a while; may have been incarcerated. • Even with CAP, we don't get that many transgender individuals into the agency. Previously, I held this [MAI] position. I had one transgender person on there, and there were just a lot of barriers as far as the stigma within the community, and I

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	<p>really had to cultivate the relationship with them and build that trust before they wanted to work with me. Across the board, that's one thing that's lacking with both with CAP and the MAI program is working with transgender individuals, and especially transgender African Americans.</p>
<p>Awareness Day Observations</p>	<p><i>Presenters: Bri Williams, Tom Cherry</i> <i>Summary of Discussion:</i> See slides.</p> <p>National Women and Girls HIV/AIDS Awareness Day</p> <ul style="list-style-type: none"> • Watched video- Empowered (clip) • Reviewed some local data <ul style="list-style-type: none"> ○ Within the Portland TGA*, people who identified as female comprised about 1 in 10 people living with HIV, and 12% of Ryan White Clients ○ In recent years, the proportion of clients who identified as female: <ul style="list-style-type: none"> ▪ Remained steady among the Ryan White population ▪ Might be experiencing a slight downward shift among newly diagnosed people living with HIV <p>National Native HIV/AIDS Awareness Day</p> <ul style="list-style-type: none"> • Watched video clips- Positively Native, A Journey Through the Native HIV/AIDS Timeline • Reviewed some local data <ul style="list-style-type: none"> ○ In 2021, about 1% of the Portland TGA population identified as American Indian or Alaska Native <ul style="list-style-type: none"> ▪ A higher proportion (~5%) of Ryan White clients identified as Native American as part of their racial/ethnic identity than in the epi data (including a slight decrease of folks in 2021) ▪ About 2x more identified as such among newly diagnosed PLWH in 2019 and 2020 (none in 2021)
<p>Client Experience Survey – Qualitative Data</p>	<p><i>Presenters: Marisa McLaughlin, Carlos Dory</i> See slides/video recording.</p> <p>First half of recorded presentation was screened for the Council.</p> <p>If you have any questions, please send them to Aubrey, and we will get back to you and a response for those questions.</p>
<p>Evaluation and Closing</p>	<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>
<p>Adjourned</p>	<p>5:45 PM</p>

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke, she/her	X		Marisa McDowell, she/her		E
Tom Cherry, he/him	X		Scott Moore, he/him	X	
Claire Contreras, she/ella	X		Jamal Muhammad, he/him	X	
Carlos Dory, him/his	X		Diane Quiring, she/her	X	
Michelle Foley, she/they	X		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		Shane Wilson, he/him	X	
Julia Lager-Mesulam, she/her	X		Joanna Whitmore, she/her	X	
Robb Lawrence, he/him	X		Abrianna Williams, she/her (Co-Chair)	X	
Heather Leffler, she/her		E			
PC Support Staff			Guests		
Lisa Alfano			Rayna Appenzeller, she/her (ORAETC)	X	
Jonathan Basilio	X		ASL Interpreter: Katie	X	
Laura Bradley			ASL Interpreter: Kevin	X	
Aubrey Daquiz, she/her	X		Ron Williams, he/him	X	
Jenny Hampton, she/her (Recorder)	X		Chrisetta "CiCi" Mosley, she/her	X	
Amanda Hurley, she/her	X		Ian Schroeder, he/him	X	
Marisa McLaughlin, she/her			Steven Davies, he/him	X	
Kim Toevs, she/her or they/them			Myriam Polanco, she/her	X	
			Justine DaCosta, she/her	X	

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