

IPG Meeting Notes

September 26, 2019, 9:00 a.m. – 3:30 p.m.

800 NE Oregon St., Portland, OR 97232, Room 1B

Public comment

No guests signed up to provide comments.

Oregon Housing Opportunities in Partnership (OHOP)

OHA housing coordinators presented information about OHOP, the Oregon Health Authority's (OHA) primary program for housing people living with HIV (PLWH) outside the Portland metro area.

- Housing supports health.
- Unstable housing and homelessness are associated with worse health outcomes for PLWH. Unstable housing and homelessness can involve stress, trauma, stolen medications, and lack of a mailing address for mail-order medications.
- Nearly 1 in 10 PLWH in Oregon report unmet housing needs.
- Challenges to housing can include low vacancy rates, limited studio or single bedroom apartments, limited transportation, and costs that often exceed 50% of clients' income.
 - Some clients are moving to more rural areas in search of affordable housing, but this can limit their access to social support and to quality healthcare.
- The majority of OHOP funds are focused on the I-5 corridor.
 - Transitional housing, long-term housing, and energy assistance supports are available.
 - Housing coordinators also help connect clients to other services (e.g., counseling, substance abuse treatment).
- Senate Bill 608 provides statewide rent control.
- OHA's HIV Community Services Program is contracting with HIV Alliance, EOCIL, and Multnomah County to develop supportive housing programs.
- The Ryan White "Secure" program allows units to exceed Federal Market Rates in exceptional circumstances. By the end of 2020, this program will extend to undocumented clients.



Discussion:

- What resources are currently available for undocumented clients?
 - Answer: Anyone can get on the waitlist, but proof of citizenship is required to initiate government services at this time. Non-profit organizations, however, are not required to document proof of citizenship.
- How can we better help people who are moving to Oregon from other states prepare to live and access services here?
 - Answer: That is a challenge. We do not have an outreach system to people in other states. People usually contact us after they have moved here. We try to provide clients with as many resources as possible. Additionally, Ryan White services are available in other states; those programs are also engaging clients.
- When and how can we develop a system that matches the inflation in housing so that clients on a waitlist don't spend time searching for housing options that don't exist?
 - Answer: Housing coordinators work hard to explore and deliver a range of services and discuss realistic options with clients.
- The housing coordinators work very hard and are an asset. Thank you for your work!

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Community co-chair election

We'd like to recognize members who have contributed a lot to this group.

- Thanks to our AETC members for coordinating an amazing two-day Continuum of Care Conference.
- We have certificates for Renee and Kevin, who have both been part of the IPG since the beginning and have served on the Operations Committee. They have now stepped down from the Operations Committee.



- We have two new Operations Committee members: Jeff and Alison. Thank you for your commitment to serving.
- We recently asked for co-chair nominations and want to thank the folks who put their names forth. It's wonderful that we have such committed members. Based on a vote by the Operations Committee, Benjamin Gerritz will continue as community co-chair for another two-year term. Benjamin has also been part of the IPG since the beginning, and he's been an incredible spokesperson for End HIV Oregon since its launch. He is committed to health equity, social justice, and addressing stigma - these efforts align with the goals of the End HIV Oregon initiative. Thank you for your advocacy, passion, knowledge, kindness, and contributions, Benjamin. It's an honor and pleasure to work with you.

Stipends

We are now offering all-inclusive stipends to cover food, travel, lodging, and parking, as well as time and contributions. This change is responsive to member suggestions. It's intended to reduce barriers to participation and show appreciation for members' contributions. Stipend recipients will receive a check after the meeting. The amount will be based on distance traveled (note: Some Portland residents are eligible too).

- Stipends are available to 1) IPG members who 2) request a stipend through the meeting RSVP form, 3) commit to participating in the full meeting in person and sign in at the meeting, and 4) are not already receiving payment for their time attending the meeting. Members who work for agencies receiving funding from OHA are expected to charge their IPG-related expenses to their grants and contracts.
- Travelers can now choose where they will stay and are responsible for finding their own lodging prior to meetings.
- There is no longer a need to complete a mileage reimbursement form.

Please contact Dano if you have questions.

Early Intervention Services & Outreach (EISO)

Background

- EISO supports all three End HIV Oregon goals.
- EISO activities include HIV testing, referral services, health literacy and education, access and linkage to care, and outreach.
- EISO activities are being implemented in 12 counties. Efforts by region are described below.

Multnomah, Washington and Clackamas counties

- Targeted HIV testing is occurring at clinics, homeless encampments, harm reduction program, disease intervention specialist field visits, and substance abuse treatment facilities.
- Washington County is expanding field testing and starting syringe exchange using a testing van.
- Viral suppression support involves regional coordination with the Ryan White Part A program, rapid ART initiation, and coordination with case management and treatment providers.
- Efforts to address stigma include the establishment of a sexual and reproductive health coalition in Clackamas County; outreach and education to service providers, healthcare providers, non-traditional providers, and Latinx communities.

Mid-Willamette and Central Coast

This region includes Linn, Benton, and Lincoln counties and the Confederated Tribes of Siletz.

