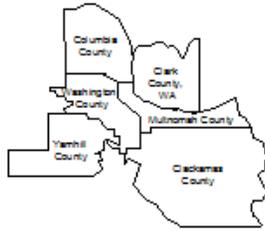




# Portland Area HIV Services Planning Council

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

*Ryan White Program, Part A*



## Meeting Minutes

Meeting Date: February 6, 2024

Approved by Planning Council: March 5, 2024

Grantee: Multnomah County Health Department



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

Tuesday, February 6, 2024, 4:00 – 6:00 pm  
 Zoom meeting

**AGENDA**

Item**	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 4:05 PM.
Welcome & Logistics	<p>Scott Moore welcomed everyone to the meeting and reviewed meeting logistics.</p> <ul style="list-style-type: none"> <li>• Please say your name each time you speak</li> <li>• Please raise your hand</li> <li>• Meetings are recorded for accurate meeting minutes.</li> </ul> <p>The group reviewed the Council Participation Guidelines (see slide).</p>
Candle Lighting Ceremony	Robb Lawrence lit the candle in honor / memory of Ray Colbert
Announcements & Introductions	<p>Announcements: See slides.</p> <p>Announcements</p> <ul style="list-style-type: none"> <li>• Welcome new member Zachary Jones</li> <li>• HGAP Transition Update: Derek Smith has been selected as the new HGAP Manager. He will start his new role at the beginning of March. Thanks to Eric Richardson for his leadership during this time of leadership change! Eric will stay on for a short time to assist with the transition.</li> <li>• Neisha Saxena, who was introduced at the last meeting as the new interim Communicable Disease and Harm Reduction Programs Director, has been pulled into the 90 day Fentanyl crisis response.</li> <li>• Welcome new interim Communicable Disease and Harm Reduction Programs Director, Sara McCall, who will be stepping in until Neisha can return.</li> <li>• HIV/AIDS Awareness Days             <ul style="list-style-type: none"> <li>○ Black HIV/AIDS Awareness Day 2/7</li> <li>○ HIV Decriminalization Awareness Day 2/28</li> </ul> </li> <li>• There are five panels of the AIDS Quilt at OMSI. Admission is free, but parking is not. <a href="https://omsi.edu/exhibits/aids-memorial-quilt/">https://omsi.edu/exhibits/aids-memorial-quilt/</a></li> <li>• Robb: Urban League of Portland having a health event tomorrow. 5209 NW 22<sup>nd</sup> Ave, 9a-2p. CAP will be doing HIV &amp; STI testing</li> <li>• Legislative Session started today, and will include efforts to recriminalize drug use. The Planning Council cannot sign on to this as a group, but individuals are (as always) encouraged to engage with government leadership to share their views.</li> </ul> <p>Attendees introduced themselves via chat.</p>

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Public Testimony	<p>Jane Turville:</p> <p>I am a Grants Officer at Medical Teams International. We operate dental and health screening programs in Washington and Oregon. We focus on oral health care for individuals who do not have access to care. Last year I had the opportunity to apply to King County for Ryan White Part A dental funds (we do not qualify for Part F). We would be very interested to see if a similar program might be available in Multnomah County.</p>
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 December 6 meeting were approved by unanimous consent.</p>
Quality Management Overview	<p><i>Presenter: Grace Walker-Stevenson</i></p> <p><i>Summary of Discussion:</i></p> <p>Grace Walker-Stevenson is filling in for the HGAP Quality Management Specialist Senior position, which is currently vacant (previously Marisa McLaughlin) and open for applications. The recruitment will remain open, but our first review of applicants is scheduled for Thursday (2/8/24).</p> <p>See presentation slides.</p> <p>Questions / Comments:</p> <ul style="list-style-type: none"> <li>• In Care Continuum Outcomes numbers, can individuals be counted in multiple categories? Yes</li> <li>• We will have more opportunity to dive into these numbers at a future time.</li> </ul>
Brief Medical Case Management Overview	<p><i>Presenter: Jonathan Basilio</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p>
Medical Case Management Panel	<p><i>Facilitators: Scott Moore, Bri Williams</i></p> <p><i>Panelists: Domenica Gonzales (Partnership Project); Heather Leffler (Kaiser); Monirah Moghadam (Providence); Emily Burchell (Health Services Center); Jayden O'Quinn (CAP NW)</i></p> <p><i>Summary of Discussion:</i></p> <ol style="list-style-type: none"> <li>1. Please describe your role and provide an overview of the services that you offer and connect clients to.</li> <li>2. What are some successes, such as coordination of care among care team / services and especially client outcomes?</li> </ol>

