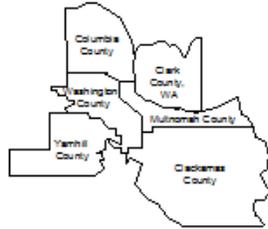




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: December 2, 2025

Approved by Planning Council: February 3, 2026

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, December 2, 4:00 – 6:00 pm
 Zoom Meeting

AGENDA

Item **	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 3:05 PM.
Welcome & Logistics	Scott welcomed everyone to the meeting and Nick reviewed logistics.
Candle Lighting Ceremony	Scott and Nick introduced the Candle Lighting in remembrance of people we have lost to HIV/AIDS via a slideshow of names shared beforehand. Attendees shared more names aloud or put them in the chat, and were invited to share what World AIDS Day means to them at this moment.
Announcements & Introductions	<p>Welcomed two new members, Troy Preble and Jeffery Wells. Attendees introduced themselves in the chat.</p> <p>Announcements</p> <ul style="list-style-type: none"> ● Reminder to please complete evaluations of the meeting today. ● Committee updates will be sent in a follow-up email, and recruitment is ongoing for all committees. ● The World AIDS Day proclamation for Multnomah County is scheduled for 12/3/25 at 12pm in the Multnomah County Board Room in the Multnomah Building between 12-1pm followed by a light reception. ● Robb shared he will be speaking at a CAP WAD event on Sat, Dec 6.
Agenda Review and Minutes Approval	<p>The meeting minutes from the November 4, 2026 meeting were reviewed. Motion: Shaun motioned to accept minutes. Bee seconds. Decision: Minutes approved by consensus.</p> <p>The agenda was reviewed by the Council.</p>
Public Testimony	<p>Please invite members of your community to provide public testimony.</p> <p>Michael Thurman offered public testimony, thanking the Council for expanding the amount of Emergency Financial Assistance funding available, noting appreciation for the higher amount and that it freed up more resources for those who needed it.</p>
Bylaw Changes	<p><i>Presenter(s):</i> Scott Moore <i>See slides.</i> <i>Summary of Discussion:</i></p>

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	<p>Two Bylaw changes were presented by the Operations Committee as a result of the most recent HRSA Site visit.</p> <ul style="list-style-type: none"> ● New term limits and member rotation <ul style="list-style-type: none"> ○ Context: This update aligns with HRSA requirements to help ensure the Council stays attuned to the broad range of community perspectives. All current members will complete their current term before being offered a first 3-year term. ○ Proposed language: E. MEMBER TERM, TERM LIMITS, AND MEMBER ROTATIONS Each member shall be appointed for a three year term beginning on the date the letter from the CEO is signed. At the end of each three year term, any member who has performed their duties as a Council member shall be given the opportunity to renew their membership for no more than three consecutive terms. Members may reapply for membership if it has been at least 12 months since they completed a third term of service. <p>Motion: Shaun motioned to accept update. Julia seconds. Decision: Bylaw updated approved by consensus.</p> <ul style="list-style-type: none"> ● Contractor Payments as part of the Evaluation of the Administrative Mechanism (EAM) <ul style="list-style-type: none"> ○ Context: Moving forward, Bylaws will include tracking the length of time from invoice to contractor payment, one of the three major processes evaluated by the evaluation committee. ○ Proposed language: The Committee is responsible for the Assessment of the Administrative Mechanism, which reviews information concerning the Grantee’s (MCHD HIV Grant Administration and Planning or HGAP office) procurement process, contract monitoring report, and disbursement timeframe information (i.e., length of time from invoice to contractor payment) per the relevant Evaluation of the Administrative Mechanism (EAM) policy and procedures. <p>Motion: Scott motioned to accept update. Bee seconds. Decision: Bylaw updated approved by consensus.</p> <p>Note: The latter change also involved developing EAM Policy and Procedures, which were approved by the Ops Committee and shared with the Council.</p>
AGENDA TOPIC	<i>Presenter(s):</i> Diane Quiring <i>See slides.</i>

