Oakland Transitional Grant Area April 2025 Recipient Report

Dot Theodore, MPH
Office of HIV Care, Director

Recipient Update

- OHC held a town hall listening session to better understand the service needs from the provider perspective as we prepare to RFP Ryan White services and Ending the HIV Epidemic
- OHC had a successful capacity building workshop on grant writing at the end of March
- OHC will also be issuing an RFP for Ryan White and Ending the HIV Epidemic funds
- Ryan White Services report was submitted complete and on time
- We are transitioning with the rest of the State to HIV Care Connect so there are data extraction and data input challenges that will be worked out with close collaboration with CDPH

Public Health Department
Alameda County Health

Client Served through 3/31/2025

Clients Served	MAI	Part A
Early Intervention Services	1	1
EFA Food		0
EFA Housing		0
EFA Utilities		0
Food Bank		128
Health Education/Risk Reduction		7
Home and Community-Based Health Services		0
Medical Case Management Services	19	81
Medical Nutrition Therapy		48
Medical Transportation Services	0	11
Mental Health Services		30
Non-Medical Case Management Services	0	
Oral Health Care		0
Other Professional Services		0
Outpatient/Ambulatory Health Services	18	137
Psychosocial Support Services	0	66
Substance Abuse Services - Outpatient	6	4

Public Health Department
Alameda County Health

Units of Service Provided

Units of Service	MAI	Part A
Early Intervention Services	4	14
EFA Food		0
EFA Housing		0
EFA Utilities		0
Food Bank		191
Health Education/Risk Reduction		14
Home and Community-Based Health Services		0
Medical Case Management Services	23	230
Medical Nutrition Therapy		159
Medical Transportation Services		43
Mental Health Services	0	321
Non-Medical Case Management Services	0	
Oral Health Care		0
Other Professional Services		0
Outpatient/Ambulatory Health Services	22	390
Psychosocial Support Services	0	408
Substance Abuse Services - Outpatient	60	20

Public Health Department
Alameda County Health

Spending

We’re now starting to receive invoices for March.

No summary of expenses is available for 2025-2026 to date.

Questions?

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Oakland Transitional Grant Area

Planning Council

BYLAWS

Draft: November 5, 2024

TABLE OF CONTENTS

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ARTICLE I: DESCRIPTION OF THE PLANNING COUNCIL

Section 1.1 Planning Council Legal Name

The legal name of this assembly body shall be the "Oakland Transitional Grant Area Planning Council," henceforth referred to as "OTGA Planning Council."

Section 1.2 Service Area

The OTGA Planning Council service area includes Alameda County and Contra Costa County, which collectively constitute the Oakland Transitional Grant Area.

Section 1.3 Principal Office of the Planning Council

The Principal Office of the OTGA Planning Council shall be the Alameda County Public Health Department (ACPHD), Offices of HIV Care and Prevention (OHCP), Quality Improvement and Accreditation (QIA) Unit, located at 1100 San Leandro Boulevard, San Leandro, California 94577.

Section 1.4 Recipient and Lead Agency

The Ryan White Part A Recipient shall be the Alameda County Board of Supervisors, Board President who shall hereafter be referred to as "Chief Elected Official" or "CEO" in accordance with Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 or subsequent reauthorizations.

As designated by the CEO, the Lead Agency shall be the Alameda County Public Health Department.

ARTICLE II: PURPOSE AND DUTIES

Section 2.1 Appointment of the Planning Council

The OTGA Planning Council is appointed by and serves at the discretion of the Chief Elected Official who may designate authority to the Alameda County Public Health Department, Director who shall hereafter be referred to as "Designee".

The OTGA Planning Council shall operate in compliance with the State of California Sunshine Law, Ralph M. Brown Act (see California Legislative Information Government Code § 54950-54963).

Section 2.2 Vision

The OTGA Planning Council envisions a geographic area that effectively prevents new HIV infections while improving healthcare services, healthcare access, and the quality of life for all persons living with, at risk for, and otherwise impacted by HIV.

Section 2.3 Mission

The mission of the OTGA Planning Council is to provide comprehensive planning, prioritization, and resource allocation for HIV-related services throughout the Oakland Transitional Grant Area.

Section 2.4 Values Statement

The work of the OTGA Planning Council shall be guided by processes that are data-driven, community-led, inclusive, equitable, compassionate, and respectful of human rights.

Section 2.5 Purpose and Role

The purpose of the OTGA Planning Council is to implement strategic planning for Ryan White HIV/AIDS Program (RWHAP) Part A funds in the Oakland Transitional Grant Area. state

The OTGA Planning Council shall provide a forum for community members who are living with or otherwise impacted by HIV, service providers, and other HIV-related stakeholders to:

- Execute community needs assessment, priority setting, comprehensive planning, resource allocation, care coordination, and the provision of quality assurance for equitable access to HIV-related care and support services;
- Act as a decision-making body for the use of RWHAP Part A funds, including Minority AIDS Initiative (MAI) funding;
- Serve as an advisory body on evidence-based prevention that prioritizes HIV prevention strategies and interventions for populations at greatest risk for HIV;
- Advise the Recipient on issues related to the treatment and prevention of HIV; and
- Conduct other duties as assigned by the CEO or Designee.

Section 2.6 Responsibilities

The OTGA Planning Council shall execute all responsibilities as per Ryan White HIV/AIDS Program legislation. Its responsibilities shall include, but shall not be limited to:

- **Community Needs Assessment**
  Assess HIV-related service needs among, and service gaps experienced by, people living with HIV/AIDS in the OTGA, including those who know their status but are not currently connected to primary medical care; assess disparities in access to care across priority populations.
- **Priority Setting**
  Set priorities for RWHAP Part A funding allocation—including *Minority AIDS Initiative* formula grants—using a data driven decision-making process that examines and implements findings from epidemiological, consumer satisfaction, and needs assessment data for the OTGA.
- **Comprehensive Planning**
  Develop a *Comprehensive and Integrated HIV Prevention and Care Plan* in accordance with OTGA needs assessment findings and existing state and local plans. Planning shall be based partly on the participation in the development of a *Statewide Coordinated Statement of Need*.
- **Resource Allocation**
  Conduct an *Assessment of the Efficiency of the Administrative Mechanism* (AAM) utilized by the Recipient in rapidly disbursing Part A funds to areas of greatest need within the OTGA and assess the effectiveness of services offered in meeting identified needs.
- **Liaise**
  Promote meaningful collaboration between the Recipient, Subrecipients, and community-based organizations that deliver HIV-related healthcare, prevention, and social services.
- **Care Coordination**
  Identify needs and strategies to promote a comprehensive continuum of care throughout the jurisdiction, ranging from primary prevention to viral suppression.
- **Quality Assurance**
  Provide epidemiological and client satisfaction information to community providers and stakeholders to improve HIV-related services.

ARTICLE III: MEMBERSHIP

Section 3.1 Appointing Members

The CEO or Designee shall appoint members of the OTGA Planning Council. Members shall be selected via an open nominations process, in accordance with federal requirements, Planning Council Bylaws, and all other applicable policies and procedures adopted by the OTGA Planning Council.

Note: All OTGA Planning Council members are volunteers without compensation.

Section 3.1.1 Number of Members

The OTGA Planning Council shall have no less than fifteen (15) and no more than thirty-five (35) voting members. In the event the number of voting members drops below, fifteen (15), the remaining members shall not qualify as an eligible decision-making body.

Section 3.1.2 Membership Diversity

The OTGA Planning Council as a whole, including its unaffiliated consumer membership, shall reflect in its composition the demographics and geography of the population of persons living with HIV in Alameda and Contra Costa Counties, as well as diversity in representation from HIV-related institutional and community-based prevention, health, and support service providers.

Best efforts shall be made to ensure that the number of members ~~from each County~~ reflects the respective percentage of all persons living with HIV, ~~per~~ in the TGA ~~county~~, each year based on the most recent prevalence data.

Section 3.1.3 Membership Composition

In compliance with applicable statutory and regulatory requirements, membership shall include:

1. A composition of at least one-third of voting members (excluding vacancies) shall be unaffiliated consumers who receive RWHAP Part A services, and are not officers, directors, trustees, salaried employees, paid consultants, contractors/subcontractors, or stipend volunteers of any entity that receives or is applying for RWHAP Part A funding.

   Note: Persons shall be considered the beneficiary of such services if they are the parent of or caregiver for a minor who receives RWHAP Part A services.

2. A composition inclusive of the following representation:
   A. Members of the affected community
   B. Non-elected community leaders
   C. Formerly incarcerated persons who are living with HIV
   D. Unaffiliated consumers
   E. Healthcare providers, including Federally Qualified Health Centers (FQHCs)
   F. Community-based organizations and AIDS service organizations
   G. Social service providers
   H. Mental health and substance abuse treatment providers
   I. Public health agencies
   J. Healthcare planning agencies
   K. State agencies
   L. Representatives of Recipients receiving RWHAP Part B
   M. Representatives of Recipients receiving RWHAP Part C
   N. Representatives of Recipients receiving RWHAP Part D
   O. Representatives of Recipients under other federal HIV programs

Note: As membership changes, members may be shifted from one category to another to meet legislative requirements, including legislatively mandated reflectiveness.

For more details on representation, see *Appendix B: Mandated Planning Council Seats Defined*.

Section 3.1.4 Limitations of Representation

Even if qualified to fill more than one category, members shall represent only one legislatively required membership category at a time (categories A through O), with the following exception:

One member may represent both Substance Use Disorder providers and Mental Health providers so long as their agency provides both services and they are familiar with both programs.

Note: No more than two persons per RWHAP Part A funded entity shall serve as members of the Planning Council, unless only that entity can provide staff to meet another legislatively required seat (i.e., only that entity is funded for RWHAP Part C and Part D programs).

Section 3.1.5 Membership Ineligibility

An individual shall not be eligible for Planning Council membership unless that individual meets all applicable requirements per *Article VIII: Conflict of Interest*, in addition to State and County legislation and guidelines.

Section 3.1.6 Recruitment and Pre-Service Requirements

Following approval by the CEO or Designee, in addition to the completion of new member orientation, aspiring members shall become eligible to serve on the Planning Council once they have attended two OTGA Planning Council meetings (can include one general and one committee meeting).

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Recruitment shall be conducted year-round to fill vacancies. A slate of members shall be recommended each January, in preparation for terms to begin that forthcoming March. No members shall be seated during the Priority Setting and Resource Allocation period, during which time service categories are ranked and funding levels are decided upon.

Section 3.2 Non-Members

The OTGA Planning Council may include a Non-Member category, by which a Non-Member shall have no vote in general meetings, but shall have full voting rights in committee meetings (see *Article VII: Executive and Standing Committee*).

Section 3.3 Non-Voting Members

The RWHAP Part A Recipient or Designee shall serve as a non-voting member. This member shall not count toward the minimum number of members necessary for the OTGA Planning Council to qualify as an eligible decision-making body.

Section 3.4 Membership Responsibilities

Each member of the OTGA Planning Council is expected to:

- Prepare for, attend, and actively participate in scheduled general and committee meetings;
- Attend periodic data presentations and participate in the annual priority setting and resource allocations process;
- Assist in the provision of HIV/AIDS-related referrals, advocacy, support, and education;
- Actively participate in the recruitment of new members; and
- Abide by all *Policies and Procedures, Rules of Conduct,* and *Conflict of Interest* clauses.

Section 3.5 Open Nominations Process

In accordance with Ryan White HIV/AIDS legislation, and as detailed in OTGA *Policies and Procedures*, the OTGA Planning Council shall solicit nominations, including self-nominations, for consideration of appointment through an open nominations process that meets criteria of representation and reflectiveness.

Note: Open nominations do not alter the authority of the CEO or Designee to appoint members.

Section 3.6 Terms and Vacancies

A member shall serve an initial two-year term with subsequent reappointments of one-year terms that shall not exceed a total of six (6) consecutive years (i.e, term limits include a maximum of four (4) consecutive reappointments following the initial two-year term). A term break of at least 12 consecutive months is required for reappointment following the 6th consecutive year.

If a member vacates a mandated seat before the expiration of that term, a replacement will be sought. Members filling a vacated seat will serve an initial 2-year term following completion of the remaining term.

Section 3.7 Term Limit Suspension

Term limits shall not apply to a member who is the only person eligible to fill a required seat on the Planning Council. If operation of the Planning Council is jeopardized, as per the minimum membership requirement, a waiver of the six-year term limit can be sought from the CEO or Designee, as necessary.

Section 3.8 Attendance

Members are expected to attend all meetings, to be punctual, and to participate for the entire duration of the meeting. A member is considered present at a meeting if the individual is present for the initial roll call and any subsequent roll calls thereafter.

Section 3.8.1 Excused Absences

OTGA Planning Council members are entitled to three (3) excused absences from general meetings per calendar year. An absence is considered excused upon advance notification—to the OTGA Co-Chairs and/or Planning Council Support staff for general meetings or OTGA Committee Chairs and/or Planning Council Support staff for committee meeting—from that member of the inability to attend for valid reasons such as illness, work schedule, family emergency, etc.

Section 3.8.2 Absenteeism

Absenteeism is a habitual pattern of absence from a duty or obligation without good reason. Any member of the OTGA Planning Council who has two consecutive unexcused absences from general meetings, or two consecutive unexcused absences from committee meetings, shall be contacted by OTGA Planning Council Support staff and instructed to either attend the following meeting or formally resign from the Planning Council.