Item **	Discussion, Motions, and Actions
	<p>3. What are the key challenges you experience in this role and which of the medical or support services are the easiest or most difficult to help clients navigate and why?</p> <p>4. How are your clients disparately accessing or utilizing services, including BIPOC and Transgender/Non-Binary populations?</p> <p>5. What resources or support would you need from the Ryan White program or other sources to more effectively serve clients?</p> <p>Domenica Gonzales, Medical Case Manager, Partnership Project</p> <ul style="list-style-type: none"> <li>• My role has changed dramatically</li> <li>• Insurance navigator</li> <li>• We used to have open enrollment, but now it feels like insurance work never ends</li> <li>• Educating providers and clients about medication access and how CAREAssist works</li> <li>• Have implemented use of small gift cards, which has been very helpful</li> <li>• Treating people with respect</li> <li>• Getting enough food</li> <li>• Not just navigation, but ensuring dignity</li> <li>• Cell phones</li> </ul> <p>Heather Leffler, Clinical Social Worker, Kaiser</p> <ul style="list-style-type: none"> <li>• 1,326 patients - All patients have case management, but some never utilize it</li> <li>• We are broken up into teams - there are two case managers for all 1,326</li> <li>• Insurance has become more of my job</li> <li>• Support clients with Navigating care, External resources, Counseling, End of life care planning, Cognitive assessments and placements, Medical care, PrEP, Testing</li> <li>• Both HIV care and primary care, similar to Multnomah County Health Services Clinic</li> <li>• Have had an increasing number of people diagnosed in the hospital; have mostly had success stories</li> <li>• Challenges <ul style="list-style-type: none"> <li>○ Time – very large caseload</li> <li>○ Systems – feeling helpless against systems created to hold people down; clients in poverty</li> </ul> </li> <li>• Many trans and non-binary clients accessing PrEP!</li> <li>• Addictions and mental health treatment for PLWH who also have intersecting marginalized identities</li> </ul> <p>Monirah Moghadam, Social Work Clinical Care Manager, Providence Infectious Disease</p> <ul style="list-style-type: none"> <li>• Majority of people I work with are HIV positive, but also serve some who are not</li> <li>• Supporting people navigate access to care, Care coordination with community partners. Financial resources. Housing support</li> <li>• Unusually high number of calls regarding HIV medication cost</li> <li>• Complex behavioral health needs</li> <li>• I don't follow all patients in our Infectious Disease clinics</li> <li>• All are eligible, but I get referrals mostly from Infectious Disease doctors</li> </ul>

