Oakland TGA Planning Council

Serving Alameda and Contra Costa Counties

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Planning Council Meeting

Damon P. & Bryan H. | Co-Chairs

Minutes

Date: Wednesday, August 26, 2026, **Time:** 1:00 PM - 3:00 PM

Physical Location(s)	Remote Access	Landline Access
• ACPHD 1100 San Leandro Blvd, Training RM, 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: Aliaa B. (IP), Angel D. (R), April L. (R), Bryan H. (IP), Barbara G-A. (IP), Carlos A. (IP), Damon P. (IP), Diana D. (IP), Duran R. (R), Ebony G. (R), Ilana N. (IP), Ji-Sook O. (IP), Joghi K. (IP), LeRoy B. (NP) Megan C. (IP), Moises C. (E), Sharon D. (R), Rob N-N. (IP), Zeus H. (NP), Shelley S. (R), Jesse M. (NP),
Staff: Camisha N. (IP), Dot T. (IP), Luis L. (R), Ben C. (IP), Nancy C. (R), Edgard E. (IP), Courtney K. (R) Gabby C. (R), Danny A. (R), Stephanie C. (R), George A. (R), Michele N-H. (R), Georgia S. (IP)
Guests: Noel C. (R), Michele C. (R), Mindy D. (IP), Julie M. (IP), Ana A. (R), Matt F. (R), Luiz O. (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 -** 1:07 PM **1:00 PM**
- Moment of Silence
- Introductions
- Mission Statement
- Group Norms

II. **Review and Approve Agenda -** 1:16 PM

Members reviewed the agenda and discussed adding the Executive Committee Meeting Time Change as a separate agenda item. Staff clarified that the meeting-time change should be brought before the Planning Council as a public notice of the change. Members agreed to add the item as

Item X, before General Public Comment/Announcements. The Johns Hopkins Ad Hoc Committee was also confirmed as part of the Subcommittee Reports.

Motion: Bryan
Second: Aliaa
Action: The agenda was approved with the amendment to add the Executive Committee Meeting Time Change as Item X.

III. **Review and approve July Minutes -** 1:20 PM

Members reviewed the July Planning Council minutes. Shelley requested a clarification to the Membership Committee report by adding the specific date of the upcoming September Membership Committee meeting. Members confirmed that the meeting is scheduled for September 15, 2026.

Motion: Shelley
Second: Rob
Action: The July minutes were approved with the suggested correction.

IV. **Public Comment for Agendized Items -** 1:24 PM
No public comment.

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

- **Executive Committee**

Bryan reported that the Executive Committee prepared the agenda for the current Planning Council meeting and discussed how to ensure adequate volunteer coverage for Oakland Pride. Megan said the committee worked on the Planning Council Bylaws, and the work remains in progress.

- **Membership**

Shelley reported that the next Membership Committee meeting is scheduled for September 15, 2026.

- **Planning, Priorities, and Allocation Committee**

Rob reported that PPAC completed the Priority Setting and Resource Allocation process. The committee's recommendations would be presented later in the meeting for consideration and approval by the full Planning Council.

- **People Living with HIV and AIDS**

Rob reported that the PLWHA Committee reviewed five Service Directives and forwarded them to the appropriate committees for additional review. The committee also approved using the previous year's Client Satisfaction Survey for the current survey cycle and formed a Town Hall planning group to finalize the upcoming October Town Hall. The committee also discussed CDC prevention funding cuts as part of its policy engagement work.

- **Quality Services Committee**

Megan reported that QSC finalized the two survey tools for the annual Assessment of Administrative Mechanism (AAM). One survey was distributed to Ryan White subrecipient agencies and the other to the Office of HIV Care. She explained that the Subrecipient Survey was streamlined from previous years, and this year questions were removed where the information is already collected through other means or is not specifically required for the AAM.

Subrecipients have until September 11,2026 to complete their survey. At the September 21st QSC meeting, the committee will review the responses and begin preparing the AAM presentation for the Planning Council. The presentation is expected to occur in October or November, depending on other Planning Council agenda priorities.

Megan also reported that QSC has begun reviewing the Service Directives developed by the PLWHA Committee. QSC plans to dedicate additional time during its remaining meetings this year to review the directives and make progress before the start of the 2027 program period.

- **Johns Hopkins Committee**

Rob reported that the committee is still waiting for the Johns Hopkins research team to schedule its follow-up meeting. He will reach out on August 5th to follow up.

