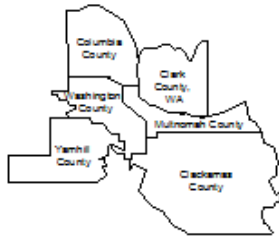




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Hybrid: [Join Zoom meeting»](#)

Call-in: (253) 215-8782

Meeting#: 931 1735 8512

Passcode: 12777501

Meeting Minutes

Meeting Date: May 5th, 2026

Approved by Planning Council: June 2, 2026

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, 5/5/2026 , 3:00 – 6:00 pm
Hybrid meeting

AGENDA

Item	Discussion, Motions, and Actions
Welcome/Meeting Logistics (virtual)	We have microphones in the room, so please limit side chats. This public meeting will be recorded and we will be keeping notes.
<i>Candle Lighting Ceremony</i>	Remembering G, and a final conversation about magnolia trees. They passed and the connection was so meaningful. A tragic loss. Haven't been able to honor them until now.
Vision & Mission	Revisiting the Mission of the Planning Council.
Agenda & Meeting Minutes	Announcements: ● National Asian American and Native Hawaiian/Pacific Islander HIV/AIDS Awareness day is May 19th. ● National Ryan White Conference scheduled for August 4-7. ○ Conference happens every two years, activities and presentations related to HIV. Anyone may register for the virtual conference. A few spots may be open to Planning Council members to attend in-person, more info after the Ops meeting. See website here for more or to register: https://ryanwhiteconference.hrsa.gov/register/ ● Funding inquiry memo- Ops requested more information following the Oregon Health Authority (OHA) presentation in December, and data learned from subsequent meetings. Sent to OHA on Friday, 5/1; they confirmed receipt and that they will respond. ● Two upcoming sessions: ○ Townhall data presentation upcoming May 19th (Graham Harriman). Integrated Plan overview co-presented by Derek and Linda (OHA). OHA info session on Integrated Plan on May 26th 12-1pm. Optional but please attend if you can. Both are virtual. Nick presented an overview of the meeting agenda for the day. April meeting minutes ● Updates made to attendance.

Item	Discussion, Motions, and Actions
	- Regarding the scorecards, need to clarify an issue regarding client services and client demographics denominators. Member asks for a clarifier of how the data is distinguished. Will postpone approval of the minutes now, will clarify these items offline, and will bring it to the group in June minutes. **Updated April Minutes as follows** Please see the following notes on client counts that apply to all Service Category Scorecards for FY24-25. - NOTE: For Fiscal/Expenditures and Service Utilization, the period covered is the grant year (March 2024 - February 2025). - For Clients Served, Performance Measures, and Demographic Data, the period covered is the calendar year (January 2024 - December 2024). Note: HGAP will work to ensure the upcoming Scorecards more clearly outline which client count is being referred to where, who is being included in viral suppression measures, and some potential implications to consider in interpretation
Public Testimony	No public testimony.
Election (Operations Committee & Co-chair)	Julia and Kris presented the candidates: - For Co-Chair: Nick T. 4 nominations for 3 Operations Committee positions - Diane, Greg, Lorne, and Tessa - Candidates offered brief statements. Members ask if it's possible to elect 4 people to Ops: - Bylaws explicitly say 6 people, so we're limited to 3. - One additional slot is for a Clark County representative. Thank you to everyone who voted and nominated. Decision by majority vote: Greg, Diane, and Tessa elected to Ops.
Review FY 25-26 Expenditures	
The 25-26 grant year ended on February 28. HGAP will be reporting year-end expenditures to HRSA	

Item	Discussion, Motions, and Actions
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- Historically, we've worked to spend at least 95% of the funds as we've been allowed to ask for 5% back as carryover. This has allowed a bit of cushion and flexibility with spending.
- HRSA cautioned HGAP that carryover may no longer exist.
- We will still apply for carryover, but have been spending with the assumption that it will not be awarded.
- Derek presented Final Expenditures for FY25-26. Medical, Oral Health, Substance Use Treatment, and non-MCM were 100% spent down. EIS was the least spent at 88.9%, followed by Psychosocial at 97.3%. In total, we are 98.8% spent down, which is good. Only \$41,000 remains for Part A.

FY 25-26 Part A - Allocation & Expenditures by Service Category				
Service Category	Allocation	Expended	Unspent balance	Percent spent
Medical	\$ 855,928	\$ 855,928	\$ -	100.0%
Mental Health	\$ 295,220	\$ 293,705	\$ 1,515	99.5%
Oral Health	\$ 21,406	\$ 21,406	\$ -	100.0%
Medical Case Management	\$ 1,200,077	\$ 1,195,410	\$ 4,667	99.6%
MAI-Medical Case Management	\$ 159,071	\$ 159,071	\$ -	100.0%
Early Intervention Services	\$ 161,447	\$ 143,481	\$ 17,966	88.9%
Substance Abuse Treatment	\$ 155,502	\$ 155,480	\$ 22	100.0%
Psychosocial Support	\$ 420,685	\$ 409,177	\$ 11,508	97.3%
Food/Home Delivered Meals	\$ 89,558	\$ 83,836	\$ 5,722	93.6%
Non-Medical Case Management	\$ 150,398	\$ 150,398	\$ -	100.0%
Emergency Financial Asst	\$ 100,000	\$ 99,817	\$ 183	99.8%
	\$ 3,609,292	\$ 3,567,709	\$ 41,583	98.8%

Derek highlights that all should be aware that more PLWH might be coming into the TGA and re-allocation might be necessary.

