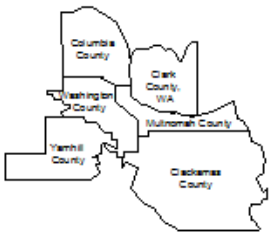
Portland Area HIV Services Planning Council

Advocacy and planning for people affected by HIV in the Portland metro area

Ryan White Program, Part A



Meeting Minutes

Meeting Date: October 7, 2025

Approved by Planning Council: November 4, 2025

Grantee: Multnomah County Health Department

Multnomah County

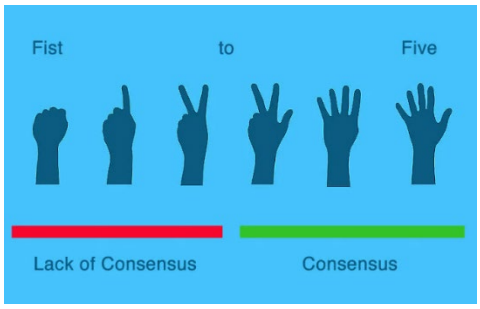
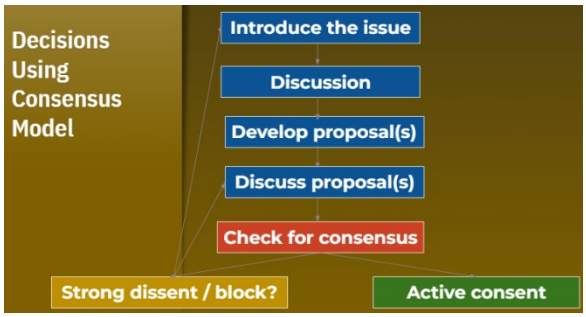
Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, October 7, 2025, 3:00 – 6:00 pm
Southeast Health Center (and Zoom meeting)

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Nick Tipton called the meeting to order at 3:00 PM.
Welcome & Logistics	Nick Tipton welcomed everyone to the meeting and reviewed logistics. Scott shared a budget document with Planning Council members.
Candle Lighting Ceremony	Shaun offered the Candle Lighting in remembrance of Robbie Orr.
Announcements & Introductions	Attendees introduced themselves. Announcements • Welcome to new members: Eric Cockley, José Maidana Cejas, and Barry Walden • National Latinx AIDS Awareness Day is October 15 • World AIDS Day is December 1 and working to get a proclamation together. Let us know if you are interested in helping! • Reminder to please complete evaluations of the meeting today. • Guidance Committee- looks at aspects of Standards and elements of Needs Assessment to help make sure needs are met. Need members!
Agenda Review and Minutes Approval	The meeting minutes from the July 2025 retreat were approved by unanimous consent at meeting. After October meeting, Scott M. requested that the FY26-27 Proposed Allocations chart be added. The agenda was reviewed by the Council, and no changes were made.
Public Testimony	None. Please invite members of your community to provide public testimony.
Annual Forms & Training	*Presenter: Scott Moore & Nick Tipton* *See presentation slides.* *Summary of Discussion:* Forms to be completed by members and returned to Aubrey Daquiz: • Code of Conduct (including Council Participation Guidelines) • Multnomah County Personnel Policies (applicable to volunteers)

Item**	Discussion, Motions, and Actions

	• Conflict of Interest (COI) & "Provider neutral" approach
	  ○ Conflict of interest: an actual or perceived interest by the member in an action that results or has the appearance of resulting in personal, organizational, or professional gain.
	  ○ "Provider neutral": speak about service categories, not providers
	• In addition to paper copies at this meeting, these documents are on the shared drive and were emailed to members prior to the meeting
	
	Discussion
	• Clarification that no political activities are to occur in the service of the Planning Council.
	• Attempts to stay provider neutral maintains focus on the services funded vs. making it personal about one agency/provider
	
	Consensus model
	Fist to Five
	 
	
	Decisions Using Consensus Model
	 

Planning Council Values	Members reviewed values they committed to at the PSRA session in July.

Overview of FY25-26 Services	Members reviewed Service Categories by matching services on flip chart with the printed definitions/uses in our local system.
	
	• Clarification of the 75/25% element of core versus additional services.
	• Service categories- occasionally there is just one agency receiving that category of funding. Can be distinct work from what you perceive as a client. Deliverables are distinct by services.
	• Can we change the name of Minority AIDS Initiative (MAI)?
	  ○ We can call it something else locally
	  ○ No specific suggestions on what to call it. Perhaps we can refer this issue to a specific committee.
	• How does public or anyone receiving services give feedback to HGAP about gaps? How does HGAP evaluate services?