Action Items: QSC will review the AAM survey responses in September and begin preparing the AAM presentation for the Planning Council. QSC will also continue reviewing the Service Directives during its remaining meetings this year.

The Johns Hopkins Ad Hoc Committee is awaiting scheduling of its follow-up meeting with the research team.

VI. **Accept/Deny Resource Allocation -** 1:31 PM **1:30 PM**

Rob presented the PPAC's recommendation for the FY 2027–2028 Ryan White Part A and Minority AIDS Initiative (MAI) and Resource Allocations. The committee recommended maintaining the current allocation percentages for the next fiscal year rather than shifting funding among service categories. Members explained that PPAC did not identify sufficient data demonstrating a need for significant changes to the existing allocations.

The committee noted that funding had already been shifted among service categories during the previous allocation cycle in response to local utilization data and anticipated client needs. Members also discussed that 2026 is the final year of the current Integrated Plan and that a comprehensive triennial Needs Assessment and gap analysis will be conducted next year. The 2027 Needs Assessment is expected to provide stronger data to inform potential changes to future service-category allocations. For these reasons, PPAC recommended maintaining a flat allocation for the upcoming year.

Luis Orozco raised concerns regarding housing instability among people living with HIV and LGBTQ+ communities. He acknowledged that housing is not funded through the Ryan White Part A allocations being considered but encouraged the Planning Council to explore opportunities to advocate for other local housing resources. He discussed the connection between housing insecurity, medication adherence, and engagement in care and encouraged greater coordination with local government regarding housing resources. Members acknowledged the concern and agreed that housing remains an important issue, although it was outside the scope of the specific Resource Allocation decision before the Council.

After discussion, the Planning Council considered PPAC's recommendation to maintain the existing allocation percentages. Members clarified that the motion included both Ryan White Part A and MAI allocations.

Motion: Bryan
Second: Shelley
Action: The Planning Council approved the FY 2027–2028 Ryan White Part A and MAI Resource Allocations.

VII. **Dot Theodore | Recipient Report -** 1:40 PM **2:00 PM**

Dot provided updates from the Office of HIV Care (OHC). She reported that OHC received approval that day to use the Ryan White Part A unobligated funds. She clarified a correction in the presentation, noting that the approved funding was for Emergency Financial Assistance and Medical Transportation, rather than Food Bank/Home-Delivered Meals as shown on the slide. OHC also received approval for its Ending the HIV Epidemic (EHE) unobligated balance request, which will move forward to the Board of Supervisors for approval in October.

Dot reported that EHE partners recently held a network meeting to begin Phase 2, with an emphasis on improving coordination of EHE services and strengthening Ryan White services. The network is working on closed-loop referrals and exploring innovative approaches that may not be possible using Ryan White funding alone. Required Ryan White and EHE reports and workplans were also submitted.

OHC is also developing a process that would allow County Public Health Investigators (PHIs) to provide incentives to newly diagnosed clients or clients who are out of care to encourage engagement in HIV care. Examples discussed included incentives for attending an initial medical appointment or completing a first viral load test. Because it is difficult for the County to directly manage and distribute gift cards, OHC is working with Cardea to manage the incentives while PHIs confirm eligibility and complete the necessary HIV Care Connect documentation before distributing incentives to eligible clients.

Dot then reviewed utilization data through July 31, noting that approximately 41.7% of the contract year had elapsed. Medical Transportation was highlighted because utilization showed greater demand for rides compared with vouchers. Dot explained that Cardea currently coordinates transportation primarily through vouchers, while rides may involve an agency vehicle or rides arranged through services. OHC will continue considering how transportation services can be structured to make rides more accessible to clients.

Dot also reviewed expenditure data through July 31. Emergency Financial Assistance and Food Bank/Home-Delivered Meals were spending at rates substantially above what would normally be expected at this point in the contract year. A previous reallocation for Food Bank/Home-Delivered Meals is being incorporated into the Project Open Hand contract, while the newly approved Ryan White unobligated balance will provide additional funding for Emergency Financial Assistance. Dot agreed that future expenditure reports can show spending compared with both the original allocation and revised allocation so members can better understand actual spending patterns after reallocations are completed.

There was no Clinical Quality Management (CQM) update for this meeting; the next CQM update is expected in October.

Action Items: OHC will move forward with the approved unobligated balance funding, continue developing the PHI incentive process with Cardea, explore options for improving access to medical transportation rides, and update future expenditure reporting to reflect both original and revised allocations.

