



www.oaklandtga.org/planningcouncil

Quality Services Committee Meeting

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

Minutes

Date: September 21, 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	Zoom Meeting ID: 817 3687 1155	1 (408) 961-3929 1 (408) 961-3927
2500 Bates, Suite B, Concord, CA 94520 - Lassen Room	Passcode: 2026	Meeting ID: 817 3687 1155# Passcode: 2026#

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

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

Absent: Ilana N. (E); Duran R. (E)

Staff/Recipient: Camisha N. (IP), Stephanie C. (R), Dot T. (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 - 1:02 PM

II. Review and Approve Agenda

No changes to the agenda

Motion: Rob

Second: Damon

Action: Agenda approved as presented.

III. Review and Approve August Minutes

Members requested that the August minutes be amended to include attendance on the first page, verified against the sign-in record or recording.

Motion: Damon

Second: Megan

Action: August minutes approved with the attendance amendment.

Action Item: Staff will add attendance to the August minutes.

Quality Services Committee Meeting

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

IV. Service Directives –1:08 PM

Rob led a substantive review of the five directives advanced by the PLWHA Committee. QSC is the primary sponsor for Digital Exclusion and Warm Handoffs and Referral Completion, and a secondary reviewer for Late Diagnosis, Dental Care Access, and Equitable Access for Women, for which PPAC is the primary sponsor. The goal was to get clear direction on the substance and what needs to change.

Rob proposed reviewing the evidence and community concerns, existing work, remaining gaps, whether a directive is the appropriate Planning Council response, and the specific action and reporting requested.

a. Digital Exclusion and Access

Members supported preserving non-digital options for scheduling, communication, administrative processes, and consumer participation, along with navigation assistance. They noted that barriers differ across agencies and that OHC may need to assess existing practices. Members supported adding the Executive Committee recommendation to consult other councils and departments and explore best practices within and outside the TGA. OHC would determine implementation details.

b. Warm Handoffs and Referral Completion

Members discussed defining referrals more clearly, including referrals from HIV care to specialty services, and specifying follow-up when a referral is unsuccessful or the receiving agency is unresponsive. Possible responses included repeated follow-up, alternate referrals, and escalation as appropriate.

Dot clarified that Ending the HIV Epidemic contracts require closed-loop referrals, but OHC has not yet established a tracking process or determined how to track them. She described challenges with agencies outside the Ryan White network, where OHC has limited authority and established relationships. She recommended recognizing regional case manager meetings as a resource for sharing connections, challenges, and successful approaches.

Ji-Sook described using Epic and community health worker follow-up to confirm initial contact, along with transportation coordination to support attendance. Members acknowledged that Ryan White providers cannot control external agencies' responses. The revised directive should build on existing work and recognize these limits.

c. Secondary Review of PPAC Directives

Members discussed the relationship of late diagnosis to Early Intervention Services, existing work on prioritizing Ryan White clients for dental services and Emergency Financial Assistance for oral health, and further data review regarding MAI priority populations. QSC offered no additional recommendations to PPAC on these three directives.

d. Implementation and Reporting

Rob proposed an initial OHC response within 60 days and an anticipated implementation timeline within 90 days, followed by progress reporting. Dot raised workload concerns for activities already underway. Members supported applying the 60- and 90-day requirements to work not already in progress. Existing activities could be addressed through Recipient Report updates and quarterly progress reporting, with clarity about whether the work covers all or part of each directive.

Action Item: Rob will revise the two QSC-sponsored directives using this feedback and bring them back in October for final review and a decision on advancement. No final directive approval occurred at this meeting.

Quality Services Committee Meeting

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

V. Assessment of Administrative Mechanism 1:39 PM

a. Presentation Planning and Presenters

The committee reviewed AAM survey responses and discussed how to communicate the findings in a concise PowerPoint presentation. Members favored summarizing numerical results and using selected quotations and common themes to explain narrative responses, rather than displaying the full survey output.

Megan offered to co-present. Damon offered to assist if needed. Staff will ask Ilana and Duran whether either would like to co-present; if both volunteer, they could present together. Final presenter assignments remained pending.

The target is a presentation at the October Planning Council meeting, with a dry run at the October QSC meeting. The presentation could move to November depending on the Council agenda. Members expected to know the October agenda after the October Executive Committee meeting.

Action Items: Staff will contact Ilana and Duran, coordinate a preparation meeting, and help the presenters develop the slides. The committee will prepare for an October rehearsal and confirm the Council presentation date once the agenda is set.

b. Recipient Survey

The committee began with OHC's responses so Dot could clarify questions. Dot confirmed that no client grievances were escalated to OHC during the reporting year. Members noted that this does not establish whether agencies received grievances, since issues may have been resolved at the agency level.

Dot explained that OHC developed invoice receipt and payment tracking following a site-visit finding. The staff member responsible for the tracking document was on leave, and Dot did not have access to the document. Payment-timeliness figures were therefore unavailable for the review. Dot expected to provide the figures after that staff member returned and committed to ensuring that access would not depend on one person in the future.

