Oakland TGA Planning Council

Serving Alameda and Contra Costa Counties

www.oaklandtga.org/planningcouncil

Planning Council Meeting

Damon P. & Shelley S. | Co-Chairs

Minutes

Date: Wednesday, May 27, 2026, **Time:** 1:00 PM - 3:00 PM

Physical Location(s)	Remote Access	Landline Access
• ACPHD 1100 San Leandro Blvd, Training Room, 4th Floor. • 2500 Bates Ave., Ste B. Concord, 94520	Click Here **Zoom Meeting ID:** 885 3437 8444 **Passcode:** 2026	**Call into meeting:** • 1(408)-961-3929 • 1(408)-961-3927 **Zoom Meeting ID:** 885 3437 8444# **Passcode:** 2026#

IP: In-person, R: Remote, NP: Not Present

Present: Rob N-N. (IP), Angel D. (R), Carlos A. (IP), Damon P. (IP), Barbara G-A. (IP), Bryan H. (R), LeRoy B. (R), Ilana N. (IP), Duran R. (R), April L. (R), Natalie W. (R), Ebony G. (R), Ji-Sook O. (R), Jesse M. (IP), Shelley S. (R), Damon P. (IP), Martin E. (R), Mosies J-C. (IP), Angus B. (IP)

Not Present: , Felecia G. (NP), Jose P. (NP), Megan C. (NP), Diana D. (E), Aliaa B. (R), Joghi K. (E),

Staff: Camisha N. (IP), Martin L. (R), Ben C. (R), Dot T. (IP), Stephanie C. (IP), Edgard E. (IP), Nancy C. (R)

Guest: Noel C. (R), Michele C. (R), Gabby C. (R), Miranda M. (R)

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

I. **Call to Order -** 1:06 PM **1:00 PM**
- Moment of Silence
- Introductions
- Mission Statement
- Group Norms

II. **Review and Approve Agenda**

The agenda was amended to add Late Diagnosis Update as item IX.
Motion: Byran
Second: Shelley
Action: The agenda was approved with the amendment.

III. **Review and approve March Minutes**

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Item V: Subcommittee Reports the second line change from "She announced that, in the PLWHA Rob project, data will be collected through flash surveys, digital surveys, and community sessions" to "She announced that, in the PLWHA Rob **shared that** data will be collected through flash surveys, digital surveys, and community sessions."

Item VII: Members stated that they don't know what **FBM** means, and staff should figure out the actual meaning. Ilana asked, "Do you, or do the FB [Field-based] and surveillance people have a sense of the proportion of new cases that were experiencing homelessness? For current cases." [See presentation here]
Change "**Amenda**" to "**Amend**"
Change "Steve presented the Office of HIV Care Presentation HIV" to "Steve presented **for** the Office of HIV Care Presentation."

Item IX: Change "Parts B and F are always threatened, but what happens if Part **E** is also eliminated?" to "Parts B and F are always threatened, but what happens if Part **D** is also eliminated?

Motion: Bryan
Second: Carlos
Motion: The March minutes was approved with the suggested edits.

IV. **Public Comment for Agendized Items**

V. **Subcommittee Reports/Announcements: Workplan benchmarks & deadlines**

- Executive Committee

1:28 PM - Damon stated that Rob provided the Executive Committee with an update on the Ad Hoc Committee for the Johns Hopkins modeling study. They began drafting the Memorandum of Understanding (MOU) between the county and the OTGA Planning Council. They need to revisit the Bylaws to get clarity on the term limits, as well as on the subcommittees' Standard Operating Procedures (SOPs).

- Membership

Shelley stated that they are in the process of interviewing a new member.

- Planning, Priorities, and Allocation Committee

Staff stated that the member discussed which formula and tool to use when the members rank the Priority Setting. Also, they discussed when Shelley will present the priority settings to the PLWHA Committee and to this Council. Lastly, they discuss the materials necessary for both committees, PPAC and PLWHA, for the Priority Settings and the allocations, and Resource Allocation (PSRA).

- People Living with HIV and AIDS

Rob announced that this committee had completed the three listening sessions. The PLWHA Priorities Report has been drafted and will be reviewed and discussed at the next PLWHA committee meeting before it is delivered to the PPAC. Also, they are hosting a community reception next Tuesday to commemorate National HIV Long-Term Survivors Day. Pertaining to the Johns Hopkins Epidemiological and Economic Model ad hoc Committee. They had our first meeting; they'll meet monthly from June to October to develop modeling scenarios for the research team. Additionally, the committee is prioritizing the impacts of Medi-Cal, potential ADAP restrictions, and local HOPWA [Housing Opportunities for Persons With AIDS Program] housing cuts. Lastly, he gave a policy update that the HHS [United States Department of Health and Human Services] leadership dismissed the Chair and Vice Chair of the U.S. Preventive Services Task Force because the Affordable Care Act mandates zero-cost private insurance coverage based entirely on those ratings from the task force. The political restructuring could change how PrEP is covered and could move it forward. Last week, uncompensated care was directed to local Ryan White safety net clinics in the East Bay; if they stop, those ratings go into effect. Therefore, it is being tracked, as far as policy goes, by the PLWHA Committee. He stated he will give the Planning Council another policy update at the meeting next month, before they start priority setting.

