



PARTNERSHIP PROJECT

ADVOCACY & SERVICES SINCE 1995

The Network
News
2020
March/April
Issue #236

OREGON HIV CASE MANAGEMENT



Next Meeting

May meeting

We are trying to figure out what our May meeting may look like—stay tuned for details

Dear Community of Super Heroes!

I hope you are all doing ok at this time and taking care of you as best you can! I borrowed the above picture from OHSU and State of Oregon because you are all SUPERHEROES!

I need to apologize for the delay in getting this out to you. With all the flurry of immediate needs in response to COVID-19, compiling this newsletter was delayed. Our work changed drastically in mid March and it will continue to change. We have so many questions about what our transition back to the new normal will look like for us personally and professionally. I am also well aware of the magnitude of information that we are all getting so I will provide some updates in the following pages but will also include resources that I hope will offer support, guidance, laughter and tools for stress management.

I want to thank all of you who have continued to prioritize our important life saving work while having to contend with personal issues and the reality of what working from home means. I have been consistently inspired by the creativity and commitment of my immediate coworkers at Partnership Project and throughout the HIV Care Continuum.

We are a strong community and it is an honor to work alongside you.

Best,
Julia

Much of this has been borrowed from coworkers and various sources.

Thanks to those who have shared these resources

Working Remote - COVID 19 Principles

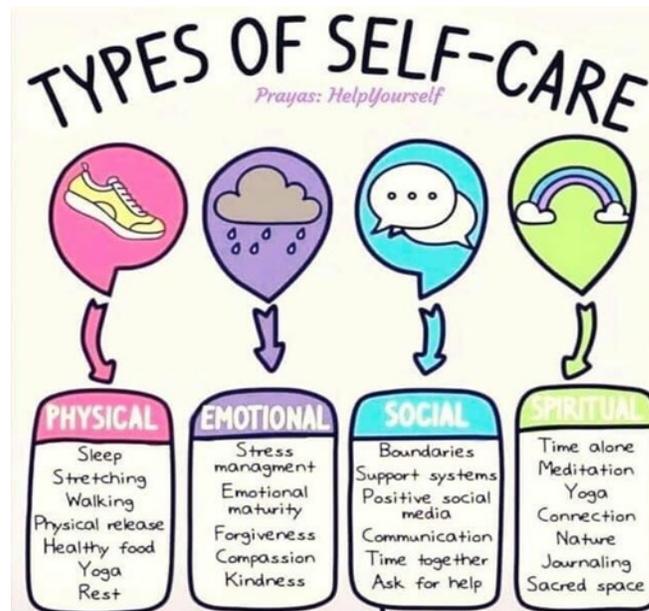
1. You are not "Working From Home", you are "At your home, during a crisis, trying to work".
2. Your personal physical, mental, and emotional health is far more important than anything else right now.
3. You should not try to compensate for lost productivity by working longer hours.
4. You will be kind to yourself and not judge how you are coping based on how you see others coping.
5. You will be kind to others and not judge how they are coping based on how you are coping.
6. Your team's success will not be measured the same way it was when things were normal.

Resources from Trauma Informed Oregon

- [Trauma Informed Workforce Wellness Strategies](#)
- [Trauma Informed Oregon: Community Incident Response Page](https://traumainformedoregon.org/community-incident-response/) https://traumainformedoregon.org/community-incident-response/
- [Intentional Peer Support Principles Applied during COVID-19](https://traumainformedoregon.org/intentional-peer-support-principles-applied-during-covid-19/) https://traumainformedoregon.org/intentional-peer-support-principles-applied-during-covid-19/
- [What is the relationship of trust, transparency, and trauma and how is it relevant in a time of crisis?](#)
- [The Anatomy of a Trauma Informed Script©](#)
[An Equitable Systems Transformation Framework for COVID-19](#)

Trainings/Webinars on managing stress and change

- [Clinical Directors Network](#)– variety of webcasts and town halls
- [Cascade Centers](#)– some topics include how to manage your anxiety, Mindfulness, Emotional First Aid
- [The Schwartz Center for Compassionate Healthcare](#)
- [Caring for Clinicians Webinars](#)
- Dr. Bessel Van der Kolk: [Steering Ourselves & Our Clients through New & Developing Traumas](#)