Section 3.8.3 Extended Time Away

Any member that needs extended time off may apply for a leave of absence due to reasons such as maternity leave, family leave, or medical leave for up to one year. A member who does not reinstate their membership after one year shall be deemed as having resigned from the Council.

Section 3.9 Termination of Membership

A member serves at the discretion of the CEO or Designee. Conduct deemed to interfere with the business or character of the OTGA Planning Council shall be grounds for membership termination. This shall include serious or continued violations of the Rules of Conduct. In accordance with OTGA *Policies and Procedures*, a member shall automatically be recommended for termination upon:

a. two (2) consecutive unexcused absences from regular meetings;
b. three (3) unexcused absences from regular meetings per calendar year; or
c. missing one-third (1/3) of regular meetings (including excused absences) per calendar year.

Note: PLWHA shall be exempt from the termination clause for absences due to just cause.

When termination is considered, the Executive Committee shall review the matter and make a motion that requires majority vote from all OTGA Planning Council members prior to recommending membership termination to the CEO or Designee. The CEO or Designee may terminate membership with or without endorsement of the OTGA Planning Council.

Note: If the matter involves an Executive Committee member, that member shall recuse.

Section 3.10 Membership Resignation

A member who seeks to resign from the OTGA Planning Council shall submit a letter of resignation to the Chair and/or Planning Council Support staff. If possible, the resignation shall provide thirty days' notice.

Note: Any member may elect to resign for personal reasons and has the right to re-apply for reinstatement at any time. For more information on this review the *Membership Policy*.

ARTICLE IV: OFFICERS

Section 4.1 Officer Composition

OTGA Planning Council officers shall include two **Co-Chairs, Vice-Chair,** and a duly elected PLWHA-at-Large. In the absence of a **Co-Chair** and/or Vice**-Chair** the **Membership Chair** shall serve as Chair Pro-Tempore.

Note: Co-Chairs cannot be employees of Alameda County.

Section 4.2 Term of Office

Officers shall serve an initial two-year term. Officers are subsequently eligible to be re-elected to serve up to two (2) additional two-year terms that shall not exceed a total of six (6) consecutive years. A term break of at least 12 consecutive months is required for reappointment thereafter.

Section 4.3 Nomination of Officers

Officer nominations shall open in September of each year in preparation for terms beginning in November.

The Membership Committee shall receive all nominations, verify the eligibility of each nominee's eligibility, and report its nomination findings to the Executive Committee. The Executive Committee shall thereafter review the nomination report and present the nominees to the OTGA Planning Council.

Section 4.3.1 Eligibility of Officers

Only members who have served on the OTGA Planning Council, or other equivalent HIV planning groups, for six (6) consecutive months shall be eligible for nomination as **Co-Chair** or **Vice Chair**. This requirement shall not apply to the office of PLWHA-at-Large or the Membership Chair.

Section 4.4 Election of Officers

~~Biannually,~~ Each ~~odd-~~year, the Co-Chairs and PLWHA-at-Large shall be elected by a majority vote, via an in-person or electronic ballot, during the annual meeting in November. In the rare case that the former Junior Co-Chair is no longer scheduled to automatically ascend to the office of Senior Co-Chair to complete year two of the term, the Senior Co-Chair, too, shall be elected by a majority vote via an in-person or

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electronic ballot.

Note: Per the Brown Act, all votes shall be public; at no time shall voting be anonymous.

Section 4.5 Ascent to Office

After serving one year, the Junior Co-Chair shall automatically ascend to the office of Senior Co-Chair to complete year two of the two-year term.

Upon vacancy in the office of Senior Co-Chair, prior to expiration of the term, the Junior Co-Chair shall automatically ascend to Senior Co-Chair for the remainder of the Junior Co-Chair's two-year term. If a vacancy occurs in the office of the Junior Co-Chair, the OTGA Planning Council shall elect a new Junior Co-Chair to serve for the remainder of the term.

Section 4.6 Duties of the Senior Co-Chair

Senior Co-Chair duties and responsibilities include, but are not limited to:

1. Propose agenda items for, and preside at, each general and Executive Committee meeting.
2. Represent the Ryan White Part A OTGA Planning Council to the CEO or Designee, Recipient Representative, HRSA, and other interested parties.
3. Act as an ex-officio member of the standing and special committees, with the committees being equitably divided between the Senior and Junior Co-Chairs.
4. Direct the affairs of the OTGA Planning Council as its administrative officer.

Section 4.7 Duties of the Junior Co-Chair

The Junior Co-Chair shall be in training to succeed to office of Senior Co-Chair during year two of the two-year term. Junior Co-Chair duties and responsibilities include, but are not limited to:

1. Fulfill duties of the Senior Co-Chair at any meeting in the absence of the Senior Co-Chair.
2. Act as an ex-officio member of the standing and special committees, with the committees being equitably assigned by the Senior Co-Chair.
3. Facilitate meetings at the request of the Senior Co-Chair.
4. Assume other Co-Chair duties, as requested by the Executive Committee.

Section 4.8 Duties of the PLWHA At-Large

The PLWHA-at-Large's duties and responsibilities shall include, but shall not be limited to:

1. Serve as Chair of the PLWHA Committee (see Standing Committee Chairs).
2. Liaise with community members as a publicly self-disclosed person living with HIV.
3. Fulfill duties of the Senior Co-Chair or Junior Co-Chair at any meeting in the absence of the Senior Co-Chair or Junior Co-Chair.

ARTICLE V: MEMBERSHIP RESPONSIBILITIES

Section 5.1 Committee Assignments

Members shall be required to serve on at least one OTGA Planning Council committee, but no more than two. Members shall indicate their committee preferences via their membership application; Membership committee shall consider these preferences, in conjunction with the needs of the planning body, when recommending members for appointment to a committee.

Section 5.2 Rules of Conduct

Members shall follow approved *Rules of Conduct*, which are included in OTGA *Policies and Procedures*.

Section 5.3 Disciplining of Members

In accordance with OTGA *Policies and Procedures,* members who violate the *Rules of Conduct*, interfere with business of the Planning Council, or have a negative impact on the community's confidence in the Planning Council may be recommended for reprimand, censure, suspension, or removal.

ARTICLE VI: PLANNING COUNCIL MEETINGS

Section 6.1 Planning Council Meetings

All OTGA Planning Council meetings shall be conducted in accordance with the Ralph M. Brown Act (see California Legislative Information Government Code § 54950-54963)https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=9.&part=1.&lawCode=GOV&title=5.. The March meeting shall serve as the Annual Orientation meeting.

Section 6.2 Meeting Frequency, Time, and Location

The OTGA Planning Council shall meet at least nine (9) times per year, which shall include general Planning Council meetings and training sessions, as well as Priority Setting and Resource Allocation meetings and the annual data presentation. The Planning Council shall establish a meeting schedule and determine the times of meetings, as specified in the *Policies and Procedures*.

Note: The annual data presentation shall include an updated epidemiology report, as well as reports on utilization data, client satisfaction, and the assessment of administrative mechanisms. The annual epidemiology report shall be presented no later than March of each year.

Section 6.3 Open Meetings

In accordance with open meeting criteria established by HRSA and the Brown Act, the OTGA Planning Council shall adhere to the following requirements:

1. Every meeting shall be open to the public, with adequate public notice.
2. All records, reports, transcripts, minutes, agendas, and any other documents shall be made available for public inspection.
3. All approved general meeting and committee meeting minutes shall be posted to the OTGA Planning Council website (link: https://oaklandtga.org/planningcouncil/).

Section 6.4 Public Comment Period

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In accordance with the Brown Act (Section 54954.3), the public is entitled to comment on any matter within the subject matter jurisdiction of the legislative body, as well as any agenda item. The OTGA Planning Council, hence, shall permit a *general public comment period*, immediately following approval of the minutes, to allow public comment on any agendized or non-agendized item of interest within the scope of the OTGA Planning Council. Depending on the agendized items, the Planning Council may include a *specific public comment period*, prior to each agenda item, to allow public comment on specific agenda items. Persons who wish to make public comment shall complete a "Request to Speak" form, which shall be submitted to the Co-Chairs prior to the start of the respective public comment period.

Note: The OTGA Planning Council shall listen to public comment but shall neither discuss nor act upon matters presented. There shall be up to ten (10) minutes of public comment permitted at the top of the meeting, and five (5) minutes permitted per agenda item. All public comments shall be limited to two (2) minutes per speaker. On a meeting-to-meeting basis, the Executive Committee may decide—in advance of each meeting—if the *specific public comment period* shall be combined with the *general public comment period* at the top of the meeting.

Section 6.5 Action Items

OTGA Planning Council members shall receive information on action items for discussion prior to the vote being conducted during general meetings. This can be done by listing on the agenda itself items that are action items and items that are merely for information or discussion.

Section 6.6 Hybrid Meeting Participation

Hybrid meetings shall offer the flexibility of attending meetings either in-person or via electronic means. All OTGA hybrid meetings shall be in accordance with the Brown Act. Electronic meeting links shall be emailed to the OTGA Planning Council and members of the public who express interest in attending meetings virtually.

Section 6.7 Quorum

At any general, committee, or special meeting, the presence of a simple majority of appointed members shall constitute a quorum for transaction of OTGA Planning Council business.

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Section 6.7.1 Unmet Quorum

If quorum is not established, the only legally permitted actions are to fix the time for adjournment and recess, and to take measures to obtain quorum.

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Section 6.8 Special Meetings

The OTGA Planning Council may convene a special meeting at a time other than that of any regularly scheduled meeting to consider one or more items of business that must be decided upon prior to the next scheduled meeting; these items must be specified within notification of the special meeting. Special meetings shall be reserved for times when the Executive Committee cannot act on behalf of the OTGA Planning Council to meet funder requirements and/or to safeguard HIV services.

Section 6.9 Notification of Meetings

Notification of meetings shall be provided in accordance with the Brown Act and OTGA *Policies and Procedures*. In this way, OTGA Planning Council Support staff shall provide notice of the date, time, and location (or teleconference link) for general and committee meetings at least five business days in advance. Special meetings require a notice of at least three full business days.

ARTICLE VII: EXECUTIVE AND STANDING COMMITTEES

Section 7.1 Standing Committees

The OTGA Planning Council oversees several committees that focus on diverse needs and interests. Committees meet at varied intervals and all respond to priorities of PLWH living in the OTGA.

Note: Personnel of the Office of HIV Care shall be in attendance at each standing committee meeting.

Executive Committee

Shall develop the OTGA Planning Council meeting agendas, review presentations prior to Planning Council meetings, review and update Bylaws, oversee Council operations and workplans, provide input

on orientation and training materials, and monitor member attendance.

Planning, Priorities, and Allocations Committee
Shall oversee the Priority Setting and Resource Allocation process, review fiscal reports and expenditures, and make allocation recommendations. In addition, the Committee will conduct research for the Needs Assessment and analyze data to understand the needs of PLWHA within the Oakland TGA and will gather data for, monitor, and revise the Integrated HIV Prevention and Care Plan, and make allocation recommendations (see corresponding Planning, Priorities, and Allocations Committee S).

Quality Services Committee
Shall evaluate the effectiveness and quality of services, review utilization and fiscal reports, oversee care continuum from primary prevention through viral suppression. Participate in the creation of community and agency surveys, provide input on Standards of Care and conduct the Assessment of Administrative Mechanism (see corresponding Quality Services Committee Standard Operating Procedures)..

People Living with HIV/AIDS (PLWHA) Committee
Shall ensure the best interests of PLWHA are met within the Planning Council and its committees, plan community outreach activities, discuss policy issues that impact PLWHA, and host educational trainings for PLWHA and the greater community (see corresponding PLWHA Committee Standard Operating Procedures).

Membership Committee
Shall ensure that HRSA categorical membership guidelines are met, monitor vacancies and terms of office, review membership applications, conduct interviews with new candidates, and recommend candidates for membership. (see corresponding Membership Committee Standard Operating Procedures).

Section 7.2 Standing Committee Chairs and Vice-Chairs

Each Standing Committee shall elect a Chair and a Vice-Chair from among its members at the first meeting of the year. Chairs and Vice-Chair must be Planning Council members.

They shall serve a one-year term but may be re-elected for a second term by a simple majority of the committee members present at the meeting. Committee Chairs are members of the Executive Committee; Vice-Chairs shall attend and vote at Executive Committee meetings when their Committee Chair is unable to attend.

Section 7.2.1 Standing Committee Chairs

The Committee Chair's duties and responsibilities include, but shall not be limited to: directing the affairs of the committee as its administrative officer, leading meetings, reviewing minutes, planning agenda/presentations/training, and working with Planning Council Support Staff to ensure that the committee has the data, materials, and work plans to carry out its work successfully.

Section 7.3.2 Standing Committee Vice-Chairs

Standing Committee Vice-Chairs shall serve a one-year term, with duties and responsibilities as follows:

- fulfill the duties of the Chair in the absence of the Chair;
- assist the Chair in providing leadership and support to the Committee; and
- attend Executive Committee meetings, as a voting member, in the absence of the Chair.

