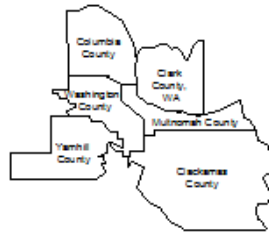




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: February 4, 2025

Approved by Planning Council: March 4, 2025

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, February 4, 2025, 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	Robb Lawrence lit the candle in memory of his friend Chad. Robb invites everyone to participate in a National Black HIV AIDS Awareness Day event on 2/7/25, 4:00-8:00 PM, at June Key Delta Community Center (5940 N Albina Ave., Portland, OR).
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"> • Please complete your evaluation • Welcome new members Fabian Primera and Scott Strickland! • Currently recruiting <ul style="list-style-type: none"> ○ PSRA (Priority Setting, Resource and Allocation) process work group – 2-3 meetings during this Council year <ul style="list-style-type: none"> ▪ Chris Keating expressed interest ○ Guidance Committee • Reviewed Council Participation Guidelines

Item **	Discussion, Motions, and Actions
Agenda Review and Minutes Approval	<p>The meeting minutes from the December 3 2024 meeting were approved by unanimous consent.</p> <p>The agenda was reviewed by the Council, and no changes were made.</p>
Public Testimony	<p>None.</p> <p>Please invite members of your community to provide public testimony.</p> <p>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.</p> <p>Key reasons for public testimony</p> <ul style="list-style-type: none"> • 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

Local Context Setting: Federal Announcements
<p>Statement from HGAP</p> <ul style="list-style-type: none"> • Acknowledges so much anxiety around federal actions • Program is currently running “business as usual” awaiting further instruction (e.g., you may have heard about pause in funding, but there is no current pause due to legal actions) • Will share information with Council (and providers) as soon as we learn of any <p>Statement from Co-chairs</p> <ul style="list-style-type: none"> • Acknowledges challenging and fast-evolving several weeks • Folks are struggling with so much, frightening, contradictory info/events; feeling attacked, concerned for communities/clients • Reminder we are often seeing broad policy announcements that don’t reflect our values and most do not necessarily have specific impacts or directives to modify behavior yet <ul style="list-style-type: none"> ○ Many are very concerning, but we will not be compliant with them unless we have to on guidance of County attorneys, program staff ○ Reminder this is likely to be a long haul; anticipate ongoing info and changes that could impact the Planning Council • Focus on our values- recognize inherent worth of our community members, families, friends • Will ensure transparency and plan to communicate early and often <ul style="list-style-type: none"> ○ Ensure we can continue the important work of allocating resources for Part A grant and evaluating the success of those to ensure effective HIV care and services in our community

- Welcomed the Chair and acknowledged the longstanding relationship with Multnomah County, even before Ryan White was established
 - The County has held strong values to support service and care for people living with HIV/AIDS across the Portland Metro area
 - Important to hold onto these values despite potential threats to Ryan White

Visit from Chair's Office – Remarks and Q&A

Presenters: Jessica Vega Pederson (Multnomah County Chair), Renee Huizinga (Chair's Office staff)

