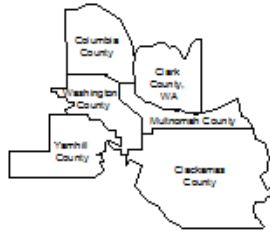




Portland Area HIV Services Planning Council

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

Ryan White Program, Part A



Meeting Minutes

Meeting Date: November 5, 2024

Approved by Planning Council: December 3, 2024

Grantee: Multnomah County Health Department



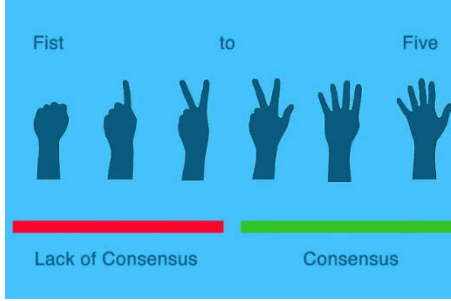
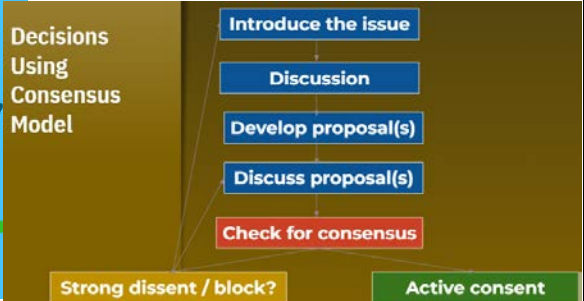
**Portland Area HIV Services Planning Council
MEETING MINUTES**

Tuesday, November 5, 2024, 3:00 – 6:00 pm
Southeast Health Center (and Zoom meeting)

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Nick Tipton called the meeting to order at 3:00 PM.
Welcome & Logistics	<p>Nick Tipton welcomed everyone to the meeting and reviewed meeting logistics.</p> <ul style="list-style-type: none"> • Welcome to Southeast Health Center! • This is a hybrid public meeting • Please say your name when you speak, and (for virtual participants) turn on your camera, when possible. • Please raise your hand (physically or virtually) or type question 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. • Parking logistics: in addition to the main level parking lot, the lower level gated lot may be used. Be aware that the gate will close at 6:30pm, so to leave drivers will need to wait at the exit line for a few seconds for the gate to be opened. <p>Attendees introduced themselves and provided a one word check in.</p>
Candle Lighting Ceremony	Heather Leffler lit the candle to honor the many losses this community has experienced over the last year.
Announcements & Introductions	<p>Announcements: See slides.</p> <p>The group reviewed the Council Participation Guidelines (see slide).</p> <p>Announcements</p> <ul style="list-style-type: none"> • Please complete your evaluation • Farewell to Jonathan Basilio – we will miss him on our team and wish him all the best. We hope to have a new staff member in this role as soon as possible. Please reach out to Derek for any questions or issues you would usually bring to Jonathan.

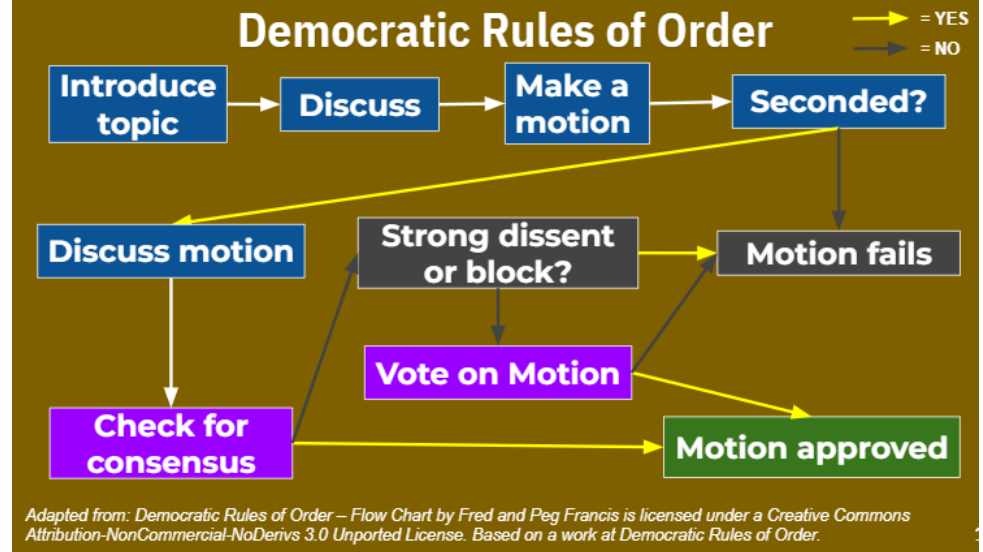
Item**	Discussion, Motions, and Actions
Agenda Review and Minutes Approval	<p>The meeting minutes from the October 1 2024 retreat were approved by unanimous consent.</p> <p>The agenda was reviewed by the Council, and no changes were made.</p>
Public Testimony	<p>None.</p> <p>Please invite members of your community to provide public testimony.</p>
Mid-Year Scorecards	<p><i>Presenter: Derek Smith</i> <i>See presentation slides.</i> <i>Summary of Discussion:</i></p> <ul style="list-style-type: none"> • Thanks to Jonathan Basilio for his work on this before his departure. • We are in the process of revising the format of the scorecards, based on your feedback. Please let us know what you think. <ul style="list-style-type: none"> • Narrative information added • Targets removed <p>SCOTT’S COMMENT HERE</p> <ul style="list-style-type: none"> • Derek will be reading the quarterly reports (in Jon’s absence), and he is looking for what’s interesting – staffing shortages, etc. • Suggestion – continue to color code for Part A, Part B, or both
Reallocation	<p>We can only roll over a maximum of 5% of our funding, so we must spend at least 95%. HGAP is confident that spending is generally on track. Derek Smith has had conversations with providers who are underspent.</p> <p>Q: How is Clark County funded? A: We are a six-county TGA, five in Oregon plus Clark County. The five counties in Oregon are also funded by Part B in Oregon. State of WA is funding to two agencies serving Clark County is at a higher level than HGAP knew (about \$2M total). This appears to be very robust funding in comparison to what Oregon counties receive. We have previously funded certain services in Clark County to ensure parity with Oregon dollars. This information may be useful for future funding decisions. We currently fund for Clark County: housing, food, dental, and health insurance. Agencies are currently receiving Washington Part B funds for seven categories, including all of these. We are waiting for more information on the specific amount for Clark County, and for which categories.</p> <p>Q: How do we calculate how much to give Clark County in the future? A: I don’t think we need to make huge shifts today. We need more information before considering any adjustments.</p>

