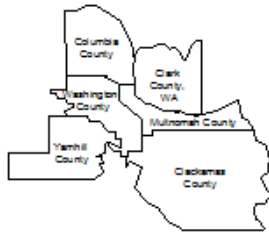




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: June 3, 2025

Approved by Planning Council: July 10, 2025

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council

MEETING MINUTES

Tuesday, June 3, 2025, 3:00 – 6:00 pm

Southeast Health Center 3653 SE 34th Ave, Portland, OR 97202

AGENDA

Item **	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 3:00 PM.
Candle Lighting Ceremony	Scott Strickland lit the candle in memory of Stephen L.
Welcome, Logistics. Announcements & Introductions	<p>Scott Moore welcomed everyone to the meeting and reviewed meeting logistics.</p> <ul style="list-style-type: none">• Please say your name when you speak, and turn on your camera, when possible.• Please raise your hand (physically or virtually) or type questions in the chat box.• We will mute/unmute folks (online) as needed during the meeting.• If you're calling in, please mute yourself to minimize background noise, unless you have a question/comment.• We will be recording this meeting. <p>Scott discussed moving into this difficult process with intentionality. Moments of reflection will be built into these two meetings (June and July), to encourage slowing the process down even when it feels like we need to push forward quickly.</p> <p>The group reviewed the HIV Services Planning Council Vision Statement: We envision a region that actively ensures that all people living with HIV/AIDS have access to high quality care, free from stigma and discrimination, and where new HIV infections are rare.</p> <p>Attendees introduced themselves and provided a one word check in.</p> <p>Announcements</p> <ul style="list-style-type: none">• Welcome April Kayser, new Program Specialist Senior with HGAP!• PC Membership Office Hours: Fri. 6/6, 2:30-3:30pm• PSRA Process Mapping Round #1 has wrapped<ul style="list-style-type: none">○ Solutions will be incorporated into June/July meetings○ Next meeting Mon. 9/15, 1:00-2:30pm• Funding Update re. Mountain West AETC<ul style="list-style-type: none">○ Dramatic cuts to current budget

Item **	Discussion, Motions, and Actions	
	<ul style="list-style-type: none"> Have not yet received notice of award; have been told it is “on the way” Evaluation reminder <p>The group reviewed the Council Participation Guidelines (see slide).</p>	
Public Testimony	<p>None.</p> <p>Please invite members of your community to provide public testimony. Complete the form at https://tinyurl.com/PC-YourVoice</p>	
Agenda Review and Minutes Approval	<p>The meeting minutes from the May 6, 2025, meeting were approved by unanimous consent.</p> <p>The agenda was reviewed by the Council, and no changes were made.</p>	
Co-chair & Ops Elections	<p><i>Presenters: Julia & Kris</i></p> <p>Nominees were invited to make short statements.</p> <p>Co-Chair Election (1 position) Nominated: Scott Moore Decision: Scott Moore is unanimously re-elected as Council Co-Chair.</p> <p>Operations Committee Election (3 positions) Nominated: Bee Velasquez, Jamie Christianson, Julia Lager-Mesulam, Shaun Irelan Decision: Jamie Christianson, Julia Lager-Mesulam and Shaun Irelan are elected as Operations Committee members.</p>	
Final Expenditures & Carryover Request	<p><i>Presenter: Derek Smith</i></p> <p>See slides and below</p> <p>Final fiscal closeout completed.</p>	
Program Income from Part B	<ul style="list-style-type: none"> Budget \$3,651,655 Carryover from last year \$255,151 Expenditures \$3,693,531 (94.54%) Remainder \$213,275 None of these dollars are lost, as they will be carried over to next year 	<p>Part A</p> <ul style="list-style-type: none"> Have not received full award for new fiscal year <ul style="list-style-type: none"> have received two partial awards told the final award is on its way Budget \$3,518,694 Carryover from last year \$148,802 Expenditures \$3,667,696 (96.99%) Remainder \$110,377 (carryover may not be approved) Reasons for carryover: Contract issues & vacant position meant less ability to monitor subcontractor spending