- Lincoln County begun rapid HIV field testing and syringe exchange services.
- Benton and Lincoln created and/or expanded policies surrounding field testing.
- Benton County has added a Harm Reduction Health Navigator, funded through county cannabis revenue.
- Harm Reduction Workers hired for Lincoln, Linn/Benton, and Siletz.
- In Lincoln County, there has been an increase in the number of PrEP providers. The county has approved the purchase of a mobile testing van.
- Benton County developed an app to track harm reduction activities.

Marion County

- The county has new partnerships with Polk County.
- Through an agreement with HIV Alliance, the county is offering HIV and hepatitis C testing.
- A partnership with AETC has increased the number of providers who can prescribe PrEP
- The county's clinic hours have been expanded to non-traditional hours and can now accommodate walk-in clients for STD testing.
- To date, the county has had 29 HIV testing events focusing on disproportionately impacted populations, plus outreach with STD testing. The county has a new van to support outreach and testing, as well.
- The county is using social media to promote awareness and testing.



Lane County

- The health department subcontracts with HIV Alliance to provide testing and to follow up with clients who test positive for HIV.
- HIV testing efforts are focusing on young adults, people who inject drugs, people experiencing homelessness, inmate populations, and LGBTQ+ persons.
- Health literacy efforts include patient education, public education, and information about PrEP and nPEP.
- Linkage efforts connect clients to Partner Services, PrEP, HIV care services, harm reduction services, alcohol and behavioral health services, OHP, and more.
- Outreach has expanded, but is most prevalent in Eugene and Springfield.
- EISO funds have helped increase local capacity for disease investigation services.

Central Oregon

- Crook, Deschutes, and Jefferson counties have had a combined total of about 55 new HIV diagnoses from 2009-2018.
- The Community Advisory Board established a framework for addressing health disparities in Central Oregon and helped develop a key informant survey to use with clients at high risk for HIV.
- Since June 2018, there have been more than 100 outreach testing events, with more than 300 HIV tests conducted.
- The county is working with AETC to promote a best practice toolkit for providers, which addresses universal testing recommendations, PrEP, and more.
- The county has seen an increase in the number of PrEP providers.
- Staff participated in a radio series addressing sexual health.
- New linkage to care and data to care services seek to engage newly diagnosed PLWH as quickly as possible.

Jackson County

Jackson County Public Health (JCPH) has:

- Strengthened relationships with partners from diverse sectors of the community;
- Worked to develop field testing policies and procedures to expand services;
- Provided education, literacy, and referrals to high-risk populations;
- Increased on-and-off-site HIV testing and outreach with a wide variety of populations, including PWID, LGBTQ+, Latinx, and people experiencing homelessness.
 - Since January 2018, 208 people have been tested for HIV using EISO funds.
 - More than 2,600 people have been reached through outreach events.
 - The county's PrEP speaker program has helped establish 62 new PrEP prescribers.



Discussion

- What is being done to support access to STI testing around the state? STI rates are rising and it's not available everywhere.
 - Answer: Many EISO grantees are promoting and offering STI testing. Routine STI testing is part of PrEP maintenance. AETC provider education throughout Oregon is also promoting STI testing.
- More services are needed in Eastern Oregon.
- Eligibility for EISO funding included data related to syphilis cases, and some counties joined together to become eligible.
- How can we get more healthcare providers involved?
 - Answer: Form partnerships with local providers. Also, know that the AETC educates providers across the state on both HIV and STI screening and treatment, as well as cultural competence.

U=U Update

Since the last meeting when the IPG endorsed U=U (undetectable = untransmittable) messaging, HST obtained OHA approval to sign on as a supporter of [the Prevention Access Campaign's U=U consensus statement](#). There will be efforts both in Oregon and nationally to promote Oregon's commitment to U=U. These messages will be shared with the public, with providers, and other audiences. End HIV Oregon campaign materials and messages will be updated. We hope IPG members will encourage their organizations to sign on as well.

Digital partner services for STI/HIV prevention

OHA has been working on expanding the role of technology in HIV/STI prevention, which includes Digital Partner Services (DPS). DPS involves using websites, apps and other tools for HIV/STI case investigations. It is both voluntary and confidential.

Partner Services involves:

- Notifying named sex or injection partners of a potential STI exposure
- STI testing and treatment
- Risk reduction counseling
- Follow-up and referrals intended to connect clients to testing or treatment, prevent future reinfection or transmission, and improve health outcomes



Support for DPS is widespread.

- Oregon is committed to DPS as it is a data-driven strategy for addressing STIs and engaging people who we may not otherwise be able to reach (e.g., people experiencing homelessness who don't have a permanent address).
- The Centers for Disease Control and PRevention (CDC) strongly supports DPS.
- Most local public health authority staff who participated in a recent survey have heard of and are generally supportive of DPS. Staff frequently use texting, email, and Facebook as part of their work.

Oregon's DPS work is informed by multiple efforts, including a literature review, trainings, and surveys of local health authorities.

Barriers to DPS include 1) convincing county IT departments or management of the importance of DPS and 2) training on using social media sites and applications.

