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

May Minutes

Date: May 18, 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. (E), Damon P. (R)

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** at 1:04 PM **1:00 PM**
   a. Moment of Silence
   b. Roll Call
   c. Read Mission Statement

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

1:06 PM – Ilana asked what item VI, “Review Terms,” meant on the agenda. Camisha explained that it means reviewing the Chair's term lengths and their definition. Rob stated that this item is part of the Standard Operating Procedure (SOP) and the subtopic, along with the section number it lives in. Also, that this committee is waiting on clarity from the Executive Committee to determine the language for that section. Camisha explained the language was not determined at the last executive committee meeting and during the meeting prep with the chairs it was stated to added it back to the agenda for this committee. It was hoped that this committee could set the language moving forward. Damon suggested to Table item VI, “Review Terms,” because he is working on that section of the SOPs.

Motion: Rob
Second: Ilana

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Action: Approved with removing item VI to June.

III. Review and approve April minutes **1:15 PM**

Motion: Duran

Second: Rob

Action: Approved

IV. Resource Inventory **1:20 PM**

1:12 PM – Rob stated that Natalie Wilson had confirmed the Housing Opportunities for Persons With AIDS (HOPWA) Program is on the third floor of the Health Department, but he didn't see that anywhere, which is why he updated the address to the Hayward address. Stephaine added that she thought HOPWA was [a part of the] City of Oakland, not through the county, but they are unsure about it being on the third floor as well. Rob stated that HOPWA has various locations and that the city gives HOPWA contracts, but Alameda County has a HOPWA Program that goes through AHIP. Damon instructed staff to finalize the document.

Motion: Rob

Second: Damon

Action: The Resource Inventory has been approved.

V. Update on Standards of Care **1:30 PM**

1:15 PM – Rob announced the genotyping updates were based on the California Department of Public Health CDPH's Dear Colleague letter that came out last month. The updates are in the Outpatient Care and Medical Case Management sections of the Standards of Care (SOC). He explains the CDPH's Dear Colleague letter switched from care providers considering doing HIV genotyping to care providers should do HIV genotyping at the first diagnosis. He added that it is essentially an additional language, so the client needs to be informed that their data is being shared with the state for molecular surveillance purposes. Damon asked Stephanie if there would be any further formatting needed for this document after Rob completes adding the new language on genotyping. Stephanie replied that the formatting is complete and that they are happy to provide additional edits if needed. Duran clarified that the additional language doesn't change the substance of the information; it just provides additional clarification. Rob agreed.

Rob asked Stephanie, since there is an addition to the SOCs, how long it will take to add the track changes to the complete document, along with the final formatting. They said it shouldn't be an issue and that they'll just go through and accept the track changes, give it one final read-through, and send it back to Camisha.

Camisha said her next steps are to put it on the Oakland TGA website. Rob asked how this committee proactively shares the document. He asked if it is through the county or if Stephanie and their team will share it with the funded providers and all the subrecipients. Stephanie stated that the Office of HIV Care Director, Dot Theodore, made a general announcement. Damon asked if this would get placed on the website. Duran recommended making it a link so it can draw people to the website. Damon stated there should be an option for people to download it as well. Ji–Sook, if this document needs to get approved by the Planning Council, Camisha reminded Ji-Sook that it was determined by this committee since the council has entrusted QSC with this task, then the

council's approval is not necessary. However, she can share it with the council if this committee would like. Rob added that he thinks Megan should share with the council that it's done and available. Ji-Sook asked how often they are supposed to update the SOC. Rob answered that HRSA doesn't have a requirement; it's up to the Planning Council. Unless HRSA has health policy changes, HRSA has changed its standards of care. Duran questioned whether, when people review this document and notice a change in an organization or in a resource, there is a place where feedback is monitored. Rob answered that there isn't an opportunity to do that with this document.

