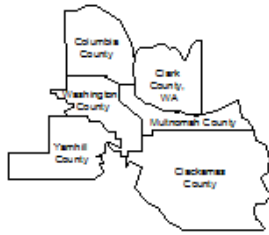




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: March 4, 2025

Approved by Planning Council: TBD

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council

MEETING MINUTES

Tuesday, March 4, 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	<p>Lorne James lit the candle:</p> <p>Yá’át’ééh [Hello in Navajo], my community.</p> <p>Shi’eiya Lorne James yinishyé. ’Áshjį́hí nishłį́ [Salt People Clan], dóó Kinyaa’áanii [Towering-House People Clan] báshishchiin. Tódich’íí’nii [Bitter Water People Clan] dashíchei dóó Kinyaa’áanii [Towering-House People Clan] dashínáí</p> <p>Thank you for gathering tonight in our shared light.</p> <p>As we gather, tonight, we honor those living with HIV—our relatives, our loved ones, our warriors, our community—those who walk this path with courage, strength, and resilience. We uplift them, recognizing that in our HIV community, no one walks alone. We are all connected, bound by love, by community, and by compassion.</p> <p>We also remember those who have walked on, whose spirits now move with the wind, dance in the fire, and whisper in the waters. They are not lost to us. Their love, their laughter, and their teachings remain, guiding us like the stars.</p> <p>As we approach the March solstice, a time of renewal and balance, we welcome the changing season as a reminder that healing is always possible. Just as the earth awakens, so too do our spirits. This is a time to honor life, to celebrate our resilience, and to commit ourselves once more to the work of justice, healing, and remembrance.</p> <p>Tonight, as we gather, may we become the beacon of hope and healing. May we light the way forward, reminding us that our HIV community walks with us, that the fire of the people’s strength will never be extinguished, and that brighter days are ahead.</p> <p>Through the blessings of harmony and balance from the Holy People, [we] Walk in Beauty of love and happiness. This blessing shall always restore the unity of our connection to the elements, family and community. As we walk</p>

Item **	Discussion, Motions, and Actions
	<p>with Beauty, the universe is walking with us, in beauty it walks before us, in beauty it walks behind us, in beauty it walks below us, in beauty it walks above us, Beauty is on every side.</p>
Welcome & Logistics	<p>Nick Tipton 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"> • *NEW* Planning Council Membership Office Hours – 3/7, 1-2pm • Please send questions for April panel: Rapid Start & New Client Intake • Meghan Von Tersch has resigned from the Council • Currently recruiting for Guidance Committee • Lorne James: will share info about upcoming community events, including an art event featuring PLWH artists and Pow Wow. <p>Grantee Updates (Derek Smith)</p> <ul style="list-style-type: none"> • May 6-9 HRSA (federal funder) site visit <ul style="list-style-type: none"> ○ First day coincides with Planning Council meeting, so HRSA staff will be invited ○ HRSA staff to meet with Council members and providers • Multnomah County Budget Proposal Update <ul style="list-style-type: none"> ○ No direct impacts on HGAP ○ STI program currently proposed to be cut <ul style="list-style-type: none"> ▪ Cut would include all clinic services ▪ not including Disease Intervention Specialists (DIS) program, which is a mandated service ▪ would eliminate testing services ○ Potential for staff & service impacts in related programs

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> ○ County commissioners are now reviewing the proposed budget, and determining which programs might be “saved” ○ Proposed budget information: https://multco.us/info/fy-2026-department-requested-budgets ○ Page 30 of this document shows the cuts and first programs to restore: https://multco.us/file/fy_2026_hd_transmittal_letter_-_requested/download ○ There is still opportunity for people to advocate for funding <ul style="list-style-type: none"> ● Due to County staff layoffs, HGAP is holding on filling Jonathan Basilio’s position for the time being
Agenda Review and Minutes Approval	<p>The meeting minutes from the February 4, 2025, meeting were approved by unanimous consent, with these amendments: Page 2 – change date from November 5 to February 4 Page 7 – correct the spelling of “Office of Sexual Health”</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