Mediation and Mindfulness

- **10% Happier** - <https://www.tenpercent.com/live> (different teacher every day - between 20-30 minutes)
- **Jon Kabat-Zinn** - <http://www.wisdom2conference.com/live> (JKZ every day with ~ 30 minutes of meditations & Q & A for 30 minutes)
- **Copper Beech Institute** - <https://www.copperbeechinstitute.org/livestream> (half hour sessions daily with various topics and teachers)

Getting Started With Meditation Tips

- Meditation has many positive effects in lower stress, anxiety, improving sleep
- Starting with just a few minutes as regularly as possible at a time of day that works best
- Experimenting with different times, voices and places in your home can be a fun way of trying something new
- The **Insight Timer App** allows you to select from a wide variety of topics, lengths, teachers and courses.
- One course you may like is *Learn How To Meditate in Seven Days* . Some suggested teachers include: Tara Brach (tarabrach.com), Jack Kornfield, Sarah Blondin, and Davidji

[The Gift of Offering Nothing](#)

This post was written by NCTE member Anne Elrod Whitney.

I attended two online [NCTE member gatherings](#) held in the early days of the Covid-19 quarantines and stay-home orders. By the second meetup, I had been away from school and university for three weeks. Each day seems to bring new and longer cancellations along with disappointment after disappointment for my students and my own children. I've been hanging on by a thread—and not a strong thread either: mine is a tangled, stretched, and rotting thread like you find in the old sewing box of a relative you lost years ago.

I'm sad, really sad, the kind of sad where you find tears coming to your eyes by surprise. The kind of sad where you think in slow motion, where it's hard to get up and walk around, where to do anything normal seems like an outrage, a lack of respect for the gravity of the situation. With that kind of sadness, and under a heavier and heavier flow of emails, changes in policy, emergency meetings, requests for adjustments, requests for new plans, for online plans, for plans of succession in case I die, I carried on caring for my family, cooking food, cleaning everything, staring into space.

In each of those NCTE member Zoom sessions, Antero Garcia and Detra Price-Dennis asked us two sets of simple questions:

- Where are you and how are you?
- What do you need, and what can you give?

These are my new favorite writing prompts. These short, simple questions from made it obvious to me like it somehow hadn't been to that point: I was not okay.

Specifically, it was the last part of the second question that penetrated my protective shell. *I had nothing to give.* Nothing. I was giving so, so much already. I was on Empty. I was tired, overwhelmed, sad, drowning. I felt like a fallen leaf, or like a leaf of this one oak tree in my backyard whose leaves dry and brown but somehow never fall; they just cling there all winter, shivering as winds pass through, as if they are too tired even to let go. That was me.

Meanwhile, others in the Zoom session were offering services like tutoring, making cloth masks, webinars, articles and resources for online teaching, words of encouragement, time to talk. I've been a member of NCTE for around close to 25 years, and this is how it always is with NCTE members, my professional siblings: they have many gifts, and they share those with generosity and grace. I've always tried to do the same, but now? Now I had nothing.

Yet I see now that THAT is what I have to offer. I can offer my honesty about how this situation feels and how little I can function like I did before. I function, I'm more OK than in those first days of shock, but I'm not "as usual." This is not the usual. I won't let it be, either. What I have to offer is not pretending. I can say, "I'm not OK. This hurts." I can say "that usually works for me, but not right now." I can say what now seems important, what now seems unimportant. I can reveal that I am in pain. What I have to offer is just my vulnerability, right out in front where you can see it.

I've been making this "offering" more and more. I tried it at the faculty meeting of my university department, a meeting in which my colleagues were so bravely, so

responsibly carrying on, making needed plans and decision. When the conversation turned to how our students were coping financially, emotionally, and physically, I interrupted. "I'm sorry, but we can talk about how WE are doing? I really want to know. I don't know about you, but I'm not doing so hot at all. I'm really sad. And it's so difficult to do this work with my kids home. I feel like I'm dying.

