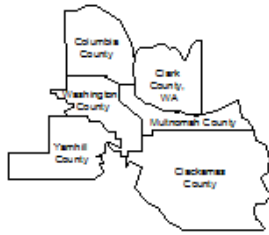




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: May 6, 2025

Approved by Planning Council: June 3, 2025

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council

MEETING MINUTES

Tuesday, May 6, 2024, 3:00 – 6:00 pm

Southeast Health Center 3653 SE 34th Ave, Portland, OR 97202

AGENDA

Item **	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 3:00 PM.
Candle Lighting Ceremony	Chautauqua Cabine lit the candle in memory of Jason L.
Welcome & Logistics	<p>Scott Moore welcomed everyone to the meeting and reviewed meeting logistics.</p> <ul style="list-style-type: none">• 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. <p>Attendees introduced themselves and provided a one word check in.</p>
Announcements & Introductions	<p>Announcements: See slides.</p> <p>The group reviewed the Council Participation Guidelines (see slide).</p> <p>Announcements</p> <ul style="list-style-type: none">• Welcome to our guests from HRSA, providers of our federal funds, as part of their site visit!• PC Membership Office Hours• Thurs. 5/8, 1:30-2:30pm• Fri. 6/6, 2:30-3:30pm• Next week – Guidance Committee meeting, Mon. 5/12, 9:30-10:30am
Public Testimony	<p>Abby Gray, Yamhill County PH in McMinnville</p> <ul style="list-style-type: none">• We don't get as many new HIV cases as metro area, but one of the largest issues when we do get a case is transportation• Lack of specialty care in Yamhill County• No infectious disease providers• Taking a bus or multiple busses to the nearest provider can take hours

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> Lack of PrEP providers in our county <p>Please invite members of your community to provide public testimony. Complete the form at https://tinyurl.com/PC-YourVoice</p>
Agenda Review and Minutes Approval	<p>The meeting minutes from the April 1, 2025, meeting were approved by unanimous consent.</p> <p>The agenda was reviewed by the Council, and no changes were made.</p>
Election Nominations	<p><i>Presenters: Julia & Kris</i></p> <p>We will have elections in June for 4 positions: 1 Co-chair, 3 Ops members</p> <ul style="list-style-type: none"> Nominations for co-chair – we have 1 Nominations for Operations Committee members – we have 2 <p>If you're considering or interested in being a Co-chair or being on Operations, please reach out to Julia Lager-Mesulam and Kris Harvey</p> <p>Nominations and brief nominee statement are due May 28</p> <p>Process: We will do Co-chair election first, so anyone who is not elected Co-chair has the opportunity to be elected to Ops</p>
Review PSRA Process & Timeline	<p><i>Presenters: Scott Moore & Nick Tipton</i></p> <p>See slides.</p> <p>Nick and Scott reviewed the PSRA process and timeline. The Council then played Jeopardy! PRSA Edition.</p>
Annual Report: Current Epidemiology	<p><i>Presenters: Grace & Sophie</i></p> <p>See slides</p> <p>Questions / Comments:</p> <p>Q: Why not other demographics? A: A written report with more detailed demographics will be provided to the Planning Council after this presentation.</p> <p>Q: IDU is going down, other risk behaviors are on the rise. Are we ever going to move away from this language / measure?</p> <p>A: Agreed. "People Who Use Drugs" is more recent language used, and we want to track other risk behaviors. However, IDU is the language in our HRSA grants.</p>

