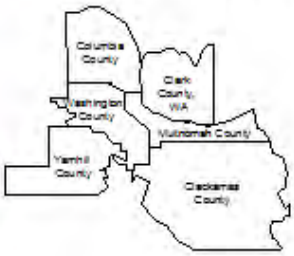
Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: January 8, 2019

Approved by Planning Council: March 5, 2019

Grantee: Multnomah County Health Department

Multnomah County

MEETING MINUTES
Planning Council

Portland Area HIV Services Planning Council

January 8, 2019
4:00 pm – 7:30 pm
McCoy Building
426 SW Stark St
Conference Room 10A

Members Present:	Sara Adkins, Emily Borke, Erin Butler, Tom Cherry, Carlos Dory, Alison Frye (Council Co-Chair), Dennis Grace-Montero, Myranda Harris, Shaun Irelan, Lorne James (Council Co-Chair), Toni Kempner, Jeremiah Megowan, Julia Lager-Mesulam, Heather Leffler, Jonathan Livingston, Scott Moore, Jace Richard, Michael Stewart, Michael Thurman-Noche, Robert Thurman-Noche, Rosemary Toedtemeier, Abrianna Williams
Leave of Absence:	NA
Members Absent (Excused):	Greg Fowler, Toni Masters, Mary Rita Hurley
Members Absent (Unexcused):	Laura Paz-Whitmore, Nathan Roberts
Staff Present:	Jenny Hampton, Jesse Herbach, Amanda Hurley
Others Present:	Dennis Torres (Community Liaison, Gilead Sciences), Ashley Allison (Oregon AETC), Matt Olguin (Director of Shelter Services, Transitions Projects Inc.), Em Burchell (Housing Navigator, HHSC)
Recorder:	Jenny Hampton

Alison Frye, Planning Council Co-Chair, called the meeting to order at 4:00 p.m.

Item:	**Candle Lighting Ceremony**
Presenter(s):	Myranda Harris
Summary:	Myranda Harris led the lighting of the ceremonial candle in honor of everyone that has passed away due to HIV/AIDS and AIDS-related diseases in the past.
Item:	**Welcome & Introductions**
Presenter(s):	Alison Frye
Summary:	Alison Frye welcomed everyone to the meeting and introductions were made with Council members declaring any conflicts of interest.
Item:	**Announcements**
Presenter(s):	All

Summary:	Announcements:
	• 4th Annual National Transgender HIV Testing Day is in April
	  o Many community partners & community members planning this day
	  o Next meeting is Thursday, 1/17, 12:00-1:30 PM at Quest
	  o Facebook page: survey out to community asking what community wants at an event like this – please share with your community
	• City of Portland sent out announcement about cryptosporidium in Bull Run watershed – individuals may want to check with their providers about whether or not they should consider switching to bottled water
	• Energy Assistance: NAYA Family Center opening their energy assistance line from 10:00 to 10:15 AM tomorrow (1/9/19), with assistance for the first 50 people. Call 503-288-8177 at 9:00, they will provide another number to call at 10:00.
	• Native American Powwow on 1/19 from 1:00 to 10:00 PM on Portland Community College Sylvania Campus.

	• Please complete your evaluations – we review during Operations Committee meetings, as well as using them to plan for future meetings

Item:	**Agenda Review and Minutes Approval**
Presenter(s):	Lorne James
Summary:	• **The agenda was accepted by unanimous consent** • **The meeting minutes from the November 6th meeting were approved by unanimous consent**

Item:	**Public Testimony**
Presenter(s):	**Lorne James**
Summary:	No public testimony.

Item:	**End HIV Oregon Update**
Presenter(s):	Jonathan Livingston

Summary:	See slideshow.
	
	Questions:
	• Q: Should we have the Chime project do a future presentation?
	• Q: Have we seen through EISO if people are getting tested/diagnosed earlier?
	  o A: Too soon to say, but the intention is to find people and do more outreach, diagnose people where they are at instead of in the hospital. Jonathan said he will get clarification.
	  o A: Lorne stated that many CCO providers are not having conversations about sexual wellness at hospitals, specifically people of color, due to lack of trauma informed and culturally appropriate care.
	• Q: What can OHA prioritize?
	  o Emily: Focus on youth and young MSM of color.
	  o Alison: Small interventions for small targeted populations. This is very difficult for TGA to do due to our small client population.
	  ▪ Jonathan: OHA could look at more sponsorship programs.
	  ▪ Lorne: Utilize community partnerships, particularly for targeted populations (e.g. tribal), to unify efforts to fight HIV.
	  o Tom: Support / advocacy for safe injection sites and distribution of clean needles.
	• Q: Is OHA able to talk with more communities to find out what is needed?
	  o A: Jonathan/OHA would like to do more of this. He is allowed and can look into pulling something together.

Item:	**Housing Panel – Part 1**
Presenter(s):	Alison Frye
Summary:	Moderator: Alison Frye Panelists: • Matt Olguin, Director of Shelter Services, Transitions Projects Inc. (TPI) • Julie Lager-Mesulam, Partnership Project (representing OHSU, VA, Providence HIV clinics) • Em Burchell, Housing Navigator, HHSC • Jace Richard, Housing Manager, CAP

Please describe your housing program:

TPI (Matt)

- Operates 8 shelters across Portland, with 750 beds that are fully functional
- Adults only (18+)
- Single men, single women, couples
- Lets people self-identify regarding gender identity and couple status
- Some shelters clean and sober – Jean's Place, Clark Center, Noreen's Place
- Others are low barrier shelters – allowed to come in intoxicated, as long as can follow behavior guidelines, but can't use or bring on site
- Demographic trends – aging population across shelter system
    - Puts strain on staff, end up engaging other systems
- Increase in chronically homeless individuals
- Priority populations
    - Over the age of 55
    - Disabled (identification based on self disclosure)
    - Veterans
- Funding: Joint Office of Homeless Services; Veterans; Housing grants from Home Forward, HUD, local sources to place people in housing
- During FY17-18 placed just over 1000 people into housing, some short term, others longer term depending on needs and what they qualify for
- Shelter bed placements may take a couple of days to secure. Some shelter beds are first come first serve.
- TPI works with CAP for Clark Center referrals
- Q: What's the waiting time to get into subsidized supportive housing? A: Varies depending on program wait lists
    - Barbara Mayer housing for single women in recovery are 6-7 months
    - Others can be 6-7 years or longer

HHSC (Em)

- New position (just over 1 year old) funded through Part A
- Have assisted 102 clients
- Help clients get into shelters
- MOU with TPI, Willamette Shelter, Wy East Shelter, Walnut Park
- Being able to fast track wait list and check in process for vulnerable client
- Referrals
    - 20 to formerly Hands In
    - 17 to WyEast
    - 16 to Willamette
    - 8 to Walnut
- Housing assessments for 43 people, 34 of whom are now housed
- Demographics
    - Chronically homeless
    - Men, women, couples, all age ranges
- This position is new service due to availability of funding through Part B

CAP (Jace)

- See handout
- 425 people received long term housing assistance
- 458 received short term or transitional housing assistance
- Qualifications
    - HIV+
    - Homeless or at risk of being homeless
    - Income limit 80% of area median income = approx. $45,600 for single person

- Wait list
- Priority populations
    - Chronically homeless
    - Fleeing domestic violence
    - Transitioning out of jail
    - Medically fragile
    - Severely mentally ill
- Demographics – majority white
- Funding sources depends on program
    - Majority are from HOPWA (Housing for People with HIV/AIDS)
    - Other funding through HUD, OHA, Ryan White
- Questions
    - Q: Is CAP paying mortgages with STRMU? A: Yes
    - Q: What else does RW pay for? A: Case management for Shelter Plus Care vouchers
    - Q: SPMI program (severe persistent mental illness) qualification? A: Must be certified by a medical professional for referral.
    - Q: Qualifying based on medical need? A: MCM or medical provider must refer for medical need assistance. A person must have a severe condition or not be virally suppressed and be homeless.
    - Q: What's the wait time? A: 240 people on the waitlist. Approximately 2 years wait, but do not like to give people a timeline because spots are based on specific program qualifications.