Chair Vega Pederson's remarks

- Shared appreciation and support for the decades of work of the Council in planning and allocation of federal government resources
- Shared her experience as a child in Indiana during Ryan White's life and experience of stigma and discrimination.
- We're in a really uncertain and scary environment.
 - Some folks at the federal level are working actively against the investments and resources that we know are critical to the community
 - Impacts will be felt through funding changes at the federal level and harmful rhetoric.
 - Anti-immigrant hate and transphobia being codified in Executive Orders and being repeated/elevated by the media and administration have huge impacts
 - Silencing with thousands of federal websites going dark, including HIV prevention; LGBTQIA2S+ suicide prevention
- Multnomah County will remain steadfast and commitment to county values
 - All Are Welcome / Safety, Trust and Belonging
 - Safe affirming spaces like the Council are even more important, especially since people of color, youth, trans women experience disproportionate burden of new HIV cases
 - Important to show we are committed to serving everyone in our community using evidence-based practices, health data, and science to making funding decisions as well as voices of those most impacted
- Review of county budget process
 - Looking at \$21M general fund deficit
 - Received a new revenue forecast from Metro in December
 - Supportive housing funds, and behavioral health
 - Also has a \$21M shortfall (2/21 update: now \$104M shortfall)
 - We're working to maximize the impact of limited dollars by leveraging state/federal funds
 - Supporting those who are most in need, programs that have the most impact and best outcomes
 - Values I'm bringing to this work
 - Accountability to our community
 - Environmental, social justice work
 - How to continue inclusively leading with race
 - Race, equity, and inclusion are incredibly important to addressing disproportionate impacts in our society
 - Programs are bringing forward their proposals for their budgets with the constraints and using that same lens
- Thank you for all of your work, and I look forward to today's discussion.

Questions submitted before the meeting-

Q: What types of information could the Chair or their office benefit from related to the TGA? A: I think it would be helpful for the Chair to hear a bit about the Council's approach to determining service needs and priorities. It would also be beneficial to understand a bit more about the regional reach of the TGA including Yamhill, Columbia and Clark counties which are outside of metro-area counties we often partner with. (Note: responses were sent to the Chair's office)

Q: If there are significant cuts to RW funding, would the Chair return to meet with us to discuss support options? A: Our office is certainly open to further conversation in the event of RW funding cuts. We're monitoring a lot of different threads of known and potential federal funding and policy impacts

In-Meeting Questions / Comments:

Q: How are we, as a local government, able to speak up against such a formidable single payer? A: Reading some of the language from the administration, they want federal workers and local governments to be traumatized to stop moving this work forward that they don't prioritize. We will continue to do this work, but the reality is the federal government has the ability to provide vastly more resources than any local government. We're all going to be feeling those impacts. We need to continue to raise our (collective) voices about what's unacceptable and sometimes immoral. Our federal delegation includes our champions who are there to support our work. It's going to be hard times because they want to make it hard.

Comment: Thank you for continuing to state that you will center race in your decision making in this environment. Response: It's not just mine but Multnomah County's values. We know the impacts on our communities so if we have to talk about "those most impacted by health disparities", we will get to the same outcome. Let's use the words as much as we can because we know what the truth is.

Q: While I want to have faith that Multnomah County will lead with race, historically that's not what happened (e.g., budgets are already tight and programs haven't been able to get to those outcomes). How do you plan to follow through with that? A: We need to continue to bring in those who are most impacted to be co-creators in this process. Programs for those most impacted may be smaller ones that are not the most "cost-effective" because you're serving fewer people, but they might have the biggest health disparities so it's worthwhile. It is a hard process and it takes time to make the best decision and sometimes we're going to get it wrong, but those are the values that guide us. The best advocates for programs are the staff of those programs who are doing the work.

Q: In medical research, data is being pulled aside due to the collection of basic demographic information on race, ethnicity, and gender. Are you seeing that yet? A: Yes, we've seen at least one case of communication from the CDC to a Health Dept program. We've been convening a Countywide working group every two weeks to look at possible policy and funding impacts. Nothing has been actionable yet, but all the information is being tracked for impacts across the County. Goals are to keep an eye on programs and funding that are most vulnerable and to stay stable instead of knee jerk reactions, as we're seeing each executive order being followed by a lawsuit.

Q: Are there any ballot measure options that might be spawning toward guardianship at the state level in healthcare, not necessarily general coverage but toward partnerships, advocacy, legislative, etc. A: Not at this time.

Panel Overview

Aging/LTS Ryan White Client Data (2023)

In the Portland TGA*,

About 1 in 5 (n=653) are long-term survivors (25+ years)

91.3% Had an annual lab

91.4% Were virally suppressed

And nearly 1 in 3 (n=1,947) were diagnosed 10+ years ago

91% Had an annual lab

92% Were virally suppressed

Compared with Overall Ryan White Clients...