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	<p>Carryover changes</p> <ul style="list-style-type: none"> • Learned during HRSA site visit that HRSA is more and more skeptical about carryover • We have been advised to “leave nothing on the table” • Difficult to spend every dollar because we are a government agency with a lot of contracts • Have gotten some good ideas from HRSA about small investments in priority communities, other flexible ways • HGAP will be working hard to spend all funds for this fiscal year <p>Request for Part A carryover: \$110,377</p> <ul style="list-style-type: none"> • It’s very possible this year’s carryover request will not be approved • Recommend investing in a special project with one-time dollars. • If approved, these dollars would be allocated in the Summer/Fall. • Two proposals <ul style="list-style-type: none"> ○ Option Music: invest in a Medical Transportation model arrangement to better serve clients from outlying counties and ensure access to network services. ○ Option Chess: invest in Medical Case Management to work on reducing caseloads and wait times per staff and client request • Other ideas are welcome, but encourage these <p>Q: Have you asked current providers about spending these dollars?</p> <ul style="list-style-type: none"> • Some program areas that can consistently spend any “extra funds” provided to them <p>Q: Have you connected with transportation providers already? Eight months is not long to set up</p> <ul style="list-style-type: none"> • Most of these dollars would be for a staff person to coordinate transportation <p>Q: Can we think about using these dollars to backfill any MAI shortfall from potentially losing funds?</p> <ul style="list-style-type: none"> • A: There is no shortfall yet, as we don’t know yet whether or not MAI will be cut. Also, these funds may well also not be approved, so it is probably not a good backfill option. <p>Q: Why are we only looking at these two options, instead of everything else?</p> <ul style="list-style-type: none"> • A: The role of HGAP is to advise us on the ability of contractors and service categories to spend funds. • A: Every county that is not Multnomah County has mentioned transportation needs. • We don’t know if funding will be flat forever • We need to presume these will be one-time dollars • There are many options, but these are current proposals. <p>Q: Both of these are very needed services, but don’t see plans – can we achieve these goals with this amount of money? How long would that funding last for these two things? Because these are short term funds, would need to have limited duration positions</p> <ul style="list-style-type: none"> • We don’t know how long it would take to spend transportation funds, as clients who cannot currently get to care may be self-rationing • Would this be seed funding, with an understanding that there would be further commitment? Or would we set it up and then drop it? • If approved, funds would arrive in summer/fall, and need to be spent by end of February • Make it as simple as possible for HGAP, put it in one category • In the past HGAP has only provided one option

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	<ul style="list-style-type: none"> • Presently one provider provides gas cards, bus tickets, cab rides. These funds could be spent down by current subcontractors. Unless HGAP was going to add a new contractor? • For medical case management, this could be spent, but it won't increase staffing. It would only relieve burden on other grants. • This is still very early. If the PC makes a plan and the situation changes, the PC plan can be reconsidered. • Re MCM, how can we get it higher for the patient than that? We are really in need of that funding. How can we make this a higher priority? And how strict are the rules on spending? Is it only for new clients? Can it be used to pay rent? A: MCM can be made a higher priority if you all vote for that and services are not only for new clients. Rent assistance would go through Housing funds. Additional input on supporting high needs clients would go through the Service Guidance. • Suggestion: give these funds to emergency funding assistance • The Council recently gave \$100K to EFA (previously funded at \$10K-20K). HGAP suggests that we not select EFA for these funds at this time, but can possibly reconsider later reallocation based on need. <p>Decision: Option music (medical transportation) has been approved by consensus</p>
Needs Assessment	<p><i>Presenter: Aubrey Daquiz</i> See slides.</p> <p>Aubrey Daquiz reviewed the needs assessment, highlighting which needs are currently funded by Part A and which emergent needs are not yet.</p> <p>Thanks to Aubrey for synthesizing this information.</p>
Discuss & Finalize Service Priorities	<p><i>Presenter: Nick Tipton</i> See slides.</p> <p>How do we prioritize where we put our funding? What areas are we going to continue to fund or add funds? Are there any areas that we are going to discontinue funding?</p> <p>What are the three priorities it is important that the Council fund? Prioritization will help both with initial allocations and with later reallocations. This allows us to have a shared understanding as a Council. Goals are to make sure PLWH have access to care and stay engaged in care. What do we need to fund to make that happen?</p> <p>FY25-26 priorities were mental health, medical case management, and housing Prior to FY25-26, we had not included housing as a priority because it was funded in Part B. Last year it was included as a priority due the inability of Part B to fund housing in Clark County. That is not an issue this year.</p>

Item**

Discussion, Motions, and Actions

Request: a list of service priorities for the last five years. Over the last five years there have been many changes in the world, including a pandemic.