Partnership Project (Julia)

- Our program is CAP's program at Partnership
- Jessie is at Partnership 2 days per week (since April)
- Touched approx. 60 people already, currently working with 11 people
- Multiple people housed in various ways

What barriers exist to finding or maintaining affordable housing both at the individual level and at the community level?

TPI (Matt)

- Income level – many on SSI/SSD, some are working but income is too low
- Criminal history

HHSC (Em)

- Income level – if you are on SSI, there is nowhere for you to rent
- 3 month wait list to get into family shelter
- Lack of low and affordable rent housing
- Without subsidy, not able to find affordable rent
- 1200 people on wait list, most won't get housing because not scoring high enough on assessment

CAP (Jace)

- Very few affordable units
- Tenants getting kicked out for very minor offenses, landlords can easily find another tenant immediately
- Need is so high, not enough units

Partnership Project (Julia)

- Bad debt and/or eviction history
- MH and Substance use issues
- Living in an area that might trigger their addiction

What other community partners do you work with and what do the partnerships look like? For CAP / HHSC / PP, how is it working having housing staff located at MCM sites?

TPI (Matt)

- Partnerships with CAP and HHSC to be able to refer directly into shelters, bypass wait lists and resource center desk
- Sometimes same day referral, sometimes waiting for bed to open up
- Partnerships with other agencies
    - DCJ – corrections component
    - NW Pilot Project
    - Urban League

HHSC (Em)

- TPI – same day referrals so valuable
    - Couples being able to self-verify allows elderly and caregiving adult children to stay together
- CAP – assistance with application fees, first month's rent
- Urban League
- Luke Dorf
- Work with other agencies to track down clients, helping clients get to appointments
- Work with lead workers to get housing documents and ID ready
- Additional HHSC comments (Emily Borke)
    - Cannot overemphasize value of embedded staff
    - Ability to have staff out in the field
    - Making relationships and connections with other non-HIV agencies
    - Not expecting our case managers to have extensive housing knowledge that Em has

Partnership (Julia)

- CAP – Jessie 2 days per week
    - Expertise in house
    - Can drive clients (PP staff cannot) to housing-related appointments
    - Communication with internal staff is great

Are there gaps in funding services that Ryan White funding could address?

TPI (Matt)

- Embedding clinics within the shelters
    - WyEast has satellite CCC clinic, really improving outcomes
    - Foster shelter is finally set to be opening, we're looking to embed clinic there as well

HHSC (Em)

- Housing for people on SSI
- Being able to cover deposits, first month's rent (Ryan White cannot pay for deposits)
- Addressing barriers: mental health, substance abuse issues, criminal records
- More shelter beds, particularly family beds
- Housing for people with no income
- Help for clients who are HIV+ but don't have high vulnerability, can't get into housing
- Employment services
- Counseling / mental health support services for people who have been homeless and are transitioning into housing, such as peer support for people transitioning from chronically homeless to housed

CAP (Jace)

- Issues with housing debt – funds to pay previous debt

Partnership (Julia)

- Free moving help
- Sleeping bags and tents
- More public bathrooms (Ryan White funds probably cannot assist with this)

Are there any new housing initiatives / programs in the works that would affect Ryan White services?

TPI (Matt)

- TPI has housing development project moving forward
    - 72 units, combo of SRO and studios in Kenton neighborhood
    - Extremely low income
    - Looking to break ground in next few months, would open early next year

CAP (Jace)

- CAP received additional OHBHI (mental health housing) and OSSCR (corrections housing) funding
- Applied for new funding from Joint Office for supporting housing and rapid rehousing programs

Additional Questions / Comments:

- Q: Any expungement help for those with criminal pasts?
    - Em: Not currently, though looking into it. Currently can write reasonable accommodation letters – if we can tie criminal history to disability (i.e. addiction, have since gone to treatment), is protected by housing law
    - Matt: Veteran-specific grant can help with expungement and negative discharge from military
- Q: How HUD is defining homelessness for African American and Native American communities, funds granted locally for this?
    - Em: Coordinated Access is an assessment, gives score and puts on wait lists for housing. Individuals get 2 additional points if you identify as POC or Native American and ask for culturally specific services. Ideally would be connected with Urban League, Central City Concern, Clark.
- Q: Do you think people living with HIV need to make a choice between being housed and getting treatment due to stigma?
    - Matt: Yes, I've seen that as a trend. People proceed with housing rather than going to treatment. Many treatment programs are 6 months, but TPI cannot pay for apartments for that long, which creates a financial barrier to housing and treatment.
    - Amanda: Most housing programs can pay up to 90 days.
    - Em: Individuals in a treatment facility for longer than 90 days lose their chronic homeless status. This is a big barrier to treatment, as it excludes people getting housing from Home Forward and HUD. People know that, so they choose not to go to treatment for that long. Also, being in jail for longer than 90 days also causes loss of chronic homeless status.
- Comment: Everyone is encouraged to attend Home for Everyone meeting, first Wednesday from 3:00 to 5:00. Someone from this agency will be at the next Planning Council meeting.
- Q for Jace: Regarding the Violence Against Women program, is that also for men and trans?
    - A: Yes, it's for anybody experiencing domestic violence. This is a federally written act, and this is the term they used.

Item:	**Reallocations**
Presenter(s):	Jesse Herbach
Summary:	See handout. Proposal: • Reduce allocations: o $9,820* from Oral Health (mostly because Medicaid and ADAP programs are paying for more) o $13,800 from MAI (hiring challenges) o $14,250 from EIS (hiring issues from earlier in year) o $606 from Non-Medical Case Management (rearranging underspent funds) o $14,177 from Substance Use Disorder Residential Treatment (issues in establishing contracts earlier in year, but contracts are now up and running) • Increase allocations: o $6800 into Food (currently ahead on spending, funds go to meals for clients) o $45,853** into Medical Care (currently ahead on spending, can always spend out funds) Questions • Q: Didn't we take money out of food in our last budget? A: Previously had discussions about unspent food funds, which was largely due to issues related to food bank in Clark County, but their food bank is now up and running. **Proposal approved by unanimous consent.** * Allocation recalculated to $4,635 and sent out by email to the Planning Council on 1/15/2019. Receiving no objections, corrected reallocation was approved 1/22/2019. ** Allocation recalculated to $40,668 and sent out by email to the Planning Council on 1/15/2019. Receiving no objections, corrected reallocation was approved 1/22/2019.

