



# PARTNERSHIP PROJECT

ADVOCACY & SERVICES SINCE 1995

The Network  
News  
2016  
August Issue #194

OREGON HIV / AIDS CASE MANAGEMENT

## JOIN PARTNERSHIP PROJECT AT AIDS WALK

Saturday, September 10th

When you walk with us and raise needed funds you will support both services at CAP and Partnership Project.

60% of the funds our team raises will stay with

Partnership Project.

Join us!!

### Next Meeting

September 13th  
800 NE Oregon, Rm  
1D

**Multnomah County  
Substance Abuse  
Services**

Andrea Quicksall,  
MA, CADC-1  
Clinical Services  
Specialist, Addiction  
Services



## OHSU/PARTNERSHIP PROJECT



OHSU Family Medicine and OHSU Partnership Project



### *“Alliance for Community Wellness”*

The “Alliance for Community Wellness”, is the HIV Alliance’s new Behavioral Health Services program, which expands on our mission to not only support individuals living with HIV/AIDS, but to also provide culturally sensitive and competent services to the greater LGBTQ+ communities in Lane County, regardless of HIV status.

Our services are designed to assist adult community members to develop strategies and skills to mitigate the effects of mood disorders, trauma, prejudice, stigma, and substance misuse/abuse. Treatment services are designed to increase functioning, improve relationships, obtain or maintain successes in employment, education, and to develop sufficient social supports, obtain government benefits our clients are entitled to, and to promote overall well-being and health. Services are also designed to facilitate harm reduction related to substance use and sexual behaviors, client defined recovery, and to promote increased self-efficacy and resiliency.

The unique challenge with working with these diverse populations is to understand the additional social and political stigmas, prejudices, and discrimination that produce trauma and abuse in similar ways that racism, sexism, and other destructive cultural values, beliefs, and behaviors do in the greater community. These additional challenges lead to higher rates of suicide, substance abuse, risk for homelessness, unemployment, avoidance of healthcare and social service providers, and a tendency to under-report trauma from physical, sexual, and emotional abuse, as well as under-reporting of substance abuse.

Behavioral health services evaluate how these negative and destructive cultural values and abuses are internalized and expressed in each individual accessing service. This expression can, and does influence a person’s sense of self and others, ability to self-regulate emotion and behaviors, levels of shame and guilt, and a person’s willingness and ability to interact and make choices on a personal and professional level with friends, family, co-workers, employers and community social services and health care providers.

Our counseling services are low-barrier, are designed to develop insight, build internalized skills and self efficacy, so that the process of externalizing and deconstructing the trauma and damage associated with destructive cultural stigmas can occur. When this happens, often better choices are made, and skills are developed to become better self-advocates, develop stronger abilities, and to thrive in life and participate in the community.

#### **About Harm Reduction:**

Harm reduction is a proactive approach to reducing the damage done by alcohol, drugs, and other addictive behaviors, as well as addressing broader health and social issues, such as HIV transmission. The term *harm reduction* can be used to describe the philosophical beliefs that underlie strategies and programs, and/or it can be used to describe the strategies and programs on which it is based. At the HIV Alliance, we embrace both strategies in all of our programs and services.

A common misconception about harm reduction is that it condones or encourages drug use. At the HIV Alliance, we are advocates of harm reduction and our client’s well-being. While we support the goal of people working towards better health and functioning, which may include abstinence from alcohol, drugs and addictive behaviors, we recognize that for many people, this process takes time, and may never occur. We won’t turn away people who request our services solely on the basis of active drug and alcohol use as long as they meet our admission criteria and can demonstrate motivation for the counseling and change process, as well as be able to participate in a meaningful way.

#### **About Trauma:**

Trauma is sometimes a hidden epidemic. Understanding the impact of trauma and providing trauma informed service delivery is critical to better health, better care and ultimately lower costs. The human and economic costs of adverse experiences drain individuals’ resources for health and productivity across the lifespan and affect all the major human service systems in Oregon and beyond. Addressing individual, family, and community trauma requires a comprehensive, multi-faceted approach. This approach includes increasing awareness of the harmful short and long term effects of trauma experiences across the life span; development and implementation of client-centered and effective treatment and recovery/resiliency services and supports that reflect the needs of diverse populations; creation of strong partnerships and networks to facilitate knowledge exchange and systems development; training and tools to help providers effectively identify trauma and intervene as early as is reasonable.