Quality Management Overview	<p><i>Presenter: Britt Sale</i> <i>SEE SLIDES</i></p> <p>Questions / Comments:</p> <ul style="list-style-type: none"> ● Q: When you’re looking at these, are you looking only at Part A providers, or also Part B? A: We’re looking at Part A clients, but some of them will also get Part B funding ● HGAP has found a Lewis & Clark epidemiology student who will be joining us as a data intern in the coming weeks ● Britt will also be reviewing how HGAP is doing
-----------------------------	---

	<ul style="list-style-type: none"> ○ PC did a survey on HGAP a few months ago, HGAP is reviewing results ○ Provider survey, HGAP is reviewing results ○ HGAP will respond with actions they will take ● Re carceral program, how are we identifying these PLWH? Are carceral medical providers involved? <ul style="list-style-type: none"> ○ A: We don't know yet. The OCEAN grant is actually funded to identify those folks and link them to care/housing before they exit prison. we're hoping that the HGAP team can be part of that care linkage. ○ Public Health is notified of HIV positive clients in county jails ○ I also believe that part of the 1115 Medicaid Waiver for reentry is to identify individuals scheduled for release and to have them be eligible and enrolled in Medicaid prior to their reentry into communities. ○ Multnomah County Health Services Center is connected via EPIC with Multnomah County Detention Center ○ Dr. Evans, lead HIV provider at OHSU, goes to some prisons to visit patients and links them to CARElink and Partnership when they are being released (when he is aware)
<p>Panel: HIV Across the TGA Counties</p>	<p><i>Panelists:</i></p> <ul style="list-style-type: none"> ● <i>Edgar Mendez, he/him, Director of Prevention, CAP PDX</i> ● <i>Chris Keating, she/her, Public Health Nursing Supervisor, Washington County Public Health</i> ● <i>Joe Duarte, he/him, HIV/AIDS Specialist, Clark County Public Health</i> <p>PLWH and Ryan White in the TGA – Trend Data From last May's annual report</p> <p>Panel Questions*:</p> <ol style="list-style-type: none"> 1. Please describe your role and an overview of HIV testing, support for newly diagnosed PLWH, and linkage to care with clients in your county, including efforts to reach folks in rural areas. 2. What are the biggest challenges you have in engaging and connecting people to care (including service gaps, changes in population you serve) and support services (e.g. food, transportation, housing)? 3. Please describe any recent opportunities, solutions, or partnerships that have been identified. 4. What other resources or support are needed for this work? <p>*Please include any specifics for BIPOC, transgender folks</p> <p>Edgar Mendez, CAP PDX (see slides)</p> <ul style="list-style-type: none"> ● Providing services out of multiple testing clinics <ul style="list-style-type: none"> ○ Pivot ○ Hillsboro Clinic

- Sunnyside Health Center
- Beavercreek
- Testing 4 All (Davis Street)
- Many community engagement partners
- PrEP navigation – over 98% of our testing sessions include screening for PrEP
- Pain points: incorporating STI testing, accessing populations with no other connection to health care
- Q: Why is NAYA/NARA not one of your partners? More native representation at CAP would be helpful for my community. A: We've partnered with them before, and we would love to partner with them in the future.

