

**Sacramento County
Department of Health Services
HIV Health Services Planning Council**
www.sacramento-tga.com

Meeting Agenda

February 22, 2023, 10:00 AM – 12:00 PM

Meeting Location –Via teleconference. No in-person meeting.

Join Zoom Meeting

<https://www.zoomgov.com/j/1610578708?pwd=VzJ5S3NVdFpJM1FGb2NoRldLY1Q3UT09>

Telephone Number: 1 (669) 254-5252 (San Jose, CA)

Meeting ID: 161 057 8708 Passcode: 454131

Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, County Staff

Meeting Invitees:

- HIV Health Services Planning Council Members
- Open to the Public

Public Comment: This provides opportunities for the public to address the Council as a whole in order to listen to opinions regarding matters within the jurisdiction of the Council during Regular meetings and regarding items on the Agenda at all other meetings.

*Action Items

Topic	Presenter	Start Time and Length
Welcome and Introductions	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments – 3-Minute Time Limit – Agenda Items	Benavidez	
February 2023 Agenda*	Benavidez	
Minutes of January 2023*	Benavidez	
State Office of AIDS February 2023 Update	Lee/Pulupa	

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Presentation: AETC Presentation on Diversity & Equity: Dr. Burns	Dr. Burns	As Needed	
CPG/HIV/STI Prevention Updates	All		
Recipient Report: <ul style="list-style-type: none"> ➤ FY22 December Part A Monthly Fiscal Report* ➤ FY22 December 2022 Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update 	Gossett		
Committee/Work Group Updates: Administrative Assessment Committee <ul style="list-style-type: none"> ➤ Next Meeting 6/15/23 Affected Communities Committee <ul style="list-style-type: none"> ➤ Reflectiveness Executive Committee <ul style="list-style-type: none"> ➤ Meeting Frequency* Priorities and Allocations Quality Advisory Committee Needs Assessment Committee Governance	Willettt Zach B. Benavidez Benavidez Kendricks-Clark Miranda Ungeheuer		
Binder Updates	Caravella		
Return to In-Person Meetings	Benavidez		
Public Comments – Non-Agenda Items	Benavidez		
Technical Assistance	Benavidez		
Adjournment	Benavidez		12:00 pm

Attachments:

- Minutes of January 2023*
- February 2023 OA Voice Update
- FY22 December Part A Fiscal Report*
- FY22 December Part B Fiscal Report
- Return to In-Person Meetings Memo

NEXT MEETING: March 22, 2023

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

January 25th, 2023
10am-12pm 10:03 a.m.
to 11:41 a.m.

Meeting Location: Via Teleconference. No in-person

meeting. Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, Paula Gammell, County Staff.

Council Member Attendees via Teleconference: Beth Valentine, Chelle Gossett, Christopher Kendrick-Stafford, David Contreras, Dennis Poupart, Jake Bradley- Rowe, Josh Kooman, Judy Vang, Kaye Pulupa, Kelly Gluckman, Keshia Lynch, Kristina Kendricks-Clark, Melissa Willett, Melody Law, Minerva Reid, Richard Benavidez, Ronnie Miranda, Shy Brown, and Steve Austin.

Members Excused: Michael Ungeheuer and Zach B.

Members Absent: Kane Ortega

Guests: Michelle Monroe – OCH, Keri Morgan – HRS, Lenore Gotelli – Rx HealthCare, Liane Bruckstein – HRS, Rashida Green – Rx HealthCare, Marcy Wintermute – Rx HealthCare, Clarmundo Sullivan – GRS, Edin Lopez – OCH, Julia Hodgeson – AETC, Dr. Dermisha Burns – WORLD, and Shaila Faulkner - AETC