Motion: Rob
Second: Duran
Action: Approve adding the genotyping edits to the SOC document

VI. ~~**Review Terms**~~ **1:45 PM**

VII. Review Utilization Data **2:15 PM**
1:29 PM –

Stephanie presented the Annual 2025-2026 Utilization Data. They flagged as concerning for the members that oral health is 38% unspent, yet there's a huge need for it and a huge waiting list. Possibly, the funded agencies are having trouble spending down the funds. Rob pointed out that in Oral Health, the utilization was really high, or units of service were really high in 21-22 and 22-23, and really low in subsequent years, which would indicate why the funds aren't being spent, not due to a waiting list. Stephanie also stated there have been other discussions about, like, having trouble identifying providers or having providers available to work at these specific sites. Rob stated, "Oral health seems like it's always weird, because the contract seems slower, and they're dealing with not a full year's worth of services, it seems like, most of the time. But we have to figure it out." Ji Sook added that Contra Costa County (CCC) had some funding for oral health, and they were able to spend down the entire funding before the end of the fiscal year because they didn't get a lot. Also, they have three private providers with whom we have partnership for specialized dental treatment, and they complete their treatment quickly and send us the invoice. Things have been working really well in our county, but we try to send some clients to Alameda County for dental services. Also, Ji-sook stated, "I was told by one of the case managers that our (CCC) clients are not eligible for services. Their list was several months or, like, 5 or 6, and then the patient is in pain." Rob added, "I would wonder if we had any Ryan White Part A funded providers in Contra Costa County, or if all 8 are in Alameda County." Stephanie stated that they are subcontracted. It was agreed to flag this topic for Dot at the planning council meeting. Ilana pointed out that oral and dental health are visible in the resource inventory, but that may be the case for anyone. Damon added, Part of the issue might be, now that I'm thinking about it, that Ryan White funds are supposed to be a payer of last resort. If they've got Medi-Cal, they may have to use their Denti-Cal first, which may result in reduced units of service for oral care. Ji-Sook added, "Medi-Cal doesn't provide a lot of dental services, so a lot of services are not actually covered by Medi-Cal. Our dentists will bill Medi-Cal and submit the denial to us. All over the human plan, and that's how we process the oral. And I'm just, like, curious, like, if the funds are not really, like, 38% of funding was unspent, why is the waitlist so long?" Stephanie replied, " I think what I heard in the HIV Access meeting is that they also are having trouble with having providers to be able to actually provide the

oral health services, so there's a waitlist for, you know, there's, like, maybe one person who is doing it, and it's just a line out the door. It's my understanding, and again, I'm not, I'm not, super tuned into it. And it's Alameda Health Consortium, actually, that does, that subcontracts all the oral health, and I'm trying to... okay, so then Alameda Health Consortium has it, and Alameda Health System, Asian Health, Bach, LaClinica, Lifelong, and Native American Health Center all hold subcontracts For, oral health." Duran asked if there is one program (that they listed) that is doing better than the other? Stephaine responded they don't have that information at their fingertips. Duran asked "hearing that there is a need when we, as a committee, we... when we're looking at a hearing that, what do you want us to do? Or is this just informational, or also do we want to brainstorm? Do we want to dig a little deeper? If out of the eight agencies that hold the contracts. I'm just wondering, what do we do with this information?" Rob answered, "We can give directives to the Planning Council about how they fund. We can't talk about who they fund. We can, like, develop our committee directives based on this information that says, 'we expect the county to fund this many providers, or make requirements'. We can do directives about how to distribute the funding around the dental program, but we can't talk about who they fund." The committee further discussed how the council can issue directives to allocate funding and be prepared for next week's council meeting with predetermined questions and answers from the Office of HIV Care (OHC).

VIII. Review Workplan **2:25 PM**

1:50 PM – Line 18 item 3.a was accomplished in May; therefore, it was removed from June's task. Line 12 item 1. d was extended to June.

IX. **Member Spotlight Discussion** **2:35 PM**

I:53 PM - May: Duran. Duran provided a history of his work in HIV care and prevention.

X. **Announcements, Evaluation link**

XI. **Adjourned at** 2:02 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.

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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 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.