Service Categories	GY21-22	GY22-23	GY23-24	GY24-25	GY25-26
Ambulatory/Medical Care		X		X	
Health Insurance					
Mental Health	X	X	X		X
Oral Health				/	
Medical Case Management				X	X
Minority AIDS Initiative					
Early Intervention Services (EIS)					
Substance Use Disorder (SUD) Treatment		/			
Housing Services (not currently funded by Part A)	X	X	X	X	X
Psychosocial Support					/
Food			X	/	/
Non-Medical Case Management					
Emergency Financial Assistance	X	/			

X: top 3 priority
/: additional priority

Note: For 22-23, 5 priorities were identified. For 24-25 and 25-26, three top priorities were identified but funds were added to two other categories in the proposed allocation.

The Council allowed time for individuals to consider:

(1) if any new services need to be added, and

(2) which 3 services we need to prioritize.

Discussion

Q: Are there services that we do not currently fund that the Council feels we need to add?

Proposal: Medical transportation

Q: Ride to Care – do we access those services? A: Ride to Care is a commonly utilized resources, it is insurance dependent (including through OHP). There are other providers, depending on insurance.

One-on-one pharmaceutical consults with HIV patients, or change how we get pharmaceutical info to the clients. It’s not enough to discuss with the doctor; they don’t always know about interactions.

Q: Is there a service area outside of ambulatory care that would cover this?

Some insurances provide this service via peer navigators

Within medical, these conversations are sometimes under nurse case management, while other clinics have pharmacists embedded.

Which service category would that fall under?

This is a service that is offered in this TGA, it’s just a matter of which category

Structural question: If we add a service category to our list, are we required to fund it? A: We don’t necessarily need to immediately add funds, but we

Item **	Discussion, Motions, and Actions
	<p>would need to start the process of adding guidance. Anything we don't add funds to will go away.</p> <p>Decision: Medical transportation is added as a service category by majority vote.</p> <p>Which 3 services do we need to prioritize?</p> <p>TABLED due to lack of time. A preliminary vote will be conducted online, and reviewed at the July meeting.</p>
Discuss & Vote on Guidance Updates	<p><i>Presenter: Scott Moore & Lorne James</i></p> <p>See slides.</p> <p>TABLED due to lack of time. A preliminary vote will be conducted online, and reviewed at the July meeting.</p>
Committee Reports	<p><i>Presenters: Scott Moore, Nick Tipton</i></p> <p>TABLED due to lack of time.</p>
Local Data for Awareness Day (if time permits)	TABLED due to lack of time.
Evaluation and Closing	<p><i>Presenter: Nick Tipton</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your meeting evaluation.</p> <p>Next meeting: Melody Event Center, July 10, 2025, 10:00am-4:00pm</p>
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Heather Leffler, she/her	X	
Chautauqua Cabine, she/her	X		Sean Mahoney, he/him		E
Steven Davies	X		Robert Middleton, all pronouns	X	
Carlos Dory, him/his	X		Scott Moore, he/him	X	
Michelle Foley, she/they			Jamal Muhammad, he/him	X	
Greg Fowler, he/him	X		Diane Quiring, she/her	X	
Jeffrey Gander, he/him			Scott Strickland, he/him	X	
Kris Harvey, he/him	X		Tessa Robinson, she/her	R	
Shaun Irelan, he/him	R		Nick Tipton, he/him (Co-chair)	X	
Lorne James, he/him	X		Bee Velazquez, she/her/ella		E
Chris Keating		E	Shane Wilson, he/him		A
Julia Lager-Mesulam, she/her	X		Abrianna Williams, she/her	R	
Robb Lawrence, he/him	X				
HGAP Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreter – Malina	R	
Aubrey Daquiz, she/her	X		ASL Interpreter – Jade	R	
Jenny Hampton, she/her (Recorder)	X		Ashley Allison, OR AETC		
April Kayser, she/her	X		Nathalie Wigginton, she/her, Field Reimbursement Manager for ViiV Healthcare	R	
Britt Sale, she/her			Shimere Harrington	R	
Derek Smith, he/him	X		Dale Sattergren, OPCA HIV/STI Program	R	
Grace Walker-Stevenson, they/them					
Sophie Homolka, she/they					

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