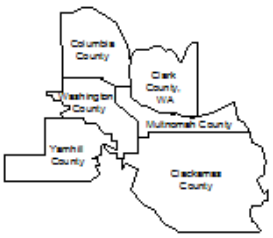
Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: April 1, 2025

Approved by Planning Council: May 6, 2025

Grantee: Multnomah County Health Department

Multnomah County

Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, April 1, 2024, 4:00 – 6:00 pm
Virtual (Zoom meeting)

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 4:00 PM.
Candle Lighting Ceremony	Sean Mahoney lit the candle in memory of Dillon Issacs.
Welcome & Logistics	Scott Moore welcomed everyone to the meeting and reviewed meeting logistics. • Please say your name when you speak, and turn on your camera, when possible. • Please raise your hand (physically or virtually) or type questions in the chat box. • We will mute/unmute folks (online) as needed during the meeting. • If you're calling in, please mute yourself to minimize background noise, unless you have a question/comment. • We will be recording this meeting. Attendees introduced themselves and provided a one word check in.

Announcements & Introductions	Announcements:
	See slides.
	
	The group reviewed the Council Participation Guidelines (see slide).
	
	Announcements
	• HIV Services Planning Council Vision Statement: We envision a region that actively ensures that all people living with HIV/AIDS have access to high quality care, free from stigma and discrimination, and where new HIV infections are rare.
	• HIV Services Planning Council Mission Statement:
	  ○ Establish priorities and allocation of funds available under the Ryan White CARE Act, Part A, based on:
	  ▪ documented needs of people living with HIV
	  ▪ cost and outcome effectiveness
	  ▪ priorities of the recipients of services
	  ▪ and availability of other public and private resources.

Item**	Discussion, Motions, and Actions
	○ Evaluate the administrative mechanism to ensure that resources are distributed effectively in the community according to the decisions made by the Council. ○ Establish methods for obtaining input on community needs, priorities and satisfaction with services. ○ Collaborate with state governments to develop Integrated Prevention and Care Plans for responding to HIV in our region, in a coordinated partnership with other planners and community members living with or affected by HIV disease. • Updated Planning Council Membership Office Hours – 4/4, 2-3pm • Still recruiting for Guidance Committee, next meeting 4/21 at 9:30am ○ Focused on informing how services are delivered ○ Time limited commitment • National Transgender HIV Testing Day event at Oaks Park, Mon. 4/21, free event, Julia Lager-Mesulam will provide flyer Grantee Updates (Derek Smith) • HGAP update – Program Specialist Sr. position: HGAP had done an external recruitment, but due to budget issues and pending layoffs, had to restart this process as an internal recruitment. April Kayser, previously with Adolescent Sexual Health, will be starting soon!
Public Testimony	None. Please invite members of your community to provide public testimony. Community members may share for up to 3 minutes. Complete the form at https://tinyurl.com/PC-YourVoice or send a chat message to "Host"/Aubrey, "Raise your hand", or unmute yourself. We will call on anyone who has signed up to speak. Key reasons for public testimony • identifying an unmet need • providing feedback on a type of service offered • (focus on service not provider) • giving input on where funding should be prioritized
Agenda Review and Minutes Approval	The meeting minutes from the March 4, 2025, meeting were approved by unanimous consent. The agenda was reviewed by the Council, and no changes were made.
Public Testimony	None.

Item**	Discussion, Motions, and Actions
	Please invite members of your community to provide public testimony. Community members may share for up to 3 minutes. Complete the form at https://tinyurl.com/PC-YourVoice or send a chat message to "Host"/Aubrey, "Raise your hand", or unmute yourself. We will call on anyone who has signed up to speak. Key reasons for public testimony • identifying an unmet need • providing feedback on a type of service offered • (focus on service not provider) • giving input on where funding should be prioritized

Panel: Rapid Start & New Client Intake

Panelists:

- *Elwood, they/them, Program Supervisor, Health Services Center*
- *Dani Frankel, RN BSN, she/her, HIV RN Care Manager, OHSU Internal Medicine*
- *Leslie Williams, she/her, Intake Case Manager, Partnership Project*
- *Heather Leffler, MSW, LCSW, she/her, Medical Social Worker, Kaiser Permanente Immune Deficiency Clinic*

Background information – see slides

Q: Any ideas about why the drop in "linkage to care" days?
A: Doing a better job of diagnosing and getting people directly into care.
Q: Washington County Public Health used to enroll clients in Ryan White, but post-COVID we don't. Who is doing this? A: Partnership Project, HSC, or any provider of Ryan White services (if they are receiving Ryan White services, they are enrolled in Ryan White)

Panel Questions*

1. How does the referral and intake process work for your site, including Rapid Start, and what is your role within it?
2. What challenges or gaps do you experience (or witness that clients experience) when working with clients to access Rapid Start?
3. What are some successes and/or unique opportunities or partnerships?
4. What other resources or support are needed for this work?

*For all questions, please share any details on supporting priority and/or disproportionately affected communities (e.g., clients who are BIPOC, transgender, living in rural areas especially Columbia or Yamhill counties)

Elwood

- At HSC, intake process works the same at the beginning
- A lot of self referrals, plus community partners

Item**	Discussion, Motions, and Actions

- First questions asked over the phone determine rapid start intake
    - If you're newly diagnosed or out of care, goal is to be seen within 5 days
    - If you are transferring care, will usually come in within a week, but not see a provider immediately.
- Don't do any testing at our site; anyone who comes through our site comes through other systems.
    - STD clinic, Outside In, Planned Parenthood, Hospitals (including Unity), CAP
- When we first started doing rapid starts, we did some intentional outreach, but no outreach now, community is aware and other providers are doing rapid starts as well now
- Barriers- Housing, Substance use, and Ryan White system does a pretty good job of how we can connect to those
- Opportunities
    - Being able to work closely with other systems
    - Started a specific rapid motel for helping getting newly diagnosed folks in; has helped get people in to their first appointment – helpful partnership with CAP (we pay for hotels, but they help facilitate)
- Successes / Unique experiences
    - Multiple clients going from rapid start intake to treatment – can be a powerful, life changing moment
    - Opportunities to work with people who have all of the challenges, but with new "medication first" lens, getting clients to undetectable
- Resources / support
    - Logistics - hard to find a provider appointment within five days, but we prioritize this
    - Housing
    - Typically out of care for a reason – mental health, housing, substance use disorders
    - We do housing for two weeks, which is typically long enough to get a shelter bed, but not always

Q: What is considered rapid start? A: Clients who are newly diagnosed and not ever treated, or out of care for at least a year. Typical time is four days.
Q: Do you identify people coming out of prison? A: Fledgling, but it's happening. Q: How do you identify those folks? A: CareLink is typically interacting with them while they are still incarcerated. Navigators visit them while they are still incarcerated, to plan for needs. Once they are released, it's smooth and timely getting them into care.
A: HSC has a partnership with Mult Co jails. We have a provider who goes in once a month.
Q: Most of the people who are incarcerated are on the east side of the state. For people coming back to Multnomah County, how is that connection made? A: Not sure, we can find out. OHA received a grant (OCEAN) to work with OHA and others to work on mapping this Hasn't kicked off yet – stay tuned.

Dani Frankel, OHSU
See slide – IMC – Russell Street: Quality Improvement Project

- Process fairly similar to HSC
    - Receives referral
    - Dani does new referral outreach – phone intake

Item**	Discussion, Motions, and Actions

- Consulting with Leslie at Partnership Project if medical case management is warranted
- Intake
- Care appointment
- Connect to Russell Street Dental Clinic