Chris Keating, Washington County

- Washington County has a population over 600K
 - Most in urban areas, but even those are spread out and some are in the middle of rural areas
 - About 1/3 in unincorporated areas, relying on County services and often face infrastructure issues like sidewalks, public transport
 - 6% of population lives in rural areas
 - Race & Ethnicity: 59% White alone, 19% Hispanic or Latine, 12% Asian alone, 6% 2 or more races, 2% Black or African American alone, 1% Native Hawaiian and other Pacific Islander
- Rapidly changing landscape in proportion of HIV cases by race and ethnicity in last four years (2020-2024)
 - Note from epidemiologists that the data is not perfect collection method due to self-report and various methods
 - Black/African Americans: 3% to 29%, Hispanic/Latine ranging from 27% up to 39%, White from 53% to 39%
- Q: Are these new cases or individuals in care? A: Existing cases
- Q: Is that self-identified AI/AN or federally registered? A: Self-identified; this is from OHA REALD form
- Washington County HIV Cases
 - 80% of PLWH in 2023 were virally suppressed
 - Most who reported race/ethnicity identify as White, Hispanic/Latine, or Black/African American
 - 17% of HIV cases diagnosed between 2019 and 2023 were diagnosed late (had AIDS diagnoses within 90 days of an HIV diagnosis)
 - Percentage of HIV cases diagnosed as AIDS stage has increase by 320% from 2020 to 2024
 - We're seeing a decrease in cases, but they are a lot sicker when they come in
- We have 3 registered nurses, including 2 bilingual Spanish
 - Work as DIS

	<ul style="list-style-type: none"> ○ Also work at two high-risk STI clinic ○ Outreach testing when needed ● Important to meet clients where they're at, decrease barriers to testing ● Rural clients struggle for access to all services ● We use incentives, gift cards for gas, visiting nurse ● Barriers: distance to services, lack of in person support, lacking social supports, stigma, education, missing work, travel times ● Federal budget cuts and current federal aggression towards immigrants is going to lead to more late stage diagnosis ● We lost our M110 funding, we don't know what the landscape of our funding will look like ● Partnerships <ul style="list-style-type: none"> ○ Developed pathway to OHSU Tuality <ul style="list-style-type: none"> ▪ Office in Hillsboro ▪ Can often get patients in within a week or two ▪ Works well with Partnership Project ○ Partnership Project ○ Washington County Jail ○ Substance use providers ● Resources or support <ul style="list-style-type: none"> ○ Easier access to motel vouchers <ul style="list-style-type: none"> ▪ Rules need to be loosened so we can at least get people into case management services; otherwise we spend all our time looking for them, and they come in really sick ▪ Even a week would make a huge difference ○ Decentralization of HIV services in the TGA ○ Work to destigmatize HIV ○ Comment: Another unmet need for Latinx community is people who are bilingual / bicultural <p>Joe Duarte, Clark County Public Health</p> <ul style="list-style-type: none"> ● We receive labs, then do research to determine if these are new cases, clients out of care, relocated PLWH ● We provide HIV and HepC rapid testing opportunities out of our harm reduction center ● When I find someone who is HIV positive, I have a relationship with Sea Mar Community Health Centers, can ask to get them in today <ul style="list-style-type: none"> ○ Able to get into Rapid Start program ○ CAP SW for case management services ● Barriers <ul style="list-style-type: none"> ○ Issues with unstable/unhoused, substance use disorder ○ Distrust of public health ○ Peer connection is helpful for bringing back into care
--	--

	<ul style="list-style-type: none"> ○ Finding interpreters for Ukrainian, Russian, Chuukese populations ○ Different cultural views of public health ● Partnerships <ul style="list-style-type: none"> ○ Thrive To Survive homeless services ○ Oregon AETC monthly call with WA DOH, CAP SW, others ○ Local HIV providers: Sea Mar Salmon Creek, Vancouver Clinic ○ Testing at various events, including Vancouver Pride and Battleground Pride, Truth and Justice seminar ○ Also connects with OHSU, Multnomah County, Clark County jail ● Resources <ul style="list-style-type: none"> ○ More staff to investigate new cases (as a DIS) and lost-to-care ● Q: We noted a decrease in Multnomah County cases and increase in Clark. Are you seeing an increase in PLWH moving from Oregon to Clark County? A: Yes, they go back and forth. ● We're also seeing more heterosexual new cases, rather than MSM due to PrEP use. ● Also able to get HIV negative people connected with PrEP navigators.
Committee Reports	<p><i>Presenters: Scott Moore, Nick Tipton, Julia Lager-Mesulam, Kris Harvey</i></p> <p>Operations Committee</p> <ul style="list-style-type: none"> ● April Panel will be "Rapid Start and New Client Intake" ● First PSRA Process Mapping meeting with Britt completed ● July PSRA meeting will be held Thurs. 7/10, 11am-4pm ● Public Testimony will be reserved for general public and members will be reminded of all the ways they are invited to give/share input <p>Membership</p> <ul style="list-style-type: none"> ● NEW Office Hours 3/7, 1-2pm ● 25 members, 40% unaffiliated PLWH ● 5 open spots – recruiting priority populations <ul style="list-style-type: none"> ○ Young ○ People who identify as Latine/x, Black, Indigenous, Multi-racial or Transgender ○ People who identify as female <p>BIPOC Data Committee</p> <ul style="list-style-type: none"> ● Also recruiting for similar populations ● Next meeting 4/17, 10am
Local Data for Awareness Day (if time permits)	