Upon resignation or removal of the Committee Chair, the Committee Vice-Chair shall automatically ascend to Chair position for the remainder of the term. Via election at the next standing committee meeting, the Vice-Chair vacancy shall be filled to complete the remainder of the term.

Section 7.4 Standing Committee Meetings

Standing Committees shall meet monthly, or as otherwise appropriate, to fulfill duties including the completion of committee work plans. A Standing Committee meeting may be convened by the Committee Chair or Committee Vice-Chair. In their absence, the Planning Council Co-Chair may act as an ex-officio member to call the meeting to order; otherwise, the meeting shall not be convened.

Section 7.5 Standing Committee Quorum

A quorum for committee meetings is a simple majority of committee members. If a quorum is not established, the only actions that can legally be taken are to fix the time for adjournment, adjourn, recess, or take measures to obtain quorum.

Section 7.6 Special Committees and Caucus Meetings

The Executive Committee may establish Special or Ad Hoc Committees, as needed, to achieve each objective of the Planning Council. Such committees shall be time-limited committees established to execute specific tasks.

The OTGA Planning Council shall establish Caucus Meetings as needed to engage people with HIV or special target populations, as recommended by the Executive Committee and established by the majority vote of the Planning Council. Each Caucus Meetings shall have a specified purpose and membership, and may be either time-limited or ongoing.

ARTICLE VIII: CONFLICT OF INTEREST

Section 8.1 Conflict of Interest Definition and Scope

As defined in the RWHAP Part A Manual, a Conflict of Interest (COI) is "an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain." A Conflict of interest does not refer to persons with HIV "whose sole relationship to RWHAP Part A funded provider is as a client receiving services or an uncompensated volunteer."

A member may not participate in discussion or vote on issues on which the member or an immediate family member (see Appendix A: Glossary) has a real or perceived conflict of interest. Regarding funding priorities or allocations, members with a COI may vote on a slate of at least five service categories but may not vote on funding decisions for individual categories when a conflict is present.

Ryan White legislation does not permit members of the Planning Council to "be directly involved in the administration of a grant" or to "designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant." In addition, the legislation states that: "A Planning Council member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from RWHAP [Part A] grant funds, shall not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes." [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

Section 8.2 Disclosure of Conflict of Interest

Annually, all members shall complete a Conflict of categories Interest (COI) Disclosure Form. If a COI surfaces at a later date, the form shall be updated within ten business days after acquiring a conflict of interest.

Members shall be informed of, and are expected to follow, applicable local, state, and federal rules governing COI. It is the responsibility of each Planning Council member to disclose all new Conflicts of Interest (agencies with which they are associated and the service categories for which these agencies have or are seeking funding) at the beginning of each meeting as defined in the Policies and Procedures. Members shall always refrain from referring to specific agencies that are funded or seeking funds.

ARTICLE IX: VOTING

Section 9.1 Eligibility

Voting privileges for members shall commence after appointment and upon completion of orientation and all other pre-service requirements, as specified in Section 3.1.6 of Article III: Membership.

Section 9.2 Rights and Responsibilities

Each member who is eligible to vote shall have the right and responsibility to do so. Each member must vote "yes," "no," or "abstain" on each issue with which the member has no conflict of interest.

Note: The presiding Co-Chair has equal voting rights as any other planning council or committee member; the presiding Co-Chair may choose not to declare a vote.

Section 9.3 Priority Setting and Resource Allocation

To be eligible to vote during the annual Priority Setting and Resource Allocation processes, each member must have attended or reviewed the annual data presentations, unless granted an exception defined in the OTGA *Policies and Procedures*.

Section 9.4 Manner of Voting

Voting shall be conducted in accordance with Robert's Rule of Order and as follows:

1. Show of hands or vocal signal (voice vote) for parliamentary actions.
2. Roll call vote for action items as needed.
3. Written or electronic ballot during elections, with ballots including the voter's name.

Note: Electronic voting shall be conducted in compliance with the Brown Act and OTGA *Policies and Procedures*. All votes must be public; secret ballots are not allowed.

ARTICLE X: GRIEVANCES

Section 10.1 Grievances

To manage disputes and grievances related to the RWHAP Part A Planning Council processes, please review the formal OTGA Planning Council Grievance Procedures, developed in accordance with RWHAP legislative requirements.

The Planning Council shall not become involved in PLWHA complaints or grievances about services of a

specific provider. The Planning Council should address system-wide concerns, which relate to an entire service category or the system of care.

ARTICLE XI: PARLIAMENTARY AUTHORITY

Section 11.1 Planning Council Procedures

The rules contained in the current edition of *Robert's Rules of Order* shall govern the OTGA Planning Council in all cases to which they are applicable and in which they are not inconsistent with these Bylaws or any special rules of order the OTGA Planning Council may adopt.

ARTICLE XII: AMENDMENTS

Section 12.1 Amending the Bylaws

The CEO or Designee may amend these Bylaws at any time. Proposed amendments shall be reviewed by the Executive Committee, and upon approval, planned revisions shall be forwarded to the Planning Council for vote. Voting shall occur at the next regularly scheduled Planning Council meeting, and requires a simple majority from members present at the meeting, ignoring abstentions.

ARTICLE XIII: APPENDICES

Appendix A: Glossary

Chief Elected Official (CEO)	RWHAP Part A funds are awarded to the Chief Elected Official (CEO) of the major city or county government in the EMA or TGA. The CEO is usually the mayor; however the CEO is sometimes the county executive, chair of the board of supervisors, or county judge. The CEO is the legal recipient, but typically identifies a lead agency, such as a department of health, to manage the grant. The Ryan White Part A Recipient shall be the Alameda County Board of Supervisors, Board President.
Conflict of Interest (COI)	Section 2602 (b)(5)(C) of the Fair Political Practices Act requires that consumer representatives be individuals "who are receiving HIV-related services" from the Part A funded providers; but "who are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity."
Designee	Alameda County Public Health Department, Director
Entity	Is a public or private non-profit, 501(c)(3) organization, agency, corporation or business.
Grantee	The CEO officially receives CARE Act Ryan White HIV/AIDS Program funds and is the grantee. The CEO has vested responsibility of managing the grant with the Alameda County Department of Public Health.
Health Department	Alameda County Public Health Department and/or the Contra Costa County Health Services Agency
Immediate Family	Immediate family members include the following relationships: spouse, parents, stepparents, foster parents, father-in-law, mother-in-law, children, stepchildren, foster children, sons-in-law, daughters-in-law, grandparents, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, aunts, uncles, nieces, nephews, and first cousins.
Majority Vote	Defined by Robert's Rules of Order as one more than half of the votes cast, ignoring abstentions.
Member(s)	Those persons who have been appointed to the OTGA Planning Council by the CEO or Designee.
Non-Aligned Member	A person living with HIV who, at the time of joining the Planning Council, is not receiving compensation by an employer who receives Ryan White or State HIV Prevention funding linked to their compensation. That designation is maintained until expiration of the member's term.
OTGA	Oakland Transitional Grant Area, which includes Alameda and Contra Costa Counties
Planning Council	A legislative body appointed by the CEO or Designee to plan the organization and delivery of HIV services in the the EMA or TGA.
Quorum	The minimum number of members of an assembly or society that must be present at any of its meetings to make the proceedings of that meeting valid. A quorum of every assembly is a majority of all members of that assembly.
Ralph M. Brown Act	State Government Code (Sunshine Law) that governs meetings conducted by local legislative bodies (see California Legislative Informtion Government Code § 54950-54963).
Recipient	As the person who receives RWHAP Part A funds, the CEO is the Recipient. However, in most EMAs and TGAs, the CEO delegates responsibility for administering the grant to a local government agency that reports to the CEO. The Recipient is the Alameda County Public Health Department, Director and Deputy Director. (or designee)

Appendix B: Mandated Planning Council Seats Defined

A. **Members of the affected community**
Persons living with HIV, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.

B. **Non-elected community leaders**
Community leaders—not chosen by a vote—who mobilize and guide others, facilitate problem-solving and decision-making processes, and innovate to benefit the community.

C. **Formerly incarcerated persons who are living with HIV**
Persons who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding three years and had HIV as of the date on which the individuals were so released.

D. **Unaffiliated consumers**
Persons who receive HIV-related RWHAP Part A services in accordance with RWHAP Part A grant requirements. Unaffiliated consumers are not officers, directors, trustees, salaried employees, paid consultants, contractors, subcontractors, or stipend volunteers of any entity that receives or is applying RWHAP Part A funding.

E. **Healthcare providers, including Federally Qualified Health Centers (FQHCs)**
A licensed person or organization that provides primary healthcare services.

F. **Community-based organizations and AIDS service organizations**
Non-governmental organizations that provide services related to the treatment and prevention of HIV/AIDS.

G. **Social service providers**
Persons who represent any governmental or nongovernmental public service program that offers benefits and services around a host of basic human needs, including housing and homeless services providers.

H. **Mental health and substance abuse treatment providers**
Behavioral health professionals who provide guidance and counseling to people dealing with challenges such as substance use disorder, addiction, and mental illness.

I. **Public health agencies**
An entity that is governed by or contractually responsible to a local board of health or the department to provide services focused on the health status of population groups and their environments.

J. **Healthcare planning agencies**
Any entity authorized under state or local laws to make and adopt comprehensive plans. Examples of such entities include the Alameda County Public Health Commission and Alameda Health System.

K. **State agencies**
Any institution, department, instrumentality, or political subdivision of the State of California. This includeds representation from the California Department of Health Care Services State Medicaid agency and the agency administering the program under RWHAP Part B.

L. **Recipients of RWHAP Part B**
Part B grantees of state or territory funding to improve HIV health care and support services for emerging communities.

M. Recipients of RWHAP Part C

Part C grantees that provide Early Intervention Services and Capacity Development Programs—primarily health care and support services—in outpatient settings for people living with HIV.

N. Recipients of RWHAP Part D

Part D grantees that provide family-centered primary medical care and support services to women, infants, children, and youth living with HIV. If there is no RWHAP Part D recipient in the TGA, representatives of organizations with a history of serving children, youth, and families living with HIV

O. Recipients under other federal HIV programs, including HIV prevention services

Grantees of federal HIV programs such as:

- Ryan White HIV/AIDS Program Part F – Special Projects of National Significance (SPNS)
- Ryan White HIV/AIDS Program Part F – AIDS Education and Training Center (AETC)
- Ryan White HIV/AIDS Program Part F – Dental Program
- Housing Opportunities for Persons With AIDS (HOPWA)
- Federally funded HIV prevention programs

Source: Ryan White HIV/AIDS Program Part A Planning Council Primer (targethiv.org)