- Members express concern about EIS unspent and whether cuts might be applied there.
- Derek notes that EIS is funding for people transitioning out of incarceration and people newly diagnosed with HIV, and the underspending is due to agency staffing concerns.
- Scott congratulates HGAP on the major accomplishment for spending 98.8% and how rare that level of spending can be.

Review Priority Setting & Resource Allocation

Next month, we'll be engaging in our Priority Setting & Resource Allocation (PSRA) process.

Item	Discussion, Motions, and Actions
(PSRA) Process & Service Categories via Jeopardy	● Overview of the basic components of the PSRA process: deciding most needed services, giving guidance on how to meet priorities, deciding amount of money per service, and engaging in reallocation aka the shifting of funds to ensure spend-down and maintained priorities. ● This process will occur in June and July. ● Annual report (CY 2025), client experience survey data, and scorecard data will be presented to help inform the PSRA decision-making. ● The July meeting is a culmination of the whole process of data exploration and elements of budget and performance and all the summarized conversations we have had this year. Jeopardy activity to review Service Categories and Priority Setting and Resource Allocation Process
Discuss Service Priorities	Small Group Discussion: How can we prioritize service categories for 27-28? -Group 1: Medical, Mental Health; questions about MCM and EIS, housing was brought up as well as far as cuts; if funding is reduced, how to move the funding around to meet needs -Group 2: Maybe we need to target MCM and non-MCM. Folks who are being cut from other social programs will go to those to be directed and triaged. EFA is an increasing need, and also a funding category of Transportation for rural areas cheaper to live but still need to come to Portland for services. -Group 3: Did a tally and came up with top categories. Top 5: Housing, MCM, Mental Health. EFA and food as honorable mentions. Also consider MCM and navigation support to save money on other categories. Not sure what other funds will be available, so EFA and food are among the top needs expected. Group 4: Medical and MCM as well as MAI because of federal legal changes. Anything that prioritizes groups is being defunded. Also discussed MH as seasonal affective disorder, Psychosocial services.

Item	Discussion, Motions, and Actions
	Group 5- MAI category important but concerned about serving mainly Multnomah clients. MCM, EIS, and Medical services as a highest priority. Discussion about mobile outreach not being funded but could be funded. Benefit to client desert areas. Retention in care and health of the community. Food as a category and in need of basics as a priority.
Integrated Plan Overview	Overview of Integrated Plan(IP) (See summary of 2022-2026 Plan) ● Every state and TGA needs to submit this plan every 5 years. OHA, HSSS, and HGAP (Part B and Part A) work together to create this plan. Oregon's IP is called the "End HIV/STI Oregon Strategy." This plan is status-neutral and meant to be for everyone. The IP required by HRSA, but does not determine funding. The IP is meant to reflect community priorities and define goals/objectives for HIV/STI prevention and treatment. ● Part B leads the plan. HRSA offers the option for separate plans, but integrating the state's plan with the TGA's plan is ideal. This avoids duplication of effort and allows for strategizing in tandem. The integrated plan has many, many data sources. HGAP/Part A shared a collection of documents with OHA for the Integrated Plan, including the PSRA decisions from last year, the annual file, summary of panels, and client experience survey. ● The IP is a guideline of how we do the work. Summary of PC discussions are shared with OHA. Derek and Linda will have an IP presentation on May 26th, where they will summarize and answer questions about the IP. The IP needs to be submitted by the end of June. Please make edits in the draft document that we send you, as we work to compile your feedback and edit the document. Preference for simultaneous editing in a single Google file. June 2nd is when the PC will review final changes to the IP and vote to approve. June 3rd is when OSPG will review the final changes to the IP and members will vote to approve. June 30th is the day the plan is submitted to HRSA.
Eval & Closing Next meeting dates	Thanks everyone and please submit your evaluation forms. Meeting adjourned at 6:02pm.

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Sean Mahoney, he/him		E
Chautauqua Cabine, she/her	X		Robert Middleton, all pronouns		L
Eric Cockley	X		Scott Moore, he/him (Co-chair)	X	
Steven Davies	X		Troy Preble		L
Carlos Dory, him/his	X		Diane Quiring, she/her	X	
Michelle Foley, they/them	X		Tessa Robinson, she/her	R	
Greg Fowler, he/him	X		Adie Steckel, they/them		E
Jeffrey Gander, he/him	R		Scott Strickland, he/him	X	
Kris Harvey, he/him	X		Nick Tipton, he/him (Co-chair)	X	
Shaun Irelan, he/him	X		Bee Velazquez, she/her/ella		E
Lorne James, he/him	X		Barry Walden	R	
Chris Keating	X		Jeffery Wells	X	
Julia Lager-Mesulam, she/her	X		Abrianna Williams, she/her	R	
Robb Lawrence, he/him		A			
HGAP Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreters	X	
Aubrey Daquiz, she/her	X		Miracle	X	
Grace Walker-Stevenson, they/them	R		Neko T., housing	X	
April Kayser, she/her	X		Emily B.- health masters	X	
Britt Sale, she/her	X				
Derek Smith, he/him	X				
County Staff					
Kirsten Aird	R				

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