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Quality Services Committee Meeting

Megan C. & Damon P. | Chair and Vice-Chair

Minutes

Date: October 20, 2025

Time: 1:00 PM - 3:00 PM

Physical Location(s)	Remote Address	Landline Access
<ul style="list-style-type: none"> • ACPHD 1100 San Leandro Blvd, Oak Room, San Leandro, CA 94577 • 2500 Bates, Suite B, Concord, 94520 • 2121 Vale Road San Pablo 94806 • 490 Illinois Ave., 9th floor San Francisco, 94143 	Click Here Zoom Meeting ID: 817 3687 1155 Passcode: 2000	To call into the meeting: <ul style="list-style-type: none"> • USA 636 651 3128 US Toll • USA 877 411 9748 US Toll-free Conference code: 657145

(IP)= In-person (R)= Remote

Attendees: Damon P. (IP), Ji-Sook O. (R), Megan C. (IP), Rob N. (IP), Duran R. (R), Natile W. (R)

Staff: Camisha N. (IP), Stephanie C

Not Present: Natalie W. (E), Duran N (NP)

Mission: The Oakland Transitional Grant Area Planning Council will provide comprehensive planning, prioritization, and education regarding HIV services in Alameda and Contra Costa Counties that are inclusive, equitable, compassionate, and respectful of human rights.

Planning Council Goals:

- Advance in Alameda and Contra Costa Counties commitment to “Getting to Zero”.
- OTGA meets HRSA mandate to make allocation recommendations that align with the epidemiological data.
- Provide data driven recruitment and retention efforts that are reflective of the epidemiology in the TGA.

- I. **Call to Order – 1: 07 PM** **1:00 PM**
 - a. Moment of Silence
 - b. Roll Call
 - c. Read Mission Statement

- II. **Review and Approve Agenda** **1:10 PM**

The AAM will not be presented at the October 22, 2025 Planning Council meeting but at the November 18, 2025 council meeting. There will not be a dry run due to the members were not able to finish preparing the presentation before this meeting.

Motion: Rob

Second: Damon

Action: Amend the agenda to reflect section V (five) being the “AAM Update” instead of “AAM Presentation Dry Run.”



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III. Review and approve September minutes

1:15 PM

1:10PM – Rob acknowledged page two; section V (five), third line from bottom, delete “convey the”, add “from OHC”, on page three, “have” should be “has.” After the requirement, add a “comma” before Bay and delete the comma after procedures. Delete “because” before OHC on line ten. On line, twelve of the document delete “that” between “grievance” and “due”. Page four, first paragraph. Damon suggested striking through “non-medical case management” and just having “medical case-management sections.” Item VII (seven), delete “prepare” on the second line.

Motion: Damon

Second: Rob

Action: The minutes were approved with the edits suggested.

IV. Workplan

1:20 PM

1:17 PM – Megan stated there are two outstanding items. The AAA and the Standards of Care (SOC) are the focus of today’s meeting.

V. AAM Presentation ~~Dry Run~~ Update

1:25 PM

1:19 PM - Ji-Sook stated that she and Natalie will present the AAM at the November 19, 2025, meeting because the slides are not complete yet. They will finish preparing the slides and presentation via email. Camisha explained that, due to sharing the PowerPoint slide and the slide background configuration, the information on the slides would get misformatted from the templates, causing her to restart the 71 slides on a blank PowerPoint slide docx. Due to prior events, she was unable to complete the slides before this meeting. She stated she is working on grouping and consolidating the slides and topics, and that this will be completed by Friday, October 24, 2025. Staff asked for clarity on moving the AAM up on the 2026 workplan. Megan elucidated the purpose of the AAM, stating the AAM. It's to inform the Planning Council of what the different stakeholders think about the relationships between subrecipients, the Planning Council, and OHC. Also, this could be a helpful piece of information for PPAC to have, as subrecipient survey results could be valuable for Priority Setting. Rob asked what specifically is in the AAM used for Priority Setting or Allocation? He noted that the AAM would need to be completed before the Request for Proposal (RFP) is issued. Members then discussed the RFP timeline, how it would align with the AAM timeline, and its usefulness for Priority Setting purposes. They continued discussing the Resource Inventory and when it will need to be updated based on the tri-annual Needs Assessment, which may be in 2027. Megan asked Stephanie what the 3-year needs assessment time period is. She stated she doesn't know when the last Needs Assessment was done. The Resource Inventory is the only component of the Needs Assessment for which the QSC is responsible. Megan suggested getting clarity on when



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the tri-annual needs Assessment is and if the Resource Inventory needs to be revised for the 2026 workplan

