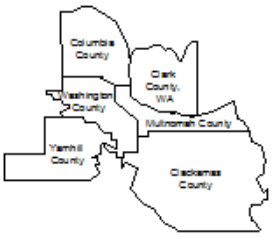
**Portland Area HIV Services Planning Council**

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

***Ryan White Program, Part A***




# PSRA Meeting Minutes

## Meeting Date: 7/8/26

## Approved by Planning Council: 10/6/26

## Grantee: Multnomah County Health Department

Multnomah County

**Portland Area HIV Services Planning Council**
**MEETING MINUTES - Meeting Slides here**

Wednesday, July 8th 2026 (PSRA Meeting) , 10:00am – 4:00 pm
Zoom/In-person/**Hybrid meeting**

---

**AGENDA**

| Item | Discussion, Motions, and Actions |
|---|---|
| **Welcome/Meeting Logistics (virtual)**<br>Started a bit late to make sure everyone found the room. One virtual attendees, Dale. | |
| ***Candle Lighting Ceremony*** - Kris Harvey presenting. | |
| **Vision & Mission**<br>Reviewed Planning Council core values (see slides - above).<br>Effective use of resources, opportunities for dissenting voices, and valuing lived experiences highlighted as especially important to the group. | |
| **Agenda & Meeting Minutes**<br>Reminder of our efforts to maintain time with a timekeeper.<br>Meeting agenda shared in distributed packets, but we did need to make a few shifts to account for time, so the timestamps may not be exact.<br>Meeting minute from prior meeting adopted as written. | |
| **Public Testimony** | None |
| **Intros/ Announcements**<br>• Name and role<br>• Pronouns<br>• Conflict of interest<br>• Access needs<br>• Movement activity | Announcements:<br>Planning Council Office Hour (virtual): Wednesday July 15th from 11:30am-12:30pm.<br><br>Second annual year end volunteer appreciation picnic: Wednesday July 29th at Irving Park from 3:30-5:30pm.<br><br>Scott Moore clarified that our housing services are funded under Part B Program Income, request to please not confuse the client narrative that mentions these services with Part A Emergency Financial Assistance.<br><br>PSRA Process Improvement Group worked on evaluations and encouraged us to give more opportunities for feedback. |

| Item | Discussion, Motions, and Actions |
|---|---|
| **Review Planning Council Values**<br><br>Decision-making reminders:<br>● Reminder of Fist to Five Consensus Building: 2 means you cannot move forward, 3 means you can with reservations.<br>● Reminder of the flow sheet for Democratic Rules of Order and a reminder that any Planning Council member can make a proposal or make a motion. | |
| **FY25-26 Service Category Themes**<br>April presenting a selection of themes from the narrative reports provided to us by our 8 funded providers. Themes presented according to service category (providers and clients kept anonymous).<br><br>Acknowledgement that folks in the room should practice self and community care, given that they may share the experiences of the quotes shared.<br><br>Themes highlighted:<br>- **Overall: Immigration policy and access to services**. Clients have safety concerns and are afraid to leave home across all service categories. We've seen a decrease in engagement with services from immigrant/refugee communities. Clients also request immigration legal assistance. Health impacts for both client and staff, especially Latinx staff who are supporting clients while navigating the impacts of immigration concerns themselves.<br>- **Medical care**: improved access to long-acting injectables, active client advisory council, improved access to high resolution anoscopy to help screen and diagnose for rectal conditions. Medical providers are fully staffed by the end of fiscal year. CareAssist clients are no longer able to fill prescriptions at Westside Pharmacy as of July 2025. Immigration/racial profiling concerns. Concerns about drug activity near providers deterring clients from services.<br>- **Mental Health**: Women's and Men's groups had many fun activities. Less demand for MH Peers (vs SUD peers) at one site, many clients focused on addressing substance use before mental health, which can take years.<br>- **Oral Health**: QI project for referral process. Trauma informed training for staff in-house. Vaccines offered onsite. Much turn over in dental care. Need to increase dental revenue.<br>- **Medical Case Management**: Patient education sessions, advanced directives, geriatric care offered to clients as a result of Client Advisory Council. 2 average | |

| Item | Discussion, Motions, and Actions |
|---|---|

business days to complete an intake. Many clients and impacts of immigration policy and legal assistance support. Additional clients are in need of home-based supports, food deliveries, telehealth, etc. Not safe to leave their homes.