Topic	Minutes
<p>Welcome, Introductions, and Announcements</p>	<p>The meeting began at 10:03 a.m.</p> <p>Keshia Lynch from One Community Health shared that Dr. Go is currently on leave and does not know when she will be coming back at this time.</p> <p>OCH will be hosting an event on February 11th for National Black HIV/AIDS Awareness Day and would love to have partner agencies attend. Please reach out to Keshia if you are interested in attending.</p> <p>Kristina Kendricks-Clark from Harm Reduction Services announced that they are hosting an event at their office on February 7th from 12-4 in honor of National Black HIV/AIDS Awareness Day. They will have food, games, testing, and cash incentives.</p> <p>Beth Valentine from Volunteers of America wanted to announce that although their organization will not be receiving Ryan White funding for the next funding cycle, they will still be providing services to the HIV community and get a majority of their funding from HOPWA. They reminded agencies that they take calls 24/7 to serve clients.</p> <p>Jake Bradley-Rowe from Sunburst Projects announced that they are partnering with the WIC (Women, Infants, and Children) office in their building in Arden to host a COVID and Flu vaccine clinic on February 9th and March 2nd.</p> <p>Liane Bruckstein from Harm Reduction Services announced that they are continuing to host vaccine clinics on the 1st Thursday of every month from 2:30 pm – 4:30 pm in partnership with Sacramento County Public Health. They are giving out Flu, COVID, Hepatitis A, and Hepatitis B vaccines with a focus on the unhoused community.</p>
<p>Public Comments</p>	<p>No public comments were made.</p>

<p>Agenda and Minutes Review*</p>	<p>Jake Bradley-Rowe motioned to accept the January 2023 agenda as presented, and Kristina Kendricks-Clark seconded the motion. The motion was passed with a majority. Please see the meeting roll call voting on page 10.</p> <p>The December 2022 minutes were presented for review and approval. Melissa Willett motioned to accept the minutes as presented and Richard Benavidez seconded the motion. During discussion, Richard Benavidez noted a few errors, the first on page 1, the meeting minutes indicated they were for the September 28th meeting but they should have been for December 14th. On page 3 under Strategy B: "in American counties" was changed to "in America counties" as it was a title of a project. On page 4, under Ending the Epidemics Strategic Plan, line 4, a run-on sentence was noted. A period was placed after "all regions of California" and "and" was removed to create separate sentences. On page 10, paragraph 2, the sentence stated: "Kane Ortega has been on the Council for 2+ years", it should state "20+ years". Richard Benavidez made an amended motion to accept the minutes with the changes made and Jake Bradley-Rowe seconded the amended motion. The motion was approved by a majority. Please see the meeting roll call voting on page 10.</p>
<p>Presentation on Cultural Humility</p>	<p>Judy Vang from the AIDS Education & Training Center welcomed Dr. Julia Hodgeson – A psychologist to present on Cultural Humility.</p> <p>After completion of the presentation participants would be able to:</p> <ul style="list-style-type: none"> • Describe the range of intersecting social identities and privileges/oppressions that exist, particularly for People with HIV and Severe Mental Illness • Explore their own implicit biases and how they may impact their work • Develop skills to counter implicit biases and practice cultural humility in work with PWH and SMI

State Office of AIDS (OA) January 2023 Update

Kaye Pulupa presented the January OA Voice Update.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization PrEP-Assistance Program (AP)

As of December 29, 2022, there are 195 PrEP-AP enrollment sites covering 186 clinics that currently make up the PrEP-AP Provider network.

Strategy C: Expand Partner Services

CDPH, OA is pleased to announce the availability of a NEW tool for HIV field services in California. A new CalREDIE disease condition called "HIV Field Investigation Incident" or HFII (pronounced "huffy") is available in CalREDIE, and starting on **January 3rd, 2023 counties will begin documenting HIV field services in CalREDIE**. HIV field services include partner services, linkage and re-engagement in care, cluster response, and linkage to testing and PrEP for contacts. HFII can be used to document county efforts for:

- Newly diagnosed HIV infection
- Contacts to HIV (Partner Services)
- Data to Care (D2C)
- Linkage and re-engagement in care
- Outbreak/molecular cluster

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

As of December 29, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart on page 5.

For questions regarding this issue of *The OA Voice*, please send an e-mail to angelique.skinner@cdph.ca.gov.