Immediately others started jumping in, saying they were tired, worried, overwhelmed. My phone, email, and the Zoom chat exploded with colleagues reaching out privately to thank me for saying it. We still got our work done, but we also got to be less alone.

I tried it with my doctoral student, so hardworking and so capable, who now finds herself a month away from her dissertation defense but paralyzed to finish writing. She's struggling to work under the weight of teaching online on a moment's notice, caring for student teachers who now find themselves without schools or even without mentor teachers, and receiving emails informing her that the job searches she's applied for have now been canceled. She's embarrassed she's not writing. She worries she's disappointing me.

I can't fix the world for her; I can't stop time. All I can do is let her know she's not crazy; I can't write much now either. I can't really fix any of the things that are troubling my student; her reactions to the current situation are normal and make sense. Her struggle is not a sign of failure, any more than mine is; it's just a sign of being human. But: I can be a model of a senior professor and mentor, someone who leads, someone with power from her perspective, who nonetheless is sad and stuck and not that OK right now. I can just be an authentic, flawed, struggling human. (And I can postpone her defense date if she needs me to.)

I'm offering this gift everywhere now: to my children, with friends who call, in email and on the phone and in Zoom sessions. Yes, we go on, and yes, we do the work that has to be done. But I also just lay it out there: "I am having such a hard time with all this. How are *you* holding up?"

Instead of pretending all is well, I am assuming people are hurting, that nobody and nothing are quite well right now. Yes, we carry on. We're beautiful that way. But our vulnerability is beautiful too. And since mine is now out front for people to see, it's getting easier for me to see it in others—helping us both to feel more human and less alone.

I leave with this stanza from poet David Whyte:

Vulnerability is not a weakness, a passing indisposition, or something we can arrange to do without, vulnerability is not a choice, vulnerability is the underlying, ever present and abiding undercurrent of our natural state. To run from vulnerability is to run from the essence of our nature, the attempt to be invulnerable is the vain attempt to become something we are not and most especially, to close off our understanding of the grief of others. More seriously, in refusing our vulnerability we refuse the help needed at every turn of our existence and immobilize the essential, tidal and conversational foundations of our identity.

Works Cited Whyte, D. (2015). Vulnerability. In *Consolations: The Solace, Nourishment and Underlying Meaning of Everyday Words*. Many Rivers Press.

Anne Elrod Whitney is a professor of education at the Pennsylvania State University. Her research address how writing fits into lives-crossing disciplinary boundaries of composition studies, professional development, teacher education, and English language arts education.

Coping with a Disaster or Traumatic Event



After a disaster, it is important to take care of your emotional health. Pay attention to how you and your family members are feeling and acting.

Taking care of your emotional health will help you think clearly and react to urgent needs to protect yourself and your loved ones.

Follow these tips to help you and your family recover or find support.

Steps to Care for Yourself

- Take Care of Your Body
 - › Try to eat healthy, exercise regularly, get plenty of sleep, and avoid alcohol and other drugs.
- Connect
 - › Share your feelings with a friend or family member. Maintain relationships and rely on your support system.
- Take Breaks
 - › Make time to unwind. Try to return to activities that you enjoy.
- Stay Informed
 - › Watch for news updates from reliable officials.
- Avoid
 - › Avoid excessive exposure to media coverage of the event.
- Ask for Help
 - › Talk to a clergy member, counselor, or doctor or contact the SAMHSA helpline at 1-800-985-5990 or text TalkWithUs to 66746.

How to Help Your Children

- Talk with them.
 - › Share age-appropriate information.
 - › Reassure them.
 - › Address rumors.
 - › Answer questions.
- Set a good example by taking care of yourself.
- Limit exposure to media and social media coverage of the event.

Common Signs of Distress

- Feelings of shock, numbness, or disbelief
- Change in energy or activity levels
- Difficulty concentrating
- Changes in appetite
- Sleeping problems or nightmares
- Feeling anxious, fearful, or angry
- Headaches, body pain, or skin rashes
- Chronic health problems get worse
- Increased use of alcohol, tobacco, or other drugs

Seek help from your healthcare provider if these stress reactions interfere with your daily activities for several days in a row.

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Hotline: 1-800-985-5990 or text TalkWithUs to 66746.