HIV New Diagnoses Oakland TGA

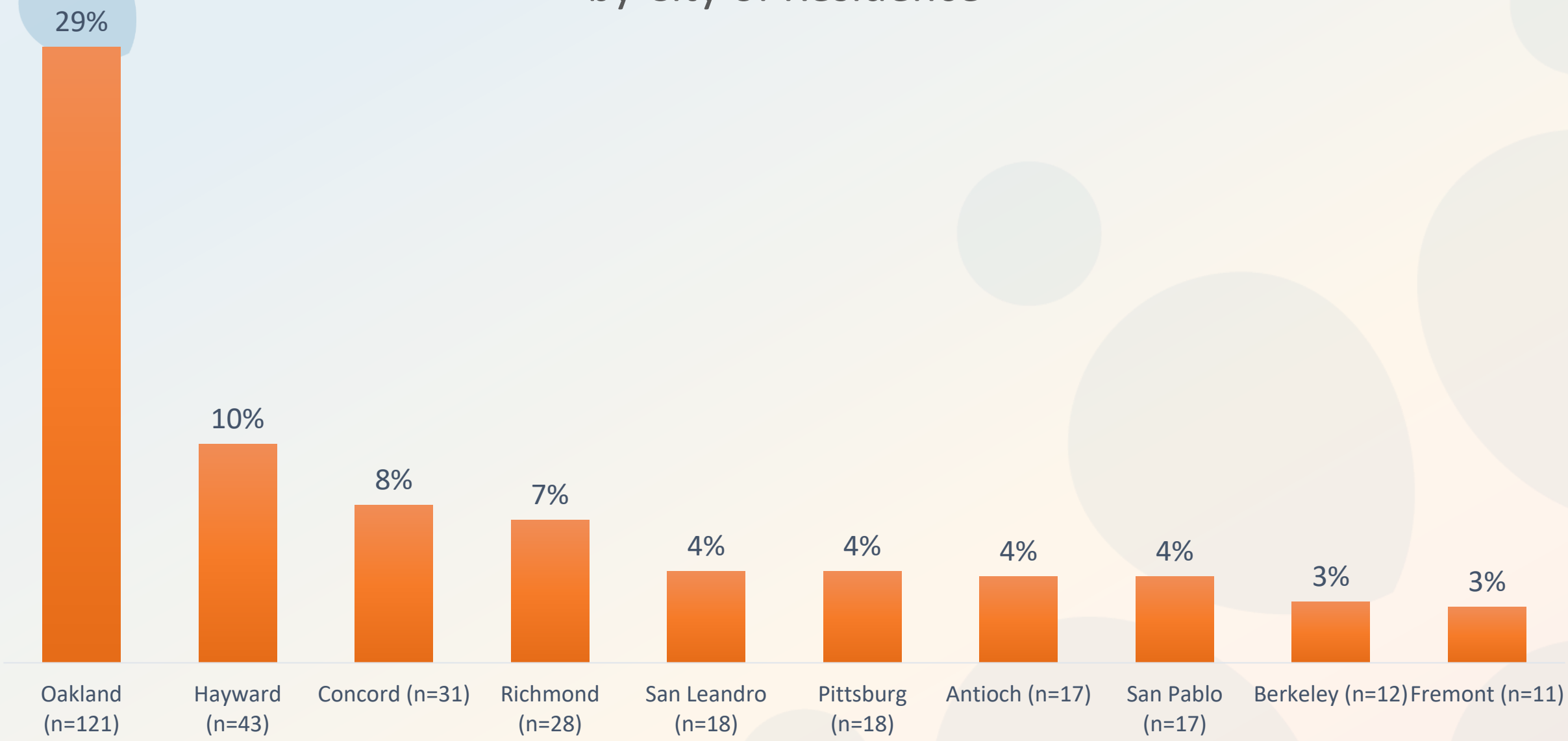
Linkage to Care in 30 Days, 2021-2023

Late Diagnoses, 2020-2022

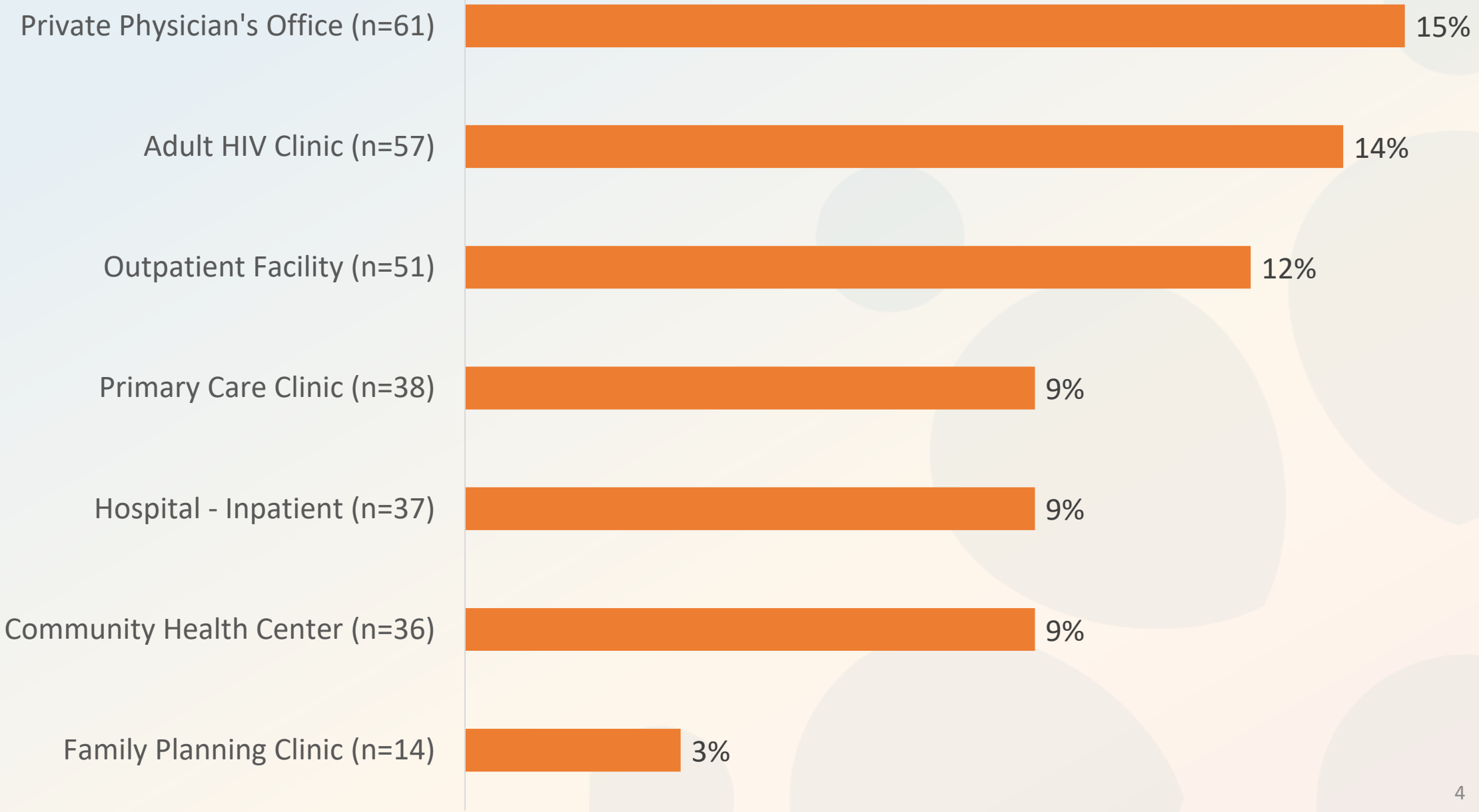
New Diagnoses Among Latinos by City and Facility of Diagnosis

2021-2023

Latinos Newly Diagnosed with HIV, 2021-2023 (N=411) by City of Residence



Latinos Newly Diagnosed with HIV, 2021-2023 (N=411) by Healthcare Facility Type

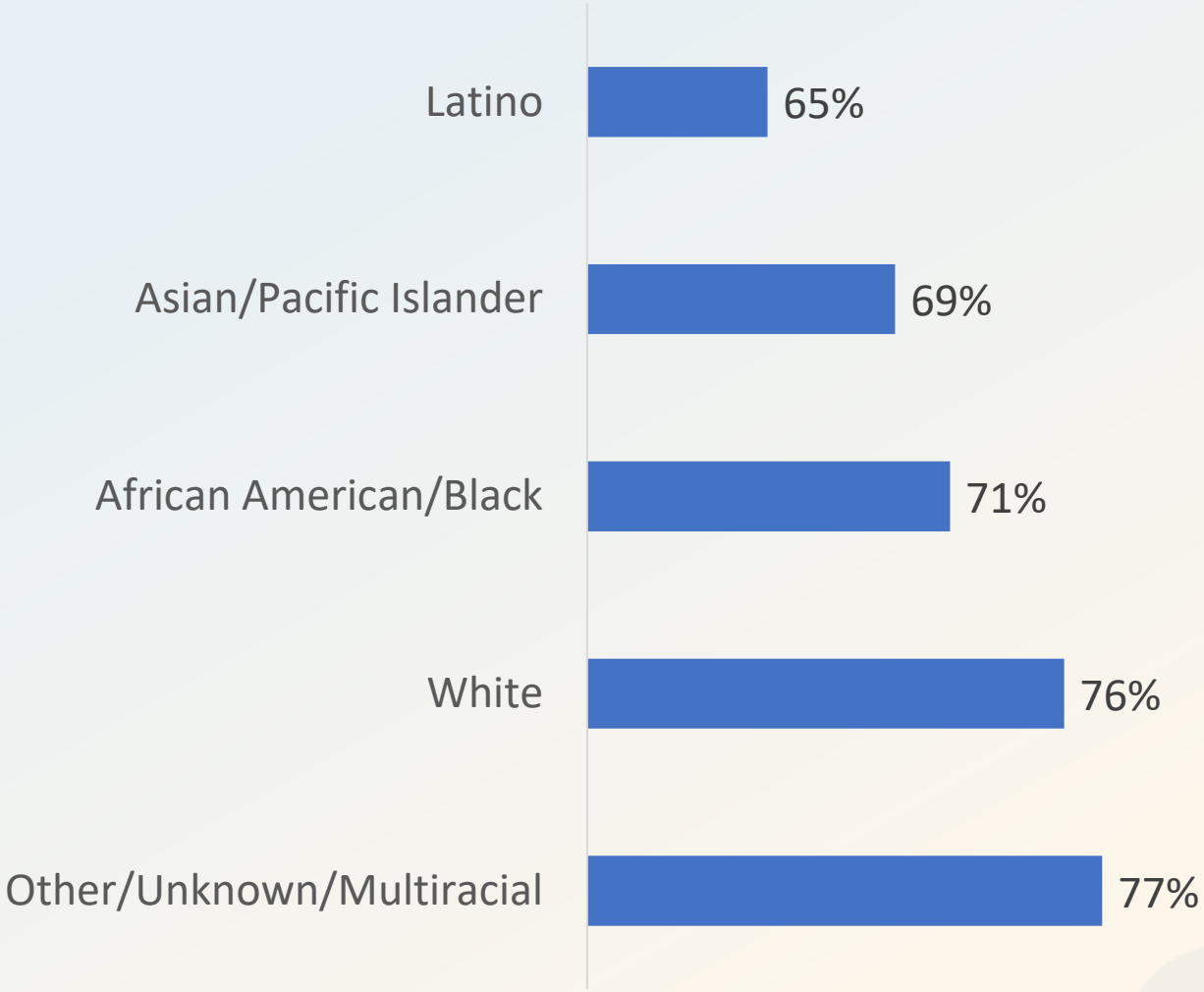


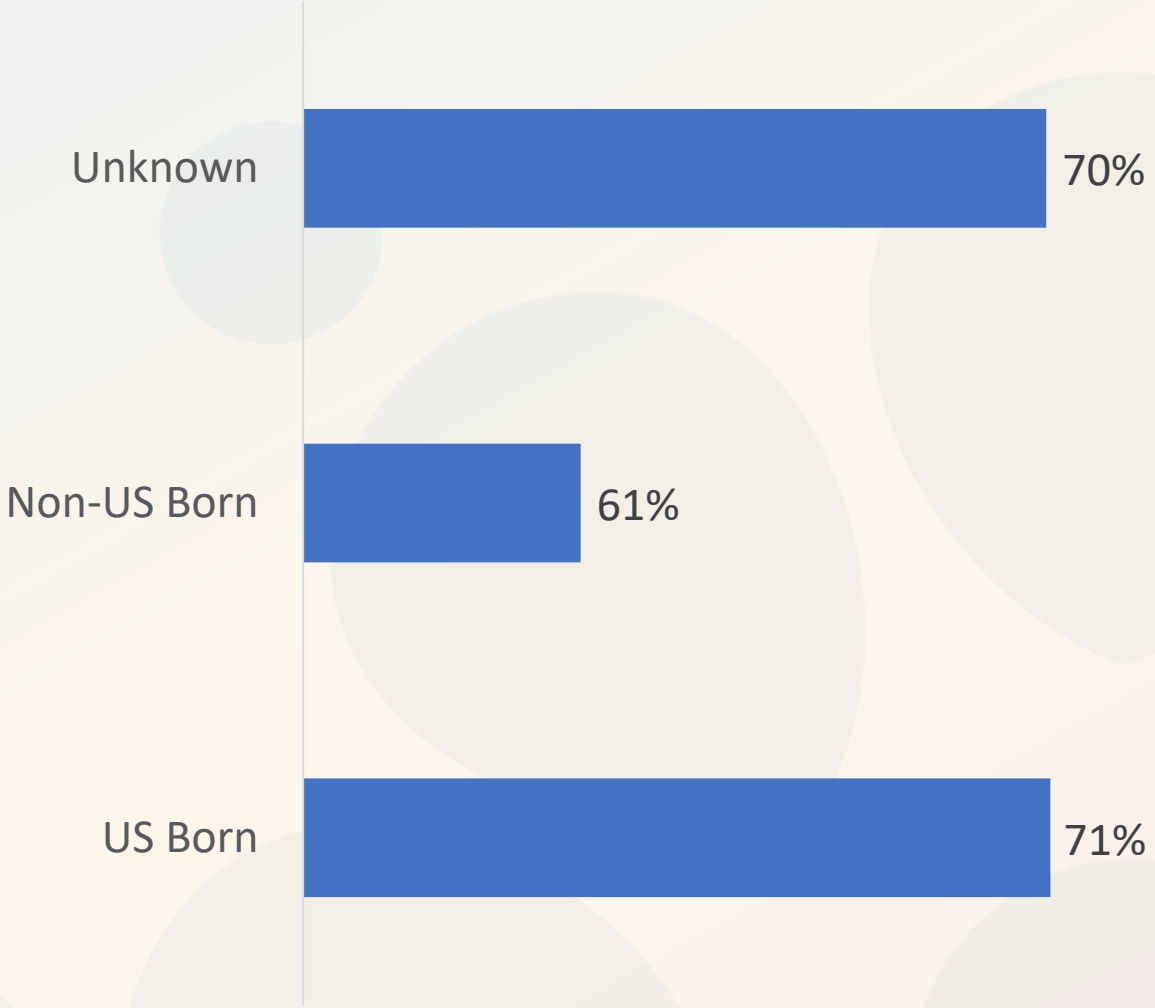
Linkage to Care Within 30 Days of Diagnosis