Item:	**Membership Business**
Presenter(s):	Alison Frye
Summary:	Operations Committee background • Executive Committee of Planning Council • Meet on opposite months from Planning Council • 2 hour meetings • Plan agenda, make membership appointments • Recently changed bylaws – now we look to Operations Committee members to appoint Committee chairs Evaluation Committee • Evaluates administrative mechanism – look at how HCS does job of getting money and getting it out to contractors • Committee consists of Committee chair and ad hoc assistance • Commitment of 4 hours, 1-2 meetings • Carlos Dory previously served as chair with Toni Kempner as ad hoc member • New Evaluation Committee chair is Jeremiah Megowan Membership Committee: • Co-Chairs Jace Richard (continuing) and Julia Lager-Mesulam (newly appointed) Operations Committee vacancy – 2 year term

	• Nominees: Robbie Noche • **Elected: Robbie Noche**

Item:	**Ryan White Conference Highlights**
Presenter(s):	Jesse Herbach, Amanda Hurley, Emily Borke, Alison Frye, Lorne James, Jonathan Livingston
Summary:	See slideshow. December 2018 Ryan White Care & Treatment Conference • 4000 people • 12 sessions at a time • HRSA leaders present Conference Tracks • Increasing Access, Engagement & Retention in Care & Treatment • Data Utilization (Jill) • Leveraging Innovative Practices to Improve Outcomes & Address Emerging Priorities • Clinical Quality Management & Quality Improvement (Marisa) • Planning & Resource Allocation (Lorne & Alison) • Fiscal & Grant Management Boot Camp (Amanda and Fiscal representative) Themes / Highlights / Comments • Part D (women, youth & families) Listening session o No money o Rumors about merging with Part C – don't do that! o Working with women kind of gets lost in the messaging o Some people don't want to transition from youth programs to adult programs – some want to increase age to 30 • Part A Business Meeting o Potential for changing how they do site visits – considering ways to save them money – have programs go to them (would cost programs money)? o Building Leaders of Color (BLOC) ▪ Nationwide coalition to empower underserved marginalized communities to build a cohort to help legislate on a federal level for POC people living with HIV/AIDS ▪ Lorne accepted for our region (one of the first Native Americans in our region) ▪ Lorne will attend conference/training end of March in San Antonio ▪ Helps with other cohort with Healing Circles – indigenous HIV healing cohort – working in tandem with LOC • Fiscal Compliance – nothing new and innovative, just help to learn fiscal policies • Planning Council Resources o Planning CHATT o Modules of orientation and training o We could do a much better job at orientation o We will be asking people to participate in an ad hoc committee to look at this o Recruitment of young people o Alison attended session specifically about this o They talked about youth as up to 35 o There are national programs that do youth training and development o We are reaching out to people locally to find out what is available

- We are talking to people at fed level to see if they are supporting regional training or something that we could leverage to get more leadership devt and engage more younger people in this planning process
    - Website: TargetHIV.org
- Integrated Care & Prevention Plan
    - We do the plan every 3 years – next due 2021
    - Where Part A (Planning Council) and Part B (OHA) come together to create a plan
    - Not just something to put on a bookshelf, but should drive what we do
    - State has done very good job, has been bearing the weight of that plan
    - Discussions about how can we do a more collaborative process with Part B

Other highlights

- Recognizing that we are not working alone, but are connected to a national network of care
- Portland's retention process for PC members if phenomenal
    - We have a waiting list
    - Very diverse
    - Many other PCs not as diverse, more patriarchial, more bureaucratic
- Q: Was there anything that stuck out that another PC was doing that we should look at?
    - A: Not just training, but ongoing support.
    - A: Biggest takeaway: how good we have it, and how great our PC is!
- Q: Did any of the TGAs have a higher percentage of people in care than we do?
    - A: We're pretty close to, or above, the national average.
- Presentation by providers from Puerto Rico
    - How they dealt with getting meds after hurricane
    - Disaster planning
    - How to make sure people get things they need
    - What is our plan?
        - HIV/STD/TB section of Integrated Plan does have emergency plan developed around 2015
            - On website
            - Just met recently to review it & start making updates
            - Not completely done
            - Doesn't address outbreak response – being developed independently
        - Part C does supplemental funding opportunity every year – this year is emergency preparedness component
- Clinic in Alabama started running a food pantry out of clinic, hired nutritionist to put together food boxes based on nutritional needs
    - Jill attended workshop on food insecurity; HCS looking at resources about specific food for dietary needs

Next steps

- Conference debrief for attendees scheduled for January 15th
- HCS Retreat
- Planning Council – review training resources, see what we can bring into our process
- Continue to recruit young adults
- Outreach to organizations with youth advisory boards
- Put resources toward more subcommittee work as needed
- BLOC
- Work with State
- Inquire about fiscal technical assistance

	• CAREWare moving to web-based platform – CAREWare 6 o We have a rollout plan (separate from CAREWare 5 update, which is necessary for RSR)

Item:	**Open Enrollment Summary**
Presenter(s):	Jonathan Livingston, Emily Borke, Sara Adkins, Amanda Hurley
Summary:	Open Enrollment Oregon Part B (presented by Jonathan Livingston) • We're still reviewing activities conducted under open enrollment but overall, another successful year for our clients and assisters. Thank you Multco, Partnership, CAP, EOCIL and HIV Alliance. • The State was successful in ensuring all counties have at least two insurance carriers from which to choose. Some States have one option only, and that carrier provides coverage for the entire state. • Provider networks are shrinking. PacificSource is the only Marketplace QHP to reimburse out-of-network providers. Being the last, it's likely they will close their network in 2020. • Having the option to use an out-of-network provider, gives clients more options in general, especially is it relates to behavioral health services. • Moda has moved many new HIV treatments to a Preferred Specialty tier, which increases the copay and requires the use of a specialty pharmacy, Ardon, which is outside of the CAREAssist network. This means clients will need to use more than one pharmacy to fill all medications. • Each year, we see new barriers for categorically ineligible clients. This year, HealthNet required disclosure of SSN on their application. Lisa McAullife, CAREAssist Coordinator advocated for its removal and HealthNet agreed. Until they have done that, they assured us that no application would be denied for lack of SSN. Similarly, Regence has a set of documents they will accept for proof of residency, most of them government-issued, and therefore inaccessible for categorically ineligible clients. Clark County CAP (presented by Sara Adkins) • During open enrollment we only signed 3 PLWH on a QHP because most PLWH clients stayed with the same plan so we did not have to reenroll them. • We had 4 PAHR clients sign up for QHPs. • When compared to our numbers last year, we had around 25-30 folks sign up for a QHP. For PLWH most of them remained on the same plan for 2019 because their plans did not change significantly. • We had three QHPs to choose from in Clark County this year: LifeWise, Molina and Kaiser Permanente. • When helping a client choose a plan, we have to be mindful that not everything is covered by EIP, and they must choose a plan that their provider accepts. There are about 6 HIV providers in Clark County that are clients typically choose from. EIP only covers certain services at providers that are contracted with them, so it's important for us to have that discussion with clients when choosing a plan so that they can budget for out of pocket expenses that will not be covered by EIP. Our Ryan White Part A funding can help some clients with these out-pocket-expenses, if clients are under 300% FPL. • The income limit for EIP is 400% FPL, so that can also be a barrier for our clients who are over that income and have to pay for their own insurance premiums, copays, etc. • In general, we are noticing a trend in Clark County of insurance plans becoming more expensive and more restrictive.