- Challenges- Life stressors – housing, substance use, Insurance Proximity – people who live far away, but get care in metro area; Referrals from OHSU infectious disease can take a couple of weeks to get to us
- Successes / unique opportunities
  - Getting a lot of rapid start referrals from local urgent care clinics
- Resources
  - Rapid start packet developed by HSC useful for educating newly diagnosed patients
  - We have a smallish HIV team at OHSU, we lean heavily on Partnership Project
  - Could use more people, but do pretty well with the resources we have
  - Have considered creating a new diagnosis booklet

- Attendee Suggestions
  - create an app
  - Gilead has 100 Questions and Answers for HIV Books (unbranded) in English and Spanish that I can send to you if you let me know you want them. Contact Vanessa.leja@gilead.com

Leslie, Partnership Project

- Leslie does intakes at Partnership Project
- Work with a lot of different clinics
- Referrals – either self-referral or third party
  - About a third are newly diagnosed, others out of care
  - Many referrals from Washington County DIS
- Rapid start options are HSC, OHSU
  - Dr. Spencer at OHSU Tuality is great about getting people in
  - We have a case manager at Legacy, Sarah, who typically can get people in within a week
  - If heading to OHSU, connecting with Dani
- Successes
  - Working with DIS in Washington County – have things pretty streamlined to get people in quickly
  - Dani being hired makes it very simple for the clients
  - Getting to work with bilingual case manager Maricela
- Challenges
  - It would be great if there were more clinics we could count on to see people quickly, particularly in East County
  - Wallace is on their way for East County; not sure if they can get people in consistently quickly yet

Heather Leffler

- Kaiser Permanente Immune Deficiency Clinic, now HPC

Item**	Discussion, Motions, and Actions

- Referrals are either internal or external
    - Internal are from other providers, labs, emergency department
    - Kaiser NW goes from Longview/Kelso to Eugene, but we only have two people
- For clients previously in care,
    - Charts reviewed by clinician, and Kaiser does courtesy fills to ensure patients don't go without meds
    - We do an outreach call and do phone intakes
    - We help patient schedule 1 hr in person visit with provider
    - Prior to outreach call, we review insurance benefits to see if we need to help them apply for benefits
- Rapid start is a bit different
    - Sometimes the intake happens after they have already had an appointment with a provider (providers are pretty good at looking at benefits)
    - Everyone gets case management
- Barriers
    - Insurance benefits – getting prior authorization in less than 48 hours
- Successes
    - Patient started rapid start process at HSC, discovered that the patient has Kaiser coverage, Heather did a same-day phone intake
    - Staff/agencies have worked together for a long time and work well together
- Challenges
    - Urgent copay assistance when patient has large copay
    - Have had some bizarre false positives – one of the tests we had to send to CDC (turnaround time 3 months)
    - Acute mental health decompensation
    - Addiction
    - Housing
- Resources / support needed
    - Also work with SW Washington Kaiser members – getting those services expedited same day would be very helpful
    - Trying to assist people who live in Eugene or Astoria can be very challenging
    - Housing
    - Having more intensive case management (I have a caseload of 700 now, some patients have more complex needs)

Q: Looking at demographics, what is really standing out to you? Where do you think things are headed in next year?
A: We have such a steady stream of folks coming in who are Spanish speaking. It was already not unheard of to get diagnosed when they were already a ways along with their HIV. This community has a lot more stress going now. Have already experienced a client not answering phone calls because he thought he was about to be deported due to his diagnosis.
Q: Housing barriers – are the DA's offices offering support in terms of workshops etc. for people with legal issues surrounding eviction? Are they working with rapid start, DIS, etc.?
A: Our case managers help people connect with those

Item**	Discussion, Motions, and Actions
Q: For someone leaving the Snake River prison (in Ontario) in EOCIL's jurisdiction, but planned to come back to Multnomah County, how would they be connected to care? A: The OCEAN grant is a statewide grant and Eastern Oregon Center for Independent Living (EOCIL) is the Ryan White provider for the eastern part of the state. The actual flow for returning to Multnomah is that referral goes to CAP, then based on insurance status, they would be generally be connected to Kaiser, HSC, or Partnership Project. • Kris Harvey to connect Scott Strickland to Heather at Oregon Health Authority for follow-up • Kris Harvey just went out to Ontario for EOCIL's "Victor Fox Cultivate" (low-barrier transitional) housing grand opening. EOCIL does amazing work. • I believe in many cases those being released from carceral settings would qualify for OHP (Medicaid) coverage	