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	<ul style="list-style-type: none"> <li>• Usually have 3-4 contacts per client, but will follow people for longer term care management as well if needed</li> <li>• Work very closely with Partnership Project</li> <li>• Biggest challenges <ul style="list-style-type: none"> <li>○ Insurance</li> <li>○ Help navigating cost of HIV medications</li> <li>○ People on Medicare, particularly those too high income for CAREAssist</li> </ul> </li> <li>• I don't have a sense of who is not accessing care because I don't follow everyone in our system</li> <li>• Support that would be helpful</li> <li>• Support programs in community</li> <li>• Access to MH care</li> <li>• Access to housing resources</li> </ul> <p>Em Burchell, Medical Case Manager, Health Services Center</p> <ul style="list-style-type: none"> <li>• HIV and primary care; Also have insurance specialists, labs,</li> <li>• Caseload fluctuates 250-300 clients, or more</li> <li>• Any resource we can connect clients to we will do- Housing, MH and substance use services, legal services</li> <li>• If I have clients who don't need a lot, they won't hear from me unless they have an insurance issue</li> <li>• Successes <ul style="list-style-type: none"> <li>○ Client who came to me homeless, had just lost her partner, no job, struggling with SI, had been out of care and off her meds for over a year. She has now had same job for a year, about to get her top surgery.</li> <li>○ Client struggling with MH and behavioral challenges. Client is now housed and on methadone.</li> <li>○ We go out in the field and work with people</li> </ul> </li> <li>• Challenges <ul style="list-style-type: none"> <li>○ Medicare</li> <li>○ Insurance</li> <li>○ Interpretation services – we have a lot of immigrant clients, including some who speak less common languages</li> <li>○ Lack of shelter beds</li> <li>○ Lack of mental health services</li> <li>○ Lack of supported housing</li> <li>○ Getting people screened with aging and disability – many people who would be eligible are falling through the cracks</li> <li>○ Dual diagnosis treatment – difficult to find appropriate treatment services, especially inpatient</li> <li>○ Need more housing navigators who can go in the field to look for clients</li> </ul> </li> <li>• BIPOC and Transgender / Non-Binary <ul style="list-style-type: none"> <li>○ Don't have numbers for comparison</li> <li>○ We have African American KSA navigator</li> </ul> </li> <li>• Support? <ul style="list-style-type: none"> <li>○ MH treatment resources</li> <li>○ Increasing our knowledge of familial supports available, increasing family support services availability</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Approving prior authorization processes for medications</li> </ul> <p>Jayden O’Quinn, Latinx navigator at CAP</p> <ul style="list-style-type: none"> <li>● Have tried to bridge gaps between clients and medical case workers</li> <li>● Supporting clients access Food, Gas card, Getting to medical appointments, Translation, Educating newly diagnosed clients, then refer to more education with community partners</li> <li>● Work closely with Partnership Project</li> <li>● Six month plans with clients before they “graduate”</li> <li>● Sometimes our Spanish speaking peer support step in to translate when translator isn’t available</li> <li>● Insurance</li> <li>● Latinx community can be very difficult to contact due to fear</li> <li>● Reenvision Latinx support group, getting more in depth curriculum, solidifying schedule</li> <li>● Initiated dual language newsletter</li> <li>● Access to bus pass or other transport to appointments</li> <li>● Funding for this community would be ideal</li> <li>● Successes <ul style="list-style-type: none"> <li>○ Recently got client housed who had been homeless for almost three years</li> <li>○ Connected client to support group</li> </ul> </li> <li>● BIPOC &amp; Transgender / Non-binary <ul style="list-style-type: none"> <li>○ Client recently approved for surgery, we are now working to arrange post-surgery support</li> </ul> </li> </ul> <p>Questions / Comments:</p> <p>Q: Are clients temporarily excluded due to “bad behavior” (e.g., bad staff interactions, failed attendance (no-shows). How are these security attributes handled and managed ?</p> <ul style="list-style-type: none"> <li>● Domenica – we are as low barrier as possible, try to engage with them, make a safety plan</li> <li>● Em - we really try to give clients multiple chances before they get excluded. We usually just ask client to leave for the day and then the next time they come in a manger will meet with them and go over patient rights and responsibilities. If a client threatens extreme violence (like bringing in a gun) or causes significant property damage, they will be discharged from the clinic but we will try and connect them to another clinic so that they don't have gaps in care. We really try to find a solution before it gets to that point because we know we are one of the most low barrier clinics and it always feels terrible for the staff when we've had to discharge a patient</li> <li>● Heather - If someone is struggling with self-harm, we work closely with MH to get the support and help they need. People are never "fired" for no-showing- we continue to outreach and schedule them. We also do not necessarily ban folx from our clinic if for threats of violence. There have been credible threats and for those folx, we have security present (either visible or standing out of sight) during those visits.</li> <li>● Monireh - Fortunately, it's very rare where we encounter threats of violence in our clinic. For patients who have repeated no-shows, they're reviewed on a case by case basis and our clinic makes concerted outreach efforts and I'm looped in</li> </ul>

