Oakland TGA Planning Council
Serving Alameda and Contra Costa Counties
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Quality Services Committee Meeting

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

Minutes

Date: June 15, 2026 **Time:** 1:00 PM - 3:00 PM

Physical Location(s)	Remote Address	Landline Access
• ACPHD 1100 San Leandro Blvd, Oak Room, San Leandro, CA 94577 • 2500 Bates, Suite B, Concord, 94520- Lassen RM	Click Here **Zoom Meeting ID**:817 3687 1155 **Passcode:** 2026	**To call into the meeting:** • 1(408)-961-3929 • 1(408)-961-3927 **Zoom Meeting ID**:817 3687 1155# **Passcode:** 2026#

In person = IP | Remote = R | Not Present = NP | Excused = E

Present: Rob N-N. (R), Ji-Sook O. (IP), Ilana N. (IP), Duran R. (R), Megan C. (IP), Damon P. (E)

Staff: Camisha N. (IP), Edgard E. (R), Stephanie C. (R)

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.

I. **Call to Order – 1:03 PM** **1:00 PM**
   a. Moment of Silence
   b. Roll Call
   c. Read Mission Statement

II. **Review and Approve Agenda – 1:05 PM** **1:10 PM**

Motion: Rob
Second: Megan
Action: Agenda was approved

Members reviewed the agenda. Megan noted that Damon Powell would not be present for the meeting and therefore would not be available for the scheduled Member Spotlight Discussion. Members agreed to proceed with the agenda as presented. No additions or revisions were proposed.

III. **Review and approve May Minutes - 1:06 PM** **1:15 PM**

Motion: Ilana
Second: Rob
Action: Minutes were Approved

Members reviewed the May meeting minutes. Megan stated that she would abstain from the vote. Rob noted that the minutes documented the oral health discussion, reflecting the committee's prior review of utilization data before the Planning Council meeting and accurately representing the discussion that occurred. Members agreed that the minutes accurately reflected committee business, and no corrections were identified. The committee approved the May minutes without amendment.

IV. Standards Of Care Update – 1:07 PM 1:20 PM

Megan revisited the status of the Standards of Care (SOC) document and explained that her understanding had been that she and Duran would conduct one final review before the document was formally released. Stephanie shared that she believed the review process had already been completed and that Rob had made some updates to genotyping based on a recent California Department of Public Health Dear Colleague Letter. She had already made those revisions and was going to incorporate them and finish the editing. Stephanie stated that it has been completed and the most recent version had been forwarded to staff.

Megan expressed interest in conducting one final review as a quality-control measure but stated that she did not want to delay publication. Rob suggested that the document could be distributed immediately and that any future corrections could be incorporated through updated versions online. Ji-Sook recalled that the committee had already discussed making the document available through the Oakland-TGA website and agreed that the committee had previously reached consensus regarding publication.

Megan suggested discussing version control and agreed that future revisions could be tracked through updated revision dates. Stephanie confirmed that the current document reflects a June 2026 revision date and no longer contains any draft language. Members agreed that the Standards of Care document is complete and ready for public distribution, posting on the website, and dissemination to subrecipients.

V. Assessment of Administrative Mechanism (AAM) - 1:19 PM 1:30 PM

The committee reviewed the annual Assessment of Administrative Mechanism (AAM) process and survey tools. Megan explained that survey revisions need to be completed over the next two months to allow adequate time for distribution, collection, analysis, and presentation of findings to the Planning Council in October.

The committee first discussed whether to continue administering the Planning Council survey portion of the AAM. Megan explained that the Planning Council survey is not required by the Health Resources and Services Administration (HRSA) and questioned whether the information gathered

has led to meaningful action. Rob observed that much of the information collected through the Planning Council survey is already captured through meeting evaluations and committee feedback processes. Duran agreed that information should only be collected when there is a clear purpose and a mechanism for acting on the results. Members tentatively agreed to discontinue the Planning Council survey component of the AAM, pending any concerns raised by Planning Council.