	Partnership (presented by Amanda Hurley on behalf of Julia Lager-Mesulam): • We identified 244 clients who needed enrollment assistance and all but 3 were completed. According to our records, none of our clients are uninsured at this time. CAREAssist may have different data. • For the most part things went smoothly. We did experience issues related to the new rule for those with Moda that all specialty meds which HIV are considered, go through a mail order pharmacy, Ardon, for those meds. We have concerns that clients medications will be dispensed in 2 different locations one via mail and the other at their store front pharmacy. Adherence could be impacted by this. We are watching this closely and have obtained detailed information about how this will impact clients. We were pleased to learn that Ardon can print prescription labels in Spanish and for those clients who have concerns about meds being delivered to their home clients can pick up from Ardon which is located near the airport. HHSC (presented by Emily Borke) • HHSC Medical Case Managers, Eligibility Specialists, and front desk staff worked diligently to reach the approximately 300 clients impacted by 2019 Open Enrollment. This included up to 5 outreach calls to each client. HHSC was ultimately able to reach and enroll all by 7 clients. • It was a difficult Open Enrollment period due to insurance plans becoming more restrictive with less offering out-of-network coverage and reduced contracts with various lab providers including Quest Diagnostics which HHSC uses. HHSC is still working on solutions to address this issue. • Many clients impacted by Open Enrollment are undocumented and plans made it very difficult for them to enroll, sometimes by requiring two forms of proof of residency.

The meeting was adjourned at 7:30 p.m.

END HIV

END HIV Oregon Update

Where we're at and how you can help

Oregon HIV/STD/TB Section
Public Health Division
Oregon Health Authority

Presentation Overview

Who We Are

Broad Overview of End HIV Oregon

- How was this initiative developed?
- What is the vision? What are the key components?

Update on Current Projects in Oregon

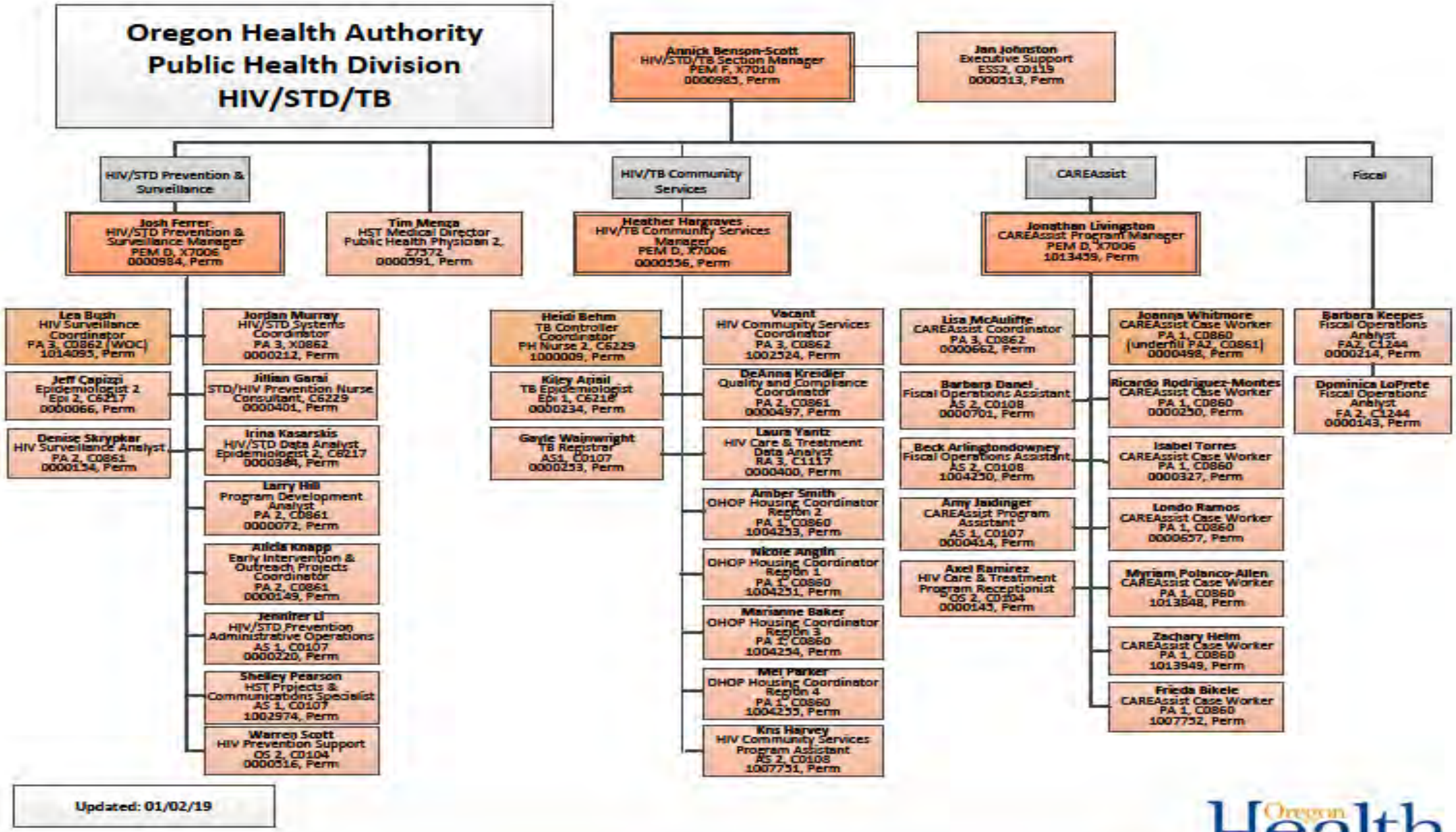
- Year 2 accomplishments
- What we plan to do moving forward
- What we hope to achieve