- **Minority AIDS Initiative (MAI)**: new Latinx case manager with clients and monthly support group. Newly hired AA navigator. But most of the year the position was vacant, working on that detail. Latine program challenges with referrals due to turnover, lower client numbers.
- **Early Intervention Services (EIS)**: newly diagnosed or reconnecting to care. Full staffing during end of year, but full staff turnover in the year. Unable to reach many clients, exiting people due to not reaching them. EIS clients struggling to track admin tasks.
- **Substance Use Disorder Treatment**: demand for peers, but lower numbers for MH support.
- **Housing**: Part B funded, strong demand for short-term individualized tenant education like waitlist navigation. Started referral partnership for substance-free housing. Drop in day center onsite support. Decreased engagement from immigrant/refugee folks. Lack of shelter beds to support SUD treatment.
- **Psychosocial Support**: Women and men's group. Day center breakfast/lunch many days a week, biggest food support. Dual Diagnossis support group and holiday parties. Will be moving locations soon.
- **Food/Home-Delivered Meals**: Take frozen meals directly to clients. Food costs continue to rise. Kitchen space, etc. November SNAP concern affected provider. Depend on volunteer drivers and hard to recruit.
- **Non-Medical Case Management**: Focus on addition benefits coordination and SUD treatment to place folks interested in treatment. Advocating for continuity of outside medical care while in treatment. Shelter beds a concern, more requests for phone conversations of high-need folks.
- **Emergency Financial Assistance (EFA)**: Utilities, glasses, food vouchers. More than 10% of RW clients received this year. 1 site added food voucher program to address SNAP shortage. Lots of high demand/requests. Working on equitable disbursement.

Question about how to continue MAI while folks fall through the cracks.

- MAI has 3 specific positions and it has one assignment each. EIS effort is similar- 2 positions only. Turnover is a huge issue. Looking at a more robust MAI service as part of our Request for Programmatic Qualifications (RFPQ process - the

| Item | Discussion, Motions, and Actions |
|---|---|
| | process to identify qualifying providers). Could include guidance recommendations as well.<br>● Important to consider what HRSA says about data and how to best help people living with HIV, bureaucracy can impact respectful treatment of folks of color. (e.g., HRSA categories put BIPOC folks in silos. Emphasis on prevention and navigating to services, but not how people are received and cared for. MAI has worked as a service to folks with HIV as well as doing prevention and linkage to community. HRSA indicates highest need communities and the service for MAI is spotlighted on those three. |
| **Finalize FY27-28 Service Priorities**<br>● Share preliminary votes of the top service categories<br>● Check consensus; vote if needed<br><br>Pre-vote on top service priorities (see chart on slide deck). Several processes of determining top priorities- Small group votes in May PC meeting, pre-vote in June by email, and Client Experience Survey (CES) results shared. Top categories appear to be: Medical care, Mental Health, Oral Health, MCM, EFA and Housing.<br><br>What is the purpose of prioritizing services? As a PC, we know these are all important and spent down almost all funding. Everyone does good work and spends down. Frequently what we are talking about is some small additional funds for the TGA. Have to make decisions based on funds coming in, future contingency planning. Priority setting happens in advance to make decisions consistent throughout the year. Consider moving to Priority Setting for 3 years at a time. Now we are doing it annually.<br><br>Prioritization isn't only about money, we can do quality improvement as well. If it's an important issue, even if we don't have a lot of funding invested in it. (e.g., How are we incorporating EFA and Housing into the priority categories?)<br><br>Job is to balance the client survey results as well as the fiscal stewards of the funds for the Planning Council to contract out these funds. Cannot allocate funds.<br>● Consider more ways to engage clients throughout the year.<br>● Increase survey accessibility and encourage folks to fill it out honestly.<br>● A lot of fear and misunderstanding of what Ryan White is in community<br>● Limited agencies in the metro area, which can be hard to navigate. | |