<p>CPG/HIV/STI Prevention Updates</p>	<p>California Planning Group – Richard Benavidez shared that CPG met earlier this month and went over its 2023 priorities. They will be meeting in a couple of weeks to determine the training for their 2023 in-person meeting.</p> <p>HIV/STI Prevention Updates – If organizations ever need supplies (condoms/lube/education material/etc) they can always fill out a supply request form at https://dhs.saccounty.gov/PUB/SexualHealthPromotionUnit/Documents/Sexual-Health-Promotion-Unit-Request-Form.pdf and submit it to HIVSTDStaff@saccounty.net.</p>
<p>Recipient Report:</p> <ul style="list-style-type: none"> ➤ FY22 November Part A Monthly Fiscal Report* ➤ FY22 November Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update 	<p>FY22 November Part A Monthly Fiscal Report* Chelle Gossett presented a copy of the FY22 Part A November Monthly Fiscal Report for review and approval. El Dorado County spent 62.1% of its annual allocations and Placer spent 80.9%. Sacramento spent 74.49% with an overall expenditure of 74.12% for the Transitional Grant Area (TGA). Chelle highlighted that this report does not include any Reallocation changes. Budget amendments are underway but the county staff person who usually handles those has moved positions. Jake Bradley-Rowe motioned to accept the report as presented, and Dennis Poupart seconded the motion. The motion passed with a majority. Please see the meeting roll call voting on page 10.</p> <p>FY22 November 2022 Part B Monthly Fiscal Report Chelle Gossett presented a copy of the FY22 Part B November Monthly Fiscal Report for review. Yolo County spent 43.4% of its allocations. Sacramento spent 73.63% with an overall expenditure of 70.24% for the Transitional Grant Area (TGA).</p> <p>SOA Ending the HIV Epidemic Update The Sexual Health Promotion Unit mobile unit is up and running and they are out for half days at Loaves and Fishes twice a week.</p>

<p>➤ HRSA Part A Ending the Epidemic Update</p> <p>FY22 3rd Quarter Recipient Report</p>	<p>HRSA Part A Ending the Epidemic Update Two new full-time nurse practitioners have come on board and also one part-time nurse from a registry. The provider who has been on maternity leave is back. The clinic is providing HIV services all day on Mondays and half days on Wednesdays. There is also an effort to secure an additional HIV provider.</p> <p>Chelle announced that the county has received partial award notices for both Ryan White Part A as well as HRSA Part A Ending the Epidemic. FY23 contracts are underway.</p> <p>The FY22 3rd Quarter Recipient Report was included in the meeting packet. It outlines what the Recipient has worked on in the last quarter as well as demographic information about the TGA and clients served by Ryan White. If you have any questions about the report please reach out to Chelle or Paula.</p>
<p>Committee Updates</p> <p>➤ Community Outreach</p> <p>➤ Reflectiveness</p> <p>Annual Acknowledgements</p>	<p>Administrative Assessment Committee: The next meeting will be on June 15th, 2023 for the FY22 year-end assessment.</p> <p>Affected Communities Committee: Richard Benavidez advised that ACC did not meet this month. ACC reported they had a successful community outreach event on January 10th with 12 participants. Zach Reau, a community liaison presented a training, and food was provided. ACC is hoping to conduct a second event during the week of March 6th with the hope of hosting 4-6 events during the year. The purpose of these events is to engage the affected community and provide relevant information.</p> <p>Current reflectiveness is at 36.4%.</p> <p>Executive Committee: Richard Benavidez shared that the Executive Committee did not meet this month. The next meeting will be held on February 9th. Annual acknowledgments were sent out, please return</p>

	<p>signed copies to Danielle. These include the acknowledgment of the Member Policies, Code of Conduct, and Conflict of Interest. The FY23 HIV HSPC Meeting Schedule was included in the meeting packets, please save those dates to your calendars. It is encouraged to join a sub-committee if you are a Council member, if you are not ready to join, please feel free to attend as a guest.</p> <p>Priorities and Allocations: Jake Bradley-Rowe shared that PAC did not meet this month as Reallocation was done at the December meeting. PAC will next meet with their new schedule on Wednesday, March 1st at 9 am.</p> <p>Quality Advisory Committee (QAC): Paula Gammell shared that QAC did not meet this month as they meet on a quarterly basis. They next meet on March 7th.</p> <p>Needs Assessment Committee: Ronnie Miranda shared that NAC did not meet this month as they meet on a quarterly basis. They next meet on March 7th.</p> <p>Approximately 142 surveys have been completed and entered into the database. Surveys are out with a final agency for a target of 200. Thank you to all of the agencies who have worked on getting these completed.</p> <p>Governance: Nothing to report.</p>
Binder Updates	Binder updates were emailed out with the materials for this meeting, including the updated meeting schedule and roster.