Newly Diagnosed with HIV, 2021-2023

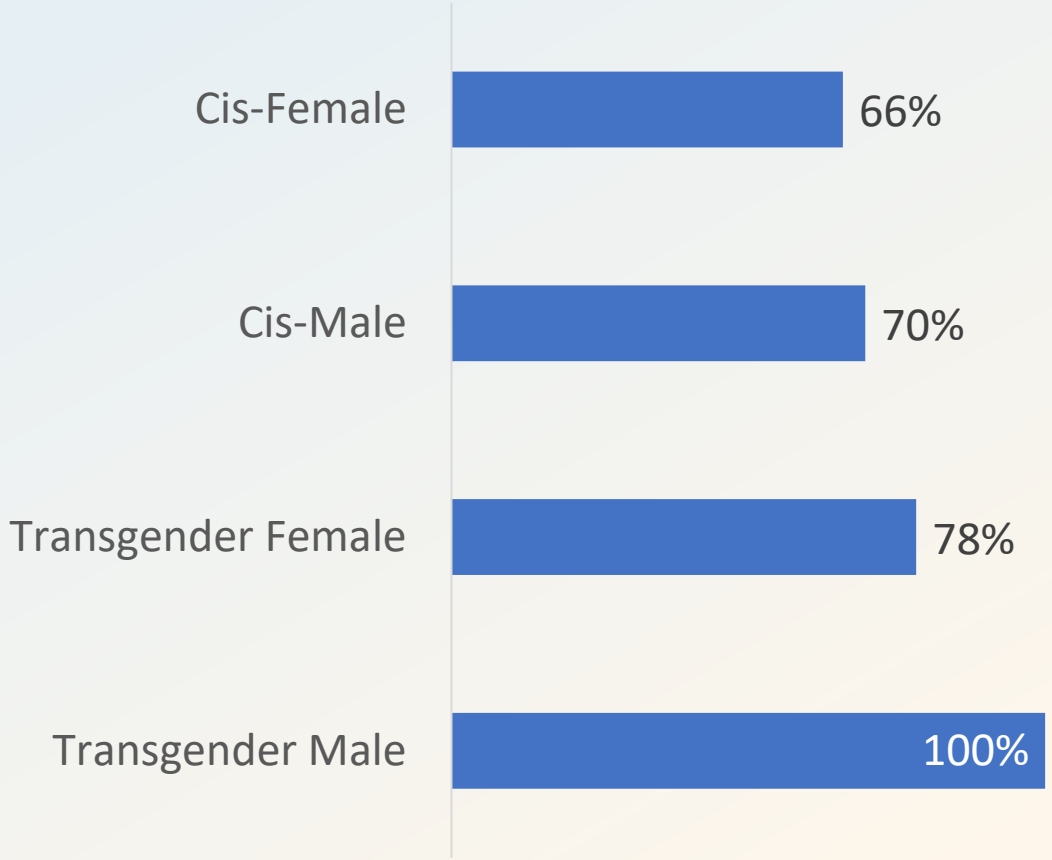
Excluding labs done on the same day as diagnosis

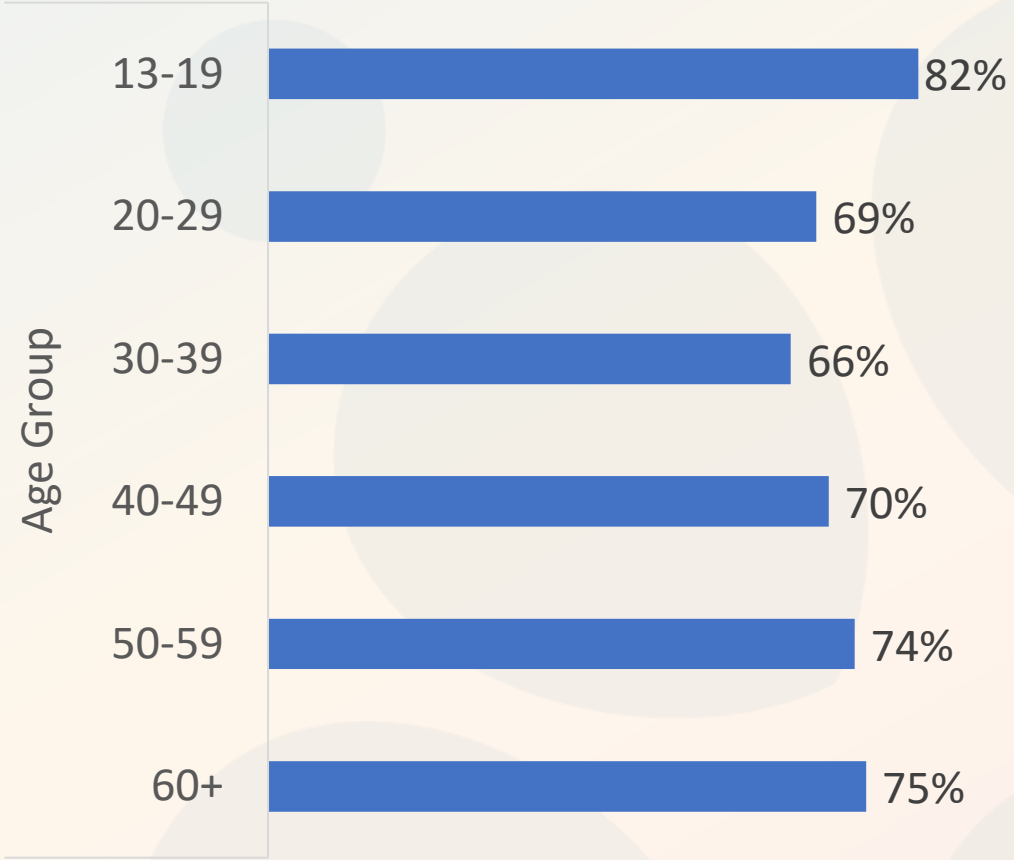
Linkage to Care Within 30 Days by Race/Ethnicity and by Nativity



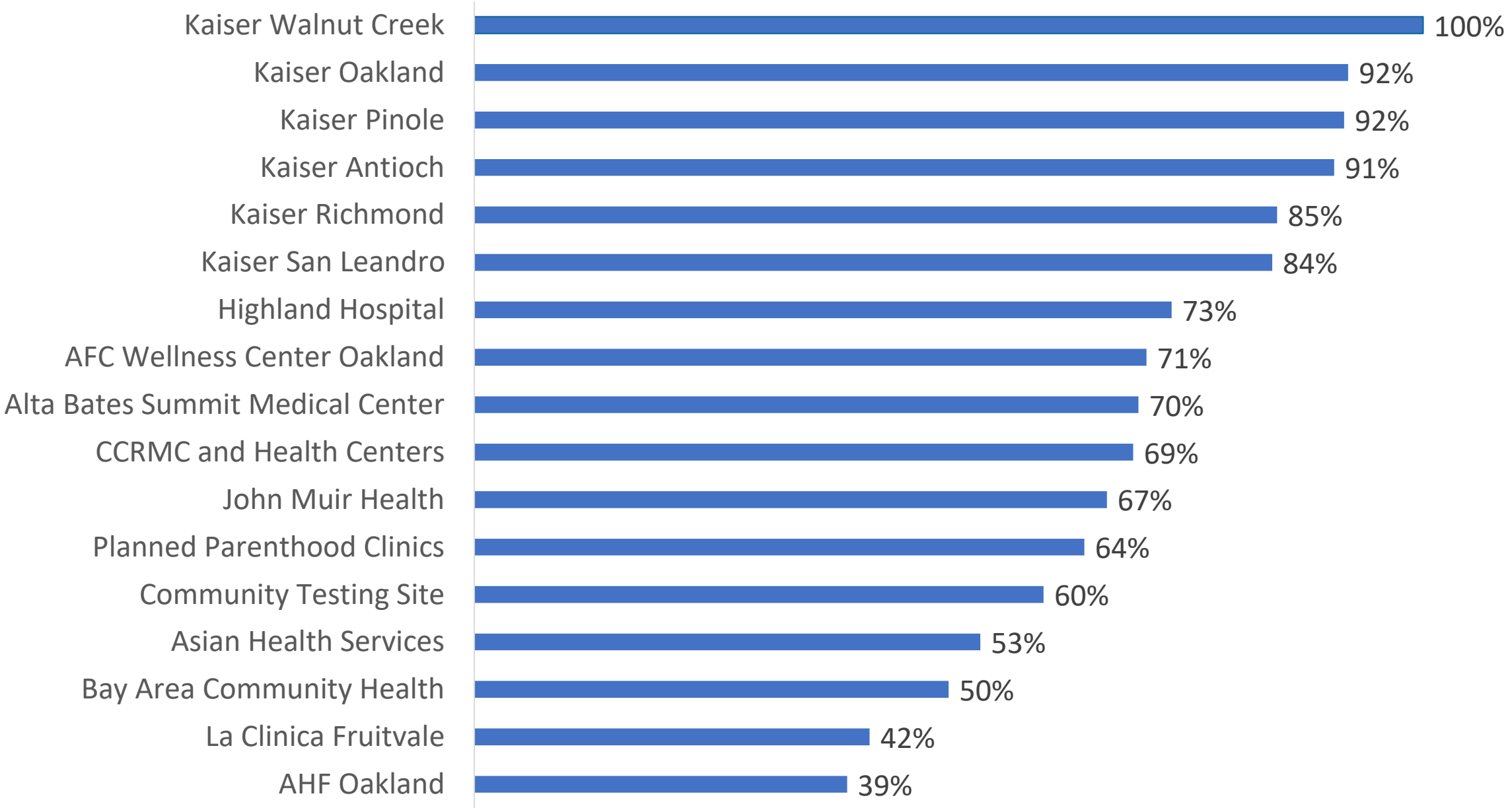


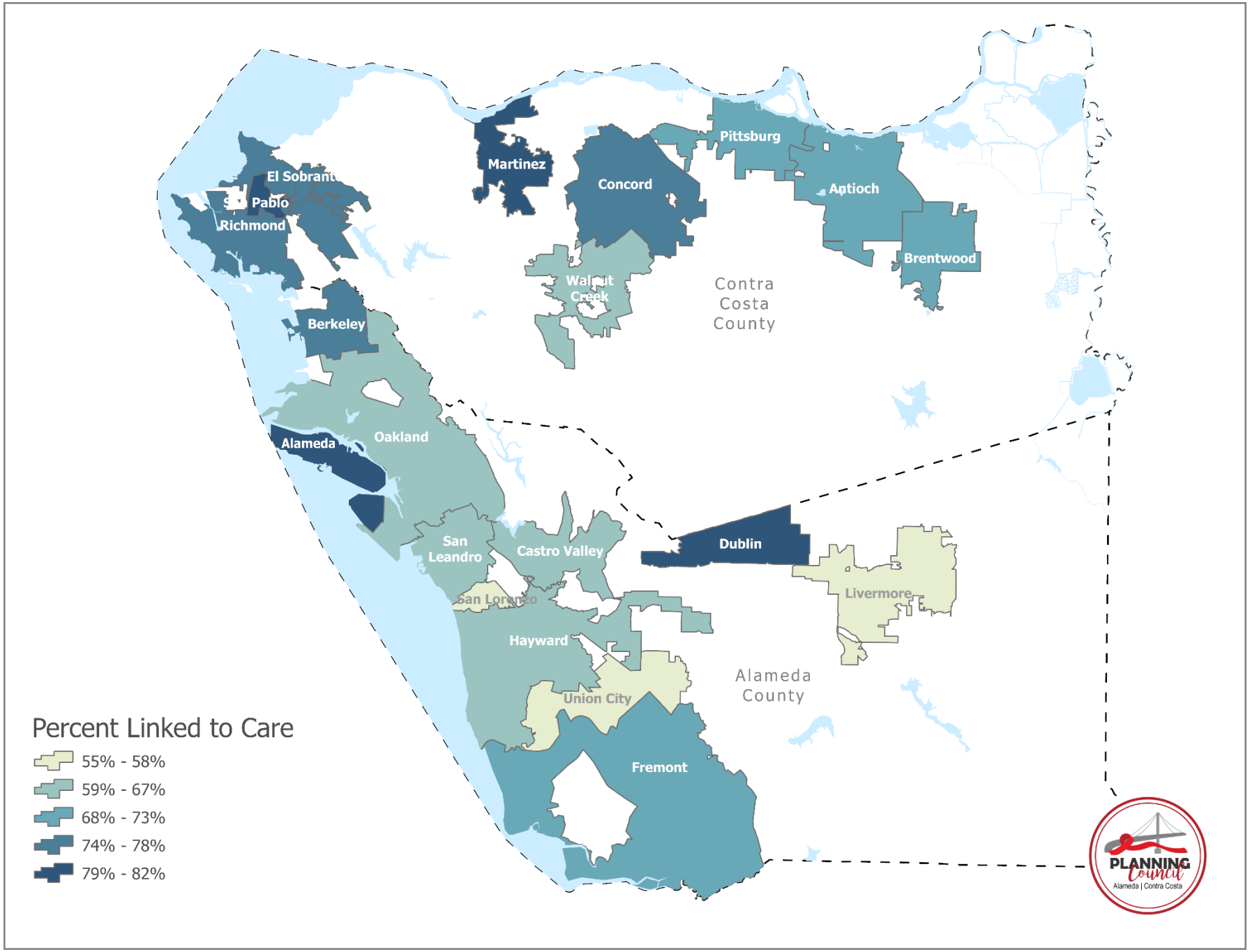
Linkage to Care Within 30 Days by Gender and by Age Group