| Item | Discussion, Motions, and Actions |
|---|---|
| Proposal: Prioritize Medical Care, Medical Case Management, and EFA from Julia. Second from Jeffery.<br><br>**Decision by consensus:** Medical Care, MCM, and EFA are the priorities for 27-28 | |
| **Finalize FY26-27 Service Guidance**<br>Tabled due to limited time at the meeting, will revisit in the first fall meeting. | |
| **Review Scorecards (with PC Values)**<br>● At 6 stations with small group have Scorecard & Needs Assessment data for each service and make notes on a collective sheet, OR<br>● Review scorecards independently and make notes that can be added to the collective sheet. | |
| **Small Group Summaries-** Skipped this in service of time. | |
| **Scorecard Summary Shareout**<br>● EFA serves the largest number of BIPOC clients, group was impressed by the overall number of clients for the category as well.<br>● Medical serves a lot of people, serves them well. Transportation may be an issue, but Medical is so essential.<br>● Oral health is increasing linkages to non-dental care like vaccines and sexual health.<br>● Close to or met goals for viral suppression among all service categories was a highlight.<br>● Small number of clients in MAI this year (partly due to the lack of staffing for Black/AA MAI service provider). Concern about BIPOC falling through the cracks.<br>● Many services are flat-funded, but some folks are especially concerned about the impact of flat-funding on MCM and medical, since the cost of these services can be so high.<br>● Food and psychosocial didn't spend down, but that may be due to staffing challenges. Request to not penalize people because of that.<br>● Core services of MCM and Medical seem most closely associated with the viral suppression outcomes. Other services also important, but keeping in mind the essential elements of keeping people healthy.<br>● Need to ensure that scorecard comparison of allocations from prior years is available (or some manner of indication of a shift or additional increase). | |

| Item | Discussion, Motions, and Actions |
|---|---|
| | ● Food serves 25 people who need home-delivered meals because they can't leave their houses and are food insecure. Highlighting the importance of this category despite the fact that it's smaller. |
| **Small Group Draft Allocations**<br>HGAP proposed an overall 2% increase with the exception of MAI which is federally determined. Small groups convened to discuss specific service category changes or to accept HGAP's proposal as written. | |
| **Large Group Discussion: Allocation Proposals**<br>● Each group shares back their proposals<br>● Groups address any questions about their reasoning<br><br>Red group discussed that Medical Transportation (MT) is new and still working through collecting the first year of data. Concerns about providers receiving dollars but not positioned to serve rural folks. Core services use $37,500, so allocated the extra $12,500 reduction to EFA instead.<br><br>Blue group discussed 2% across the board, and took notes about specific categories that anticipate could need changes or extra funding when we get to reallocation. No changes proposed at this time. Psychosocial should be consider as a priority to remove funds if needed. Food/home delivered food also has great need with additional SNAP/EBT needs. EFA may need additional funds. MT can also be needed. More awareness on availability of the service could increase use.<br><br>Green group discussed changes to MCM, Psychosocial, and non-MCM in discussion but decided no changes there. Consider cutting Medical Transportation in half due to it not being enough for a full service with increase to Medical care. Reduction in oral care.<br><br>Discussion:<br>● Can be complicated to do regional service planning.<br>● We sometimes supplement what Part B is doing in OR (and WA state)<br>○ Suggestion: Could we invite WA DOH in future to speak with the TGA.<br>● Question about Medical increase at cost of Medical Transportation as well as Oral Health reductions. Medical can be a key hub of services provided. | |

| Item | Discussion, Motions, and Actions |
|---|---|

- 1 in 5 folks indicated that transportation is a barrier to their care. In a year or so we will have a better idea. If we decrease, we won't be able to fully evaluate it.
- We want MT to help rural areas, but some agencies are not needing it.
- Transportation reimbursement programs are likely to be administratively burdensome. Would continue with some amount of pilot and wait for data, but use the funds now for EFA as the need is immediate.
- Reminder that the majority of funds (at least 75%) must go to core services like Medical and MCM vs. supplemental.
- Concern about cutting off folks from oral care coverage. Not sure what funds WA offers for oral health care. Not enough info to cut oral health.
- Oregon has done safety net decisions to spread funds into support services for clients to make their lives better and stay adherent, but the Federal cuts will eliminate a lot of those dollars. We will have less money available on the core side with $420M in OHA Medicaid cuts. External support for core services like Medical, MCM, and non-MCM will be decreasing and more burdened with all the extra eligibility work for Medicaid that will be required.