- Those with 25+ years since diagnosis
 - Gender- Slightly higher proportion of female and trans
 - Race/Ethnicity- Higher proportion are white and a lower proportion are Latinx (~10% difference)
 - Slightly smaller proportion in Washington and Clark
 - Exposure- Slightly lower proportion of MSM & Other
- Those with 10+ years since diagnosis
 - Gender- very similar
 - Race/Ethnicity- Slightly higher proportion (~5%) are white and a lower proportion are Latinx (~10% difference)
 - Very similar counties
 - Exposure-very similar

Panel: Care for Long-Term Survivors

Panelists:

Liz James, Chair, Oregon LGBTQ+ Aging Coalition

Troy Preble, Manager, Aging Well program at CAP PDX

Dr. David Eisen, Quest Integrative Health

Liz James, she/they (see slides)

- Shared her history / experiences; why all her work includes people living with HIV
- Oregon LGBTQ+ Aging Coalition is composed of representatives from public and private organizations, adults age 50+ and others from across the state who support and are committed to improving the well-being of older LGBTQ+ Oregonians through research, education and advocacy efforts.
 - All volunteer agency
- 2021 Oregon LGBTQIA2S+ 55+ Adult Survey ([Fact Sheet, Executive Summary, and Full Report](#))
 - 27% had unmet HIV specific services needs
 - Higher rates of poor general health are reported by those living with HIV, those ≤ 200% FPL, and transgender adults.

- The rate of living with HIV is notably higher among Hispanics (26%) as compared to other racial/ethnic groups.
- People living with HIV report being
 - At a higher rate of need for medication assistance (53%)
 - Less likely to have a will (30%) than those living without HIV (43%)
 - At heightened risks of poor general health (35%)
 - More likely to live at or below 200% of the FPL (46%) and have trouble paying bills (30%)
 - In smaller social network sizes, with nearly a half (49%) having two or less people they can turn to for support
- HIV & Aging
 - More than half of people living with HIV in the U.S. are over the age of 50
 - 70% by 2030
 - Almost 70% of LTS live alone
 - Impact of stigma and losses persists
 - HIV support of early era now gone
 - Increased poverty (early disability)
 - Importance of LTS peer groups
 - More than 80% of PLWH will have at least one age-related medical condition, such as cancer or heart disease
- Challenges faced by older adults with HIV
 - Difficulties in accessing and managing comprehensive and integrated health care
 - Key needs include :
 - Mental health program and substance and alcohol use treatment programs
 - Housing, food and nutrition, employment, and other socioeconomic support services
 - Long-term care
 - Programs that address loneliness and social isolation
 - Dismantling stigma and discrimination
- SB 99 (2023): Oregon Bill of Rights in Long-term Care Facilities for LGBTQIA2S+ residents and Residents living with HIV [One-pager](#) & [Full legislation language](#)
 - SB 99 Required Training - <https://oregoncarepartners.com/app/#/class-details/3726>
 - Not a long training
 - Encourage all here to take it
- HIV and the Older Americans Act - 2024 Reauthorization: Priorities ([from SAGE](#))
 - Defining LGBTQ+ older people and older people living with HIV as populations of greatest social need in statute
 - Add HIV to Routine Health Screening list
 - Include HIV in chronic diseases list under Evidence-based Health Promotion Programs
 - Updated definition of family to include families of choice
 - Require coordination with Ryan White Programs and/or HIV case management
 - Update definition of “older individual” to 40 for PLWH
 - Establish Office of Sexual Health
 - Cultural Competency Training Requirement
 - National Plan in consultation with HRSA
 - LGBTQ+ and HIV Long-Term Care Bill of Rights in coordination with CMS, and more

- Area Agencies on Aging (AAA)
 - Multiple programs with goal to help older adults stay in their home
 - Includes Meals on Wheels
 - Connect with your area AAA
 - There's sometimes funding programs, help with respite

