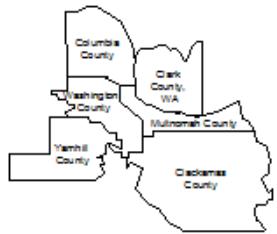




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: November 4, 2025

Approved by Planning Council: December 2, 2025

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council

MEETING MINUTES

Tuesday, November 4th, 2025, 3:00 – 6:00 pm
Southeast Health Center (and Zoom meeting)

AGENDA

Item **	Discussion, Motions, and Actions
Call to Order	Scott called the meeting to order at 3:05 PM.
Welcome & Logistics	Scott welcomed everyone to the meeting and reviewed logistics.
Candle Lighting Ceremony	Julia offered the Candle Lighting in remembrance of Daniel Goldstein.
Announcements & Introductions	<p>Attendees introduced themselves and shared a Fall favorite.</p> <p>Announcements</p> <ul style="list-style-type: none">Reminder to please complete evaluations of the meeting today.Reminders about Evaluation form, continuing to recruit for committees, and World AIDS Day plans for Wednesday, December 3rd at noon.
Agenda Review and Minutes Approval	<p>The agenda was reviewed by the Council for the day.</p> <p>The meeting minutes from the October Planning Council were reviewed. Amendments were offered by Steven Davies to use language that is less stigmatizing, and also pairs risk factors/identities with barriers and factors we can address like hours of service, language needs, transportation, and other linkages:</p> <ul style="list-style-type: none">“people not virally suppressed and spreading HIV” → “a higher proportion who are not virally suppressed, increasing risk of onward transmission.”“number of people spreading HIV hasn’t been going down” → “incidence and recent diagnoses have not decreased.”Add “Council discussed lower testing uptake among Spanish-speaking youth in specific neighborhoods and the need for bilingual outreach, expanded hours, transportation, and PrEP linkage.” <p>Motion: Steven moves to replace the language in the minutes. Second by Bee. Decision: The Planning Council shared consensus in adopting these changes.</p> <p>Motion: Jeffrey moves to approve these modified minutes. Scott offers a second. Decision: The PC adopts by consensus.</p>

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	<p>Aubrey presents an addendum to the July PSRA budget that was offered to the July minutes at request of co-Chair Scott. Note: the actual Notice of Award values that arrived in August and were added to the budget shared in July.</p> <p>Addendum to July Minutes - PSRA Allocation decision (Baseline/Flat Budget)</p> <p>FY26-27</p> <table border="1"> <thead> <tr> <th colspan="2">Service</th> <th>Change by percent?</th> <th>\$ Increase by %</th> <th>Specific Changes</th> <th>Total Request</th> </tr> </thead> <tbody> <tr> <td>Medical Care</td> <td>X</td> <td>Y</td> <td>(50,696)</td> <td></td> <td>794,234</td> </tr> <tr> <td>Mental Health Services</td> <td>X</td> <td>Y</td> <td>(16,382)</td> <td></td> <td>256,647</td> </tr> <tr> <td>Oral Health Care</td> <td></td> <td>Y</td> <td>(1,284)</td> <td></td> <td>20,122</td> </tr> <tr> <td>Medical Case Management</td> <td>X</td> <td>Y</td> <td>(72,005)</td> <td></td> <td>1,128,072</td> </tr> <tr> <td>MCM Minority AIDS Initiative</td> <td></td> <td></td> <td>-</td> <td>6,468</td> <td>158,500</td> </tr> <tr> <td>Early Intervention</td> <td></td> <td>Y</td> <td>(10,107)</td> <td></td> <td>158,340</td> </tr> <tr> <td>Substance Abuse Treatment</td> <td></td> <td>Y</td> <td>(9,330)</td> <td></td> <td>146,172</td> </tr> <tr> <td>Housing Services</td> <td></td> <td></td> <td>-</td> <td></td> <td>-</td> </tr> <tr> <td>Psychosocial Support Svcs</td> <td></td> <td>Y</td> <td>(25,241)</td> <td></td> <td>395,444</td> </tr> <tr> <td>Food/Home-Delivered</td> <td></td> <td>Y</td> <td>(4,462)</td> <td></td> <td>69,906</td> </tr> <tr> <td>Non-Medical Case Management</td> <td></td> <td>Y</td> <td>(9,024)</td> <td></td> <td>141,374</td> </tr> <tr> <td>Emergency Financial Assistance</td> <td></td> <td></td> <td>-</td> <td>140,000</td> <td>140,000</td> </tr> <tr> <td>Medical Transportation</td> <td></td> <td></td> <td></td> <td>50,000</td> <td>50,000</td> </tr> <tr> <td>Total Service Allocation</td> <td></td> <td></td> <td>(198,531)</td> <td>196,468</td> <td>3,458,811</td> </tr> </tbody> </table> <table border="1"> <tbody> <tr> <td>Subtotal Core Services</td> <td>enter % change</td> <td>2,662,088</td> </tr> <tr> <td>Percentage in Core Services</td> <td>allocation goal</td> <td>77.0%</td> </tr> <tr> <td>Subtotal Support Services</td> <td>difference</td> <td>606,724</td> </tr> <tr> <td>Percentage in Support Services</td> <td></td> <td>17.5%</td> </tr> </tbody> </table> <p>Motion: Julia moves to include this July addendum. Seconded by Bee. Decision: Consensus agreement by the PC.</p>	Service		Change by percent?	\$ Increase by %	Specific Changes	Total Request	Medical Care	X	Y	(50,696)		794,234	Mental Health Services	X	Y	(16,382)		256,647	Oral Health Care		Y	(1,284)		20,122	Medical Case Management	X	Y	(72,005)		1,128,072	MCM Minority AIDS Initiative			-	6,468	158,500	Early Intervention		Y	(10,107)		158,340	Substance Abuse Treatment		Y	(9,330)		146,172	Housing Services			-		-	Psychosocial Support Svcs		Y	(25,241)		395,444	Food/Home-Delivered		Y	(4,462)		69,906	Non-Medical Case Management		Y	(9,024)		141,374	Emergency Financial Assistance			-	140,000	140,000	Medical Transportation				50,000	50,000	Total Service Allocation			(198,531)	196,468	3,458,811	Subtotal Core Services	enter % change	2,662,088	Percentage in Core Services	allocation goal	77.0%	Subtotal Support Services	difference	606,724	Percentage in Support Services		17.5%
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Public Testimony	<p>Please invite members of your community to provide public testimony.</p> <p>No public testimony was offered this evening.</p>																																																																																																						
Budget overview	<p>Presenter(s): Scott and Aubrey See slides.</p> <p>Summary of Discussion: Conversation about how to prepare for the budget for 26-27 if the full allocation is not awarded from HRSA. Due to the instability</p>																																																																																																						