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	<p data-bbox="451 195 760 226"><i>Summary of Discussion:</i></p> <p data-bbox="451 233 1425 457">The presentation outlined highlights from the 2024-2025 Evaluation of the Administrative Mechanism (EAM) process and outcomes. The EAM, a legislative requirement, assesses the efficiency of the administrative mechanism and processes. It ensures that the grantee (HGAP) is working to ensure that services are being contracted and paid for in a transparent and timely manner to serve clients and areas of most need.</p> <p data-bbox="451 506 1377 688">The EAM Committee, spearheaded by chair Greg Fowler, reviewed time studies and other documents (e.g. previous years' recommendations, scorecards, client experience survey, etc.) and determined that all requirements were met (with the exception of a Food Service Category underspend that will be monitored moving forward).</p> <p data-bbox="451 737 1084 768">Recommendations from this EAM are as follows:</p> <ol data-bbox="500 779 1466 1890" style="list-style-type: none"> <li data-bbox="500 779 1466 1041">1. HGAP should develop a work plan for how they intend to implement the prior year's recommendation about the Client Experience Survey (see below) and share it with the Planning Council. When and how this plan will be shared with the PC will depend on HGAP's decisions on the timing and process for distributing the CES, but it will be presented early enough that the PC can provide feedback before implementation. <li data-bbox="500 1052 1466 1234">2. HGAP should provide the PC with a work plan, in a timely manner, of how they intend to execute the former's year recommendation regarding agency outreach with the 2026 RFP as well as document the methods and specific outreach activities to new agencies to share with the PC, with an emphasis on culturally-specific agencies. <li data-bbox="500 1245 1466 1661">3. HGAP should create a policy and guiding document outlining how HGAP does/will monitor subrecipients for potential underspending, with the onus of ensuring sufficient spending being on the subrecipients. While the details of this policy and guiding document can be developed by HGAP, this committee recommends adding at least one formal mid-year check in with providers. The results of the mid-year check in with subrecipients should be shared with the PC to consider. Relating to this policy, HGAP should also include in contracts language that if funds are not fully utilized, those funds may be re-allocated to where they can be spent (specific language up to HGAP). <li data-bbox="500 1671 1466 1818">4. When carryover and re-allocation funds are requested, the Operations committee should continue to be more involved and informed with this process, as this is a continuation of the yearly allocation process which is the Council's responsibility. <li data-bbox="500 1829 1466 1890">5. When logistically possible, HGAP should provide quarterly updates showing projected year-end spending by category. Any category likely

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	<p>to underspend by more than 10% (or more than 5% in Council-designated priority categories) should be flagged, with explanations, corrective actions, and proposed reallocations. This allows timely response while respecting the fiscal reporting cycle.</p> <p>6. When new or highly targeted allocations are proposed, HGAP should advise the Council on the feasibility of fully expending those funds.</p>
<p>Statewide HIV Funding</p>	<p><i>Presenter(s):</i> Linda Drach, Operations and Policy Manager with Oregon Health Authority (OHA) <i>See slides.</i> <i>Summary of Discussion:</i></p> <p>Overview of Integrated Plan</p> <ul style="list-style-type: none"> ● OHA and the Multnomah County Health Department must submit a five-year integrated plan every five years, with the next plan due in June 2026. This plan is required by federal funders HRSA and the CDC. ● The TGA has the option to submit its own plan or partner with OHA, which they have historically done. ● The integrated plan is ~100 page document that OHA summarizes down to 10 pages. The joint plan does not replace local planning or local needs assessment. Local innovation is encouraged. <p>Financial Service Inventory</p> <ul style="list-style-type: none"> ● This is a required component and is a point-in-time assessment of resources, funding sources, and expenditures. ● HIV-related resources being evaluated include: <ul style="list-style-type: none"> ○ the balance of state resources (HIV prevention surveillance, Ryan White Part B and ADAP grants, HOPWA, and special surveillance grants) and ○ Resources for the TGA or Transitional Grant Area (Multnomah County funds for Ryan White Parts A, C and D, City of Portland HOPWA funds, and other Ryan White subrecipients. ● Leveraged resources such as the Oregon Health Plan, Public Health Modernization dollars, and Ending the HIV/HCV/Syphilis Epidemics in Indian Country (ETHIC) dollars are also being reviewed <p>OHA Funding Inventory</p> <ul style="list-style-type: none"> ● Key sources include federal grants (Ryan White Part B, CDC, HUD), Oregon State general fund, and program income. ● Program income derives mostly from the 340B drug pricing program. This program requires drug manufacturers to provide discounted medications to covered entities, including ADAPs. Program income is the difference between the discounted cost of the medication and the insurance/rebate reimbursement obtained by the program.

