



Multnomah County Public Health Advisory Board
Full Board Meeting Minutes
January 2024

Date: Tuesday, January 23, 2024

Time: 3:30pm – 5:30pm

Location (hybrid): 2201 Lloyd Center, Portland, OR 97232, Lloyd Center Loft

Virtual Option: [Zoom meeting link](#)

Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.

Desired Outcomes:

1. Strengthen our bonds of community and trust
2. Learn about the Harm Reduction Program from program staff
3. Learn about Multnomah County’s legislative agenda and ways in which MCPHAB can engage in the legislative session

Material:

1. December Meeting Minutes
2. 2024 MultCo State Legislative Agenda

Attendees: Haley Mountain, Jennifer Phillips, Joannie Tang, Karen Wells, Lane Shaffer, Sarah Taylor

County Staff: Amie Zawadzki, Andrea Hamberg, Andy Cho, Chris Hamel, Brandy Benedict, Edline Francois, Zach Wells,

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	<ul style="list-style-type: none"> ● There was consensus approval for both December meeting minutes 	Andrea Hamberg
Public Comment & Board Sharing	<ul style="list-style-type: none"> ● No public comment or comments from the Board ● Information sharing and updates: <ul style="list-style-type: none"> ● Please reach out to Amie if you are interested in joining the membership committee ● Chronic Disease Prevention and Health Promotion Community Walk Safety Audit this upcoming Saturday, January 27th from 12-3 	Andrea Hamberg
Harm Reduction Program Overview / Q&A	<ul style="list-style-type: none"> ● High level overview of the Harm Reduction program (link to presentation) <ul style="list-style-type: none"> ○ Harm Reduction is a fundamental component of Public Health ○ Harm Reduction works with people who use drugs and offers strategies to reduce the health risks associated with substance use <ul style="list-style-type: none"> ■ Goals of the program include reducing the spread of serious infections, reduce the risks of overdose, and reduce the frequency/severity of tissue damage association with injection drug use 	Andy Cho, Brandy Benedict, Chris Hammel, Julie Lukesh, Zach Wells

- Harm Reduction's outcome is to increase the likelihood of people who use substances to receive services and to minimize the harmful effects of drug use
- Harm Reduction clinic is open Monday through Thursday from 11am-7pm at 12425 NE Glisan St
 - Services include syringe services, Naloxone, HIV/STI testing, and referrals (including behavioral health and primary care referrals)
 - Aim to make sure services are non-judgmental, non-coercive, person-centered, and trauma-informed
 - No entry requirement to engage with our services; no pledges or waivers
 - Recognition that drug use is a downstream effect of many upstream factors including poverty, discrimination, white-dominant culture, and other systemic issues
- On Friday's from 5pm-8pm, the Harm Reduction Team are guests of Rahab's Sisters at 232 SE 80th St
 - Provides syringe services through a needs-based model
 - Actively looking for additional sites for outreach services and developing other modes of engagement, including foot-based outreach
- The Harm Reduction team provides some supplies to clients, including Naloxone (brand name Narcan), Fentanyl test strips, bandaids and other first aid supplies
 - A feedback box is accessible so we can collect input and suggestions from people who access our services
- Changes in the last year / Upcoming changes
 - The Harm Reduction team was awarded large grant in Quarter 3 of 2023 - BJA grant partnership with Corrections Health
 - Medical provider shared with Corrections Health
 - Medications for Opioid Use Disorder (MOUD) in custody
 - Continuity of care for MOUD through Harm Reduction Clinic (HRC) with navigation support
 - Potentially add an additional day of HRC service
 - Reduction of barriers for data collection around naloxone distribution and expanded distribution of naloxone and

other supplies through CareOregon

- Harm Reduction team will no longer be at 82nd and Ash site on Tues and Fri nights
- Hiring for two new community health specialists with updated positions to include needed KSAs as this work needs to be done with racial equity in mind
- Committed to partnering with agencies that prioritize Black and Native residents in need of harm reduction services as part of our planned updates to our outreach services
- Harm Reduction is client-focused, human centered, and offer value (seeing people where they are and meeting people where they are at)
- Harm reduction 6 guiding principles to a trauma-informed approach: safety, trustworthiness & transparency, peer support, collaboration & mutuality, empowerment voice and choice, and cultural, historical, and gender issues
- Recovery dialects; person-first language - positive intent to decrease stigma of how we talk about people
- Questions and comments from the board:
 - Q: Are there outcome measurements that the program has to use or has determined for themselves to use? If so, what are they?
 - A: We collect data around the demographics of clients we serve, number of visits and number of syringes, sharps containers, fentanyl test strips, and naloxone distributed. We also collect some information from folks who report using naloxone to reverse an overdose to help gather information about what people are seeing in the community lie where, when, and with what overdoses are occurring to help inform our outreach efforts and collaborations with other harm reduction programs in the area
 - Q: 122nd & NE Glisan is the “brick/mortar” clinic located in the high-rise housing?
 - A: The clinic is located in the area by the Walgreens where the bottle drop used to be in Menlo Park
 - Q: What are the resources in North Portland on the Peninsula?
 - A: We have community partners who we advertise and support that have services there; same principles and values are shared across the board
 - People’s outreach project, Outside