Elections Overview	*Presenters: Julia & Kris*
	
	Open positions (all current holders can be re-nominated):
	• Co-Chair – currently Scott Moore
	• 3 At-Large Positions – currently Shaun Irelan, Julia Lager-Mesulam, Robb Lawrence
	
	Co-chair eligibility
	• Member who has completed at least one full term (2 years) as a Council member in good standing
	• Proven ability to preside at meetings, oversee complex work plans and timelines, and supervise and direct the work of Council or committee members
	• Agree to adhere to principles of employee supervision consistent with MCHD personnel policies
	
	Key Co-chair responsibilities
	• Official public rep and spokesperson of the Planning Council, in consultation with Council Staff*
	• Preside at meetings of the full Council and Operations Committee (Ops)*
	• Appoints Committee Co-Chairs (i.e., Evaluation & Membership Committee), and other Committee members as needed*
	• Work with Council Staff and Grantee to:
	  ○ Ensure compliance with Ryan White Program requirements and other federal guidance
	  ○ Establish priorities for Council, committee and staff work
	
	If you have questions, please reach out to Scott Moore, Nick Tipton, Bri Williams, or Lorne James, who have all served as co-chairs
	
	Key Operations Committee Responsibilities
	• Must be willing to serve on a committee if appointed by Co-Chairs

Item**	Discussion, Motions, and Actions
	○ Membership Co-Chairs and Eval Chair, may be appointed • Meet regularly to plan the meetings of full Planning Council • Determine committee membership • Review and update Council's Bylaws, Policies and Procedures • Co-develop work plans to move Council work forward • Identify Council knowledge gaps that are essential to perform high quality planning and decision-making Key Membership Committee Responsibilities (may or may not need new members) • Review applications & conduct interviews for Council Membership • Work with Council staff to: ○ Meet orientation and training needs of new Council members ○ Coordinate ongoing training and member development • Support Council's retention plan so as to improve member attendance, participation, and retention • Review the membership roster of the Council regularly to prevent and address member attrition • Lead the annual Council Co-Chair election process Process & Timeline • Today's Meeting ○ Inform Council of open positions ○ Ask for nominations & brief nominee statement (i.e., why you are running) for all positions by Tues, May 6 • Depending on whether there are multiple nominations for Co-chair, we will either: ○ Send a virtual vote for both ahead of June meeting ○ And/or hold elections at June meeting
FY24-25 Preliminary Expenditures	Presenter: Derek Smith SEE SLIDE • We're at 95% spent – we also received a waiver in case we had over 5% remaining for carryover (just in case) • We're still waiting for final invoices in a couple of service categories • Current balance of $189,329 left • We still have approximately 40-70K in invoices still to come in • Fiscal report due to HRSA in May, so will plan to present expenditures in June

Item**	Discussion, Motions, and Actions
	Q: Is there a budget line here that would be for the HGAP admin budget? Is there any carryover? A: No, we spent every cent, as it's more tricky to carry those funds over. • Note: food / home delivered is more underspent than other categories. Contracting took quite a bit longer than anticipated, and it's hard for an agency to spend dollars until they have a signed contract. • We discontinued one agreement serving Clark County, because they are supported with significant Part B dollars from the State of Washington. As we move forward, Health Insurance is no longer a funded service for HGAP. Part A Housing will also be zeroed out unless the Council decides to add funds there, and Oral Health will be decreased. • I've offered conservative contracts with providers, but we may be able to increase some of these. Q: Status of funding for next fiscal year? A: No further information, but we are presuming flat funding but there may be "additional funds" from Clark County reduction, carryover, etc. We are currently using the partial funds (28%) allocation feds have already provided.