People with deafness or hearing loss can use their preferred relay service to call 1-800-985-5990.

What is Positive Steps?

Positive Steps is a one-on-one counseling and skills-building program for folks living with HIV/AIDS that emphasizes 1) health promotion and 2) self-empowerment- utilizing our own strengths to overcome obstacles and to make positive changes in our life.

How do I refer participants to Positive Steps?

To either refer a participant or for a participant to self-refer, we encourage you to fill out our HIPAA compliant [interest form here](#) that is available in English & Spanish.

In which languages can the Positive Steps team facilitate the program?

We can provide Positive Steps in English, Spanish & French, as well as utilize interpretation services for other languages if needed.

Are there any incentives for participants?

If the participant graduates by completing 7 sessions, they will be awarded \$65 in gift cards. In addition to these incentives, when we begin meeting again in person, we can offer transportation assistance.

How do I find out more about Positive Steps?

[Here is a link to the CDC site](#) which describes Positive Steps or CLEAR (as the CDC calls it).

You can reach out to our team at the email or number below. We're happy to answer any questions you may have, provide some perspective on the program, case consult etc.

Positive Steps Team | positivesteps@capnw.org | 503.208.4298

POSITIVE STEPS



1-on-1 support for people living with HIV/AIDS

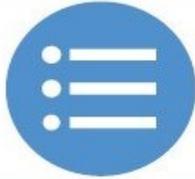


WHAT IS POSITIVE STEPS?

Positive Steps is an individual-level, person centered program that uses cognitive behavioral techniques to encourage behavior change. Using the evidence-based CLEAR (Choosing Life, Empowerment, Action, Results!) model, Positive Steps allows participants to gain skill for making healthy life choices in all areas of their lives

WHAT DOES POSITIVE STEPS DO?

This program provides 7 one-hour sessions (1 intake, 5 core skill sessions, and 1 wrap-up session). There are also 6 different optional menu sessions on the topics of Medication Adherence, Addressing Stigma, HIV Disclosure, Health Care & Self Care, Substance Use, and Sexual Behavior. See back for more information.





HOW DOES POSITIVE STEPS WORK?

- ✓ Recognizes factors motivating or demotivating the self-change process.
- ✓ Increases participants' confidence and self-power to change.
- ✓ Builds skills in problem-solving, negotiation, and making short and long-term goals.

The following letter was co-authored by HIV Services providers around the state. It is available [here in multiple languages](#)

Dear Community Member

We wrote to you a couple of weeks ago to let you know that all of our HIV organizations remain open and able to provide the services that you need and deserve. We are all available in different capacities and we encourage you to visit our websites, social media pages and call us. Our plan is to remain open during the Stay Home: Save Lives order and to continue to be here for you. We hope that you are finding ways to take care of yourselves during this time.

Many people are having a lot of feelings about how this virus and the changes in services could affect you, your family and community. We acknowledge that some of you may be having reactions to this pandemic that may be similar to how you felt when you were diagnosed with HIV whether that was recently or years ago and that for long-term survivors this time may trigger feelings of fear and abandonment. These feelings are valid and you are not alone. Please continue to focus on your health and well-being by taking breaks from the news, caring for your body, and connecting with others through phone and social media.

HIV Services are still open: Services around the state may look different for each organization, but we are still working to offer services to keep you insured, housed, and connected to care and support, mental health, psychiatry and your medications. Much of this work is by phone, telemedicine, My Chart (EPIC portal) and email. A few organizations do have some limited in person visits with physical distancing. All the HIV clinics around the State of Oregon have in-person visits for urgent medical need and essential lab services and virtual appointments for primary care, HIV care and gender care.

We encourage you to call or email your healthcare providers, medical case managers, housing case managers, community mental health providers, peer support, or navigators if you have any concerns about the services or benefits you receive or need information on services being provided during this time.

Loss of Income/Insurance: For those of you who have lost income and/or insurance through your employer, please contact your medical case manager or benefits navigator as soon as possible so that we can work with you to access insurance options, medical care and medications.