Troy Preble

- Manager, Aging Well, CAP Portland
- Aging Well provides psychosocial support
- People Aging with HIV are still experiencing societal stigma; may be forced into living situations where they feel the need to be in the closet about themselves or their HIV status
- Program supports PLWH to lead fulfilling lives with those who have similar life experiences
- Began 6 years ago due to Jim Clay's community-based study findings on isolation & loneliness
- LTS may carry anxiety, depression, social withdrawal, survivor's guilt, lack of future orientation, substance abuse, low self-esteem and self-worth
- Surviving the AIDS era was an accomplishment that was due to luck and a trauma many still hold today; figuring out how to live when you expected to die is a whole other issue
- Key Services
 - Regular events that provide psychosocial support (weekly, monthly, special events)
 - Educational opportunities focusing on aging and living well with HIV
 - Key issue- We cannot provide housing support for people aging with HIV
 - This is going to become a crisis as people continue to age
- One of the successes – medical research
- SB 99 is a key protection for those who are / will be living in long term care facility
- Key to overcoming isolation and stigma is getting involved in my own community
- Biggest challenge is threats to federal funding
 - Ryan White Act was transformational
 - When it comes up again, will be front and center

Dr. David Eisen

- Executive Director at Quest Center and previous co-chair of Ryan White Planning Council
 - We need to be working together, not in silos
 - Intersectionality of race and class
 - Started with AIDS Action Committee in Boston
 - Helped develop first supportive housing for PLWH (Rosewood)
- Sources beyond Ryan White funding that can help people access care
 - Chronic pain- Having a viable, accessible model for people to learn how to manage their pain and their addictions is essential
 - Medicare will not pay for long-term substance abuse treatment (only pays for evaluation)
 - Huge need and gap
 - Supportive Housing dollars through Metro for utility & rental assistance
 - We distributed almost a half million dollars in rent assistance in 3 months
 - Need is astounding
 - Keeping people housed is as important as getting houseless folks off the street

- What we're finding at Quest
 - Offer SUD, MH treatment
 - Chronic pain management with holistic model and non-opioid treatment
 - Awarded a 5-year 1115 Waiver grant looks at four areas of need the drive inequity
 - Environmental
 - Nutrition
 - Housing
 - Education
 - These are federal matching dollars; unknown what will happen with these funds with the new administration
- Important to vocalize issues because Silence equals Death
 - If we don't speak out, we are complicit, and when we are complicit, people die
- Successes: resilience of PLWH coming together and supporting each other to become the best selves they can be
- Keep in mind when doing resource allocation: how can people come together in community to help each other
- County does a good job of looking at outcomes
- Important to get the best "bang for our buck" for our dollars
- Flat funding is reduced funding
- Consider partnering with agencies who are able to bill Medicaid for services

Liz:

There was another Medicaid waiver - OPIM

- Provides support in the home
- Opened in March or April to general public
- <https://multco.us/info/oregon-project-independence-medicaid-opi-m-case-management>

Questions / Comments:

- We were having similar conversations to these in 1980, and while bad things came out of it, some good things came out too
- People who are incarcerated – may be out of scope here, but people who get out of prison, if they have AIDS, that's the least of their concerns. You can't find housing or a job, face even more stigma. Remember the folks who have experienced houselessness due to incarceration
 - CAP has a program (CareLink), have staff who will go down to the bus station and meet people coming on the bus from prison
 - Program is funded through Early Intervention Services
 - Kris Harvey also used to work Part B Housing, and partnered with Corrections to support people coming out via the OSSCR grant (Oregon Statewide Supportive Community Reentry) for those whose incarceration history creates a barrier to housing;
- For CAREAssist 3200 clients, the current average age is 54.8 years old
- Community building – community meal every week at Quest Health Center
- Q: Are there specific things that we've lost over the last five years that need to be recreated in a new way?

