



Thank you Portland for coming to the viewing of "We Were Here" on World AIDS Day



Daniel Goldstein (who appears in the film) and David Weismann (Director)
at Clinton Street Theater on 12/1/19

Daniel Goldstein with
Chris Fox, NP OHSU HIV Clinic
Shannon Ristau, LCSW
Partnership Medical Case
Manager, Dr. Evans OHSU HIV
Clinic and & Dr. Barbiaz,
OHSU HIV Clinic at viewing
and panel discussion at OHSU
On 12/2/19



The Network
News
2019
November
Issue #233

Next Meeting

**9-10:30 a.m.
800 NE Oregon
January 14th**

**Tim Menza, MD,
PhD HIV/STD/
TB Medical
Director for
Oregon Health
Authority
Division**

**HIV Molecular
Surveillance**

Category of Good News!!

Congress allocates \$410 million for the Housing for Persons with AIDS program

Press Release from National AIDS Housing Coalition



The Senate passed the FY20 Appropriations Bill after the House passed it earlier this week. The President is expected to sign this funding bill which provides **\$410 million for the HOPWA program**, which is an \$17M increase over FY19. This was the number that the National AIDS Housing Coalition and our partners advocated for. This allocation of \$410 million should provide additional housing for an estimated 1,700 households.

Further, this amount ensures that all jurisdictions will receive at least flat-funding from the year before. If jurisdictions are poised to lose funds due to formula modernization, **this year's budget ensures that no significant cuts will happen this fiscal year.** Grantees should be working with HUD to prepare for formula modernization.

Lauren Banks Killelea, Director of Public Policy and Advocacy at NAHC said, "We applaud Congress for investing in housing for people living with HIV. The only way to end HIV in America is to invest in **housing as treatment and prevention.**"

As the Trump administration continues the roll out of "Ending the HIV Epidemic: A Plan for America," NAHC will work to ensure that housing and other structural supports are built into the plan. A medical-only approach will not solve the problems of poverty, racism, and homelessness that undergird the HIV/AIDS epidemic. NAHC seeks to work with the Presidential Administration, the U.S. Department of Housing and Urban Development, Health Resources and Services Administration (HRSA) and all of our partners to ensure that housing is part of the solution to end HIV in America.

This funding allocation is a worthy increase to the HOPWA program which still remains drastically underfunded compared to the real housing need of persons living with HIV/AIDS.

**OHA endorses campaign to eliminate new HIV infections, stigma
U=U initiative emphasizes importance of
treatment in reducing transmission**

OHA New Release

UNDETECTABLE = UNTRANSMITTABLE



PORTRLAND, Ore. -- Oregon Health Authority is honoring World AIDS Day (Dec. 1) by partnering with a national HIV education campaign promoting a new initiative known as U=U, or "Undetectable equals Untransmittable."

OHA's endorsement of Prevention Access Campaign's U=U effort is part of the End HIV Oregon initiative, launched in December 2016, to end new HIV infections in Oregon and eliminate stigma for those living with the disease. The initiative's [2019 Progress Report](#) is available on the [End HIV Oregon website](#)

"We have the tools to end HIV in Oregon and the science is clear: HIV treatment is HIV prevention," said Tim Menza, M.D., medical director of the HIV/STD/TB Section at the Oregon Health Authority Public Health Division.