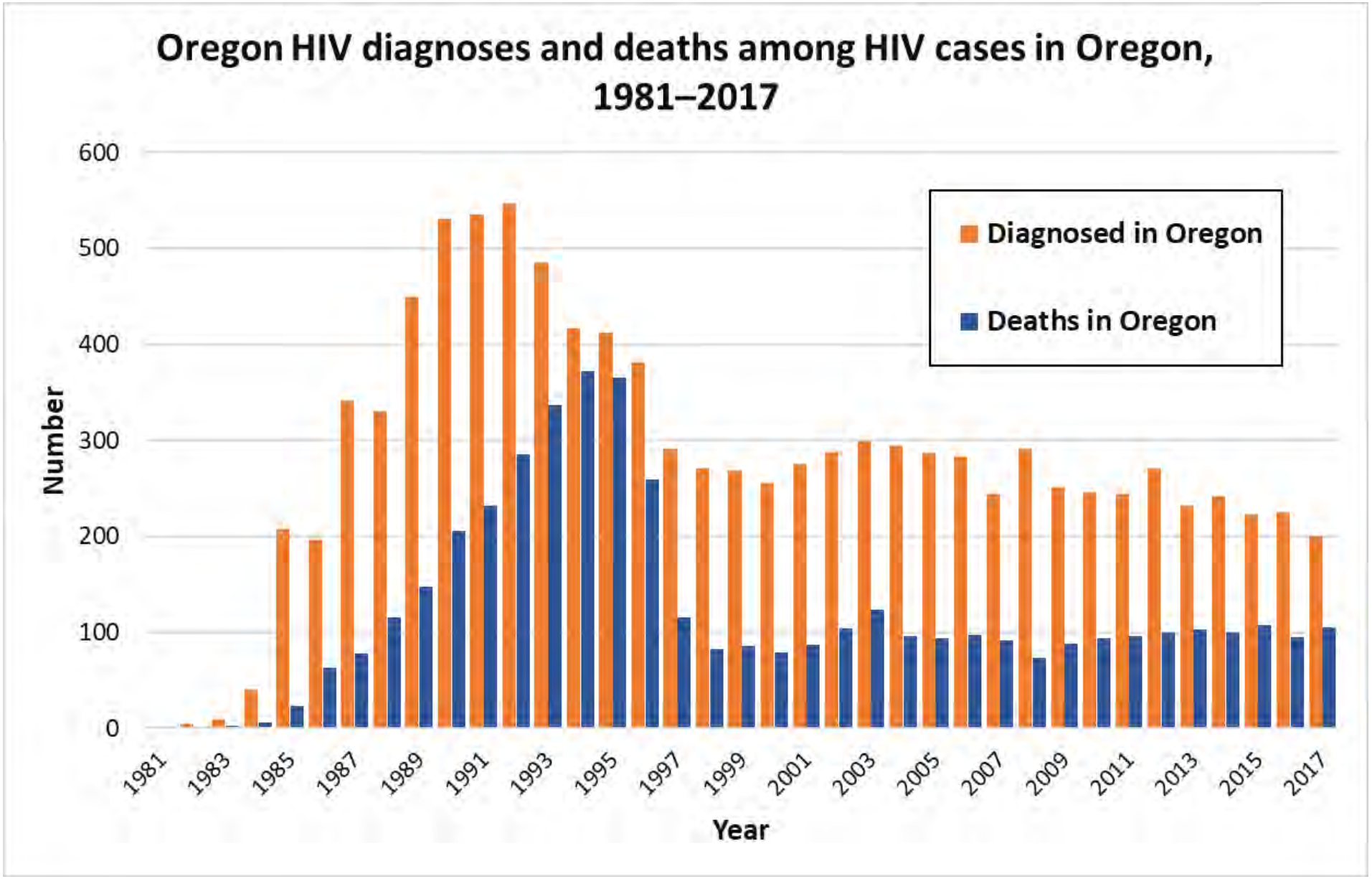
Presentation Overview

Supporting and Spreading the Word about End HIV Oregon

- How your organization be a supporter?
- How can you be an ambassador?

Oregon Health Authority
Public Health Division
HIV/STD/TB




Oregon HIV diagnoses and deaths among HIV cases in Oregon, 1981–2017
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Number
Diagnosed in Oregon
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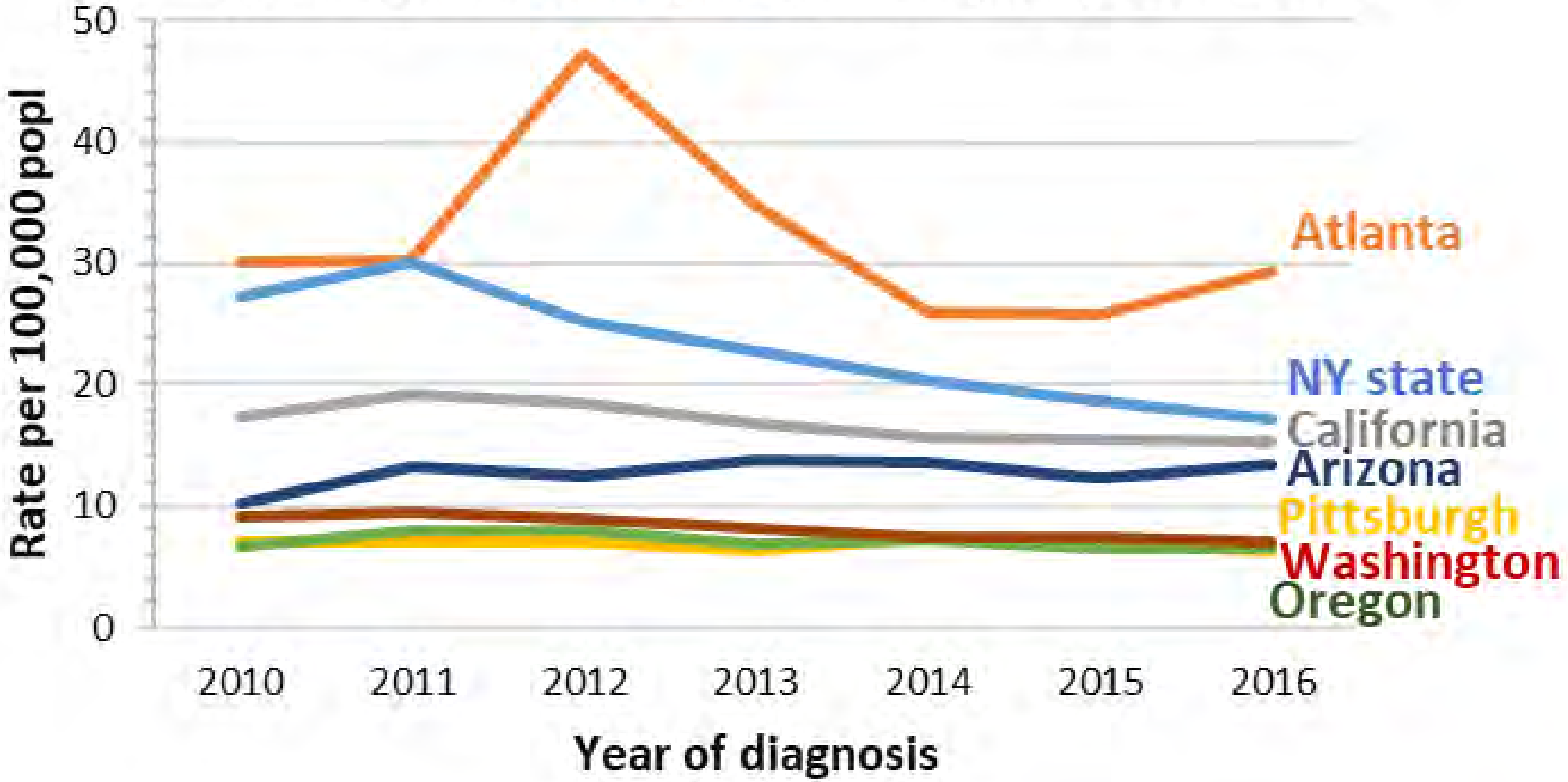
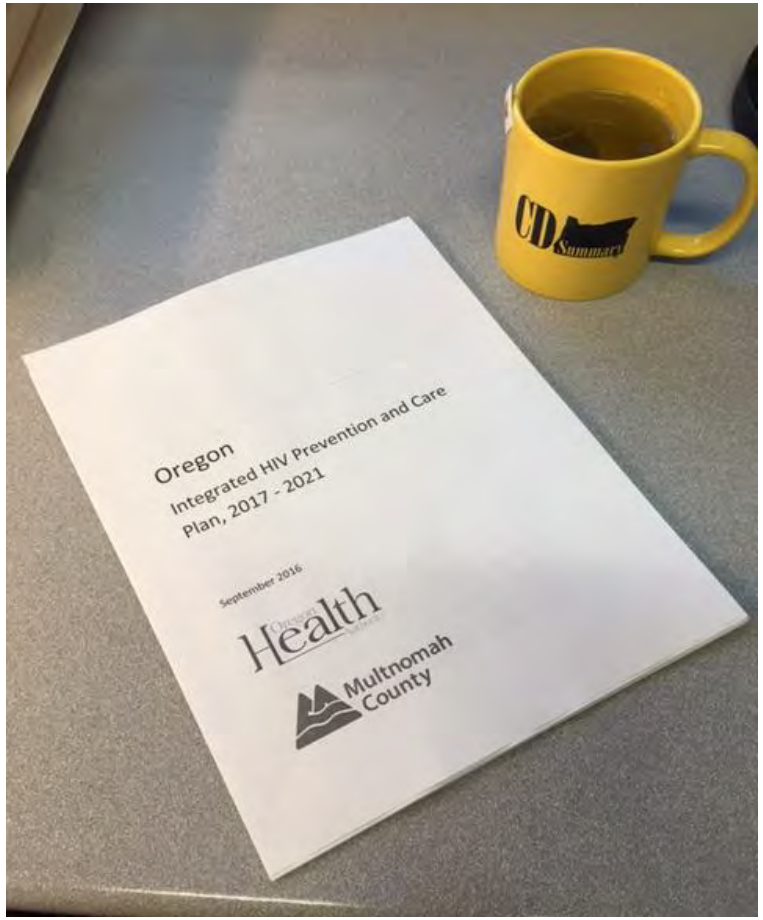
States and cities with 'End HIV' initiatives,