National Women & Girls HIV/AIDS Awareness Day is March 10

Cisgender women clients (n=406) - (2023 data)

Within the Portland TGA*, clients who identified as cisgender women comprised about:

11%
people living with HIV
14%
of Ryan White Clients

In 2023, the **proportion** of cisgender women clients:

- **Increased** among the Ryan White population

And clients experienced:

- **A decrease** in Annual Lab (Retention to care) rate and **slight increase** in viral load suppression

Cisgender women clients (n=406) - (2023 data)

251 (61.8%) medical case management
216 (53.2%) outpatient ambulatory
137 (33.7%) housing
36 (8.9%) psychosocial
35 (8.6%) dental
33 (8.1%) non-med case management
33 (8.1%) MAI
33 (8.1%) EFA
29 (7.1%) food
6 (1.4%) mental health
5 (1.2%) early intervention services
3 (0.7%) substance use services

Compared with all Ryan White Clients...

A higher proportion used:

Medical (outpatient ambulatory)
Psychosocial Support Services
EFA
MAI
Food

National Native HIV/AIDS Awareness Day is March 20

Native American clients (n=210) - (2023 data)

Within the Portland TGA*, Native American clients comprised about:

1%
people living with HIV
7%
of Ryan White Clients

In 2023, the **proportion** of Native American clients:

- **Increased** among the Ryan White population

And clients experienced:

- **A decrease** in Annual Lab (Retention to care) rate and **slight increase** in viral load suppression

Native American clients (n=210) - (FY2023 data)

130 (61.9%) medical case management
114 (54.3%) outpatient ambulatory
98 (46.7%) housing
24 (11.4%) dental
22 (10.5%) Emergency Financial Assistance (EFA)
19 (9.1%) psychosocial
13 (6.1%) non-med case management
11 (5.2%) Minority AIDS Initiative (MAI)
9 (4.2%) substance use services.
6 (2.9%) mental health
5 (2.4%) early intervention services
4 (1.9%) health insurance
2 (1%) food

Compared with all Ryan White Clients...

Slightly higher proportion used:
Medical case management
Medical (outpatient ambulatory)
Housing
EFA
MAI

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, April 1, 2025 from 4:00-6:00 PM, virtual (Zoom)

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	X	
Steven Davies	X		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		E	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	X	
Julia Lager-Mesulam, she/her	X		Abrianna Williams, she/her	X	
Robb Lawrence, he/him	X				
PC Support Staff			Guests		
Sandra Acosta Casillas			ASL Interpreters		
Aubrey Daquiz, she/her	X		Dale Sattergren, OR AETC		
Jenny Hampton, she/her (Recorder)	X		Dennis Torres, Gilead	X	
Britt Sale, she/her	X		Bret Jackson, Health Dept PSU Intern	X	
Neisha Saxena, she/her			Edgar Mendez, he/him, CAP PDX	X	
Derek Smith, he/him	X		Joe Duarte, he/him, Clark County Public Health	X	
Grace Walker-Stevenson, they/them	X				

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