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> • We see an increase in Transgender clients likely due to methods of tracking, more clients willing to self-identify. • Some movement in client race, in part due to database work - merging duplicates, work with CAREWare (federal database), REALD (Race, Ethnicity, and Language) Data – see more information about REALD here: https://www.oregon.gov/oha/ei/pages/reald.aspx • Good news – PLWH are an aging population • 13-24yrs trend line is always pretty unstable, due to small numbers. Also may vary more due to reductions in prevention • Counties with small n's have more variable numbers, so actions can have a big impact on those numbers • We're trying to do more outreach to our non-Multnomah community • Q: Re client exposure distribution, 6% IDU seems pretty high? A: This may not be ongoing, but only how they contracted HIV • When MSM numbers come through state, it means people who were exposed to HIV through anal sex. This doesn't necessarily correlate with a "male" sexual identity. It's not perfect data, but it's what is available. <p>Two groups- High support needs / high acuity vs. older adults who have had HIV for a long time and have been managing it successfully</p> <ul style="list-style-type: none"> • We will be breaking down these client demographics further in our written report • Questions about how FPL is collected, if it's accurate – we show 13% >300% FLP • Suggestion – define Federal Poverty Line (the actual dollar amount) both in this presentation and in the report.
Annual Report: RW Clients & Outcomes	<p><i>Presenters: Grace & Sophie</i></p> <p>Performance</p> <ul style="list-style-type: none"> • Looking at trend of general population not doing as well in viral suppression as RW clients, it would be interesting to look at all PLWH population, figure out who they are and if/how we can help. There could be people who are eligible for RW but are not enrolled. • A: We want to make sure needs are being met, but people who are not eligible for RW is not in our remit. Also, it's a lot harder to get into your primary care provider to get these labs etc. due to general medical system strain. • If someone is newly diagnosed, we link with them. If someone is out of care, we link with them. But we miss people who move into the area; they are not prioritized. • Of 73 diagnosed, all but 1 was linked into care within the calendar year

Item **	Discussion, Motions, and Actions			
	<p>Q: What is the driver for HIV/AIDS patients coming to Portland? What is the plan for OHA to deal with the influx of people who come in needing services? A: We are a Medicaid expansion state, so people may move here for care. LGBTQ+ people may also feel safer in Oregon than in some other states. We have a lot of HIV providers in our community, but not all of them are aware of Ryan White, so they don't refer them. A: There is some analysis of primary care provider that they could do; Grace will follow up with them Q: No information yet on people emerging from prison. A: This is actually the topic of one of our quality improvement projects.</p> <p>When we get more people getting their annual labs, we also find more people who are not virally suppressed American Indian / Alaska Native clients Smaller counties Exposure categories (also some clients were moved from MSM to heterosexual)</p> <p>Reviewed 2 slides from Section 3 and 4 Sociopolitical PSRA</p> <p>Please review the rest of the slides. Also, Grace will be giving this presentation two more times for a couple of different groups in the near future. This is not the last time you will see this data; it is part of a longer conversation.</p>			
Discuss Priorities & Guidance				
<i>Presenters: Scott Moore, Nick Tipton</i>				
Current services priorities (FY 25-26)				
Mental Health				
Medical Case Management				
Housing				

Item **		Discussion, Motions, and Actions
	Medical Case Management (MCM)– Minority AIDS Initiative (MAI) Oral Health Care Substance Use Disorder (SUD) – Peers Only	
Not currently funded in our TGA	<ul style="list-style-type: none"> • Local Pharmacy Assistance Programs (LPAP) • Home & Community-Based Health Services • Home health care • Hospice • Medical nutrition therapy 	Child Care Services Health Education/Risk Reduction Linguistic Services Medical Transportation Other Professional Services Outreach Services Referral of Healthcare & Support Services Rehabilitation Services Respite Care Substance Abuse Services (Residential)

Comments:

- I have noticed that providers can assist with transportation – Ride To Care
- Transportation as part of Medicaid, which may be part of why we don't cover it
- Many insurances do not cover transportation

2026-2027 Service Program Guidance

- Every year, the Planning Council reviews the Program Guidance in case any updates or additions need to be made
- Last year voted to have this done by Guidance Committee
- This took a while to put together and get members
- Timeline:
 - Today- review general guidance proposals
 - May 12- Committee will review and propose specific category guidance
 - Before June meeting, Council can review and share input
 - June meeting- Council will finalize and vote on guidance
 - Going forward, Committee will meet quarterly and as needed
- Q: When does HGAP need the guidance to put in contracts? A: Derek will look into this question (the new contracts staff person is not here, and has only been in the position for 2 weeks)
- Proposed updates to current GENERAL guidance (see slides)
- Overall theme of proposed changes – trying to be more inclusive and responsive to underserved communities, including being accountable. How do we measure success? How do we understand our providers' knowledge of these populations?