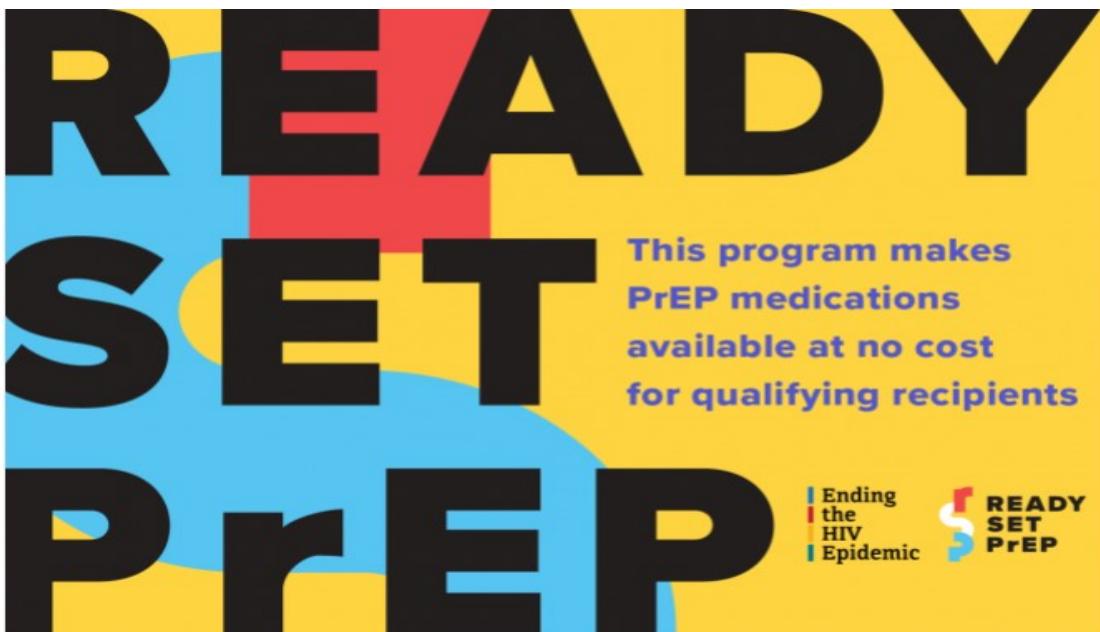
Menza said the data behind HIV treatment along with medications to prevent HIV transmission such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), "have redefined the prevention strategies to have a healthy, fulfilling, worry-free sex life."

One of the cornerstone messages of the End HIV Oregon initiative is that HIV treatment saves lives. Studies show that people living with HIV who are on effective HIV treatment, and achieve and maintain an undetectable viral load, have no risk of transmitting HIV to their sexual partners. Public health officials use campaigns like U=U to promote access to treatment and care.

In Oregon, people living with HIV may qualify for CAREAssist, Oregon's AIDS Drug Assistance Program, which helps cover medical costs. "We need to tell absolutely everyone living with HIV that U=U, so they know they can live long, healthy, stigma-free lives," Menza said.

U=U applies only to HIV. Condoms help prevent other sexually transmitted infections and pregnancy, and open communication with sexual partners is essential, Menza said. U=U is a powerful message emphasizing that, together, all Oregonians can help end new HIV infections, as well as HIV-related stigma and shame, throughout the state.

One of the most effective ways to help end HIV is to get tested. For a testing site near you, [visit the End HIV website](#)



Thousands of Americans can receive pre-exposure prophylaxis (PrEP) medications through the *Ready, Set, PrEP* program led by the U.S. Department of Health and Human Services (HHS). PrEP medications are safe and effective medications that keep people from getting HIV, but factors such as awareness and cost have been barriers for at risk individuals gaining access to the life-changing medications

PrEP medications can significantly reduce the number of new HIV infections, but to make an impact, we have to get these medications into the hands of people who need them the most. The *Ready, Set, PrEP* program will increase access to these medications by removing cost barriers to individuals who qualify for the program and bring us one step closer to ending the HIV epidemic in the United States.

Recognizing the importance of expanded access to HIV PrEP medications, CVS Health, Walgreens, and Rite Aid have donated their dispensing services to HHS. Beginning no later than March 30, 2020, as part of these donations, qualified patients can obtain the PrEP medications at the more than 21,000 combined CVS Health, Walgreens, and Rite Aid locations throughout 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands or through mail order—all at no cost to patients. These pharmacies represent about a third of all the pharmacies in the United States. CVS Health, Walgreens, and Rite Aid will also provide patient counseling and take steps to promote patient adherence to the regimen. Between now and March 30, 2020 patients will be able to access PrEP medications through this program at thousands of participating pharmacies

Find out if you qualify and enroll by visiting GetYourPrEP.com or call 855-447-8410. Learn more about PrEP and how the *Ready, Set, PrEP* program can help those at risk for HIV on HIV.gov.

MEANINGFUL CARE CONFERENCE



**March 11, 2020
Portland Airport
Sheraton**

A day-long training event for healthcare and social service professionals, the Meaningful Care Conference aims to promote LGBTQ2S+* cultural competency in health care and social services, share current LGBTQ2S+ best practices, and to develop and diversify networks of LGBTQ2S+ culturally competent health care and social service providers.