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	<ul style="list-style-type: none"> ● Program income funds AIDS Drug Assistance Program (ADAP), called CAREAssist in OR, some HIV case management and support services in the Part B jurisdiction, and enhanced statewide Ryan White services. ● CAREAssist, which serves approximately 4,000 people annually, is eligible for the federal 340B drug pricing program, and over 80% of the CAREAssist budget relies on annual 340B reimbursements. ● Key Federal Rules: <ul style="list-style-type: none"> ○ Program income is considered additive and must be used for purposes aligned with the original Ryan White grant, prioritizing ADAP. ○ Funds cannot be shared as a pass-through to other entities but can be issued through contracts for services in alignment with the grant. <p>How do funds support the End HIV Oregon Initiative?</p> <ul style="list-style-type: none"> ● CAREAssist changed its program model in 2011 to maximize 340B revenue. The OHA fiscal team forecasts about \$12 million a year available for enhanced services. ● Multi-year contracts are issued to manage the volatility of program income and protect contractors. ● The four currently funded categories of enhanced services that OHA plans to continue funding in 2026 are: <ul style="list-style-type: none"> ○ Statewide HIV Early Intervention and Outreach ○ Statewide HIV Housing and Behavioral Health Services ○ Statewide End HIV/STI Oregon Communications ○ Statewide Provider Education ● In 2017, OHA established IGA with the MCHD to fund enhanced services in Housing and Behavioral Health for the TGA, which were identified as unmet needs for PLWH. These funds are “supplements” to the Part A Ryan White grant. <p>How the current Program Income Investment is going and what could be improved: We collect and report data at OSPG and in our annual report. AETC also provides detailed annual reports on their work.</p> <p>In summary,</p> <ul style="list-style-type: none"> ● We all have a role in doing needs assessments, providing output, and completing the financial inventory for the 5-year plan. ● The financial inventory can help us understand the current landscape and help us plan for additional changes that are coming. It can also help us understand if essential HIV prevention and care services are equitably available across Oregon. ● When HGAP/Derek asks you for information, please provide it - that will make our statewide plan stronger and more complete.

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	<p>Key Integrated Plan Dates</p> <ul style="list-style-type: none"> ● Nov-Jan: Financial Services Inventory ● Jan-April: MCHD & OHA collect & contribute data ● May 1-May 22: Full plan available for review and comment ● May 25-29: Integrate suggested revisions and document decisions ● June 9: PC meeting (likely, concurrence **vote** this meeting) ● June 24: Deadline for letters of concurrence ● June 30: Integrated plan due to CDC + HRSA <p>Questions</p> <p>Q: Are all HIV providers in the state of Oregon required to attend training? A: No. It would help for all providers to have at least a basic level of HIV education. AIDS Education Training Center (AETC) encourages and trains new providers, and gets input from local public health authorities (LPHAs) and community organizations about where to target efforts.</p> <p>Q: Where can I get the curriculum that's handled in this education? I'd like to see what that curriculum is and what's covered. A: Yes, here's the AETC website: https://www.oraetc.org/ They made some changes recently, so they may have additional curricula available that are no longer on their website so if you have questions, contact them directly,</p> <p>Q: What more do we know about housing funds and related outcomes for people with HIV across the state? A: Housing is hard to evaluate, but we can share what we have. There are individual allocations and programs as well as surveillance data. It's clear that people with unstable housing have worse outcomes, are less virally suppressed, take longer to get linked into care, etc.</p> <p>Q: For non-core funding like public health modernizations, is it enumerated? A: No, we will list it as an additional source with a number, but it won't go into the HIV-specific graphs that get generated.</p> <p>Q: Why does Multnomah County make housing decisions for 6 counties? A: In this case, "Multnomah County" means the grantee or HGAP. And planning does include other counties like Washington and Clackamas, so please participate via the Council or Oregon Statewide Planning Group (OSPG)</p>
Evaluation and Closing	<p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <p>Next meeting: Tuesday, February 4:00-6:00 PM, via Zoom</p>
Adjourned	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Heather Leffler, she/her		L
Chautauqua Cabine, she/her		A	Sean Mahoney, he/him		E
Eric Cockley		A	José Maidana Cejas		A
Steven Davies		E	Robert Middleton, all pronouns	X	
Carlos Dory, him/his	X		Scott Moore, he/him (Co-chair)	X	
Michelle Foley, they/them	X		Jamal Muhammad, he/him	X	
Greg Fowler, he/him	X		Diane Quiring, she/her	X	
Jeffrey Gander, he/him			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		L	Bee Velazquez, she/her/ella	X	
Chris Keating	X		Barry Walden	X	
Julia Lager-Mesulam, she/her	X		Jeffery Wells	X	
Robb Lawrence, he/him	X		Abrianna Williams, she/her	X	
HGAP Staff			Guests		
Sandra Acosta Casillas	X		Dale Sattergren	X	
Aubrey Daquiz, she/her	X		Alice Maresca	X	
Sophie Homolka			Michael Thurman	X	
April Kayser, she/her	X		Linda Drach	X	
Britt Sale, she/her	X		Jessica Guernsey	X	
Derek Smith, he/him					
Grace Walker-Stevenson, they/them					

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