Linkage to Care Within 30 Days by Diagnosing Facility, 2021-2023




Martinez
Concord
Pittsburg
Antioch
Brentwood
El Sobrante
San Pablo
Richmond
Walnut Creek
Contra Costa County
Berkeley
Oakland
Alameda
San Leandro
Castro Valley
Dublin
Livermore
San Lorenzo
Hayward
Union City
Alameda County
Fremont
Percent Linked to Care
55% - 58%
59% - 67%
68% - 73%
74% - 78%
79% - 82%
PLANNING Council
Alameda | Contra Costa

Linkage - Summary

- Overall OTGA linkage within 30 days was **69% for 2021-2023**
- This is an improvement from 2020-2022 (67%)
- Lower rates among:
- Latinos (65%)
- Non-US born (61%)
- Cisgender females (66%)
- Age 30-39 (66%)

Late Diagnoses Among Persons Newly Diagnosed with HIV, 2020-2022

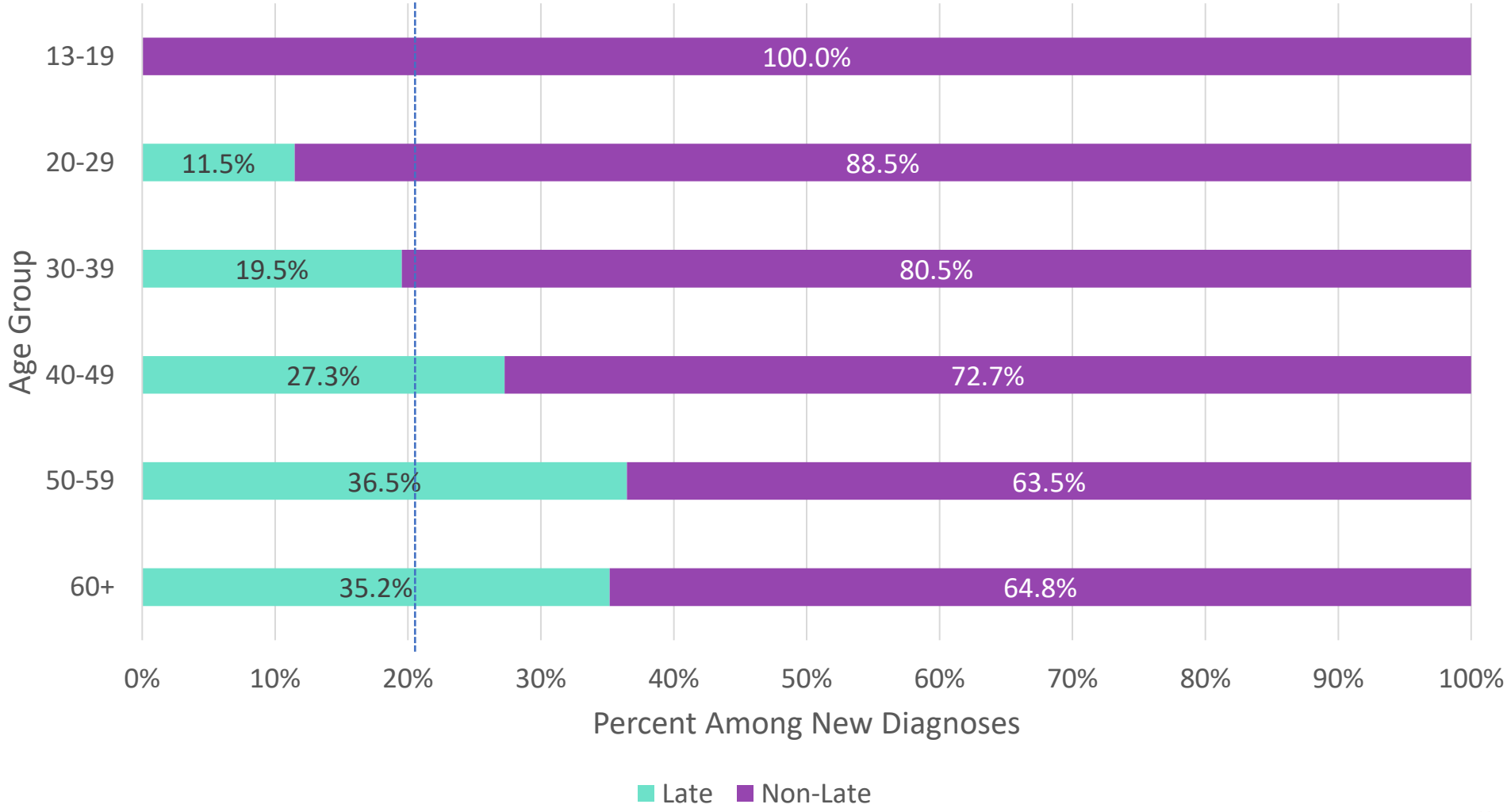
Inclusion Criteria: persons living in OTGA who received a new HIV/AIDS diagnosis between 2020-2022

- N = 858

Late Diagnosis: an AIDS diagnosis within 12 months of initial HIV diagnosis

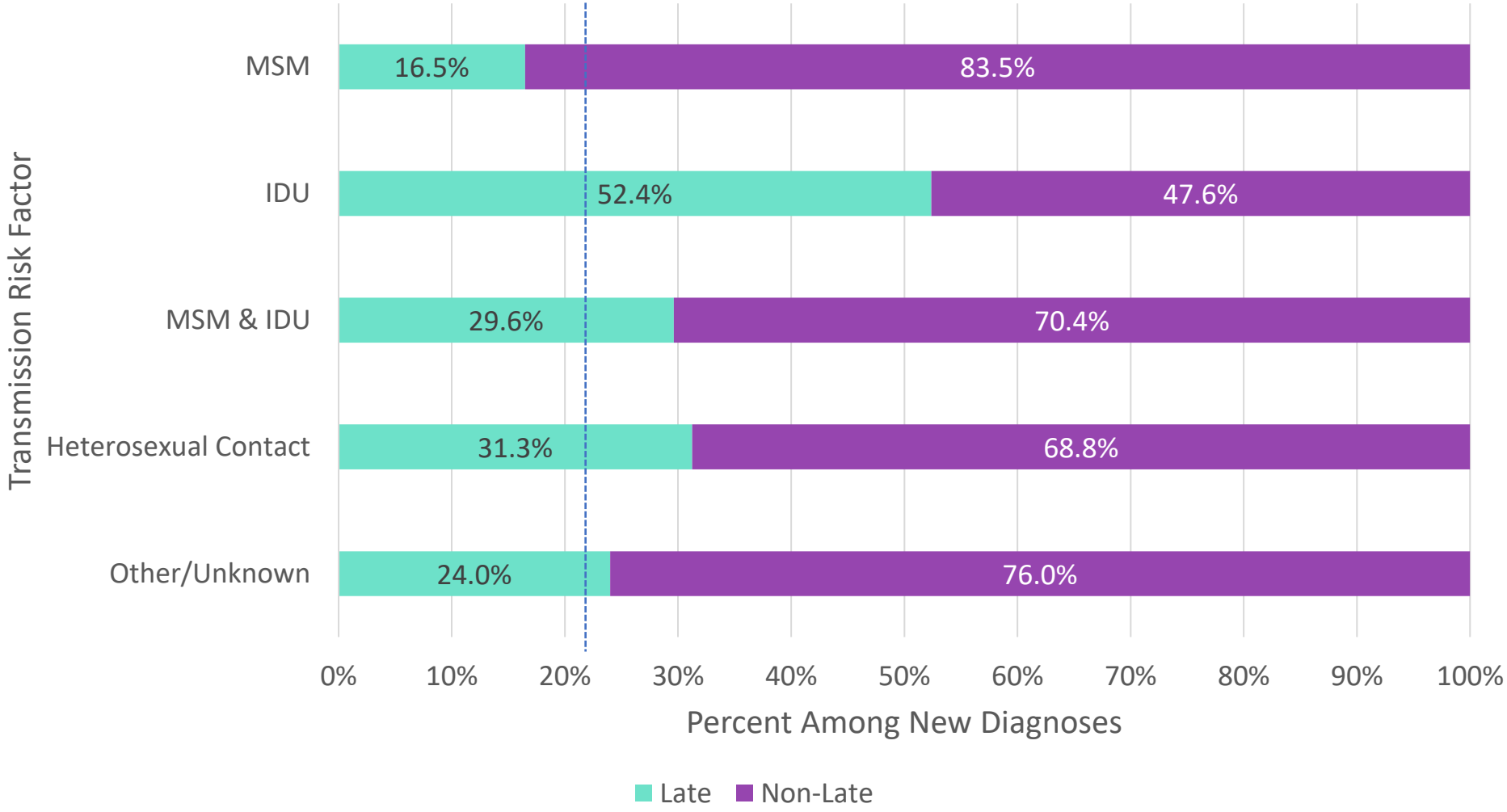
- N = 177
- 20.63% of all PLWH

Age Group



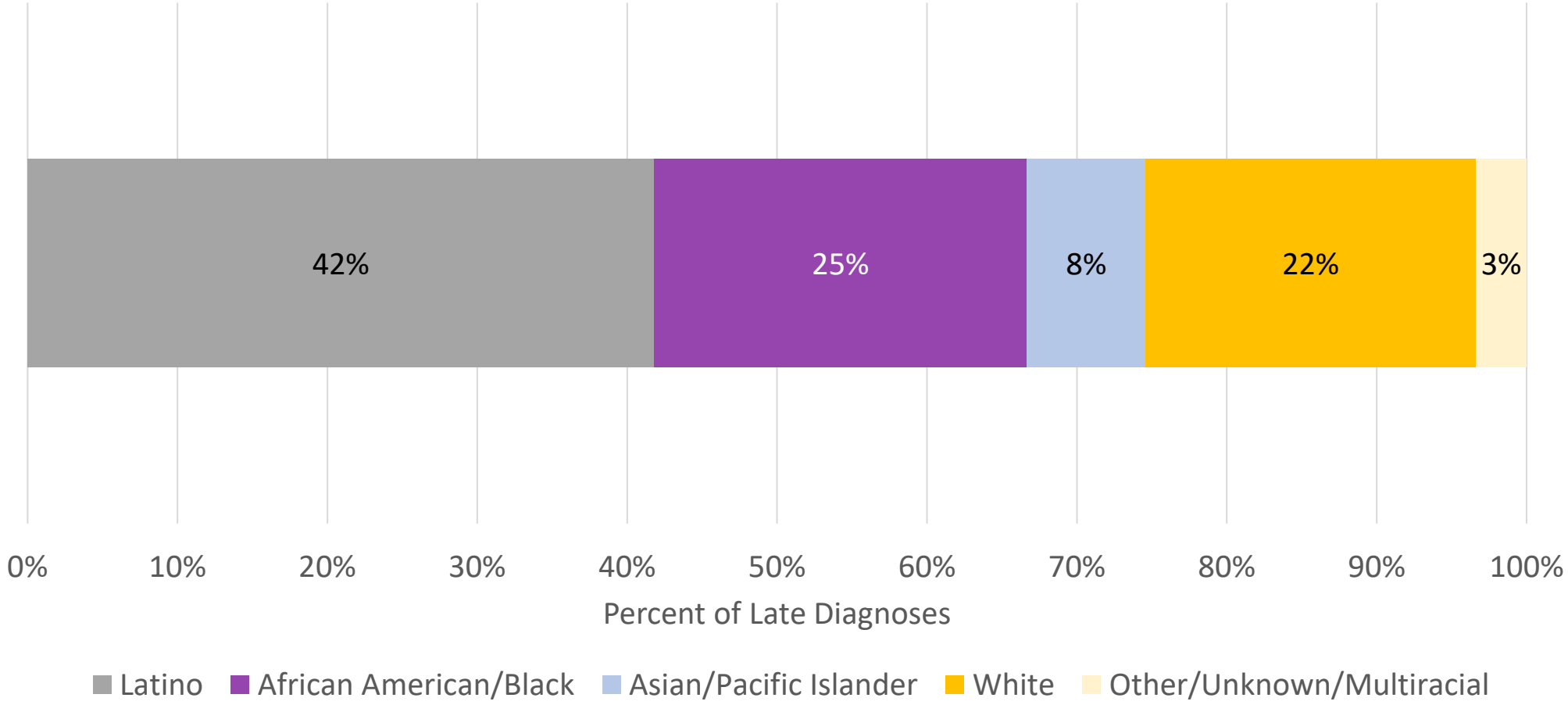
Public Health Department
Alameda County Health