How long will this last?: We all have questions about how long we will have to physically distance and connect in this new way. The truth is, we don't really know how long this will last. We do know that physical distancing is working. A recent communication from the Oregon Health Authority, they stated that "[new projections from health researchers](#) estimate that Oregon's "aggressive" physical distancing measures have prevented as many as 18,000 cases of COVID-19 and 500 hospitalizations, however these restrictions must be maintained into May to prevent new cases from rising above current daily levels of active coronavirus cases." Physical distancing is working and we need to continue doing our part to keep ourselves and our community safe.

Cloth Face Coverings: Last week the CDC recommended that everyone wear a cloth face covering over their nose and mouth when leaving their home if they are in spaces where they can't maintain 6 feet distance from other people. An example would be on transit or in grocery stores. This does not replace the guidance to stay home except for essential trips. You can make a cloth face covering with a t-shirt, fabric or bandana and rubber bands/hairbands. [Here are some ideas from the CDC.](#) Medical masks are in short supply and should be reserved for health care workers. We are aware that for Black, Indigenous and People of Color the wearing of a cloth face covering, historically and today, has been perceived negatively by segments of society and resulted in discrimination, racism, and violence. No person should be fearful of engaging in daily life activities, especially as they engage in services necessary for their health. We acknowledge the pain of racism. Understandably, discussing these experiences is difficult and isolating, we value your safety and stand ready to listen and help.

In an effort to stay in touch with you we will periodically be reaching out to provide you updates. For accurate information on COVID-19 & HIV, see these FAQs in both [English](#) and [Spanish](#). We continue to recommend the following websites for up to date and accurate information: [Multnomah County, Oregon Health Authority](#), or [211 for general questions about Coronavirus and for resources to help meet your basic needs](#).

Remember we are here to support you. We know what this community can do when there is a need, and we will continue to take lessons from the early days of the HIV epidemic and support each other through this time.

Call us, we can help,
[Cascade AIDS Project](#), [EOCIL](#), [EMO HIV Day Center](#), [HIV Alliance](#), [Multnomah County HIV Clinic](#), [Oregon Health Authority \(including CAREAssist and OHOP\)](#), [Our House of Portland](#), [Quest Center for Integrative Health](#), Ryan White Part A & B, The Partnership Project

Please Note: You can also monitor information about each agency from our individual Facebook pages and websites.

- <https://www.facebook.com/CascadeAIDSProject/>
- <https://www.facebook.com/EOCIL.org/>
- <https://www.facebook.com/EMOHIVServices/>
- <https://www.facebook.com/hivalliance/>
- <https://www.facebook.com/MultCoHealth/>
- <https://www.facebook.com/OregonHealthAuthority/>
- <https://www.facebook.com/OurHousePDX/>
- <https://www.facebook.com/Quest.Center/>
- <https://www.facebook.com/ThePartnershipProject/>
- <https://www.facebook.com/worldaidsdaynw/>

Action Needed for People Receiving SSI with Dependents and Who Do Not File Tax Returns to Receive \$500 Per Child Payment

“Supplemental Security Income (SSI) recipients who don’t file tax returns will start receiving their automatic Economic Impact Payments directly from the Treasury Department in early May. People receiving SSI benefits who did not file 2018 or 2019 taxes, and have qualifying children under age 17, however, should not wait for their automatic \$1,200 individual payment.

They should immediately go to the IRS’s webpage at www.irs.gov/coronavirus/non-filers-enter-payment-info-here and visit the *Non-Filers: Enter Your Information* section to provide their information. SSI recipients who have dependent children and did not file 2018 or 2019 taxes need to act by Tuesday, May 5, in order to receive additional payments for their eligible children quickly.

By taking this proactive step to enter information on the IRS website about them and their qualifying children, they will also receive the \$500 per dependent child payment in addition to their \$1,200 individual payment. If people in this group do not provide their information to the IRS soon, their payment at this time will be \$1,200 only. They would then be required to file a tax year 2020 tax return to obtain the additional \$500 per eligible child.

I urge SSI recipients with qualifying children and who do not normally file taxes **to take action now**. Immediately go to IRS.gov so that you will receive the full amount of the Economic Impact Payments you and your family are eligible for.