- Quality Services Committee

Damon stated they finished the Standards of Care and the Resource Inventory. The SOP have some unclear definitions and regulations that has been brought up to the executive committee.

VI. **Nominations** **1:30 PM**

1:35 PM – the council voted Shelley as Vice Chair and Bryan and Damon as the Co-Chairs of the PLanning Council.
Motion: Rob
Second: Moises
Motion: Shelley is the Vice Chair and Damon and Bryan are the Co-Chairs of the Planning Council.

VII. **Integrated Strategy** [See presentation here]. **1:40 PM**

1:37 – LeRoy explained his position in the state as the Ending the HIV Epidemics (EHE) program manager, and that his role is to assist with implementing our syndemic plan in California. He explained, "Those that get prevention care or surveillance dollars are required to

submit an integrated plan every 5 years within the states' local jurisdictions. California has made progress in implementing the basic model of improved HIV infection rates, lowered HIV deaths, and addressing stigma. When we had the chance to redo our plan 5 years ago, the Oakland TGA also joined with us as a co-author. We decided to address HIV not as a condition on its own, but as a syndemic with hepatitis C and STIs through a social determinants of health lens.
Bryan asked, "For those Listening Sessions, would you be providing incentives to the attendees? LeRoy replied, "That's a great idea, and they will apply this." he continued by saying the plan is to figure out what it would look like to modernize ADAP. The outcome of that is the final report, which provides recommendations for what we would call a modernization or update. One thing that had happened is that the ADAP went to open formulary. Meaning that any federally FDA-approved drug is now available for purchase and covered through ADAP. other things, we got when we sponsored some listening sessions from ADAP's sites across the state. That's why the money given for programs isn't enough to actually run them. We're looking to make recommendations to support ADAP as a program. Moises stated that, regarding integrated testing, he understands that the planning involves offering training to police for HIV test counselors. He hopes to See these integrated tests reflected in the funding and training in the future. Because it is important for us to have the tools to share that information using a syndemic approach. LeRoy replied Yes. Integrating the test will be reflected in the state wire training resources. However, funding is a somewhat different issue. One thing that was made flexible in Ending the HIV Epidemic (EHE) funding grants. Also, they have encouraged integrated testing, but they know it is a heavy lift sometimes. That's why we've made certain resources available statewide to make it easier for local jurisdictions. Damon asked if the plans mentioned by the other jurisdictions were those done in conjunction with Vincente Consulting? Leroy stated that it depends on whether some jurisdictions use the workbook or Vincente Consulting. It depends on what you want done and how. Barbara asked how other counties get involved. He said they created a technical assistance website through Vincente Consulting, and any entity within a jurisdiction can request assistance through it. He asked if anyone would like to concur and start the motion, and he would abstain from his vote.

VIII. **2025 Utilization Report** [See presentation here] **2:15 PM**

2:17 – Dot presented the 2025 Utilization Report. She stated that she will change the title of this in the future to "Utilization and Fiscal Review" because it also includes fiscal data. Carlos, if those 37,000 people that are being served are a percentage of what is being measured as success. Dot replied that they are being counted as a goal per service. Damon asked whether Contra Costa County's data was included in this dataset and, if so, whether it could be parceled out. Dot replied yes. Noel stated knowing and acknowledging that oral health is a concern for people who are living with HIV. After looking at those numbers, the funds that were not used. Do we have data on the

number of people who are unable to access that service because they are unable to get an appointment? Dot answered, “No, but that would be a great thing to ask our case managers. So, the case managers. They are the key to getting clients connected to dental services, and we've heard from case managers that there are challenges in getting those appointments, so we can start collecting that from our case managers.” Ilana asked when the grant cycle will change and when they will release the number of providers for each category? Dot said there is another RFP out until 27-28 for funding to start on 28-29. There was discussion about changing the number of grants or the number of organizations that can provide these services. And if that should be a part of the focus group questions. If going to their home agency versus one agency that is a one-stop shop. Noel asked, “Is the streamlined process the same?” Dot replied, "Probably not," because each agency can have a different way of referring clients, and dental clinics are so separate from medical clinics. It's a whole other referral process.

IX. **Late Diagnoses Update** **2:35 PM**

2:49 PM - Rob stated there is not enough time for the presentation and to table it until June’s meeting.

X. **Review WorkPlan** **2:40 PM**

2:51 PM – The council is up to date on the workplan

XI. **Recipient Report** [See presentation here] **2:45 PM**

2:53 PM **-** Dot presented the May Recipient Report

XII. **General Public Comment/Announcements** **2:50 PM**

XIII. Adjourned at 2:55PM **3:00 PM**

NOTE: Brown Act – Hybrid meetings

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.
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 explaining 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.