Committee Reports	<i>Presenters: Scott Moore, Nick Tipton</i>
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	<p>Operations Committee (no meeting held in April)</p> <ul style="list-style-type: none"> • PSRA Process Mapping is focused on improving the July PSRA meeting (July 10 @ 11am-4pm) • What we've done: Mapped high level process, Identified pain points/problems, Selected problem; identified root causes • (DRAFT) PROBLEM STATEMENT: We often run low on time, so people tend to propose solutions quickly, and it ends up being the louder/more passionate voices in the room who make proposals and decisions are made quickly. • In process: Identifying solutions to problem and picking solutions to implement <p>Membership Committee</p> <ul style="list-style-type: none"> • *NEW* Office Hours Thursday, May 8 from 1:30-2:30pm • Friday, June 6 @ 2:30-3:30pm • Accepting Ops and Co-chair nominations • 25 members- 40% are unaffiliated members living with HIV • 5 open spots - recruiting priority populations • Young people (under 29) • People who identify as Latine/x, Black, Indigenous, Multi-racial or Transgender, and • People who identify as female • Q: Is there help for transportation if someone is interested? <ul style="list-style-type: none"> ○ A: Yes, there is help for transportation as well as technology.
Local Data for Awareness Day (if time permits)	<p>Asian & Pacific Islander Clients (n=85) - (2023 data)</p> <p>Within the Portland TGA*, Asian and Pacific Islanders comprised about: 4% people living with HIV 3% of Ryan White Clients</p> <p>In 2023, the proportion of Asian and Pacific Islander clients:</p> <ul style="list-style-type: none"> • <i>Stayed fairly steady</i> among the Ryan White population <p>And clients experienced:</p> <ul style="list-style-type: none"> • <i>Increase</i> in Annual Lab (Retention to care) rate and • Asians <i>increased</i> viral load suppression while Pacific Islanders had <i>a decrease</i>
Evaluation and Closing	<p><i>Presenter: Nick Tipton</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your meeting evaluation.</p> <p>Next meeting: Tuesday, June 3, 2025, from 3:00 to 6:00 PM at Southeast Health Center (3653 SE 34th Ave., Portland, OR)</p>
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Heather Leffler, she/her	X	
Chautauqua Cabine, she/her	X		Sean Mahoney, he/him		E
Steven Davies	X		Robert Middleton, all pronouns	R	
Carlos Dory, him/his	X		Scott Moore, he/him	X	
Michelle Foley, she/they		A	Jamal Muhammad, he/him	X	
Greg Fowler, he/him	R		Diane Quiring, she/her	X	
Jeffrey Gander, he/him	R		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	X	
Chris Keating	X		Shane Wilson, he/him		A
Julia Lager-Mesulam, she/her	X		Abrianna Williams, she/her	X	
Robb Lawrence, he/him		A			
HGAP Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreter – Rachel	R	
Aubrey Daquiz, she/her	X		ASL Interpreter – Rivka	R	
Jenny Hampton, she/her (Recorder)	X		Ashley Allison, OR AETC	X	
Britt Sale, she/her			Graham Harriman, HRSA	X	
Neisha Saxena, she/her			Sylvestre Kpangni, HRSA	X	
Derek Smith, he/him	X		Juanita Farrow, HRSA	X	
Grace Walker-Stevenson, they/them	X		Krystal West, HRSA	X	
Sophie Homolka, she/they	X		Abby Gray, Yamhill County Public Health	X	
			Vanessa Leja	X	

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