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	<p>of regular timelines for projections and eventual Notices of Awards, we are preparing a variety of scenarios for planning purposes.</p> <ul style="list-style-type: none"> ● Grant year commences in March. ● PC made a base budget decision in July and this budget/flat funding is likely the best case scenario. ● Medical Care, Mental Health, and MCM were prioritized. ● Overall decrease of about 5.4% was made by HGAP at the guidance of PC during the PSRA process to most services to offset the increased investment of \$140,000 EFA and \$50,000 for Medical Transportation ● HGAP will always apply for 5% additional funding, but has already received a projection for 26-27 of a likely cut of around .6%.
SWOT Analysis	<p>Presenter(s): Aubrey See slides.</p> <p>Summary of Discussion: Members added thoughts/comments to flipchart paper/shared doc and brainstormed potential issues to consider.</p> <p>Strengths: we are adaptable, we are excited about new Medical Transportation. We heard about EFA needs and we did something about it!</p> <p>Weaknesses: Not enough community outreach about needs. Not enough funding in general, too many needs spread thin, and making sure communities who need them most get them. Medical burnout and turnover, policy changes, and not being able to provide services. Housing is a huge issue throughout the area. Food is hard with SNAP restrictions.</p> <p>Opportunities: Medical Transportation and EFA. Prison outreach. Leveraging funding. Needing creative solutions. More collaboration and sharing what we are doing during these hard times.</p> <p>Threats: People being fearful about leaving house, immigration and accessing care. Some categories like housing and food needs are a major concern. Some issues around Mental Health services and language access stigma as well. We are expanding services at a time with a limited budget.</p>
Contingency Planning	<p>Presenter(s): Scott & Aubrey See slides.</p> <p>Summary of Discussion:</p> <ul style="list-style-type: none"> ● Co-chair discusses the need for three scenarios. Staff shared that the flat funding and 5% increase (grant application) were discussed as part of the PSRA. Since official votes were not cast in July on a 1-4% increase and a flat funding scenario, those will be done today.