Item**	Discussion, Motions, and Actions
	○ Increase data for Needs Assessment, public comment to PC, if complaints or grievances are made they come to HGAP as well. How to link RW funding to services and encourage feedback.
FY25-26 Spending Update (see slides)	**Background/Context:** • There is not a playbook for navigating these times. • Overall, spending is steady, HGAP contract management generally going well and HGAP has close communication with all subrecipients. • This year has been unusual - HGAP received multiple partial awards. ○ HGAP developed contracts with estimated budgets for March 2025 the actual funding amount wasn't confirmed until August ○ We received less money than anticipated, and only have about $48k left to allocate. Proposing fix today including reassigning Medical Transportation funds. **Spending overall** • Spending to date aligns with about 50% goal for mid-year. More on track than last year. ○ Note: Since table shows "allocations", Medical Transportation should be included. It was noted on the side of slide for space. • Not concerned about those with over 50% spending - will work with service providers, also working with those who are a little low. **Discussion** • It's important to have more consistent reports from HGAP re: spending and budget reconciliation, PC voted for funding for EFA last year, and it's helpful to have clear fiscal language. • Ops has requested quarterly updates, something HGAP can do. • Need to prepare for a cut next year, especially with carryover unlikely. • Medical Transportation: Will take HGAP a little longer to do needs assessment, not area of expertise, limited staff capacity, so suggest not putting funds in this service category this year. Doing mapping, have lead with national TA provider with experience doing this type of transportation planning. • Q: Is it possible to partner with Ride to Care? • A: Yes, they are on our list along with other transportation providers, but limitations to all systems, can't work for everyone in TGA, should help people get to medical appointments, psychosocial support services, etc. Medical Transportation is a priority for the Guidance Committee as it currently doesn't have Standards of Care.
DINNER BREAK	

Item**	Discussion, Motions, and Actions
FY25-26 Reallocation Proposal (see slides)	**3 requests for the PC to consider:** 1. Zero out Medical Transportation for this year, focus on getting contract(s) in place next year 2. Move funds to Medical, Mental Health, Food 3. Option to give HGAP permission to move smaller amounts of money under either 10% per service category or $10,000 between service categories as needed to ensure spenddown (as approved in previous Council years and per HRSA guidance). *Note: MAI funds were increased by federal funder; PC/HGAP does not decide this.*

	In contract September	Changes proposed	Approved October
Medical	$ 844,930	10,998	$ 855,928
Mental Health	$ 273,029	15,191	$ 288,220
Oral Health	$ 21,406		$ 21,406
Medical Case Management	$ 1,200,077		$ 1,200,077
MAI-Medical Case Management	$ 152,032	7,039	$ 159,071
Early Intervention Services	$ 168,447		$ 168,447
Substance Abuse Treatment	$ 155,502		$ 155,502
Psychosocial Support	$ 420,685		$ 420,685
Food/Home Delivered Meals	$ 74,368	15,190	$ 89,558
Non-Medical Case Management	$ 150,398		$ 150,398
Emergency Financial Asst	$ 100,000		$ 100,000
Medical Transportation	0	0	0
	$ 3,560,874	48,418	$ 3,609,292

A few changes re: budget for program income from Part B

- Medical Case Management was allocated an additional $101,522
- Mental Health was allocated an additional $15,000
- OHA made a change affecting funding for two Ambulatory Medical staff, so OHA has backfilled $350,000 to cover those positions through HGAP.

Question: Do the subrecipients in these service categories believe they can use these dollars? Yes, we have been having conversations with subrecipients about where they may be underspent or could use additional funds.

Motion to adopt reallocations as proposed by HGAP, seconded.
Consensus check: Some are not ready to proceed

Item**	Discussion, Motions, and Actions
	Comment: Washington County seeing more complex cases, can't get medical motel vouchers for clients coming out of jail, funding affects ability to manage complex cases, a higher proportion who are not virally suppressed, increasing risk of onward transmission • Concern with adding funding to Medical when we can't even get some clients linked into care (e.g. clients coming out of jail with SUD who are not engaged in care so can't even get to Medical) • OCEAN grant is for State prisons not County jails, we need to keep stopping another case of HIV up on our list Question: Is there a specific service category to fund? (e.g., Housing, Substance Use, Early Intervention). Medical Transportation was a need brought to our attention and we jumped on it; working in crisis mode. • Washington County tries to engage folks not engaged in care with SUD, mental health, incarceration; can work with discharge planner, another service provider for case management, intakes for case management, housing, etc. So many people working with them but if someone is released without a place to go and can't get to care, long-term housing wait is 1-2 years and medical motel vouchers have a very specific eligibility criteria. They might get on list of shelters but once released from jail, I can't get a hold of them, lose phone, try to work with PO, concern with Medical Transportation (What if they live in Yamhill County and losing insurance?). Setting folks up to fail? Responses • We have to make a reallocation decision with specific categories that can be spent in a short period of time. That could be many categories, and can this complex issue be addressed in the next few months? • Later, we will look at panel priorities as part of needs assessment, understanding of what are our needs, and we need to make a commitment to needs assessment process Proposal: Move 10k for Medical to EIS with guidance that they go to medical motel vouchers? • Question: Can we change EFA requirements to include housing considering the Oregon needs? • Likely a multifactorial approach needs to be applied to this situation • Feedback: We're down to the wire and pushed to make a decision. It shouldn't be that way. Every time, allocations go to Medical, but incidence and recent diagnoses have not decreased in Oregon • Council discussed lower testing uptake among Spanish-speaking youth in specific neighborhoods and the need for bilingual outreach, expanded hours, transportation, and PrEP linkage • Reminder: Reallocation is not the same as PSRA process