Item**	Discussion, Motions, and Actions
	<p>Current spend down issues</p> <ul style="list-style-type: none"> • Service spending overall is <i>*generally*</i> on track • Unspent funds earmarked for Part A housing (Clark County) (Funding available: \$39,999) • Other small unspent amounts <p>Identified funding needs</p> <ul style="list-style-type: none"> • Food/Home delivered meals spending projected at about \$10k/month (Estimated need: \$40K) • Dental projected at about \$1800/month (Estimated need: \$5400) <p>Proposal: Take unspent funds, move them to service categories of identified funding need</p> <p>Q: It seems like we are doubling the food allocation. What happens in March, when the funding goes back down? A: Not quite doubling (\$109K originally, \$40K additional proposed). This is a valid consideration. A: The food service category funding has been completely spent down, so this additional funding would cover a shortfall. Q: Would they have another shortfall next year? A: Possibly, this is something to consider for future allocations / adjustments.</p> <p>HGAP has the ability to move around small amounts (under \$10K), but we would prefer to have Council sign off for all changes if possible.</p> <p>Decision: Reallocation proposal approved by unanimous consent.</p>
<p>Review Consensus Decision-Making & Contingency Planning Process</p>	<p><i>Presenters: Nick Tipton and Scott Moore</i></p> <p><i>Summary of Discussion:</i> See slides.</p> <p>Co-chairs reviewed the consensus decision-making process.</p> <p>Fist to Five</p>  <p>Decisions Using Consensus Model</p> 

Item**

Discussion, Motions, and Actions

Democratic Rules of Order (if consensus is not achieved)



Summary of 25-26 Proposed Allocations (an increase of 5% over past award)

- 3% COLA across the board
- \$16,792 to Mental Health Services
- \$16,793 to Medical Case Management
- \$16,793 to Housing
- \$10,000 to Food
- 10,000 to Psychosocial Support

Need for Contingency Planning for when actual grant is awarded (3 scenarios)

- Increase (less than 5%)
- Flat Funding
- Decrease Up to 3%

Q: Depending on what we later find out about Clark County, how easy is it to make changes later to any decisions we make today?

A: Remember that Clark County is still a part of the TGA and there is a flow of clients between the two states. Also, consider that amounts for most of their funded categories (e.g., Health Insurance, Oral Health) are fairly small.

Small Groups: Contingency Planning – Increase of <5%

Service	Blue Group		Green Group		Red Group	
		Justification:		Justification:		Justification:
Medical Care						
Health Insurance						
Mental Health Services	16,792	3rd priority: increase MH & MCM	16,792			2) divide remainder equally
Oral Health Care						2) divide remainder equally
Medical Case Management	16,793	3rd priority: increase MH & MCM	16,793			2) divide remainder equally
MCM Minority AIDS Initiative						
Early Intervention						
Substance Abuse Treatment						
Housing Services			16,793	1st to be impacted		
Psychosocial Support Svcs	10,000		10,000			
Food/Home-Delivered	10,000	1st priority	10,000			2) divide remainder equally
Non-Medical Case Management						
Emergency Financial Assistance	-	-	-			
Total Service Allocation	-		-		-	
		2nd COLA		2nd take it from COLA		1) up to 3% COLA