Lastly, a word of caution. Be aware of scams related to the Economic Impact Payments. There is no fee required to receive these payments. Don’t be fooled.

Visit the agency’s COVID-19 web page at www.socialsecurity.gov/coronavirus/ for important information and updates.”

Click [here](#) to view the IRS press release about this important issue.

Contact:
 Peter Parisot
 Chief of Staff
 Phone: 503-278-3850

Cascade AIDS Project



PRISM HEALTH

PRESS RELEASE: Prism Health Earns Federal Health Center Status

Portland, OR (March 11, 2020) – Cascade AIDS Project (CAP) is very pleased to announce that Prism Health has earned Federally Qualified Health Center (FQHC) Look-Alike status from the United States Health Resource & Services Administration. In order to achieve this designation, health centers must demonstrate that they serve an underserved area or population, offer a sliding fee scale discount, and provide comprehensive services regardless of an individual's ability to pay.

"The board and staff of CAP and Prism Health are delighted to achieve FQHC Look-Alike status! The region deserves a high quality and innovative healthcare option that recognizes the unique needs of the LGBTQ+ community. We are honored by this designation and will continue to challenge ourselves to provide culturally relevant care for all members of our community regardless of gender identity or sexual orientation," said Tyler TerMeer, CEO of Cascade AIDS Project and Prism Health.

Prism Health provides high quality, culturally relevant care through a comprehensive patient-centered approach that integrates primary care with behavioral health, pharmacy, and social services. Everything about Prism Health, from the team of providers and support staff and services offered, to intake forms, policies, and even the physical design of the building have been informed by members of the LGBTQ+ community and aim to create a safe welcoming environment. As an FQHC Look-Alike, Prism Health is poised to increase primary health accessibility to the LGBTQ+ community and beyond.

"This is an important achievement for our community, further demonstrating our commitment to welcoming, safe, and non-judgmental healthcare experience for everyone" said Mandy McKimmy, Prism Health Medical Director, "This integrated model along with our designation as an FQHC Look-Alike will allow us to better serve those patients who are in most need of our services."

Prism Health provides complete primary and preventative care to anyone, including those who are uninsured or who have commercial insurance, Medicaid, or Medicare. Services include primary care, behavioral health, chronic disease management, specialized LGBTQ+ care, supportive services, specialized HIV and STD care & treatment, referrals to specialists, laboratory services, insurance enrollment, and pharmacy services.

About Cascade AIDS Project: Cascade AIDS Project is the oldest and largest AIDS Service Organization in Oregon and Southwest Washington. Each year, CAP provides housing and support services to thousands of people living with HIV as well robust prevention and education services, including free, confidential HIV and STI testing. More information can be found at www.cascadeaids.org

About Prism Health: Prism Health provides compassionate healthcare to the LGBTQ+ community and beyond. More information can be found at www.prismhealth.org.

About FQHCs: Federally Qualified Health Centers (FQHCs) lookalikes, also known as Community Health Centers, are in every state across the nation. FQHCs are authorized under Section 330(A) of the Public Health Services Act to provide healthcare to the medically underserved. More information about the Health Center Program can be found at: bphc.hrsa.gov/about/index.html. ###



In an effort to remain aware of all of our programmatic and staff changes throughout the HIV community in Oregon we would like to collect and share that information.

Programmatic & staff changes should be sent to lagermes@ohsu.edu by the last Wednesday of the month.

Cascade AIDS Project Says Farewell:

Sofia Suarez- Peer Support Specialist- left CAP on 3/12
 Kyle Giard- Chase will be leaving his position as Carelink Team lead on 6/1

Welcomes:

Jessy Freidt- Director of Development and Communications

We know there have been more comings and goings since March. Please send them to lagermes@ohsu.edu to be included in the next newsletter.



This newsletter is published by
[OHSU/ Partnership Project](#).

Our thanks to OHA HIV Care and Treatment Program for website posting distribution of the newsletter.

The editor is Julia Lager-Mesulam.

Comments/questions about this publication should be directed to:

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 or call (503) 230-1202, FAX (503) 230-1213,
 5525 SE Milwaukie Ave. Portland, OR 97202

This issue, and issues from January 2011 on, can be found electronically [here](#)