The day-long conference seeks to:

- Promote lesbian, gay, bisexual, transgender, queer, Two Spirit + culturally responsive health care and social services
- Understand intersectional identity and strategies for addressing multi-level health disparities
- Share updated best practice applications of LGBTQ2S+ culturally responsive health care
- Develop and diversify networks of LGBTQ2S+ culturally responsive health care and social service providers

Request For Proposals

We are seeking a variety of beginning, intermediate, and advanced-level presentations and workshops.

[Click Here to Access the PROPOSAL FORM](#)

Proposals for workshop sessions are being accepted until 12 Noon on January 6, 2020.

The 2020 Conference theme is Creating Change: Understanding Stigma & Discrimination in LGBTQ2S+ Health.

Stigma should be considered at three levels: intrapersonal, interpersonal and structural stigma.

- Intrapersonal stigma refers to internalized discrimination
- Interpersonal stigma refers to the interactions between individuals that may be discriminatory or perceived as discriminatory

Structural stigma addresses broad social constructs, e.g. physical spaces, policies and procedures that impact health

- Provide a space for community and resiliency while empowering community to advocate and influence policy
- Identify the impact of microaggressions and discrimination in the health care on patient engagement and ongoing health disparity



Special consideration will be given to presentations that focus on one of the following topics:

- LGBTQ2S+ Communities of Color
- LGBTQ2S+ Adolescents and Young Adults
- Transgender or Gender Nonconforming Individuals Across the Lifespan
- LGBTQ2S+ Aging and Health
- LGBTQ2S+ Primary Care (includes HIV, STIs, Diabetes, Cancer, Substance Use)
- Public Policy, Social Justice & Advocacy
- LGBTQ2S+ Rural Health Care Consideration

The planning committee encourages proposals that include harm reduction and address trauma informed environments and health care practice.

All presenters are asked to address intersectional identity to elevate historically marginalized communities.

Example LGBTQ2S+ topics of interest include, but are not limited to:

- Social determinants of health in LGBTQ2S+ Communities
- LGBTQ2S+ considerations for managing chronic conditions
- Substance use and/or mental health best practices
- Positive sexual health for the LGBTQ2S+ community
- Working with vulnerable populations-Homeless, Elders, etc.
- Support staff sensitivity-creating allies in the front office
- LGBTQ2S+ persons experiencing homelessness
- Long term survivors of HIV
- Effecting change in public policy for the LGBTQ2S+ community

Criteria for rating proposals include:

- Clear intent;
- Learning objectives are achievable;
- Presentation style supports integration of information into healthcare & social service settings;
- Content relates to conference goals & is applicable in a variety of cultural settings;
- Proposal addresses the diversity of LGBTQ2S+ community and health

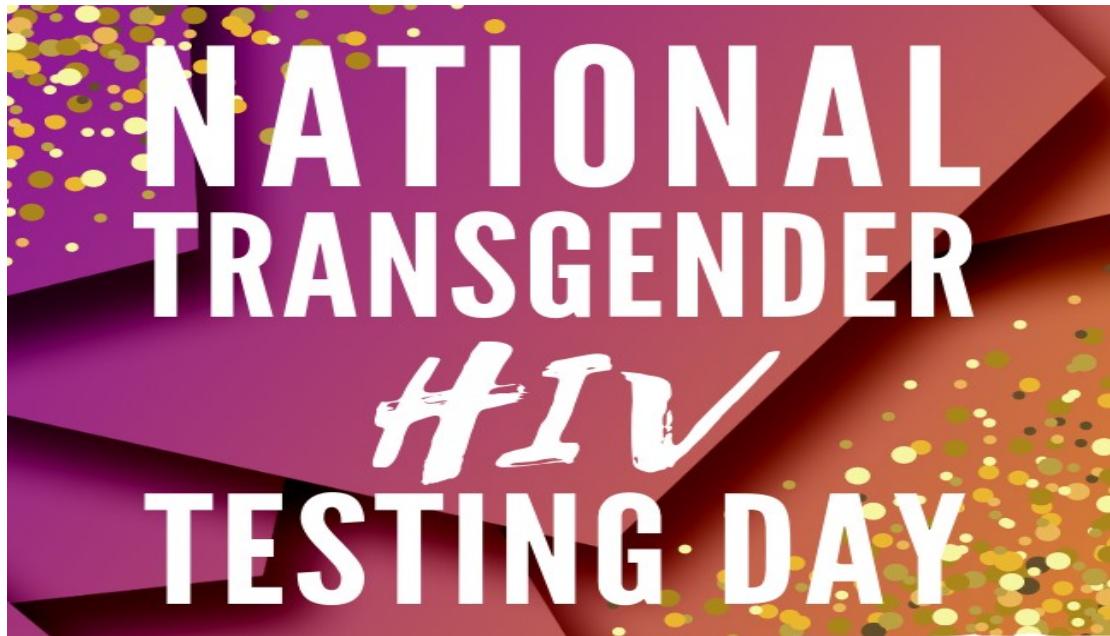
Session formats may include lectures, panel presentations, roundtable discussions, and interactive workshops. 60 minute and 90 minute sessions are being considered.