VI. Standards Of Care

2:15 PM

2:40 PM - Megan stated that staff emailed the most recent version of the document on Friday, October 17, 2025. Megan took notes on a document that needs to be revised before it is sent to OHC for editing and formatting. Members needed to finalize the medical case management section and the guidelines for pregnant people. But since the guidelines around pregnant people were confusing, Dot was going to ask Nick Moss and/or Eileen Dunn whether there was language for the standards. Rob's question sparked a discussion about whether housing and transportation belong in medical case management, since they don't sound like medical issues. The members agreed to keep housing and transportation where they are. Next, they discussed the acuity tools and how to share the tool with subrecipients who are providing services. Rob suggested creating a section in the SOC and adding it as an addendum, without removing the name of the state or county from which the document was borrowed, since the Acuity tools are already available online. Meghan suggested adding a table of contents to the document. It was also suggested that an appendix be added to the SOC document in the PDF. Staff asked who is responsible for adding the appendix to the SOC document, since she doesn't have the various acuity tools being discussed. Megan told Stephanie that the OHC staff will fine-tune [edit] and attach them to this document. Also, to add a sentence to say, "See the appendix for examples of acuity scales, or feel free to adapt your own," in the Medical Case Management standard. Rob and Megan added the Requirements section and some context to the Non-Medical Case Management. The members continued to discuss Non-Medical Case Management and concluded that it would be uncommon for a non-medical case manager to have a degree in social work. During the revision of this section the main point made is to not to indicate that people need a degree but what the difference is between medical case management and non-medical case management, social supports, and A non-medical case manager is not responsible for supporting adherence or directly coordinating directly with the clinical team, unless their agency decides that's their role but not a requirement. Megan acknowledged that she listed the term from the medical case management list of items to include in the Needs Assessment. Megan reviewed Outpatient Ambulatory Health Services. The wording for the standard that providers should follow guidelines for treating non-pregnant people was specific toward retroviral in pregnancy, which was unresolved because Dot Theodore was out, and she is going to ask Dr. Nick Moss and Eileen Dunne. Megan will send Dot an email to follow up on this standard. There was more discussion on which guidelines to follow between the Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) guidelines for antiretroviral therapy. Members agreed to follow the HHS guidelines. Megan stated that, under the Substance Use Outpatient Services standard, housing is stating not to give people housing before they engage in services is outdated. Megan stated that the word



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“first” should be deleted from the sentence “Clients in need of housing should be referred to Substance Abuse Outpatient Service first.” Members also suggested revising the sentence to “Clients in need of housing should be referred to non-medical case management services or other appropriate providers to assist with accessing housing resources.” Megan highlighted the types of help with edits and fine-tuning the SOC document that the OHC team needs, such as formatting, bullet punctuation, and ensuring all links work, to name a few. Stephanie stated they are fine with helping with these edits. Megan hopes the SOC can be introduced to the Planning Council’s March meeting and voted on in the April meeting.

VII. Review Utilization Data

2:45 PM

2:22 – Rob stated he doesn't get anything from seeing the UDC and UOS page because he doesn't know what it should be by the end of the year. He suggested adding a column to the document with all our Part A contracts showing the previous year's totals, so they could tell if the numbers were good or bad. Stephanie stated that things have changed, and comparing the numbers to next year may not be as helpful. They continued by acknowledging that Dot presented to the Health Resources and Services Administration (HRSA) the UDC goal for Early Intervention Services (EIS) for the year, and they will check with Dot what the goal is, either as a percentage or as an actual number. On page six, Rob asked, “Why are we doing so poorly this year compared to last year in linkage, retention, and suppression?” Stephanie explained the data for quarter 2 in 2024 and 2025, and Megan expressed that quarter 2 wasn't being tracked a year ago (2024). Rob suggested adding clarity about who the data is for to move forward. Example Ryan White vs ? Natalie asked to include a footnote at the bottom of the page for the acronyms moving forward.

VIII. March 2026 Nominations

2:50 PM

2:36PM - Megan discussed the terms of the Chairs and the requirements for eligibility, and staff explained that, upon registration, please provide her in writing that they have resigned. Natalie announced that her grant has been terminated and that she will likely be cycling from the entire council at the end of this year. Damon and Megan will remain as Chair and Vice Chair for the 2026 QSC cycle.

IX. List Member Spotlight for the year

2:55 PM

- October: Ji-Sook

2:49 PM Ji-Sook gave an overview of her career in the HIV world.

X. Announcements



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XI. **Adjourned** at 2:57PM.

3:00 PM



GROUP NORMS:

1. Be a welcoming body to all.
2. Respect each other as leaders.
3. Exhibit patience with each other.
4. Be anchored in our mission.
5. Agree to disagree.
6. Active, intentional, attentive, listening/eyes, ears, head, & heart.
7. No retribution for what gets said here.
8. Be present in call to service/Be prepared & ongoing.
9. No judgement/Take a breath & set it aside.
10. Everyone's effort & time is valued.
11. Consciously arrive on same agenda as others.
12. Encourage clarifying questions/Do not assume lack of preparation.
13. Be more creative & efficient in deliberations.
14. Be on time.
15. Do not take things personally.
16. Avoid using acronyms and abbreviations or explain what they stand for.

The **Vibe Monitor** (Chairs and/or Planning Council Staff) can enforce the above ground rules in situations of disruptive behavior. Pursuant to the OTGA Bylaws members can be removed from the meeting and/or council for disruptive conduct or conduct affecting the council's integrity of the community's confidence.