HIV diagnosis rates per 100,000 popl., 2010–2016



Oregon's 2017-2021 Integrated HIV Prevention & Care Plan

- Required by our federal funders (HRSA & CDC) as part of Ryan White Parts A&B and HIV Prevention funding
- Result of a detailed two-year community planning process
- Involved community stakeholders, Oregon HIV/Viral Hepatitis/STI Integrated Planning Group, and Part A Planning Council



Enter… The End HIV Oregon Initiative

- End HIV Oregon introduced on World AIDS Day, 2016.
- Press event introducing Oregon's commitment to ending new HIV transmissions in Oregon, hopefully within 5 years.
- Introduced vision, strategy, and report card.

End HIV Oregon Vision

We envision an Oregon where new HIV infections can be eliminated and where all people living with HIV have access to high-quality care, free from stigma and discrimination

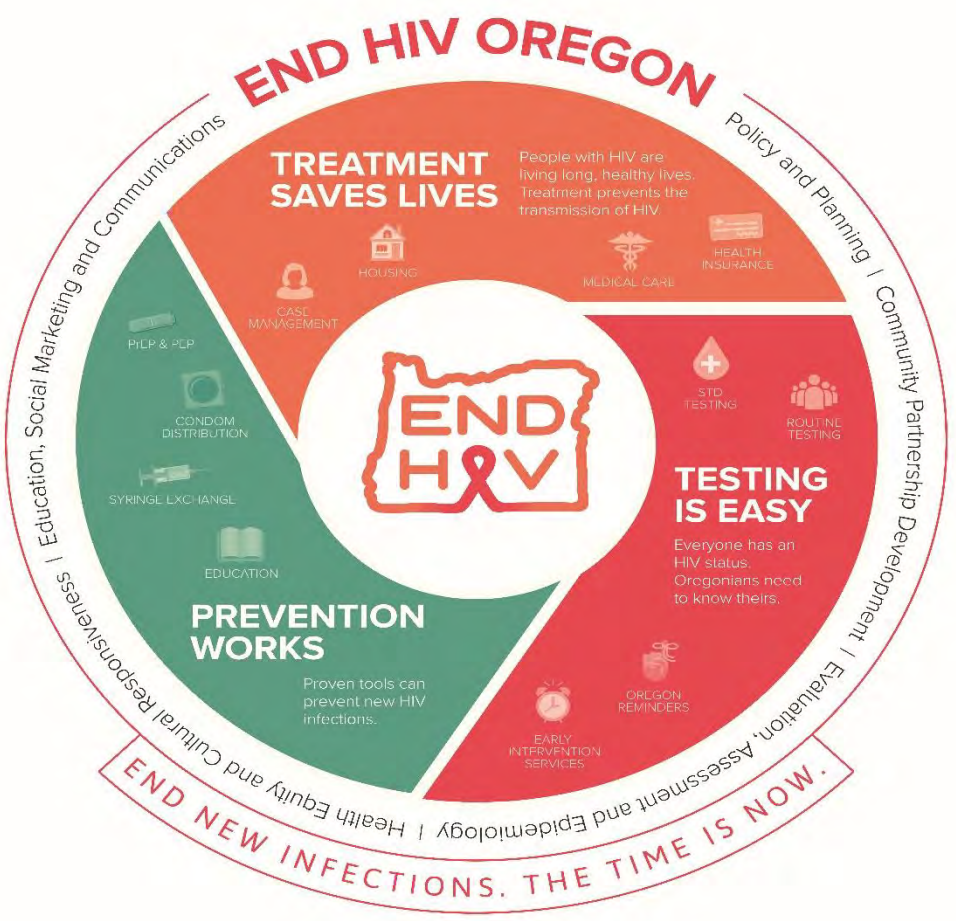
End HIV Oregon Strategy

3 Key Components:

Testing is Easy

Prevention Works

Treatment Saves Lives



Testing is Easy

- Oregonians need to know their HIV status—currently, only 37% of adult Oregonians have ever been tested for HIV.
- Studies show that when people know their HIV status, they reduce risk behaviors and get treated.
- All adults should be tested at least once. People at high risk for exposure should be tested regularly.

- We estimate that about 1,100 Oregonians are infected with HIV and don't know it. If most/all of these people were tested & started HIV meds, **we could prevent 150 new infections over just 3 years.**

Year 2 Testing Progress

- Implemented Early Intervention Services & Outreach (EISO) across Oregon:
  - EISO was identified as a priority activity in multiple parts of Oregon's 2017-2021 Integrated HIV Prevention & Care Plan.
  - On Jan 1, 2018, 6 LPHAs signed contracts with OHA to provide EISO in 13 counties & within the nation of the Confederated Tribes of the Siletz.
  - EISO counties began reporting metrics on October 31st.

- Implemented innovation grants to encourage new strategies to promote culturally-competent testing in communities facing HIV related disparities:
  - 8 Sponsorship "mini-grants" awarded; 5 focus on increasing HIV testing among specific populations

- Completed Medicaid analysis—routine HIV screening of OHP clients not common.