We endeavor to include as many voices as possible in program content, presentations may be combined in a panel format based on subject matter. Some sessions may be scheduled to repeat, once in the morning and again in the afternoon.

Conference fees will be waived for presenters.

Submitters will be notified by January 24, 2020.

Email Dayna Kirk Morrison dayna@oraetc.org with any questions.



**Join us Friday, January 24th for the
National Transgender HIV Testing Week/Day Planning
Meeting for 2020!**

**1-3 p.m. at Planned Parenthood 3727 NE Martine Luther
King J Blvd**

ASL interpretation will be available.

**Call in option:
Dial-in number: 877-256-3796
Guest Code: 598723**

**Be part of planning a meaningful community building
event that celebrates the diversity and strength of the
transgender and gender non-conforming community!**

OHSU opens walk-in buprenorphine clinic to help tackle opioid epidemic

By Erik Robinson December 05, 2019 Portland, Oregon

The Harm Reduction and Bridges to Care, or HRBR, provides immediate, life-saving medication to people suffering from addiction while also helping each patient form a long-term plan for continuing their care at a primary or specialty clinic in their community.

(OHSU/Kristyna Wentz-Graff)

In response to the national opioid epidemic, Oregon Health & Science University has opened a new clinic that provides same-day, walk-in access to buprenorphine, a proven medication to treat opioid use disorder.



The new clinic began operating Oct. 28 and is open weekdays from 4 to 7:30 p.m. in the Physicians Pavilion on OHSU's Marquam Hill Campus.

The goal is to increase access to drug treatment by removing common barriers. Many treatment programs require patients to wait for an intake appointment, attend counseling sessions, or commit to abstinence from all drugs and alcohol before beginning treatment.

OHSU's clinic is designed as an urgent response to an epidemic that is killing an average of five Oregonians every week from overdoses.

"We'll start them on buprenorphine and continue them until we can find a place that will continue their care," said Jessica Gregg, M.D., Ph.D., an associate professor of medicine (general internal medicine and geriatrics) in the OHSU School of Medicine, who specializes in addiction medicine. "This is such a devastating crisis, let's just do it."

Known as Harm Reduction and Bridges to Care, or HRBR, the clinic provides immediate, life-saving medication to people suffering from addiction while also helping each patient form a long-term plan for continuing their care at a primary or specialty clinic in their community. The clinic employs a full-time care transitions coordinator and a peer-recovery mentor, along with a part-time nurse practitioner and medical director.

"We want to provide medication, and we also want to provide connection," Gregg said.

Right now, people with heroin or opioid use disorder turn up in hospital emergency rooms with a variety of acute medical conditions. Unfortunately, they too often leave the hospital with their broken bones set but lacking the proven medications that can treat their addiction.

The clinic follows a model developed by Massachusetts General Hospital and Boston Medical Center.

Buprenorphine, approved by the Food and Drug Administration in 2002, relieves withdrawal symptoms, cravings and pain. Also known as Suboxone, it also normalizes brain function by acting on the same target in the brain as prescription opioids or heroin. It's one of three medicines approved by the FDA for treatment of opioid dependence, along with methadone and naltrexone.