Mode of Transmission



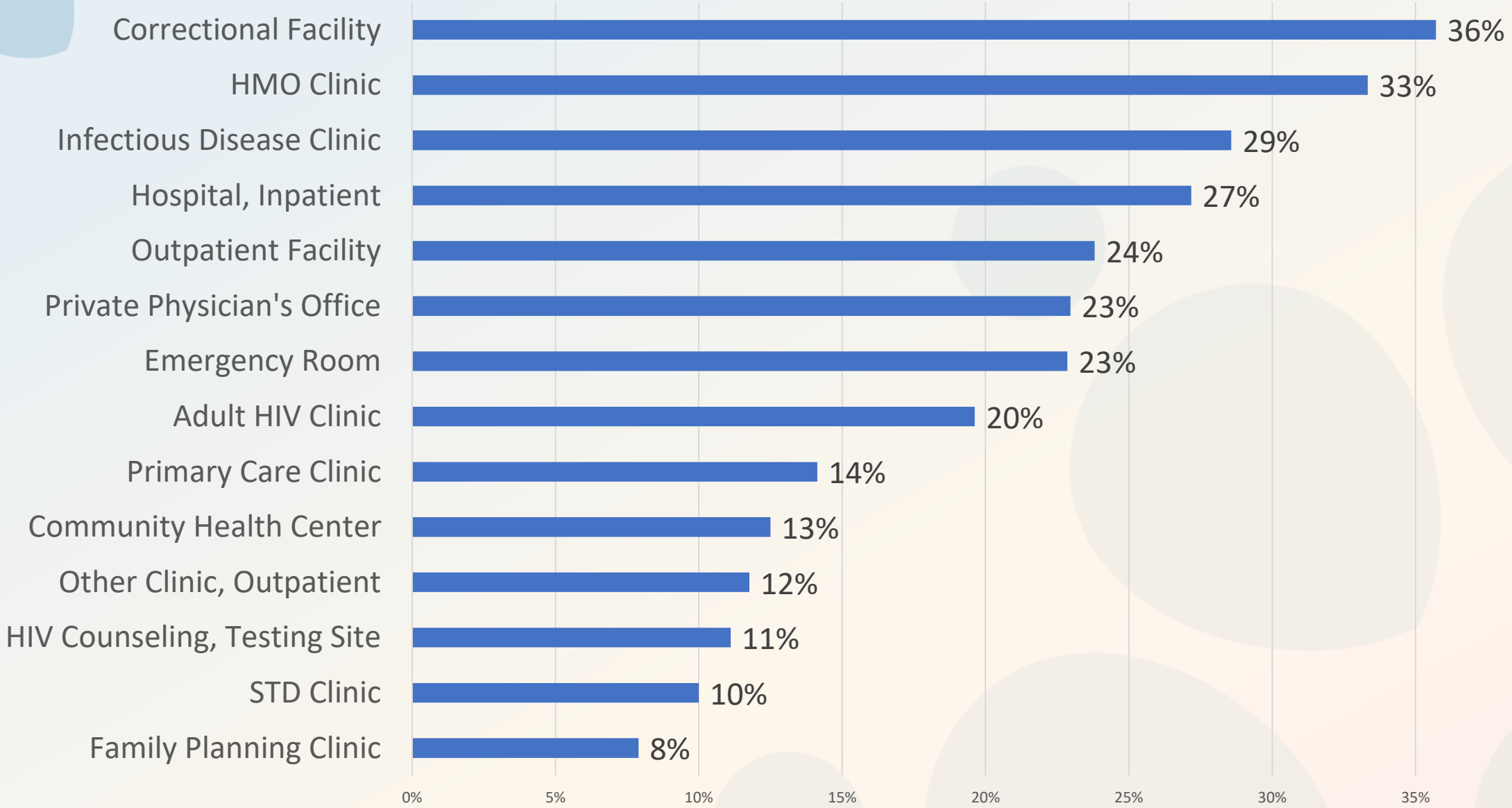
Public Health Department
Alameda County Health

Race/Ethnicity – Among Late Diagnoses



Public Health Department
Alameda County Health

Late Diagnoses by Healthcare Facility Type, 2020-2022



Conclusions

- Statistically significant higher proportions of late diagnoses among PLWH who are:
  - Older (ages 50-59 and 60+)
  - Report engaging in injection drug use
- Other areas of concern:
  - Transmission risk factors: heterosexual contact
  - Geographic locations: Dublin, Newark, San Leandro, San Lorenzo, San Pablo, Fremont
  - Latinos make up a large portion of late diagnoses
- Late diagnoses represent missed opportunities for early detection
- Increased screening of heavily impacted populations could reduce future late diagnoses

Public Health Department
Alameda County Health

Acknowledgements

Alameda County Public Health Department

Danny Allgeier
Gabby Cleary
Eileen Dunne

La Clínica
a californiahealth+center

EIS

Early Intervention Services for Holistic Patient Care

By: Carmen Foster

WHAT IS EIS?

- Early Intervention Services (EIS) is a high-impact program designed to meet patients where they are – addressing both immediate and long-term needs through compassionate, culturally responsive care navigation. With a strong focus on retention and health outcomes, EIS empowers individuals to stay engaged in care.

La Clínica
a california health center

PATIENT ASSESSMENT

- Through assessment of both urgent concerns and long-term goals to understand each patient's full picture of needs
- Creation of individualized care plans tailored to support lasting health and wellness
- Seamless coordination of medical and social services to ensure connected, whole-person care

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a california health center

NAVIGATION ASSISTANCE

- Support with registration and benefits enrollment to help patients access care without delay
- Direct referrals are made to housing, food programs, mental health support, and other critical services – ensuring each patient's essential needs are addressed far beyond the clinic walls
- Personalized help with scheduling and coordinating appointments, making it easier for patients to stay on track with their care.

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a california health center

LANGUAGE ACCESS & MEDICAL COORDINATION

- Bilingual navigators fluent in Spanish and English, ensuring clear and culturally responsive communication.
- Access to bilingual medical providers who deliver care with cultural understanding and language sensitivity.
- Bilingual staff throughout La Clinica – including frontline staff and benefits department – providing language support at every touchpoint.
- Timely, streamlined access to medical care to meet urgent health needs without unnecessary delays.
- Comprehensive support with prescriptions and pharmacy coordination, helping patients navigate every step of their treatment.

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a california health center

SYNDEMIC APPROACH: ONE-STOP, WHOLE PERSON CARE

- Integrated services in one place
- Streamlined access for vulnerable populations
- Coordinated health and Social Support
- Whole person approach to care

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a california health center

ADHERENCE & FOLLOW-UP

- Consistent, compassionate support to help patients stay on track with treatment and medication adherence
- Proactive follow-ups by navigators to check in, address barriers, and keep care moving forward.
- Warm handoffs and seamless referrals to additional services, ensuring no one falls through the cracks

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a california health center

Ending the hiv epidemic (EHE) Leading to EISP 2024-2025

Oakland
LGBTQ COMMUNITY CENTER

AGENDA

Introductions

Background & Organizational Structure

Administration, Planning and Monitoring

Measurement & Evaluation

Challenges & Successes

Our team

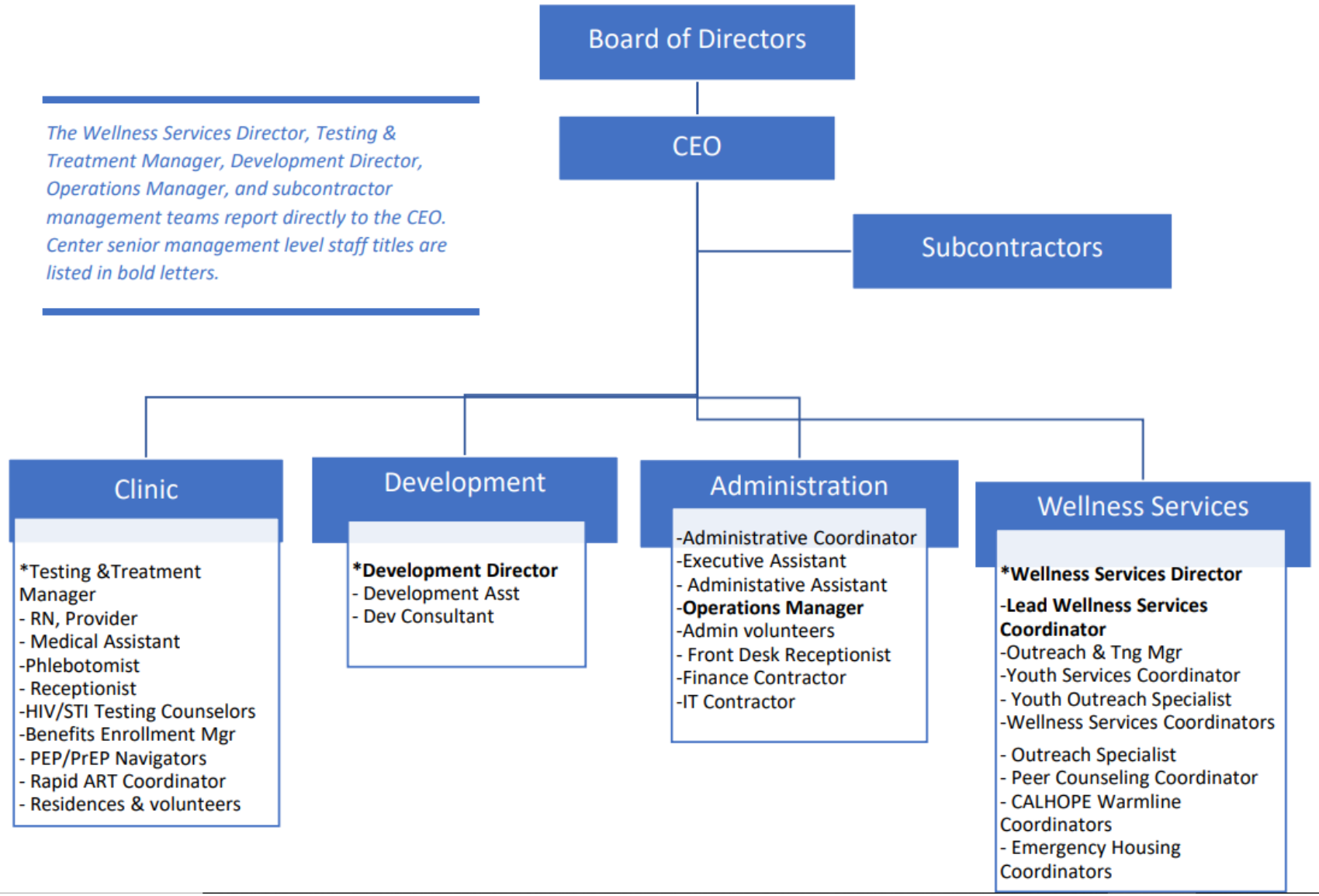
- CEO / Co-Founder
- Joe Hawkins He- Him

- COO/ Dawn Edwards She-Her

- Development Director
- Johanna Holden She-Her

- Wellness Services Director
- Jose Perez He- Him

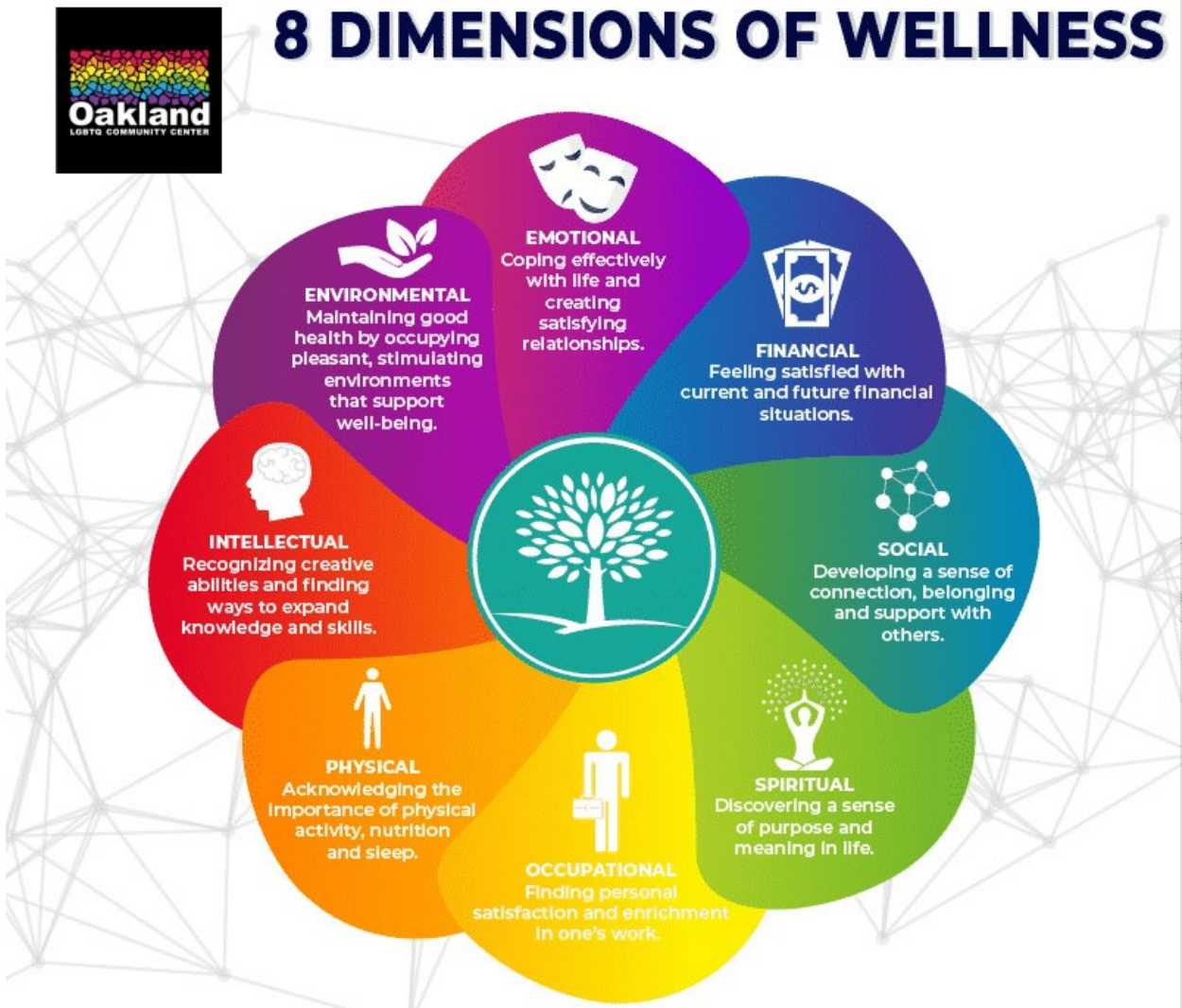
Oakland LGBTQ COMMUNITY CENTER



- **Our Mission**

The Oakland LGBTQ Community Center is dedicated to enhancing and sustaining the well-being of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, our families and allies, by providing educational, social, and health related activities, programs and services.