**Finalize Allocations**

**Proposal for the FY27-28 Baseline Budget (+/- 1%):** $37,500 in MT (cutting by $12,500), $10,000 to Medical, and add $3,500 to increase EFA (see table below)
**Decision:** Approved by consensus.

| Item | Discussion, Motions, and Actions |
|---|---|

**PSRA Funding for FY 2027-2028**
**Allocation Proposal**
**Portland TGA**

Approved by Planning Council - July 8, 2026

| Across the Board % of change | |
|---|---|
| 2.00% | FINAL |

Total % Change 2.17%

| Service | Priorities | Change by percent? | $ Increase by % | Specific Changes | Total Request | Justification: |
|---|---|---|---|---|---|---|
| Medical Care | X | y | 15,885 | 10,000 | 820,119 | We have not met the rising need for medical with all the federal cuts |
| Mental Health Services | | y | 5,133 | | 261,780 | |
| Oral Health Care | | y | 402 | | 20,523 | |
| Medical Case Management | X | y | 22,561 | | 1,150,633 | |
| MCM Minority AIDS Initiative | | y | 3,170 | 5,804 | 167,474 | MAI is a separate allocation that is increasing and set by HRSA |
| Early Intervention | | y | 3,167 | | 161,507 | |
| Substance Abuse Treatment | | y | 2,923 | | 149,095 | |
| Housing Services | | n | - | | - | |
| Psychosocial Support Svcs | | y | 7,909 | | 403,353 | |
| Food/Home-Delivered | | y | 1,398 | | 71,304 | |
| Non-Medical Case Management | | y | 2,827 | | 144,201 | |
| Emergency Financial Assistance | X | y | 2,800 | 3,500 | 146,300 | The need is high and a priority this year |
| Medical Transportation | | n | - | (12,500) | 37,500 | Not enough for separate provider; current providers may not use full amount |
| **Total Service Allocation** | | | **68,176** | **6,804** | **3,533,790** | |

| | | |
|---|---|---|
| Subtotal Core Services | | 2,731,132 |
| Percentage in Core Services | | 77.3% |
| Subtotal Support Services | | 802,658 |
| Percentage in Support Services | | 22.7% |
| allocation goal | 3,533,790 | |
| difference | 0 | |

## Community Building, Closing, & Evaluation

Takeaways: Lots of frustration with government, but we did it. We did a hard job together to protect our community. Appreciate in person and different viewpoints. It's ok to change our minds together and thank people for additions. Feels safe. Trauma stewardship and doing the least amount of harm to others, we did that today. We are working on the bones and spirits of those who didn't make it. You guys are turning into family. Great to learn more.

## ATTENDANCE

| Members | Present | Absent* | Members | Present | Absent* |
|---|---|---|---|---|---|
| Jamie Christianson, she/they | **x** | | Robb Lawrence, he/him | **x** | |
| Chautauqua Cabine, she/her | **x** | | Sean Mahoney, he/him | | **E** |
| Eric Cockley | | **A** | Robert Middleton, all pronouns | | **L** |
| Steven Davies | **x** | | Scott Moore, he/him (Co-chair) | **x** | |
| Carlos Dory, him/his | **x** | | Troy Preble | | **L** |
| Michelle Foley, they/them | **x** | | Diane Quiring, she/her | **x** | |
| Greg Fowler, he/him | **x** | | Tessa Robinson, she/her | **x** | |
| Jeffrey Gander, he/him | | **E** | Adie Steckel, they/them | | **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** | | Jeffery Wells | **x** | |
| Chris Keating | | **E** | Abrianna Williams, she/her | | **x** |
| Julia Lager-Mesulam, she/her | **x** | | | | |
| | | | | | |
| **HGAP Staff** | | | **Guests** | | |
| Sandra Acosta Casillas | **x** | | ASL Interpreters | **x** | |
| Aubrey Daquiz, she/her | **x** | | Dale Sattergren | **x** | |
| April Kayser, she/her | **x** | | Emily Bonaparte (she/her) | **x** | |
| Britt Sale, she/her | **x** | | Neko Templer | **x** | |
| Derek Smith, he/him | **x** | | | | |
| Grace Walker-Stevenson, they/them | **x** | | | | |
| **County Staff** | | | | | |
| Jasmine Gruenstein | **x** | | | | |
| | | | | | |

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