#### **Contact Us:**

For a no cost, confidential assessment or intake into our services, **please call our office at 541-342-5088, and ask for our Behavioral Support Specialist.** Interested people may also ask to meet briefly with a Qualified Mental Health Professional to determine if our program is a good fit.



The Oregon Public Health Division and Multnomah County Health Department, which is the Ryan White Part A grantee, are required by CDC and HRSA to submit a five-year Integrated HIV Prevention & Care Plan. For the past 18 months, community members and HIV providers from across Oregon have been engaged in a collaborative planning process to develop the content for this plan.

A draft of the plan is posted at [http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/HIVCareTreatment/Documents/care/IntegratedPlan\\_2017-2021\\_DRAFT-8-17-16.pdf](http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/HIVCareTreatment/Documents/care/IntegratedPlan_2017-2021_DRAFT-8-17-16.pdf).

This 61-page document includes the high-level Objectives/Strategies/Activities that were developed by Oregon's Integrated HIV/STD/HCV Planning Group (the IPG), as well as an HIV Epidemiological Overview and a statement of need for Oregon. Next steps for this planning process involve a prioritization process and development of an implementation plan for achieving the objectives laid out in this plan.

**Feedback is welcome! Please direct any comments or questions about this document \*by September 2<sup>nd</sup>\* to Linda Drach at Program Design & Evaluation Services: [linda.drach@state.or.us](mailto:linda.drach@state.or.us).**

An abbreviated "End HIV" vision statement for Oregon is being developed for release on December 1<sup>st</sup>, World AIDS Day. The "End HIV" document will be a brief, public-facing document that will encapsulate the spirit of the Integrated HIV Prevention & Care Plan in a more user-friendly format. More information about Oregon's "End HIV" strategy will be discussed at the next IPG meeting on Monday, October 3<sup>rd</sup>. Community stakeholders are welcome to attend. More information will be posted soon at the IPG Webpage: <https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/IPG/Pages/index.aspx>.

## PARTNERSHIP PROJECT

### Prevention Counseling Services @ Partnership Project

**Program is ending:** For the past 4 years, Partnership Project has provided Prevention Counseling Services through funding from Providence Health System. Due to funding changes, Partnership is no longer able to sustain these hours.

This funding provided for 14 hours a week of a prevention counselor, Kurt Hunter, CADC-II to provide one-on-one prevention counseling to approximately 120 persons living with HIV. This was a voluntary, free program that worked with persons in addressing risk that impacted their health and their partners health, allowed persons to discuss ways to improve their sexual and relationship health and provided information about current STD risk, how to disclose their HIV status and negotiate safer sex.

We are thankful to Providence for their contribution to allow this service to be provided to these persons in over 670 sessions since 2012 and of course Kurt Hunter, current Medical Case Manager and former Prevention Counselor. We thank the community who referred their clients to us for this service.

Partnership continues committed to prevention discussions with our clients but those will occur within the context of medical case management services we offer.

## PREPARE FOR YOUR DISABILITY INTERVIEW: TIPS FROM SOCIAL SECURITY

By Alan Edwards, Social Security Public Affairs



When a person becomes disabled, it can be a very stressful time in their life. There are many questions and unknowns when you have to transition out of the workforce due to medical issues. While an employer may offer short or long-term disability, most people faced with a disability will file for benefits with Social Security.

If you're facing life with a disability and don't know where to start, we encourage you to visit our website at [www.socialsecurity.gov/disabilityssi](http://www.socialsecurity.gov/disabilityssi). You can apply for benefits on our website; it's the most convenient way. Additionally, you can contact us at 1-800-772-1213 (TTY 1-800-325-0778) or visit your local office if you wish to apply for disability benefits. When applying for benefits, you should be prepared to answer a number of questions including:

When your conditions became disabling:

Dates you last worked;

The names, addresses, phone numbers, and dates of visits to your doctors;

The names of medications that you take and medical tests you've had; and

Marital information.

In addition, if you plan on applying for Supplemental Security Income (SSI) disability payments, for people with low income who haven't paid enough in Social Security taxes to be covered, we will ask you questions about:

Your current living arrangement, including who lives there and household expenses;

All sources of income for you and your spouse, if applicable; and

The amount of your resources, including bank account balances, vehicles, and other investments.