- 8 dimensions of wellness & status neutral approach



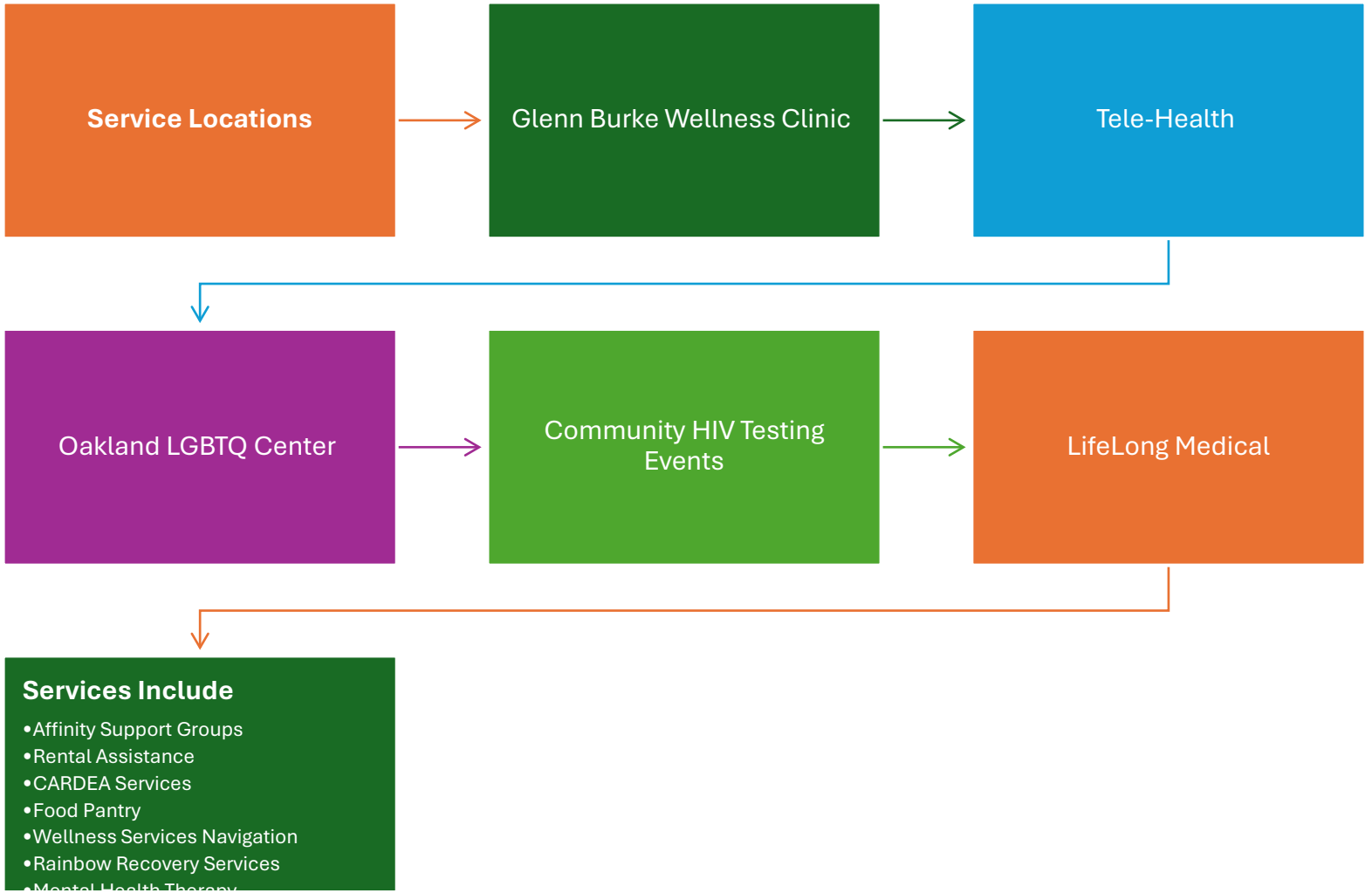
Our service model encompasses 8 mutually interdependent dimensions for holistic wellness.

Who we serve:

- **The Center serves a diverse range of LGBTQ individuals who are predominantly people of color**

- **Through 2022-2024 we saw :**

63% of Center clients are Black
32% are Latinx
98% are members of the LGBTQ community
22% are transgender women
7% are transgender men
23% are cisgender women
46% are cisgender men
98% of our clients are low income
55% have reported a substance use disorder


Service Locations
Glenn Burke Wellness Clinic
Tele-Health
Oakland LGBTQ Center
Community HIV Testing Events
LifeLong Medical
Services Include
•Affinity Support Groups
•Rental Assistance
•CARDEA Services
•Food Pantry
•Wellness Services Navigation
•Rainbow Recovery Services

Glenn Burke wellness clinic

- The Center's GBWC offers the following LGBTQ+ centered & affirming services on Monday, Wednesday & Thursday, from 12pm-6pm :
  - Medical benefits enrollment for low-income individuals
  - MPOX vaccinations (2 Tuesdays per month)
  - Hormone injection assistance & gender care referrals
  - HIV/STI/STD testing and treatment
  - Linkages to rapid anti-retroviral treatment (ART) initiation
  - PEP & PrEP enrollment for HIV prevention
  - PrEP in pill form or Injectable PrEP services are available
  - Tele-health /PrEP delivered to your home
  - Anal Health (fissure, anal warts, rectal GC/CT) treatment and management
  - Hepatitis C screening and management
  - Free safer sex packets (condoms, lube, etc.)
  - Patient navigation & linkages to primary care providers & translation services
  - Wellness services coordination & care management
  - Youth sexual health counseling and support services
  - LGBTQ + peer support group services

Linkage to care / Service Provider

- The Oakland LGBTQ Community Center has been an ETHE provider since 2021
- Prior to being funded to administer services, we provided CARDEA rental assistance. During this time one third of our rental assistance applicants self-disclosed their HIV status when they applied for assistance

Client experience

Clients find out about linkage services from a wellness coordinator or a clinician of the Glenn Burke Wellness Clinic	Intake, eligibility and code of conduct process:	-HIV +
-Intake Completed	-Ryan White documents obtained	-Linked to Lifelong if client has no PCP
-Linked to EHE Coordinator if low on anti retroviral meds or none at all	Services are provided to the client on an as needed basis which can include:	-Housing/ Rental Assistance
-Affinity Support Groups	-HIV Treatment	-Mental Health Services
-Recovery Services	-Food Pantry	-Incentives

Community challenges

SOME PROVIDERS ARE NON-RESPONSIVE WHEN TRYING TO OBTAIN CLIENT MEDICAL DOCUMENTATION

SOME CLIENTS ARE UN-HOUSED AND HARD TO ENGAGE INTO CARE

CLIENTS STRUGGLING WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS

SOME CLIENTS AREN'T READY TO ENGAGE INTO SERVICES

LANDLORDS ARE NON-RESPONSIVE TO RENTAL SUBSIDIES

STIGMA/ POLITICAL ISSUES NATION WIDE

For further information please visit :
www.Oaklandlgbtqcommunitycenter.org

EARLY INTERVENTION SERVICES (EIS)

ASIAN HEALTH SERVICES

David Gonzalez
HIV Patient & Community Relations Manager
All pronouns

OUR RYAN WHITE PATIENTS

- Average age is 40; the youngest is 19, and the oldest is 83.
- 79% cisgender men; 15% cisgender women; 3% transgender women; 1% non-binary.
- 36% Black; 29% East and Southeast Asian; 28% Latinx; 5% white; 1% Pacific Islander; 1% unknown.
- Of Asian patients, 54% Chinese; 17% Vietnamese; 17% Filipino; 17% other Southeast Asian.
- Of the cisgender women, 50% are Black, and 50% of those are African immigrants.
- Most common non-English 1st languages: 15% Spanish; 9% Cantonese; 5% Vietnamese; 2% Mandarin; 1% or less of each of the following languages: Amharic, Arabic, Burmese, Portuguese, Swahili, Tagalog, Thai, Turkish.

OUR EIS CLIENTS

- 37+ African American and Latinx MSM under 30 tested for HIV since 1/1/24.
- 28 AA/Latinx MSM and transgender women under 30 living with HIV currently receiving primary care at AHS.
- 2 AA and 5 Latinx MSM under 30 linked to rapid ART at AHS since 1/1/24.

REFERRING PARTNERS

- Planned Parenthood
- Berkeley Free Clinic
- Alameda Health Systems
- SF City Clinic
- Ward 86
- SFAF
- Testing partners: Steamworks Bathhouse, The Pacific Center, CityTeam

HOW TO REFER: “ONE-STOP SHOP”

- Everyone on the team is trained in HIV test counseling, PrEP/PEP navigation, linkage-to-care, rapid ART, and medical case management.
- Hotline connects to all staff cell phones: **510-972-4483**
- Staff can receive and respond to texts as well as calls.
- New referrals are triaged, and anyone recently diagnosed or out of medication are prioritized for same-day or next-day ART, depending on the time of the referral - including provider appointment and labs.

HIV TEAM

ALEX ILING

SHE/THEY
PROGRAM COORDINATOR

JASON JOHNNY

HE/HIM
COMMUNITY HEALTH ADVOCATE
SPANISH / PORTUGUESE

CAM LINCOLN

HE/THEY
COMMUNITY HEALTH ADVOCATE
MANDARIN

HAN SIM

HE/THEY
COMMUNITY HEALTH ADVOCATE
KOREAN

LEILAN I PRAK

SHE/HER
COMMUNITY HEALTH ADVOCATE

LEXI MUNOZ MAYO

SHE/THEY
COMMUNITY HEALTH ADVOCATE
SPANISH

LINKAGE-TO-CARE

- HIV providers flexible with time
- Able to conduct warm-hand-offs and drive pts to AHS
- Use Ryan White program, internal sliding fee discount program, ADAP, Gilead programs, Family PACT, etc. to cover all costs for uninsured.
- Occasional challenges: limited availability from patients due to work, school, etc.

SUCCESS STORY #1

- 18-year-old gay Black man, former foster child, diagnosed at weekend visit to Highland ER last September and referred to AHS the following Monday.
- Was able to see new PCP on Tuesday, the day after the referral.
- Matched with Cam Lincoln for Ryan White case management, matching experiences as young gay Black man.
- Connected to behavioral health at AHS within 1 month of referral.
    - This patient has a lot of ACES. Mom struggled with substance use while father incarcerated for violent crimes.
    - Placed in numerous foster homes from ages 7 - 18, was unhoused and living with BF at diagnosis.
- Lost ID, had to go to Clerk's office to get birth certificate, lost on bus in Alameda, found by local woman, David have to go out to Alameda to meet woman at local library.
- Now single, unhoused, working with Amanda from AHIP to connect to TAY housing.
- Undetectable as of February.

SUCCESS STORY #2

- 21-year-old gay male immigrant from Mexico, monolingual Spanish-speaker, diagnosed on a Sunday at the Berkeley Free Clinic in February, referred same night to David who was able to connect him to care the next day at AHS, including rapid ART.
- Patient immigrated one month prior with 20-year-old boyfriend. Boyfriend came in for partner testing the next day, tested reactive and linked to same-day ART at AHS.
- Patients live with an uncle and his family, supportive of both of them.
- Both patients were paired with Lexi for Ryan White case management, Spanish-speaker and also 1st gen Mexican immigrant, trans woman. PCP is Dr. Yuyang Mei, who also speaks Spanish.
- Lexi has been able to help them enroll in Medi-cal, they recently received their Medi-cal ID cards in the mail.
- One patient is an aspiring drag queen, and Lexi is also a drag queen.
- Overall patients have expressed joy and amazement that they have access to so many services. Lexi has explained that this is partially due to Ryan White funding to support access to healthcare for low-income people living with HIV; reinforced that by improving access we increase treatment as prevention and U=U.

RETENTION CHALLENGES

- Issues with Quest
- Lack of housing
- In and out of carceral system
- Lack of transportation
- Lack of cell phone

OTHER PROGRAMS

- Peer support groups for Spanish-speaking MSM living with HIV, API MSM living with HIV, and transgender/non-binary patients
- Direct referral to behavioral health team from case manager
- Food Pantry
- Hygiene supplies
- Separate and non-clinical offices for HIV team where pts can relax and be safe

OUR SPACE