Item**	Discussion, Motions, and Actions
	• Consider a both/and scenario: HGAP can work with EIS subrecipient to understand barriers better; money isn't always what's needed to address barriers (e.g., lack of staffing) • Medical is one of least needed categories for more money considering 44% spent, need better indication of where to spend money ○ 44% isn't only factor to consider when determining need • Comment: Medical would be expected to spend every last penny considering current climate and rising costs • Comment: When look at % spent, consider agencies have a variety of funding streams and may spend them out at different times of year **Motion to accept HGAP proposal, seconded. Consensus to move forward** • Member expressed it's tough when not given time to make decisions • HGAP appreciated Council's openness to share passions and concerns
Meeting Schedule & Committee Reports	*Presenters: Aubrey Daquiz, Scott Moore & Julia Lager-Mesulam* *Summary of Discussion:* See slides. *Presenters:* *Summary of Discussion:* See slides. Operations Committee Membership BIPOC Data Review Committee • Formed to empower, educate, interpret data through the lens of marginalized communities • Meets quarterly - next meeting Oct 17 @ 10am • BIPOC clients, staff, community advocates • Discussed Roundtable Discussion results & opportunities for dissemination • Other data of interest (Rapid Start info, new diagnoses data) • Discussed recruitment strategies • Younger people, Trans/non-binary Guidance Committee • Currently recruiting and open to all PC members • Guidance to the recipient (HGAP) on how best to meet priorities, sometimes referred to as "directives," involves: ○ instructions to follow in developing requirements for subrecipients in the provision of RW HIV/AIDS Program HIV core medical and support services.

Item**	Discussion, Motions, and Actions
	○ usually addresses populations to be served, geographic areas to be served, and/or service models or strategies to be utilized.
Planning Council Panel Priorities	*Tabled for virtual input and vote.*
Evaluation and Closing	Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation. Next meeting: Tuesday, November 4, 3:00-6:00 PM, in person at Southeast Health Center
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	**X**		Heather Leffler, she/her		**E**
Chautauqua Cabine, she/her		**A**	Sean Mahoney, he/him	**R**	
Eric Cockley	**X**		José Maidana Cejas	**X**	
Steven Davies	**X**		Robert Middleton, all pronouns	**X**	
Carlos Dory, him/his	**R**		Scott Moore, he/him (Co-chair)	**X**	
Michelle Foley, they/them	**R**		Jamal Muhammad, he/him	**X**	
Greg Fowler, he/him	**R**		Diane Quiring, she/her	**X**	
Jeffrey Gander, he/him		**A**	Tessa Robinson, she/her	**X**	
Kris Harvey, he/him	**X**		Scott Strickland, he/him	**X**	
Shaun Irelan, he/him	**X**		Nick Tipton, he/him (Co-chair)	**X**	
Lorne James, he/him	**X**		Bee Velazquez, she/her/ella	**X**	
Chris Keating	**X**		Barry Walden	**X**	
Julia Lager-Mesulam, she/her	**X**		Abrianna Williams, she/her	**R**	
Robb Lawrence, he/him	**X**				
HGAP Staff			**Guests**		
Sandra Acosta Casillas	**X**		ASL Interpreters (Denis, Gina)	**RR**	
Aubrey Daquiz, she/her	**X**		Quinn Rembold	**X**	
Sophie Homolka			Troy Preble	**X**	
April Kayser, she/her	**X**		Michael Thurman	**R**	
Britt Sale, she/her			Dale Sattergren	**R**	
Derek Smith, he/him	**X**		Patricia Sandoval	**R**	
Grace Walker-Stevenson, they/them			Fabian Primera	**R**	

* R = Attended Remotely (for an in person meeting); A = Unexcused Absence; E = Excused Absence; L = On Leave