Committee Reports	*Presenters: Scott Moore, Nick Tipton, Julia Lager-Mesulam, Kris Harvey* Operations Committee • **May meeting**: Election Nominations, Reviewing PSRA Process, 2024 Epidemiological Profile, FY24-25 Services and Outcomes Data, Discussion of Priorities and Guidance • Current PC-HGAP Memorandum of Understanding (MOU) & PC Bylaws reviewed and approved • **PSRA Process Mapping** will be focused on improving the July PSRA meeting (July 10 @ 11am-4pm) • Continued to discuss ways to highlight work of the entire TGA Membership • *UPDATED* Office Hours on April 4 @ 2-3pm • 25 members- 40% are unaffiliated members living with HIV • 5 open spots - recruiting priority populations BIPOC Data Committee • Also recruiting for similar populations; Next meeting April 17 @ 10am • 4/17 meeting will be focused on Annual Report & presentation from Lorne re: tribal sovereignty Guidance Committee • Next meeting 4/21 at 9:30am

Local Data for Awareness Day (if time permits)	**Ryan White Clients under 25 (n=89)**
	• Within the Portland TGA*, young people (under 25) comprised about:
	  ○ **2%** of people living with HIV
	  ○ **3%** of Ryan White Clients
	  ○ **20%** of newly diagnosed clients
	• In 2023, the proportion of clients under 25 slightly increased among the Ryan White population
	• And clients experienced a decrease in Annual Lab (Retention to care) rate and increase in viral load suppression
	
	Transgender clients (n=113)
	• Within the Portland TGA*, transgender people comprised about:
	  ○ 2% of people living with HIV
	  ○ 4% of Ryan White Clients
	  ○ 5% of newly diagnosed clients
	• In 2023, the proportion of transgender clients Increased among the Ryan White population
	• And clients experienced continued decrease in Annual Lab (Retention to care) rate and steady viral load suppression
	
	Yesterday (Mon. 3/31) was National Transgender Day of Visibility

Evaluation and Closing	*Presenter: Nick Tipton* Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your meeting evaluation. Next meeting: Tuesday, May 6, 2025, from 3:00 to 6:00 PM at Southeast Health Center (3653 SE 34th Ave., Portland, OR)
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they		**E**	Heather Leffler, she/her	**X**	
Chautauqua Cabine, she/her		**A**	Sean Mahoney, he/him	**X**	
Steven Davies		**E**	Robert Middleton, all pronouns		**E**
Carlos Dory, him/his	**X**		Scott Moore, he/him	**X**	
Michelle Foley, she/they	**X**		Jamal Muhammad, he/him		**E**
Greg Fowler, he/him	**X**		Diane Quiring, she/her	**X**	
Jeffrey Gander, he/him		**A**	Scott Strickland, he/him	**X**	
Kris Harvey, he/him	**X**		Tessa Robinson, she/her	**X**	
Shaun Irelan, he/him	**X**		Nick Tipton, he/him (Co-chair)	**X**	
Lorne James, he/him	**X**		Bee Velazquez, she/her/ella		**E**
Chris Keating	**X**		Shane Wilson, he/him		**A**
Julia Lager-Mesulam, she/her	**X**		Abrianna Williams, she/her	**X**	
Robb Lawrence, he/him		**E**			
HGAP Staff			**Guests**		
Sandra Acosta Casillas			ASL Interpreters		
Aubrey Daquiz, she/her	**X**		Dale Sattergren, OR AETC	**X**	
Jenny Hampton, she/her (Recorder)	**X**		Dennis Torres, Gilead	**X**	
Britt Sale, she/her			Elwood	**X**	
Neisha Saxena, she/her			Dani Frankel	**X**	
Derek Smith, he/him	**X**		Leslie Williams	**X**	
Grace Walker-Stevenson, they/them			Vanessa Leja, Gilead	**X**	
			Jim Brendle, Gilead	**X**	

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