Megan noted that in the Sub-Recipient survey, there are several questions about service provision, such as wait times for appointments and the program's operating hours, but not about the contracting process or working with the Office of HIV Care (OHC). This is beyond the scope of HRSA's administrative mechanism requirements, and they should focus more broadly on program administration and how it works with the OHC.

Duran stated that questions regarding hours of operation and how programs provide services should come from a Request for Proposal (RFP). However, asking "What barriers are you encountering which hinder clients' access to the funded services" gives the opportunity for them (the members) to figure out barriers to services, challenges experienced by agencies, and operational issues affecting clients. This is valuable because these questions can provide actionable information.

Rob stated that examples from Los Angeles and Boston show that their AAM tools do not primarily focus on contracting, RFP, and invoicing. They are possible models. He asked for clarity on the tasks for this year's survey. Megan replied that they are to revise the questions as needed and provide the planning council with a presentation. Rob stated that this process may take longer than one or two meetings, and asked whether they can remove the planning council's piece, provide a general overview, and add it to the workplan for next year. Megan agreed and suggested starting the survey process in the beginning of the year with background research. Ji-Sook added the survey is to assess the relationship between the Office of AIDS and subrecipients, including the billing cycle. She requested additional information regarding HRSA guidance and requirements to better inform future revisions if available. Rob acknowledged that the primary purpose is to evaluate the recipient's efficiency in allocating and disbursing federal funds. Megan asked Camisha to find what questions are required and what the AAM survey is meant to address. Staff explained that she does not have a list of questions or a policy from the project officer; she only has examples.

Staff provided examples from AAMs in other jurisdictions, and Rob realized that they are supposed to assess how quickly funds are distributed to subrecipients. Rob explained that the Public Health Service Act identifies what recipients must assess but does not prescribe specific survey questions or methodologies, leaving considerable flexibility to local Planning Councils.

The committee agreed to focus heavily on AAM survey revisions during the July and August meetings for ninety minutes per meeting. Megan volunteered to review the current survey instruments and identify which questions directly support the committee's HRSA responsibilities and which questions may be optional. Ilana said she is interested in whether there are other avenues for feedback outside the AAM, where grantees have responded to topics beyond the AAM

mandate, such as hiring. Megan answered there is an end-of-year report for all Part A subrecipients regarding program vacancies to the planning council. She stated they could ask OHC to share the information. The members agreed to delay revising the survey until next month, using the compiled answers and questions from 2025.

VI. Update on SOP – 1:55 PM **2:30 PM**

a. Section VI | Terms Definition

Motion: Rob
Second: Ilana
Action: Approved pending addition of section numbering.

Megan summarized recent Executive Committee discussions on Planning Council bylaws and the Standard Operating Procedures (SOPs) of standing committees. The revised language specifies one-year terms, with eligibility for up to two additional one-year terms, for a maximum of three years of service. Members discussed how the revised bylaw language aligns with the Quality Services Committee SOP.

Duran identified a formatting inconsistency involving the phrase “may be,” and staff corrected the language and formatting during the discussion. Ilana recommended adding section numbering throughout the SOP to improve future referencing and document organization.

Members agreed that the revised SOP language accurately reflects the bylaw revisions and supports committee flexibility while remaining compliant with Planning Council requirements.

VII. Review Utilization Data – 2:04 PM **2:40 PM**

Stephanie presented utilization data through the first quarter of the contract year. Members immediately identified several date inconsistencies in the report, including references to May 1 and April 31. Stephanie explained that corrected versions had already been prepared and that the utilization data reflects activity through May 31, 2026. Which is a day that don’t exist.

The committee reviewed utilization trends across service categories and discussed the relationship between Unduplicated Clients (UDC) and Units of Service (UOS). Rob explained that UDC counts tend to be front-loaded because clients are counted only once per contract year, while UOS continues to accumulate throughout the year as services are delivered.