Prevention Works

- Foundational prevention programs like syringe exchange, education, and condom distribution have helped Oregon maintain low levels of new infection for a decade.
  - These core programs need to be maintained (and expanded)!

- PrEP can reduce risk of HIV infection in people at high risk by >90%.

- Syphilis &/or gonorrhea infection may indicate that someone is at high risk for HIV infection. Indicates a need for prevention education & partner services among HIV+ people (previous positives).

- We estimate that if 1,000 Oregonians at highest risk for HIV infection start PrEP, **we could prevent ~8 new HIV infections/year**.

Year 2 Prevention Progress

- PrEP:
  - Expanded insurance assistance
  - Expanding patient navigation for PrEP, so that all 36 counties have access by the end of 2018 provided by Cascade AIDS Project & HIV Alliance.
  - Expanded number of Oregon providers in PrEP Directory to 150; including over 50 providers outside of the Portland-Metro area
  - OHA and AETC began academic detailing program to increase provider knowledge related to taking a sexual history, HIV and STI screening, and prescribing PrEP.

According to 2017 Chime In data, 25% of HIV-negative MSM in the Portland area (who participated in the survey) had taken PrEP.

Year 2 Prevention Progress

- Harm Reduction & Syringe Exchange:
  - 11 Oregon counties now offer syringe exchange, including 2 programs started in 2018, with more on the horizon.
  - Doubled the amount of state general funds given to syringe exchange sites for purchases of needles & cookers.
  - All 6 EISO programs focus on harm reduction services for people who inject drugs (PWID).
  - 2018 Chime In cycle collected data from Portland-area PWID – data collection just ended, results available Winter 2018/Spring 2019.
  - Partnered with the San Francisco Dept. of Public Health & Harm Reduction Coalition to host a series of customized capacity-building assistance trainings in areas that do not currently have syringe exchange.
    - First set of trainings in Klamath Falls at end of October

Treatment Saves Lives

- With early testing and treatment, people who are HIV infected are leading longer, healthier lives.
  - People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.

- Oregon's care system does a good job, with 85% of people linked to care within 90 days of diagnosis, but we are aiming for better.
  - Requires maintenance of core programs like health insurance, housing, and other supportive services. Expedited access through EISO.

- We estimate that if all Oregonians who know they are HIV infected were virally suppressed, **we could prevent over two-thirds of new HIV infections.**

Year 2 Treatment Progress

- CAREAssist continues to serve a large & ever-increasing proportion of PLWH in Oregon: Numbers TBA for 2018

- Increased housing subsidies and support for PLWH who are homeless & increased case management capacity

- Funded 2 peer/social support programs to support healthy aging and long-term medication adherence – Let's Kick A*S*S and Nami Lane County

- MMP is in its 11th year of collecting data about PLWH's health, medical care, and social service needs: we are looking at factors related to viral nonsuppression, in order to make the case for programmatic & policy changes.

End HIV Oregon: Year 3



- Fully implement & support programs already started (EISO, academic detailing, expanding syringe exchange and harm reduction)
- Supportive housing—$$ for housing and behavioral health
- Expand funding to support PrEP medication assistance
- Expand services for Latino community along the continuum
- Scaling up data analysis to prioritize prevention & care initiatives
- What else should OHA prioritize? What are your priority projects?

End HIV Oregon
How your organization can be an Ambassador

Supporting End HIV Oregon Activities

You are among our ambassadors for the End HIV Oregon initiative!

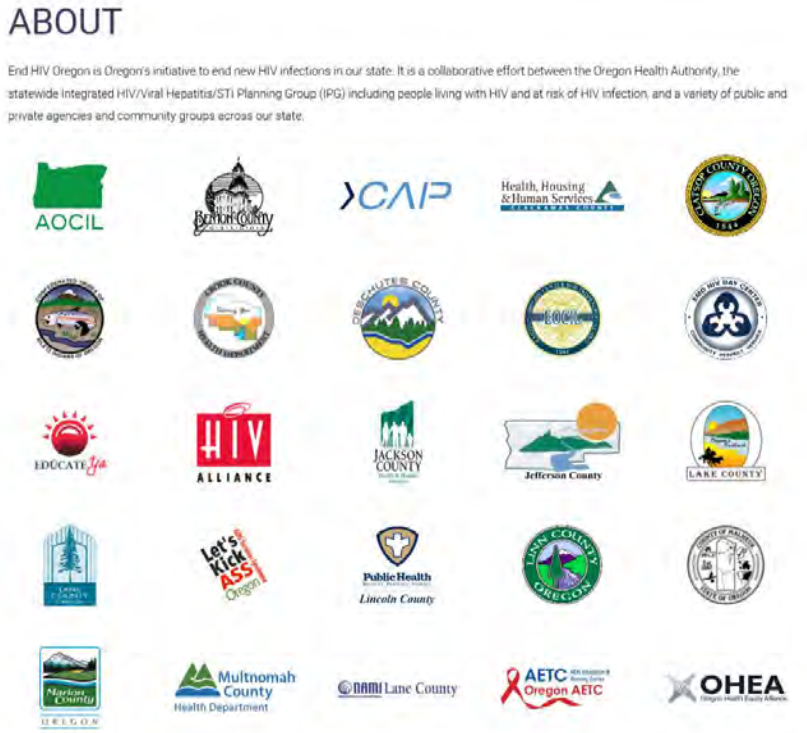
Achieving our collective vision can't happen without you and involvement of other Oregonians

Supporting End HIV Oregon Activities

- Health departments and organizations that receive funding for End HIV Oregon initiatives have requirements in their contracts and agreements with OHA to promote and support End HIV Oregon.
  - Early Intervention Services and Outreach (EISO) contracts
  - Sponsorship awards

- Displaying End HIV Oregon logo on website
- Providing your logo for inclusion on End HIV Oregon website
- Including the End HIV Oregon logo and url on promotional materials or in presentations

End HIV Oregon Ambassador Kits



End HIV Oregon Ambassador Kits

https://www.endhivoregon.org/partner-resources

Password: **partnerResources**

End HIV Oregon Ambassador Kits

Action item:

- If your logo is already on the End HIV Oregon website…
  - Your Ambassador Kit is ready

- If your logo is not already on the End HIV Oregon website…
  - You will need to submit your logo to Shelley Pearson (SHELLEY.M.PEARSON@dhsoha.state.or.us)
  - Wait for an email notification that your Ambassador Kit is ready

- Keep your eyes out for new additions to the kits throughout the year. We welcome your suggestions!

End HIV Oregon
How you can be an Ambassador

Being an End HIV Oregon Ambassador

- Tell your friends about End HIV Oregon and our website: www.endhivoregon.org
- Have End HIV Oregon palm cards and materials available in your office and at your events/gatherings
- Post, share, and like End HIV Oregon content on your social media platforms. Use #EndHIVOR
- Use End HIV Oregon logo and url in your email signatures
- Encourage other groups and organizations to sign-on as supporters of End HIV Oregon
- Share information about our Sponsorship Awards and how to apply
- Other ideas???

Supporting End HIV Oregon

You are among our ambassadors for the End HIV Oregon initiative!

Achieving our collective vision can't happen without you and involvement of other Oregonians

Let’s end HIV in Oregon.