Item **	Discussion, Motions, and Actions
	<p>Areas to potentially decrease</p> <ul style="list-style-type: none"> Medical Transportation (MT)- since it's not yet developed and easier to cut something that hasn't started yet. For smaller cuts, you need some amount of funding for programming. Best to spread the funding among everything else. So decrease proportionally and cut Medical Transportation first. Everything else gets redistributed upward. Examples: greater than 1.5% comes equally from all the rest. If a 2% decrease- eliminate MT and then cut the funds elsewhere for the cuts past the \$50,000 for Medical Transportation. New funds are going into recovery services and peer support, so we may look at cutting there. <p>Areas to maintain funding or hold harmless</p> <ul style="list-style-type: none"> MAI needs- helps Latinx and African American folks. We have a higher HIV rate compared to white folks. Need to have advocates out there. Three priorities- MCM, Medical, and Mental Health Services. Food is considered the 4th priority
Scenario Definitions*	Motion Language
Decrease Scenario**: If HGAP receives FY26-27 Part A funding from HRSA that is 1-3%** less than the current fiscal year's baseline budget (FY25-26)	<p>Motion: Jeffrey moved to approve the decrease scenario to:</p> <ul style="list-style-type: none"> First defund Medical Transportation, and reallocate those funds proportionally Then decrease remaining funds proportionally, except for 3 priority areas (Medical, Mental Health, Medical Case Management) and Food <p><i>Shaun seconds - Decision:</i> Consensus to approve.</p>
Flat Funding Scenario: If HGAP receives FY26-27 Part A funding from HRSA that is $\pm 1\%$ compared with the current fiscal year's baseline budget (FY25-26)	<p>Bee moved to approve the flat funding scenario (from July) to maintain all service categories relatively flat from the baseline budget which allocated:</p> <ul style="list-style-type: none"> \$140,000 to Emergency Financial Assistance \$50,000 to Medical Transportation And decrease all other service categories proportionally from FY25-26 baseline (to offset the new service categories) <p><i>Diane seconds - Decision:</i> Consensus to approve.</p>
Increase Scenario: If HGAP receives FY26-27 Part A funding from HRSA that is 1-4% more than the current fiscal year's baseline budget (FY25-26)	<p>Bee moved to approve an increase scenario (between 1-4%) of an across the board increase (to all service categories).</p> <p><i>Shaun seconds - Decision:</i> Consensus to approve.</p>
<p><i>*NOTE: Scenarios are based on the timely awarding of funds, which did not occur in FY25-26.</i></p> <p><i>**If a larger than 3% (~\$100K) decrease is awarded, HGAP will bring one or more draft proposal(s) back to the Planning Council for deliberation.</i></p>	

Item **	Discussion, Motions, and Actions
Panel priorities	<p>Presenter(s): Aubrey See slides.</p> <p>Summary of Discussion:</p> <ul style="list-style-type: none"> Reviewed the votes received from the online PC member survey related to panel options for the spring and request to vote now (in-person and online) Discussion about balancing efficiency of completing online polls and inclusion of members with limitations including time or tech access. Top items appear to be: <ul style="list-style-type: none"> New cases and folks out of care (Could this be an annual overview from the state who could share more on nuances?) New cases and harm reduction Mental health Food Discussion of housing and emergency rental assessment, (e.g., would that be more accessible through EFA vs. current housing providers?)<ul style="list-style-type: none"> Response to this- housing CM would help with vouchers and also someone who helps with EFA, rental assistance, utilities. Member expressed disappointment to see that only one person voted for a panel of consumers of services.
Evaluation of Administrative Mechanism	<p>Presenter(s): Diane See slides.</p> <p>Summary of Discussion: Committee report, we can have a conversation at December meeting virtually but the slide deck is part of the materials that were distributed for today's meeting. Encourage you to review those slides, so when we speak in December, you will have some context.</p>
Committee reports	<p>Summary of Discussion: No time this meeting.</p>
Evaluation and Closing	<p>Next meeting: Tuesday, December 2, 4:00-6:00 PM, virtual meeting. Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <ul style="list-style-type: none"> Member acknowledged meeting frustrations and encouraged offline conversations between staff and leadership. No needs assessment has been received from folks Suggest we host an event to spend more time with the people. Request from ASL interpreters to receive the slide deck in advance to help with translation.
Adjourned 5:58 PM	<p>Motion: Jeffrey moves to close. Shaun seconds. Decision: Voted so by consensus.</p>

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Heather Leffler, she/her		E
Chautauqua Cabine, she/her	X		Sean Mahoney, he/him	R	
Eric Cockley	X		José Maidana Cejas	R	
Steven Davies	X		Robert Middleton, all pronouns		E
Carlos Dory, him/his	R		Scott Moore, he/him (Co-chair)	X	
Michelle Foley, they/them		A	Jamal Muhammad, he/him	X	
Greg Fowler, he/him	R		Diane Quiring, she/her	X	
Jeffrey Gander, he/him	X		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		E	Bee Velazquez, she/her/ella	X	
Chris Keating	X		Barry Walden	X	
Julia Lager-Mesulam, she/her	X		Abrianna Williams, she/her		A
Robb Lawrence, he/him	X				
HGAP Staff			Guests		
Sandra Acosta Casillas			ASL Interpreters- Hilda & Maeghan - virt	R	
Aubrey Daquiz, she/her	X		Fabian Primera	R	
Sophie Homolka			Dale Sattergren	R	
April Kayser, she/her	X		Jeff Holt	X	
Britt Sale, she/her			Vanessa Leja- Gilead	X	
Derek Smith, he/him	X		Dennis Torres- Gilead	X	
Grace Walker-Stevenson, they/them	R		Alice Maresca- Friendly House	X	

R = Attended Remotely (for an in person meeting);

*A = Unexcused Absence; E = Excused Absence; L = On Leave