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, September 23, 2026, **Time:** 1:00 PM - 3:00 PM

Physical Location(s)	Remote Access	Landline Access
• ACPHD 1100 San Leandro Blvd, Redwood RM, 1th 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. (IP), April L. (IP), Bryan H. (R), Barbara G-A. (R), Carlos A. (IP), Damon P. (IP), Diana D. (IP), Duran R. (R), Ebony G. (R), Ilana N. (R), Ji-Sook O. (IP), Joghi K. (IP), LeRoy B. (R) Megan C. (IP), Moises C. (E), Sharon D. (R), Rob N-N. (R), Zeus H. (NP), Shelley S. (R), Sharon Diston (IP)
Staff: Camisha N. (IP), Leah J. (R), Ben C. (IP), Edgard E. (IP), Stephanie C. (IP),
Guests: Michele C. (R), Julie M. (IP), Sami W. (IP),

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**
Motion: Bryan
Second: Carlos
Action: The agenda was approved with the Recipient Report presenter amendment.

III. **Review and approve August Minutes**
Ilana requested that the August attendance record reflect her absence. Members reviewed the minutes and identified no other substantive changes.
Motion: Rob

Second: Bryan
Action: The August minutes were approved with the attendance correction.

Action Item: Staff will correct Ilana's August attendance to reflect her being absent.

IV. **Public Comment for Agendized Items**

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

- Executive Committee

Damon and Bryan reported that Office of HIV Care (OHC) was nearing completion of its Memorandum of Understanding (MOU) edits; the document would return to Executive for further review. The committee referred service-directive work to QSC and received an overview of the triennial needs assessment.

- Membership

Shelley said Membership would provide an update at the next Council meeting.

- Planning, Priorities, and Allocation Committee

Aliaa reported that PPAC met September 3, revised the post-PSRA survey, and agreed to advance the final version to the Council. The committee also received presentations on Minority AIDS Initiative (MAI) priorities and utilization data.

- People Living with HIV and AIDS

Rob reported that engagement incentives were available for people living with HIV to attend Council and standing-committee meetings. The committee discussed lessons from the National Ryan White Conference and continued planning the October 15 Town Hall, with a planning group handling logistics

- Quality Services Committee

Megan reported reviewing the Assessment of Administrative Mechanism (AAM) survey responses at the September 21 meeting. Approximately 19 subrecipient responses had been received after extending the deadline. Megan planned to present the findings with a co-presenter in October or November, depending on the Council agenda. QSC also continued reviewing its two sponsored directives on Digital Exclusion and Warm Handoffs and would provide secondary review of PPAC's three directives.

- Johns Hopkins Committee

Rob was awaiting a response from the research team and planned to follow up in October. He anticipated information in the spring that might support the needs assessment.

VI. **2027 Needs Assessment - 1:31 PM** **1:30 PM**

a. Purpose and Work Underway

Rob presented an update following the Ad Hoc Needs Assessment Planning Committee's first meeting on September 14. The assessment will examine who is living with HIV in the TGA, service needs, barriers and disparities, consumer experiences, and gaps between needs and available services. Findings will inform Priority Setting and Resource Allocation (PSRA) and longer-term planning.

Rob emphasized that the assessment is broader than a single survey. It will draw on HIV surveillance, epidemiology, administrative and utilization data, consumer responses, listening sessions, and relevant local assessments in both Alameda and Contra Costa Counties. Questions that reliable existing data can answer need not be repeated in the consumer survey.

County staff had prepared a draft timeline and begun updating the 2022 Consumer Survey. The committee favored a shorter, clearer, more actionable instrument and substantive PLWHA review of its tone, language, accessibility, and burden. Work was proceeding on three tracks: refining the survey; identifying existing data and assessments; and planning outreach, listening sessions, language access, and participation supports.

b. Barriers and Information Needed

Rob outlined areas identified through 2026 PLWHA engagement that require further exploration: reliable digital access and support; the causes of transportation barriers; whether referrals lead to completed connections; experiences of safe, respectful, gender-inclusive care; and the reasons substantial behavioral-health needs may coexist with low service utilization.

Members asked how Contra Costa residents would be reached. Rob confirmed that both counties are within the assessment's scope and that outreach locations and methods were still being planned.

Moises raised employment, education, and career goals as components of well-being. Shelley supported considering the needs of people seeking to return to work or school. Members discussed referrals to community resources and support-group content. Rob emphasized that added survey questions should serve a clear planning purpose; listening sessions may be better suited to exploring less-defined topics.

Bryan asked that the assessment address gaps in affirming care for transgender and non-binary people, housing instability, outreach beyond traditional Council channels, and links to housing planning. Rob confirmed that gender-inclusive care and outreach concerns were already part of Ad Hoc discussions, while housing was substantially addressed in the prior survey. Recruitment of HOPWA representation remained a Membership issue.