- A: Info is embedded in some of the 2021 survey data. Once we got used to virtual, this has allowed us to reach more people in more places. Some programs with state for older adults provided tablets or a “technology animal” around social isolation
- A: Trust in public institutions, particularly health and medical institutions. Constant need to debunk falsified information. Other history comes into play as well. Coming together to restore and rebuild a trusting relationship.
- Legislature is in session here in Oregon. We need to help our community get more comfortable with civic engagement. Part of the Coalition’s job is to do advocacy work.

Committee Reports

Presenters:

Operations Committee

- March Panel will be "Rapid Start and New Client Intake"
- April Panel will be “Services Across TGA Counties”
- July PSRA meeting will be held on Thurs, July 10 @ 11am-4pm
- PC will engage in PSRA Process Mapping with Britt
- Public Testimony will be reserved for the general public and members will be reminded of all the ways they are invited to give/share input.

Membership

- Approved new members (Fabian P., Scott S.)
- Ruth Henry (interviewed recently) has decided not to join
- 26 members- 42.3% are unaffiliated members living with HIV
- 4 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

BIPOC Data Committee

- Group decided against listening sessions for recruitment/engagement to focus on more traditional, community-grounded methods
- Also recruiting for similar populations
- Next meeting is 4/17, 10:00 AM

Q: Are there flyers for either or both of these.
A: Aubrey will send them with the next email

Local Data for Awareness Day (if time permits)

Black/African American clients - (2023 data)
Within the Portland TGA*, Black/African American clients comprised about:
10% people living with HIV
14% of Ryan White Clients

In 2023, the proportion of Black/African American clients increased among the Ryan White population, and clients experienced:

	<p>~5% Decrease in Annual Lab (Retention to care) and Fairly steady viral load suppression</p> <p>Service Utilization (60.5%) Medical case management (55.9%) Outpatient Ambulatory (45.0%) Housing (11.8%) Minority AIDS Initiative (MAI) (10.4%) Non-Medical case management (9.0%) Emergency Financial Assistance (EFA) (9.0%) Dental (6.5%) Psychosocial (5.0%) Food (3.2%) Early Intervention Services (EIS) (1.8%) Mental Health (1.1%) Health Insurance (1.4%) Substance use</p> <div data-bbox="1084 264 1425 701" style="background-color: yellow; padding: 5px;"> <p>Compared with all Ryan White Clients... Higher proportion used: MAI Non-MCM EFA EIS Food Psychosocial</p> </div>
<p>Evaluation and Closing</p>	<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, March 4, 2025 from 4:00-6:00 PM, virtual (Zoom)</p>
<p>Adjourned</p>	<p>6:00 PM</p>

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	X	
Steven Davies		E	Robert Middleton, all pronouns	X	
Carlos Dory, him/his	X		Scott Moore, he/him	X	
Michelle Foley, she/they	X		Jamal Muhammad, he/him	X	
Greg Fowler, he/him	X		Diane Quiring, she/her	X	
Jeffrey Gander, he/him	X		Fabian Primera		A
Kris Harvey, he/him	X		Scott Strickland, he/him	X	
Shaun Irelan, he/him	X		Tessa Robinson, she/her	X	
Lorne James, he/him	X		Nick Tipton, he/him (Co-chair)	X	
Chris Keating	X		Bee Velazquez, she/her/ella	X	
Julia Lager-Mesulam, she/her	X		Shane Wilson, he/him		A
Robb Lawrence, he/him	X		Abrianna Williams, she/her	X	
PC Support Staff			Guests		
Sandra Acosta Casillas			Dale Sattergren, OR AETC	X	
Aubrey Daquiz, she/her	X		Troy Preble, he/him, Aging Well	X	
Jenny Hampton, she/her (Recorder)	X		Dr. David Eisen	X	
Neisha Saxena, she/her	X		Jessica Vega Pederson, she/her, Multnomah County Chair	X	
Derek Smith, he/him	X		Renee Huizinga, she/her, Chair's Office	X	
Grace Walker-Stevenson, they/them	X		Kirsten Aird, she/her, Multnomah County Public Health Director	X	
			Liz James, she/they	X	

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