	<p style="text-align: center;">In, Everly Project</p> <ul style="list-style-type: none"> ○ Q: Are there any services at the North Portland clinic? <ul style="list-style-type: none"> ■ A: As a county clinic there are providers that can see anyone who lives in Multco (ex. referral for primary care) <ul style="list-style-type: none"> ● Take harm reduction training, principles, etc. to every other program in the health department ○ Q: You had mentioned that you no longer have a Community Board. How do you get community feedback from the folks you serve? <ul style="list-style-type: none"> ■ A: We recently implemented a suggestion box to help give clients an opportunity to provide feedback. The board is something we have been talking about wanting to start back up, we haven't had the staff capacity that we used to have when we were doing it pre-COVID. Maybe with the new positions we're hiring for we may be able to restart the client advisory group. ○ Q: You all had mentioned that a good outcome would mean better health for your target population. How is this outcome measured? <ul style="list-style-type: none"> ■ A: We track the number of overdoses people report reversing, and when we have providers at the clinic, we're able to track what types of appointments people come in for (wound care, STI testing/treatment, etc.) ● Contact info: <ul style="list-style-type: none"> ○ Zach Wells; Interim Program Supervisor <ul style="list-style-type: none"> ■ Zachary.Wells@multco.us 	
<p>Multnomah County Legislative Agenda Overview</p>	<ul style="list-style-type: none"> ● Provide a high level overview of Multnomah County's legislative agenda <ul style="list-style-type: none"> ○ The legislative short session goes for 35 days <ul style="list-style-type: none"> ■ Have until March 10th to complete the session ■ Opportunity to make budget adjustment ○ State Priorities Include (list is not exhaustive): <ul style="list-style-type: none"> ■ housing production - more houses on all levels on affordability ■ Measure 110 ■ Healthcare ■ Human Services ○ Multnomah County's Priorities <ul style="list-style-type: none"> ■ Invest in Oregon's Behavioral Health System ■ Expanding housing and shelter capacity ■ Promote Community Safety & Justice ■ Protective services for Our most vulnerable ● Questions and comments from the board 	<p>Stacy Cowan, Adelle Adams</p>

	<ul style="list-style-type: none"> ○ There were conversations around creating a Rare Disease Patient Advisory Committee in Oregon, but it didn't leave the ground. Folks in the US who have rare disease is actually about 1/10 Americans. The biggest issue is that most of these folks are in inequitable situations and so often face the same barriers to diagnosis and care. For example, I know folks who have OHP and need to see a specialist, but Oregon doesn't have a specialist so they have to go out of state, but then this would not be covered. Another example is that I know folks who have anaphylaxis to many drug excipients, but Medicaid nor Medicare covers compounded medications (the type where bulk active ingredient is used and compounded with a safe carrier/filler). There are no options but to be able to afford individual commercial insurance even though they have both Medicare and Medicaid. ○ I am concerned about second hand smoke/vape as well as second hand fragrances that enter people's homes. I know the Oregon Indoor Clean Air Act is supposed to include multi-unit housing complexes, but is this well known that folks are not supposed to smoke/vape within 10 feet of entrances/exits/air intakes/etc? In WA, it's 25 feet. Why is it only 10 feet in Oregon? <ul style="list-style-type: none"> ■ I second the air quality concerns 	
<p>Wrap-up, Meeting Evaluation & Connection</p>	<ul style="list-style-type: none"> ● Poll results were either "strong" or "very strong" for all categories, except "The meeting began on time". This received two "weak" votes. ● Meeting adjourned at 5:05pm 	<p>Andrea Hamberg</p>

Join Zoom Meeting

<https://multco-us.zoom.us/j/96018920318?pwd=aVY1bGIZcHM3ZnJjWTF4OWRZWwtVZz09>

Meeting ID: 960 1892 0318

Passcode: +XH14.PU

Dial by your location

+1 669 900 9128 US (San Jose)

• +1 253 215 8782 US (Tacoma)

Meeting ID: 960 1892 0318

Passcode: 87582939

Find your local number: <https://multco-us.zoom.us/u/aRh90a7Y3>

MCPHAB Group Agreements

- Listen to understand, not to react
- "Land the plane" (attempt to bring the point home to something actionable) and have the permission to come in raggedy
- Acknowledge the perspective you're speaking from
- Ensure balance of everybody expressing perspectives
- Have fun and bring your whole self
- Be creative, flexible, and solution-oriented
- Engage fair processes and balance toward fair outcomes

- Focus on the quality of the journey and not just the destination
- Engage and be fully present
- Identify goals to guide our work
- Chair and Vice Chair have permission to call time
- Be mindful of how much space you take up – step up, step back
- Brave and supportive space
- Understand one's privilege and platform
- Give time for internal and external processing
- Check in with everyone after each agenda item
- One Diva, one mic
- Make sure to take time for yourself and prioritize self care

MCPHAB Consensus Building Process

Five Stages of Consensus-Building

1. Convening

- Getting the right people to the table with the right expectations.

2. Assigning Roles & Responsibilities

- The “signing on” phase. Everyone at the table agrees upon the ground rules that will govern decision-making and defines the kinds of responsibilities they are each willing to accept.

3. Facilitating Group Problem-Solving

- Step 1: “Venting.” This happens when members state any concerns they have about a proposal or a process.
- Step 2: Round of statements describing interests or priority concerns by members.
- Step 3: “Inventing.” This happens when members take what they’ve heard about each other’s interests and try to come up with proposals that meet everyone’s needs.
- The point of these 3 steps is to keep multiple options alive so that a full range of combinations can be “tried on for size.”

4. Reaching Agreement

- Does not mean voting, but “agreeing to agree.”
- Facilitator asks: “Can everybody live with this proposal?”
- If a member says “no,” he or she is asked to explain his or her position clearly, including any changes to the proposal he or she would like to suggest.

5. Holding People to Their Commitments

- This is the implementation phase.
- What actions do subcommittees, the Board as a whole, or individual members need to take?
- What actions are MCHD staff and executives responsible for?