We can make it happen.

The time is now.

Questions?

Approved at 1/8/19 PC mtg Corrected 1/15/19

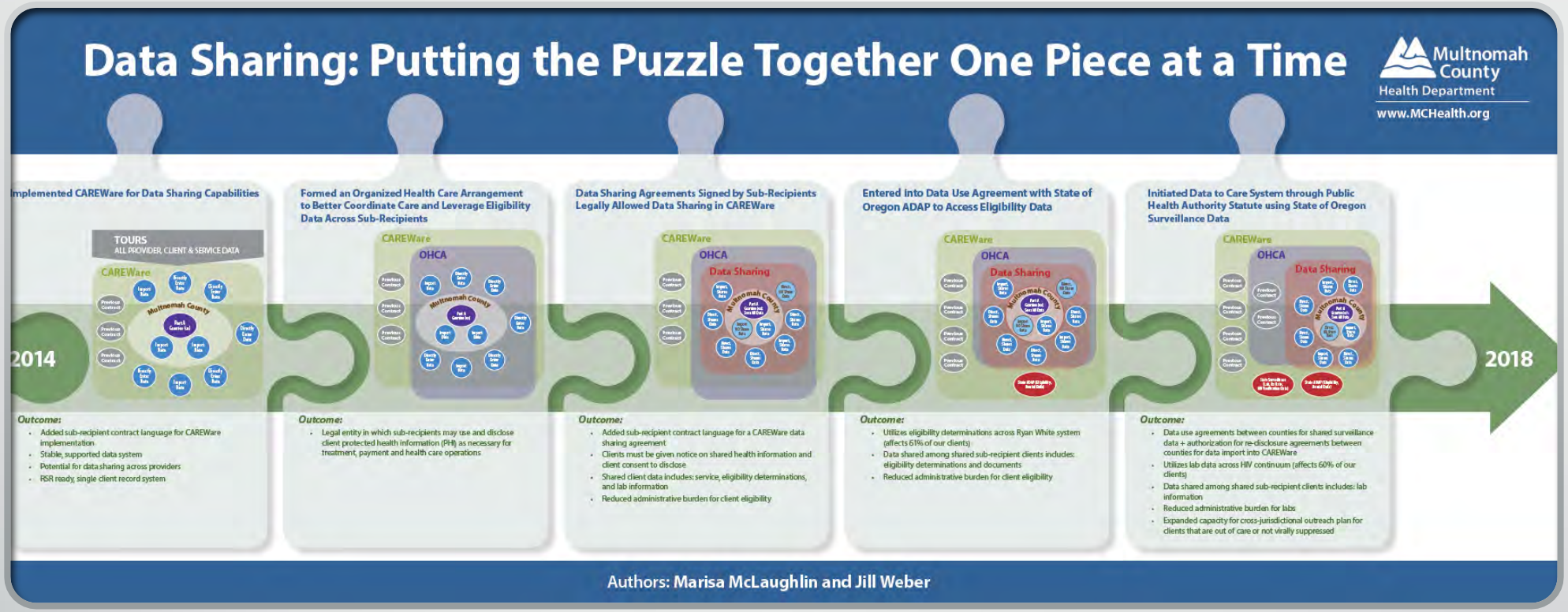
Service Categories	Allocation (Part A)	Current Part A Expenditures (March-	% Spent	1st Reallocation (Nov. 2018)	Allocation Reduction	Suggested Reallocations	Total Allocation	Justification
Medical Care	$ 797,424	$ 703,530.43	88%			$ 40,668	$ 838,092	Ahead of spending, can always spend out
Health Insurance	$ 35,216	$ 25,487	72%				$ 35,216	
Mental Health	$ 272,349	$ 197,571.50	73%	$4,100			$ 276,449	
Oral Health	$ 32,292	$ 15,063.40	47%	($9,430)	($4,635)		$ 18,227	Medicaid and ADAP programs paying for much more now
Medical Case Management/MAI	$ 1,329,024	$ 901,493.58	68%	$7,000	($13,800)		$ 1,322,224	Hiring for MAI navigator has not happened
Early Intervention Services	$ 172,834	$ 109,017	63%		($14,250)		$ 158,584	Slow start to the FY due to hiring of new staff
Substance Use Disorder Treatment	$ 155,000	$ 107,975.65	70%	$1,900			$ 156,900	
Housing	$ 80,345	$ 63,581	79%	$6,000			$ 86,345	
Psychosocial	$ 389,058	$ 276,806.66	71%	$5,500			$ 394,558	
Food	$ 67,329	$ 58,221.42	86%	$1,585		$ 6,800	$ 75,714	clients
Non-Medical Case Management	$ 130,000	$ 110,919.32	85%	$15,000	$ (606)		$ 144,394	
Substance Use Disorder Treatment (Residential)	$ 107,510	$ 4,029.95	4%	($31,655)	($14,177)		$ 61,678	Slow process with external contractors this year- contracts are all up and running now
Total	$ 3,568,381	$ 2,573,696.91	72%	$ -	$ (47,468)	$ 47,468	$ 3,568,381	

Ryan White Care & Treatment Conference Update

1/8/19 Planning Council Meeting

Oregon Represents

- 26 people from Portland TGA & State of Oregon
  - 6 HIV Care Services Staff
  - 1 Planning Council Member
  - 4 Planning Council Members/Providers from TGA
  - 9 Providers from TGA
  - 1 Planning Council Member/Oregon Health Authority Staff
  - 4 Oregon Health Authority Staff
  - 1 AETC Staff
- Spots allocated to Parts A,B,C,D,F, SPNS, AETC



Poster Presentation

Marisa McLaughlin & Jill Weber

Presentations

Workshop Title	Portland Presenters
Introduction to CAREWare 6 & Managing the Data	Jill Weber
Changing Organizational Culture through Implementation of Trauma Informed Care	Emily Borke & Amanda Hurley
RW Annual Reports – 3 Approaches to the Solution	Jill Weber
Part A Waiver Request Approvals	Amanda Hurley
Coordinating Federal Resources for PLWH Experiencing Unstable Housing	Jesse Herbach & Amanda Hurley
Transforming HIV Care in Rural Communities	Dayna Morrison (OR AETC)

Conference Tracks

1. Increasing Access, Engagement & Retention in Care & Treatment
2. Data Utilization
3. Leveraging Innovative Practices to Improve Outcomes & Address Emerging Priorities
4. Clinical Quality Management & Quality Improvement
5. Planning & Resource Allocation: Collaborative Partnerships & Community Engagement
6. Fiscal & Grant Management Boot Camp

Themes/Highlights

- Part D Listening Session – identified gaps
- Part A Business Meeting
- Fiscal Compliance
- Planning Council Resources
- Integrated Care & Prevention Plan

Other Highlights from Attendees

Next Steps

- Conference Debrief 1/15/19
- HCS will prioritize projects for the year
- Planning Council
  - Training Resources: https://targethiv.org/planning-chatt/training-guide
  - Generate ideas for recruiting youth/young adults
  - Ad-hoc committees
- Building Leaders of Color (BLOC) Living with HIV
- Work with State to better coordinate Integrated Plan
- Recommend fiscal technical assistance depending on availability