Small Groups: Contingency Planning – Flat Funding

Service	Blue Group		Green Group		Red Group	
		Justification:		Justification:		Justification:
Medical Care						flat funding
Health Insurance						flat funding
Mental Health Services						flat funding
Oral Health Care						flat funding
Medical Case Management						flat funding
MCM Minority AIDS Initiative						flat funding
Early Intervention						flat funding
Substance Abuse Treatment						flat funding
Housing Services	-\$10,000	Underspent; changing housing landscape			-10,000	underspending iss
Psychosocial Support Svcs						flat funding
Food/Home-Delivered	10,000	Rising costs, aging population			10,000	increased need/cos
Non-Medical Case Management						flat funding
Emergency Financial Assistance	-	-	-		-	flat funding
Total Service Allocation	-		-	Keep as is	-	

Small Groups: Contingency Planning – Decrease

Service	Blue Group		Green Group		Red Group	
		Justification:		Justification:		Justification:
Medical Care		hold harmless (Part A only)				
Health Insurance		hold harmless (Part A only)				
Mental Health Services		hold harmless (PC priority)				
Oral Health Care		Proportional decrease				
Medical Case Management		Proportional decrease (not holding harmless - gets Part B, significant funds)				
MCM Minority AIDS Initiative		hold harmless (Part A only)				
Early Intervention		hold harmless (Part A only)				
Substance Abuse Treatment		Proportional decrease				
Housing Services	-\$10,000	After \$10K decrease, proportional decrease. Underspent; changing landscape				
Psychosocial Support Svcs		hold harmless (Part A only)				
Food/Home-Delivered	10,000	Rising costs, aging population				
Non-Medical Case Management		Proportional decrease				
Emergency Financial Assistance	-	-	-			
Total Service Allocation	-		-	Everyone across the board	-	

<p>Finalize Contingency Plans</p>	<p><i>Presenters: All</i> <i>Summary of Discussion:</i> See slides.</p> <p>Increase of Less Than 5% Groups</p> <ul style="list-style-type: none"> • Blue group: change of money for food as highest priority in all scenarios. For this scenario, first priority is \$10K increase in food, second priority up to 3% COLA, 3rd priority extra funds for MH and MCM • Green: 1st take out of housing, then reduce COLA, then from other categories • Red: 1st priority 3% COLA increase; then prioritize MH, MCM, Oral Health, & Food <p>Q: prioritize COLA first, or prioritize specific categories first Suggestion - prioritize COLA across all programs first, as everything is expensive Suggestion – next year put COLA as an option to vote on as priority, not just specific categories Suggestion – decrease the COLA , then prioritize categories Seems like a good compromise – start with partial COLA (1.5%), then specific categories, then the rest of the COLA When you start to get smaller and smaller increase percentages, sometimes the amounts aren’t going to be significant enough Suggestion – prioritize specific categories, based on previous discussions Note that without a COLA, those areas get flat funded</p> <p>Proposal: 1st COLA up to 1.5%, 2nd fund priorities proportionally, 3rd fund COLA up to additional 1.5% Consensus not reached Vote: In favor 11, Abstention 1, Opposed 2 Motion carried, proposal approved</p> <p>Flat funding and decrease will need to be addressed in December</p>
<p>Committee Reports</p>	<p><i>Presenters: Julia & Kris; Aubrey Daquiz</i> See slides. Tabled</p>
<p>Evaluation and Closing</p>	<p><i>Presenter: Nick Tipton</i> Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <p>Next meeting: Tuesday, December 3, 4:00-6:00 PM, virtual (Zoom)</p>
<p>Adjourned</p>	<p>6:05 PM</p>

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	R		Robb Lawrence, he/him		E
Chautauqua Cabine, she/her	X		Heather Leffler, she/her	X	
Steven Davies	X		Sean Mahoney, he/him		E
Carlos Dory, him/his	X		Robert Middleton, all pronouns	X	
Michelle Foley, she/they	R		Scott Moore, he/him	X	
Pelelini "Lini" Fatu		A	Jamal Muhammad, he/him	X	
Greg Fowler, he/him	X		Diane Quiring, she/her	X	
Jeffrey Gander, he/him		E	Tessa Robinson, she/her		E
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		Meghan Von Tersch, she/her		L
Chris Keating	X		Shane Wilson, he/him		A
Julia Lager-Mesulam, she/her	X		Abrianna Williams, she/her	R	
PC Support Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreters	XX	
Aubrey Daquiz, she/her	X		Dale Sattergren	R	
Jenny Hampton, she/her (Recorder)	X		Brandon Clark, he/they (CAP)	R	
Sara McCall, she/her			Miracle Thunderbolt	X	
Neisha Saxena, she/her					
Derek Smith, he/him	X				
Grace Walker-Stevenson, they/them					

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