Members observed that subrecipient responses concerning payment were neutral to positive and that many invoicing comments concerned the submission process. They acknowledged that those responses do not replace the unavailable payment-timeliness data.

The presentation should retain the wording of each question while summarizing lengthy Recipient responses. Dot confirmed that she would attend the Council meeting to respond to questions that presenters could not answer.

Action Items: OHC will provide invoice payment-timeliness figures when available and ensure shared access to the tracking information for future reviews. Presenters and staff will summarize Recipient responses and identify unavailable data accurately.

Quality Services Committee Meeting

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

c. Subrecipient Survey

Members noted that the shorter survey appeared to yield more detailed narrative responses than in prior years. The committee identified duplicate responses associated with Cal-PEP and Pacific Center and discussed combining them so agencies would not be counted more than once in numerical results. Stephanie noted that Pacific Center's two entries appeared to be from the same respondent.

Members supported retaining useful comments while reviewing duplicate numerical responses. Potential approaches to conflicting responses included averaging or considering the respondent's role; no single method for resolving conflicts was finalized. Identical duplicate entries could be removed after verification.

For the question about hypothetical funding reductions, members cautioned that response counts may reflect how many agencies provide a service and the availability of other funding sources. The presentation should identify the services most frequently mentioned without overstating what the counts demonstrate.

For staffing barriers, members suggested grouping common themes, including difficulty offering competitive salaries, staff turnover, and hiring constraints, and using selected quotations to illustrate them.

For contracting and invoicing satisfaction, members supported pie charts labeled with both counts and percentages. Charts should be recalculated after duplicate responses are resolved. Narrative comments can explain the results, and relevant OHC context, including County approval delays affecting contract execution, should accompany the findings.

Members encouraged OHC to review the detailed responses, including comments about contract length and flexibility, even where those comments would not appear individually in the presentation.

For technical assistance and training, members favored a concise summary of topics, key findings, and areas with substantial nonparticipation instead of showing the full, crowded table. They discussed the possibility that respondents did not recognize training delivered within subrecipient meetings as separate training opportunities. This was offered as a possible explanation, not a confirmed finding.

Members noted repeated appreciation for OHC alongside concerns about administrative systems. They also noted one respondent's objection to required client incentives for the satisfaction survey. Presenters will select key themes and representative comments to provide a balanced account of the responses.

Action Items: Staff and presenters will review and reconcile duplicate agency responses before finalizing numerical findings, preserve relevant comments, update charts with counts and percentages, and develop concise thematic summaries. OHC should have access to the full narrative feedback for review.

Quality Services Committee Meeting

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

VI. Review Utilization Data 2:07 PM

Members observed improvement in categories that previously showed low utilization. Discussion continued to focus on differences between Unduplicated Clients (UDC), Units of Service (UOS), and spending. Conservative agency projections and service delivery beyond projected goals were discussed as context for some high UDC percentages.

a. Medical Transportation Vouchers

Dot reported that voucher spending was approximately 50 percent of the contract-year amount. She explained that Cardea purchases vouchers and case managers request them in bulk, so spending may occur before vouchers are distributed to clients. Members questioned why reported utilization remained low through August and whether distribution, client preference for rides, or data entry contributed to the discrepancy.

Dot agreed to ask the HIV Care Connect staff member to examine how agencies record medical transportation and check with case managers. Vouchers may have been distributed without appearing in the extracted utilization data. The reason for the discrepancy remained unresolved.

b. Medical Case Management

Members questioned high UDC percentages alongside low UOS in both non-MAI and MAI Medical Case Management. Dot initially agreed to check for spreadsheet errors and then confirmed during the meeting that the calculations were correct; the UOS figure she checked was 26.1 percent. Possible explanations included incomplete recording of case management activities, delayed data entry, and a need for training on UOS reporting. These explanations were not confirmed.

Members also discussed anecdotal reports of increased reliance on Ryan White services associated with Medi-Cal coverage concerns. Dot had not heard of a corresponding increase in medical case management clients and agreed that the topic could be raised at the next regional case manager meeting. Members noted that utilization data had not yet clearly demonstrated such a change.

Action Items: OHC will investigate medical transportation recording and voucher utilization with HIV Care Connect staff and case managers. OHC will seek further context for Medical Case Management UDC/UOS differences and ask regional case managers about changes in client volume and service needs.

VII. Review Workplan

Members confirmed completion of September activities to establish quorum and review utilization data, and marked AAM presentation development as underway. October work will include continued AAM preparation and presentation to the Council in October or November.

The Workplan also listed Standards of Care review for October. Members recalled recently completing and voting on that work. Staff will remove Standards of Care review.

Quality Services Committee Meeting

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

VIII. Member Spotlight 2:20 PM

Damon completed the September Member Spotlight.

IX. Announcements and Evaluation Link

X. Adjourn - 2:23 PM

The meeting adjourned at 2:23 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.
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 or the community's confidence.