You can view our disability starter kit at [www.socialsecurity.gov/disability/disability\\_starter\\_kits.htm](http://www.socialsecurity.gov/disability/disability_starter_kits.htm).

Remember, we are there when you might be faced with one of the hardest obstacles of your life. Social Security helps secure today and tomorrow with critical benefits for people with severe disabilities, not just during retirement. Learn more at [www.socialsecurity.gov](http://www.socialsecurity.gov).

## SSA Question and Answer

### By Alan Edwards, Social Security Public Affairs

**Question:**

**If I receive Supplemental Security Income (SSI) disability benefits, what is the effect on my benefits if I work?**

**Answer:**

In most cases, your return to work would reduce your benefit amount. Unlike Social Security disability, there is no “trial work period” for people who get SSI disability benefits. If your only income besides SSI is from your work, you can earn up to \$1,551 in a month (in 2016) before we stop your payments. We have several publications about SSI, including *Reporting Your Wages When You Receive Supplemental Security Income*, available at [www.socialsecurity.gov/pubs](http://www.socialsecurity.gov/pubs). Note that there are other work incentives that can help you return to work when you receive SSI. You can read about them in *What You Need To Know When You Get Supplemental Security Income (SSI)*, also available at [www.socialsecurity.gov/pubs](http://www.socialsecurity.gov/pubs). For more information, visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Question:**

**What is substantial gainful activity?**

**Answer:**

We use the term “substantial gainful activity,” or “SGA,” to describe a level of work activity and earnings. Work is “substantial” if it involves doing significant physical or mental activities or a combination of both.

If you earn more than a certain amount and are doing productive work, we generally consider that you are engaging in substantial gainful activity. For example, the monthly SGA amount for 2016 is \$1,130.

For statutorily blind individuals, that amount is \$1,820. You would not be eligible for disability benefits. You can read more about substantial gainful activity and if your earnings qualify as substantial gainful activity at [www.socialsecurity.gov/oact/cola/sga.html](http://www.socialsecurity.gov/oact/cola/sga.html).

## SOCIAL SECURITY JOINS HISPANIC HERITAGE MONTH CELEBRATION

By Alan Edwards, Social Security Public Affairs

Social Security joins you and your family in celebrating Hispanic Heritage Month, which runs from September 15 to October 15.

We know the contributions of Hispanics can be traced to before the origins of the United States with the discovery, exploration, and naming of many places in our nation, such as state names like California, Colorado, and Texas and city names like San Antonio, Santa Barbara, and Boca Raton. Hispanics have influenced every facet of life, from language to our cultural development. Hispanics play a crucial role in American life.

The most important things to you are your family and maintaining the feeling of individuality through your language. That's why Social Security provides a website — [www.segurosocial.gov](http://www.segurosocial.gov) — with a variety of publications and services in Spanish that are important to you and your family.

If you need to apply for your first Social Security number or get a replacement Social Security card, we invite you to read our publications *Social Security Numbers for Children* and *Your Social Security Number and Card*.

We offer a toll free number, 1-800-772-1213, which provides automated instructions for Spanish speakers. We also try to have employees available on the phone and in many of our offices who speak Spanish. However, if you need an interpreter, you can go to [www.segurosocial.gov/espanol/interpreter.htm](http://www.segurosocial.gov/espanol/interpreter.htm) to find out more about our free interpreter services.

Just as grandparents help guide their grandchildren through life's journey, we at Social Security are with you throughout yours. The services we provide guide you through your journey from birth, with your first social security card, to your dream of a secure retirement.

You don't have to wait to find out what your retirement benefits may be. We provide the *Retirement Estimator*, one of our most popular online calculators, in Spanish. It offers instant, approximate estimates of your future retirement benefits. Try it for yourself at [www.segurosocial.gov/calculador](http://www.segurosocial.gov/calculador). Remember what your father wisely said to you: "It is up to this generation to secure our community's today and tomorrow."

Whether it's through our website, visiting one of our offices, or calling our toll free number, we at Social Security maintain our commitment of providing first-class service to the nation's growing Latino community.

To learn more, visit [www.segurosocial.gov](http://www.segurosocial.gov)

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

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

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