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	<p>to assist as well. Patients with more complex needs are rarely discontinued from their care.</p> <p>Heather - other IDC fun facts: of our 1321 patients, 90% (1,191) have had a VL test in the last 12 months. Of those 1,191, 97% (1,160) are virally suppressed.</p> <p>Q: Do you all collect housing status info? What % of your patients are housed, vs unhoused at Kaiser?</p> <ul style="list-style-type: none"> <li>• Do not collect that information at this time. Just carrying it around in my head, and if someone does not reach out, I may never know.</li> </ul> <p>Joanna (CAREAssist) - Something to look forward to... People with Medicare prescription drug coverage will benefit from a yearly cap (\$2,000 in 2025) on what they pay out-of-pocket for prescription drugs, starting in 2025.</p> <p>Q: People who are newly diagnosed, how are their needs different? How does it impact your work?</p> <ul style="list-style-type: none"> <li>• May just be the time of year, but currently getting a lot of heterosexual women who thought they were in monogamous relationships</li> <li>• Don't know if there's a pattern; there's more clusters / waves</li> </ul> <p>Q: Several of you case managers have mentioned high caseloads that are also increasing, is there a plan to address caseload size at your organizations? What is the impact of having a high caseload?</p> <ul style="list-style-type: none"> <li>• Em – no, there is not a plan, we just keep taking and taking and taking. I would hope that at some point there would be talk about funding another case manager position. I feel like a bad responder sometimes because I cannot address all needs in one visit, can take me many days</li> <li>• Heather – Kaiser does not have a plan, and does not get Ryan White funds. There is not enough time, need to prioritize intakes or returning phone calls. Much of my work shifts to crisis work vs proactive work. Increases my blood pressure.</li> <li>• Jayden – CAP is hiring for another Latinx service navigator to lighten the weight. Clients get frustrated, don't understand what's happening behind the scenes, and mediating that takes a lot of time.</li> </ul>
Awareness Days	<p><i>Presenters: Scott Moore, Bri Williams</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>Black HIV/AIDS Awareness Day – tomorrow (2/7)  <a href="#">VIDEO LINK</a>  Aubrey will send other videos out after meeting  See slide for local context information</p> <p>HIV Decriminalization Awareness Day – 2/28  <a href="#">VIDEO LINK</a>  See slide for local context information</p>

<b>Item **</b>	<b>Discussion, Motions, and Actions</b>
Evaluation and Closing	<p data-bbox="407 184 678 216"><i>Presenter: Bri Williams</i></p> <p data-bbox="407 258 1414 323">Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <p data-bbox="407 365 1049 396">Next meeting: March 5, 2024, 4:00-6:00 PM, via Zoom</p>
Adjourned	6:00 PM

## ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Tom Cherry, he/him	X		Sean Mahoney	X	
Jamie Christianson, she/her	X		Robert Middleton, he/him	X	
Claire Contreras, she/ella		L	Scott Moore, he/him	X	
Steven Davies		E	Jamal Muhammad, he/him	X	
Carlos Dory, him/his	X		Diane Quiring, she/her	X	
Michelle Foley, they/them		A	Tessa Robinson, she/her	X	
Greg Fowler, he/him	X		Jake Schmieder, he/him	X	
Jeffrey Gander, he/him	X		Taylor Silvey, she/her	X	
Kris Harvey, he/him	X		Nick Tipton, he/him	X	
Shaun Irelan, he/him	X		Bee Velazquez, she/her	X	
Zachary Jones		?	Meghan Von Tersch	X	
Julia Lager-Mesulam, she/her	X		Shane Wilson, he/him	X	
Robb Lawrence, he/him	X		Joanna Whitmore, she/her	X	
Heather Leffler, she/her	X		Abrianna Williams, she/her (Co-Chair)	X	
<b>PC Support Staff</b>			<b>Guests</b>		
Sandra Acosta Casillas			ADD PANELISTS		
Jonathan Basilio	X				
Aubrey Daquiz, she/her	X				
Jenny Hampton, she/her (Recorder)	X				
Sara McCall, she/her	X		Dennis Torres	X	
Eric Richardson, he/him	X		Deborah Torres-Reyes	X	
Neisha Saxena, she/her			Ashley Allison, she/her, ORAETC	X	
Kim Toevs, she/they	X		Jane Turville	X	
Grace Walker-Stevenson, they/them	X				

\* R = Attended Remotely (for an in person meeting); A = Unexcused Absence; E = Excused Absence; L = On Leave