VIII. **Review WorkPlan -** 1:49 PM

The Planning Council reviewed the WorkPlan and confirmed that the primary activity completed for August was the Resource Allocation process, which was marked complete. Members then reviewed upcoming activities for September and October, including the process for nominating Planning Council officers/chairs for the upcoming year and filling committee assignments. Members noted that although nominations are scheduled to begin in September, the process has sometimes extended into October or November.

IX. **Triennial Needs Assessment Process -** 1:51 PM **2:45 PM**

Rob introduced planning for the 2027 Triennial Needs Assessment, explaining that the discussion was intended as an introduction rather than a finalized methodology. He emphasized that the Needs Assessment is a core Planning Council responsibility and brings together epidemiologic data, utilization information, consumer experiences, disparities, and service gaps to inform Priority Setting and Resource Allocation, Service Directives, quality improvement, and longer-term planning.

Rob reviewed the 2026 community engagement pilot, which included three community listening sessions, Client Satisfaction Survey data, and development of the PLWHA Priorities Report. Findings from that process also informed the Service Directives currently being reviewed by Planning Council committees.

For 2027, Rob proposed a shared working model in which County/Recipient staff provide data and technical support, the PLWHA Committee supports community engagement and outreach, and the Planning Council and its committees bring the information together to identify gaps and inform planning decisions. He emphasized that the Planning Council remains ultimately responsible for the Needs Assessment.

Rob proposed establishing a temporary 2027 Needs Assessment Ad Hoc Committee with representation from PLWHA, PPAC, QSC, Executive Committee, County staff, Planning Council support, and other Council/community representatives. The group would develop the detailed framework and bring recommendations back to the full Planning Council. Members supported beginning with a core group while providing additional Council members an opportunity to volunteer. Barbara and Shelley volunteered to participate.

The Council reached consensus to establish the 2027 Needs Assessment Ad Hoc Committee. The group is expected to begin meeting in September and work toward bringing a recommended framework to the Planning Council by its November 18 meeting. The Needs Assessment will return to the September Planning Council agenda for an update and additional participation.

Action Items: Council staff will send an email requesting additional volunteers for the Ad Hoc Committee.

X. **Executive Committee Meeting Time Change**

Staff announced that the Executive Committee's regular meeting time will change from 10:00 AM to 9:30 AM on the second Wednesday of the month, beginning September 9th, for the remainder of 2026.

The adjustment will allow the meeting to conclude by 11:30 AM due to a scheduling conflict. The change was presented as a public notice and did not require additional Council action.

XI. **General Public Comment/Announcements** **2:55 PM**

During General Public Comment, a community member shared concerns regarding gaps in affirming HIV care for transgender and non-binary individuals, including experiences with misgendering, deadnaming, non-affirming clinical environments, continuity of care, and barriers within healthcare systems. The speaker encouraged the Planning Council to consider these gaps when evaluating HIV services and future funding and planning strategies.

Shelley shared information about a five-module training focused on HIV and aging and encouraged Planning Council members and service providers to participate. Topics include cardiovascular health, cognitive and mental well-being, emotional resilience, strengthening care teams and support systems, and mobility and medication. Participants receive a certificate after completing each module. Shelley stated that she would provide the training information to staff for distribution to members.

Matt Foreman raised concerns regarding HOPWA and housing services and asked whether the upcoming Triennial Needs Assessment could connect with or help inform local housing-planning processes. Members discussed the absence of HOPWA representation on the Planning Council and identified this as a current membership gap. Members agreed that strengthening connections with HOPWA and considering housing needs within the Needs Assessment should be explored.

Ebony added that the Needs Assessment should intentionally reach people experiencing housing instability and other populations who may not participate through traditional Planning Council channels. She discussed potential outreach through funded agencies and noted that Needs Assessment findings and Service Directives could provide mechanisms for addressing identified gaps. Members also discussed ensuring that the Needs Assessment captures the experiences of transgender and non-binary people, particularly where existing data may be incomplete.

Action Items: Shelley will provide the HIV and aging training information to staff for distribution. The Membership Committee will consider recruitment efforts to restore HOPWA representation on the Planning Council. Housing needs and the experiences of transgender and non-binary individuals will be considered as the Triennial Needs Assessment process is developed.

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XII. **Evaluation** (Click **here**) and **Adjourn -** 2:23 PM **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.