In contrast to methadone, which must be administered daily in a clinic, patients can leave the clinic with a longer-term prescription for buprenorphine.

Gregg said the goal is to get patients started on medication and provide them with a welcoming space where staff can help connect them with ongoing care with a primary or specialty care clinic that also has the ability to prescribe buprenorphine. Prescribing buprenorphine requires clinicians to obtain a waiver under federal law.



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

Welcomes:

Jason Potter (he/him) – Emergency Rent Assistance Coordinator. Comes to CAP with 5 years' experience fielding calls on the Community Alliance of Tenants Renter's Rights Hotline.

Anna Saeger (she/her) – Prevention Navigator

CAP is hiring:

CAP Main Office, 520 NW Davis St., Suite 215, Portland

[Bilingual Prevention Navigator](#)
[HIV/STI Testing Counselor](#)
[Housing Program Assistant](#)
[Volunteer Resources Coordinator](#)

Prism Health (LGBTQ+ Health Center), 2236 SE Belmont, Portland

[Certified Medical Assistant](#)
[Nurse Practitioner](#)



Dear Members of the HIV/AIDS Long-Term Survivors & AIDS Survivors Syndrome Communities,

As you may know, a group of Long-Term Survivors gather on Saturday mornings in Portland to enjoy each other's company and share a meal. For five years, the gathering, known as the Coffee Social, has been a key component of Let's Kick ASS (AIDS Survivor Syndrome) Oregon. The gathering has also become a wonderful tradition for community members to come together as family for a communal brunch with warm and easy conversation. The social is free and open to anyone who wants to join the community and newcomers are especially welcome. Remarkably, through the simple collective act of making and sharing a meal together, participants have found it to be a powerful tool for reducing isolation and to experience trauma recovery associated with living through the early years of the HIV epidemic.

Recently, the Board of Let's Kick ASS Oregon (LKA Oregon) announced it would end its sponsorship of the Coffee Social. At this time, LKA Oregon will focus its efforts on expanding the capacity of its Board, assessing its valuable past contributions to people impacted by AIDS Survivors Syndrome, and considering its future as a non-profit community partner.

There is widespread community consensus that this gathering must continue and its operations be safeguarded. More so, there is profound appreciation for the work LKA Oregon put forth to build this weekly gathering into a capable community. Most importantly, all parties agree that this deeply meaningful and powerful event must continue its legacy of community building. Again, group members report over and over again that the social is an important community tool for healing past trauma and building resiliency.

For the first few years the Saturday morning event circulated between coffee shops and restaurants. Two years ago, the Coffee Social moved to Quest Center's Burnside Campus, where the determined group found a stable home and grew the coffee social into much more: a lively and social Saturday Brunch.

Today, the peer-led group, currently known as the Long-Term Survivors Group, will continue to meet at Quest Center at the same time and location, where all participants, new and old, past and current are welcomed and encouraged to participate.

Quest Center in cooperation with the Aging Well Program at Cascade AIDS Project, pledge their steadfast commitment to ensuring that this long-term survivors group has the ongoing resources necessary to remain independent and capable of meeting its goal to end isolation and build meaningful futures together.

For more information about the Saturday morning brunch for long-term survivors, or to submit your questions or suggestions, please contact: Terrance Gravening, terranceegg@outlook.com

With gratitude and respect,

Quest Center for Integrative Health

Let's Kick ASS Oregon

Aging Well at Cascade AIDS Project

The HIV Day Center

Greetings HIV Services community! I want to let you all know that I am stepping away from my role as Program Manager of EMO HIV Services. I will be staying within EMO, and in my new role one of the responsibilities will be hiring for my replacement and helping to facilitate the transition so that there is a minimum level of disruption for our community. It has been a pleasure getting to engage in this work and collaborate with all of our community partners. If you know anyone who may be a good fit and interested in this position, please forward them to this post so they can apply directly.
<https://emoregon.org/employment/hiv-services-program-manager/>

Multnomah County HIV Clinic

Hiring a Full Time Certified Medical Assistant Contact Toni Kemper directly at 503-988-8784 or send a resume to toni.kempner@multco.us

Hiring a Patient Navigator For more information and to apply click [here](#)

Happy Holidays!!



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:

Julia Lager-Mesulam at lagermes@ohsu.edu,
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](#)