Members also encouraged attention to other health conditions and systemwide barriers affecting people with HIV. Rob identified the Alameda County Community Health Assessment as an example of a secondary source that could provide broader context without lengthening the consumer survey.

c. Additional Community Perspectives

LeRoy suggested examining the types of substance-use treatment people need, including support for polysubstance use, and experiences of clients whose complex needs remain unresolved despite moving among providers. Listening sessions were suggested as a way to understand these experiences.

Shelley asked how the assessment could better understand affected families, households, and support systems. Rob noted that separate engagement might be needed to protect safety and confidentiality. Duran encouraged asking what helps people connect to and remain in care, so the assessment identifies strengths as well as barriers. LeRoy also suggested exploring health conditions that may take priority over HIV in a person's life.

d. Timeline and Participation

Rob outlined survey refinement, PLWHA review, secondary-data identification, and outreach planning before and during October. The October Ad Hoc meeting will address methodology, listening sessions, representation, data integration, gap analysis, roles, resources, and technical support. The group intends to resolve remaining questions and bring a recommended framework to the Council in November before recess, enabling implementation in 2027.

The next Ad Hoc meeting was announced for Monday, October 19 at 9:00 AM via Zoom. Council members, committee members, and interested community representatives were invited to participate. The update was informational; no framework or survey was adopted at this meeting.

Action Item: Members will send questions, suggested data sources, outreach ideas, and other needs-assessment input to Rob or Camisha before the October 19 Ad Hoc meeting. The Ad Hoc Committee will use the input to refine the assessment and prepare a recommended framework before recess.

e. Context for Utilization Data

Shelley requested explanations to accompany agency utilization figures so members can understand changes in service delivery and underlying barriers. She gave immigration-enforcement concerns as an example of a factor that may affect attendance. Stephanie invited an email request so OHC could determine how best to present the context.

Action Item: Shelley will email OHC about the utilization explanations she is seeking. OHC will work with her to determine how to present that information.

VII. **Stephanie C. | Recipient Report – 2:05 PM** **2:30 PM**

a. Program and Contract Updates

Stephanie reported that California Department of Public Health staff would conduct a Ryan White Part B site visit September 29–30, meeting with County program and fiscal staff and visiting two selected Part B agencies. OHC was preparing the non-competing continuation report due October 1 and expected to submit early.

At midyear, agencies with spending below 40 percent were asked to review budgets and submit spending plans. Any proposed funding changes would return to the Council in October. Changes in the Board-letter process had delayed midyear contract amendments. Stephanie reported the EHE unobligated-balance item as scheduled for an October 28 Board meeting; the Part A item did not yet have a date.

b. Notices of Award and Service Utilization

OHC expected to issue Part A, MAI, Part B, and Ending the HIV Epidemic (EHE) notices of award by the end of October. Stephanie anticipated a smoother process because of multiyear contracts and unchanged allocations.

At approximately 50 percent of the contract year, several categories exceeded projected unduplicated-client and units-of-service goals. Stephanie explained that conservative agency projections can contribute to high percentages. Medical transportation vouchers showed low reported utilization despite spending that was on track. OHC believed delayed entry into HIV Care Connect (HCC), after vouchers are purchased and distributed through case managers, contributed to the discrepancy.

c. Expenditures

Most spending categories were close to or above the midyear benchmark. Oral health spending was approximately 22 percent. Agencies were developing plans to spend available funds, and Emergency Financial Assistance could support eligible dental services outside the Ryan White network when in-network capacity was unavailable. Lower mental-health spending was expected to improve after receipt of an outstanding large invoice.

d. HIV Care Continuum and Goals

Stephanie reviewed the care-continuum information prepared for the continuation report, using the required 2024 CDC baseline, 2027 goals, and reported actuals. Receiving care and retention in care were identified as areas needing improvement. Relevant service categories included Early Intervention Services, Medical Case Management, Medical Transportation, Food Bank/Home-Delivered Meals, and Emergency Financial Assistance.

Rob questioned why the 2027 viral-suppression goal was approximately 79 percent when actual results were approximately 95–96 percent. Stephanie said the goals were established during the competing application before the newer actuals were available. She agreed to consult the team about how the goal was developed and report back. The next Clinical Quality Management update was expected in October.

Action Item: OHC will review spending plans and bring any proposed changes to the Council, continue the pending contract amendments and notices of award, and follow up on voucher reporting. Stephanie will consult the team about the care-continuum goals and report back.

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

Members reviewed the September task to nominate or volunteer for Council leadership. Camisha noted that nominations were also listed for October and were planned for the next Council agenda. Members discussed annual leadership terms for the following Council season and whether Executive had a role in nominations. No nominations or election were completed during this item.

Camisha read the nomination process from Bylaws section 4.3: Membership receives nominations, reports them to Executive for review, and Executive presents them to the full Council. Staff clarified that a process applies and that nominations were still expected to reach the Council in October.

Action Item: Members interested in leadership positions, or wishing to nominate someone, will send nominations to Shelley and Camisha. Membership and Executive will process the nominations for presentation to the full Council.

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

X. **Adjourned –1:36 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.