Members reviewed several service categories, including Outpatient Ambulatory Health Services, Mental Health Services, Medical Case Management, and Non-Medical Case Management. Stephanie explained that some service categories are funded through staffing allocations while others operate under fee-for-service models, which can create different utilization patterns.

Ji-Sook noted that Contra Costa County's Medical Case Management contract was not fully executed until mid-May and suggested that contract delays may have contributed to lower reported utilization. Stephanie agreed that some agencies were still catching up with service entry due to contract execution delays and HIV Care Connect implementation challenges.

The committee also discussed the relationship between invoicing, HIV Care Connect reporting, and utilization tracking. Stephanie clarified that current UDC and UOS data are pulled directly from HIV Care Connect and are no longer reported through agency invoices. Members noted that utilization reports are most meaningful later in the contract year when agencies have fully implemented services and data-entry processes have stabilized.

The committee agreed that no significant concerns were evident at this stage of the contract year and recommended correcting the identified date errors before the report is presented to the Planning Council.

VIII. Review Workplan – 2:24 PM **2:50 PM**

The committee reviewed the Quality Services Committee Workplan and discussed progress. Megan noted that the Standard Operating Procedures (SOP) revision process had been completed and could now be checked off as a completed workplan item. Ilana pointed out that line 12, item 1d needs to be updated to June 15th rather than May 18th.

The committee also reviewed the Standards of Care workplan item. Members confirmed that the Standards of Care document had been finalized, approved for public distribution, and was ready to be posted on the Oakland TGA website. Stephanie confirmed that the version distributed to the committee no longer contained any draft language and reflected the June 2026 revision date. Members agreed that the Standards of Care objective could be considered complete.

Megan noted that most remaining workplan activities for the year consist of recurring standing agenda items, including utilization data review, member spotlights, and routine committee business. Members agreed that the Assessment of Administrative Mechanism (AAM) will be the committee's primary remaining deliverable for the remainder of the program year. Given the completion of the Standards of Care and SOP projects, the committee discussed allocating significant portions of upcoming meetings to AAM survey review and revision.

Members also discussed the potential addition of checkbox tracking to the workplan similar to the format used by Executive Committee. Megan noted that visual indicators showing completed versus pending activities could improve tracking and accountability. Staff agreed to explore incorporating a similar format in future workplan versions.

IX. **Member Spotlight Discussion – 2:26 PM** **2:55 PM**

- June: Rob
- July: Damon
- August: Ji Sook

Rob Newton provided the Member Spotlight presentation. Rob shared his professional history beginning in 1999 as a volunteer HIV outreach worker in North Carolina working primarily with Black men. He discussed his work with the National Minority AIDS Council (NMAC), HIV research advocacy initiatives, AVAC community education projects, AIDS Project East Bay, Black AIDS Institute, and DeKalb County Board of Health in Georgia.

Rob described his return to Oakland and his current role as HIV Services Coordinator at UCSF Benioff Children's Hospital Oakland. He also highlighted his involvement in planning the Bay Hyphy 2026 Conference, participation on the HHS Adult and Adolescent Antiretroviral Treatment Guidelines Panel, and service as an ordained Baptist minister at Imani Community Church in Oakland.

X. Announcements, Evaluation link

Members were reminded to complete the committee evaluation. Staff noted that a new evaluation question had been added and encouraged members to provide feedback regarding committee operations and effectiveness.

XI. **Adjourn – 2:36 PM** **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. Step up Step back.
7. Active, intentional, attentive, listening/eyes, ears, head, & heart.
8. No retribution for what gets said here.
9. Be present, prepared and engaged.
10. No judgement/Take a breath & set it aside.

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11. Everyone's effort & time is valued.
12. Encourage clarifying questions
13. Be creative & efficient in deliberations.
14. Be on time.
15. Be mindful of your actions and assume good intentions.
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.