Resources:

- <https://www.bhocpartners.org/>
- <https://tellyourpartner.org/>
- <https://oregonreminders.org/>
- <https://www.preptechyth.org/#/home>

OHA's next steps include clarifying technical assistance resources and building a resource portal for DPS.

Harm reduction

Background

A couple of projects predated and informed the update presented, including:

1. Viral Hepatitis Epidemiologic Profile

In 2014, Oregon's published its first viral hepatitis epi profile which found:

- A high prevalence of hepatitis C in rural Oregon
- Oregon's hepatitis C virus (HCV) mortality (death rate) is twice the national average
- Key racial disparities and an association with injection drug use among younger HCV cases

The Epi profile was widely disseminated, including a report, presentations, CD summary and media led to the launch of the Viral Hepatitis Action Plan development process and the formation of the Viral Hepatitis Collective which is still active.



2. The Oregon HOPE (Hepatitis HIV Overdose Prevention and Engagement) Study

A multilevel rural study with formative and intervention activities that piloted in Douglas and rural Lane counties and in its next phase will expand to other rural southern and coastal counties.

Results from the OR-HOPE Study have been shared in presentations to local community stakeholders, the IPG (March 2019), CCO and Alcohol and Drug Policy decision-makers and more. The OR-HOPE study spurred the development of the Oregon SUD Syndemic model that was shared at OR-EPI in 2019, a CD summary of infections related to injection drug use, and publications related to rural methamphetamine use that are in press.

Harm Reduction Activity Updates

The “Harm Reduction and Syringe Services Program (SSP) Planning and Implementation Guide” was developed through funding to the states to support opioid crisis response activities.

- OHA received input from partners to develop a Harm Reduction and SSP Planning & Implementation Guide.
- The guide is available online and can be printed in hard copy.
- The intention of the guide is to build capacity to launch and sustain SSPs. It includes tools, templates, sample documents (e.g., budgets, protocols), and a resource library. The draft guide can be viewed here [insert link from Jude]. Feedback is welcome and may be shared with Jude.
- Once the guide is reviewed by OHA, the webpage will become searchable on public engines.

Hepatitis C/injection drug use outbreak vulnerability assessment

Through the same opioid crisis response funding, OHA conducted an assessment to better understand Oregon counties’ vulnerability to injection drug use-related disease clusters and outbreaks. Four items were independently associated with chronic HCV among people under age 30 (a proxy for acute HCV and for injection drug use):

1. High intensity drug trafficking areas
2. Premature death rate
3. The proportion of households with no vehicle
4. Risky opioid prescribing rate

While all counties in Oregon are vulnerable to injection drug use related clusters and outbreaks, some may be more vulnerable than others. For the vulnerability assessment, a vulnerability score was calculated based on the independently associated variables (noted above). The counties were then ranked by the calculated injection drug use related infectious disease cluster or outbreak vulnerability score and the list was divided into five groups (quintiles) The counties in the highest group of vulnerability assessment scores included: Douglas, Coos, Multnomah, Malheur, and Curry.



We were able to immediately use the vulnerability assessment rankings along with other factors such as county-level data on injection drug use related bacterial infections, HCV infections in persons under 40 years of age, and under resourced county HIV and HCV prevention in an application for supplemental funding to increase hepatitis B and C screening and linkage to care for persons who are injecting drugs in rural areas.

Oregon was awarded CDC funding to support these efforts and will be working collaboratively with these Malheur, Umatilla, and Klamath counties to increase hepatitis B and C screening and linkage to care among persons who inject drugs.

Next steps for the Vulnerability Assessment include sharing findings and recommendations with more community partners, health officers and other decision-making groups. The IPG is one of the community partners on the dissemination list for the vulnerability assessments findings.

Eastern Oregon PRIME (Peer Recovery in Medical Establishments+)

Eastern Oregon will be implementing new services from September 2019 through August 2020.

- In Umatilla, Malheur, and Klamath counties, peer support specialists will be supporting HIV and HCV screening for people who present to an Emergency Department (ED) following an overdose or with an IDU-related infection, with injection drug use in their history, or who are hospitalized with an injection drug use related infection.
- The peers will also support linkage to preventive care and testing (e.g., STD testing, PrEP, hepatitis A and B vaccination), overdose prevention (e.g., naloxone, linkage to substance use treatment), and harm reduction interventions (e.g., education, syringe access).

Discussion

Why did Oregon examine chronic HCV in people under age 30 rather than acute HCV as CDC has done?

- Answer: Oregon has relatively few acute HCV cases reported, and it's likely that most chronic HCV cases in young people are acute.

Why does Oregon have twice the national rate of chronic HCV?

- Answer: We don't know, but possible factors might include poverty and the prevalence of injection drug use, including methamphetamine use.

Peer services are important.

- Peers have a special skill for bridging the gaps between patients and providers.
- Peer outreach is so important because some people will never feel comfortable coming to a syringe exchange site.
- Peer-to-peer wound care is helpful because of the resistance to seeking medical care (due to past experiences of stigma).

How does one become a peer specialist?

- Answer: There are 5 different peer specialties. There has been some work done to help healthcare systems bill and pay peer specialists for their time. Multnomah County will pay for training and certification.