Hybrid Meetings Discussion	<p>Richard Benavidez shared that the order allowing Zoom meetings due to COVID-19 will end at the end of February. It is possible that hybrid meetings will take place, but likely everyone will need to be back in person in March. The executive committee will be meeting to discuss the next steps and how to move forward to comply with the Brown Act. The meetings will resume at the Sacramento County Primary Care Center on Stockton and Broadway and masks will be required. Chelle Gossett explained that in April a staffing agency will be taking over the duties of staffing the Planning Council and the Sub-Committees.</p> <p>Richard and Kristina will remain the primary contacts for any questions relating to the Planning Council. The staffing agency will be paid using Ryan White funding as it was in the past, using the 10% admin funds.</p>
Public Comment	<p>Minerva Reid commented that she had a hard time getting onto the meeting today and that the number wasn't working for her, county staff stated a few others reported having trouble getting onto the meeting and they will look into the issue.</p>
Technical Assistance Needs	<p>Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.</p>
Adjournment	<p>The meeting adjourned at 11:41 AM Next meeting: February 22nd, 2023</p>

County of Sacramento - Ryan White CARE Program
Sacramento TGA HIV Health Services Planning Council

Meeting Date: 1/25/2023

Seated Members	Signature	Agency/Affiliation
Beth Valentine	Teleconference	Volunteers of America
Chelle Gossett	Teleconference	Sacramento County Public Health
Christopher Kendrick-Stafford	Teleconference	N/A
David Contreras	Teleconference	SHRA
Dennis Poupart	Teleconference	N/A
Jake Bradley-Rowe	Teleconference	Sunburst Projects
Joshua Kooman	Teleconference	N/A
Judy Vang	Teleconference	AIDS Education and Training Center
Kaye Pulupa	Teleconference	California State Office of AIDS
Kane Ortega	Absent	N/A
Kelly Gluckman	Teleconference	OCH
Keshia Lynch	Teleconference	OCH
Kristina Kendricks-Clark	Teleconference	Harm Reduction Services
Melissa Willett	Teleconference	Sierra Foothills AIDS Foundation
Melody Law	Teleconference	Sacramento County Public Health
Michael Ungeheuer	Excused	County of El Dorado Public Health
Minerva Reid	Teleconference	N/A
Richard Benavidez	Teleconference	Sierra Foothills AIDS Foundation
Ronnie Miranda	Teleconference	N/A
Shy Brown	Teleconference	Peach Tree Health
Steve Austin	Teleconference	N/A
Zachary B.	Excused	N/A
Staff: Paula Gammell	Teleconference	Sacramento County Public Health
Staff: Danielle Caravella	Teleconference	Sacramento County Public Health

Meeting Date: 1/25/2022

Guests:	Signature	Agency/Affiliation
Michelle Monroe	Teleconference	OCH
Keri Morgan	Teleconference	HRS
Lenore Gotelli	Teleconference	RXHealthCare
Liane Bruckstein	Teleconference	HRS
Rashida Green	Teleconference	RXHealthCare
Marcy Wintermute	Teleconference	RXHealthCare
Clarmundo Sullivan	Teleconference	GRS
Edin Lopez	Teleconference	OCH
Julia Hodgeson	Teleconference	WORLD - AETC Organized to
		Women
Dr. Dermisha Burns	Teleconference	Respond to Life-Threatening
Shaila Faulkner	Teleconference	AETC

County of Sacramento - Ryan White CARE Program
Sacramento TGA HIV Health Services Planning Council

Meeting Date: 1/25/2023

Seated Members	Agenda			Minutes			November Part A Monthly					
	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approv	Oppose	Abstain	Approve	Oppose	Abstain
Beth Valentine	x			x								
Chelle Gossett	x			x					x			
Christopher Kendrick Stafford	x			x			x					
David Contreras	x			x			x					
Dennis Poupart	x		x			x	x					
Jake Bradley-Rowe	x			x			x					
Joshua Kooman	x					x	x					
Judy Vang	x			x			x					
Kaye Pulupa			x			x			x			
Kane Ortega												
Kelly Gluckman	x			x			x					
Keshia Lynch			x			x	x					
Kristina Kendricks-Clark	x			x			x					
Melissa Willett	x			x			x					
Melody Law	x			x			x					
Michael Ungeheuer												
Minerva Reid							x					
Richard Benavidez	x			x			x					
Ronnie Miranda				x			x					
Shy Brown	x			x			x					
Steve Austin	x			x			x					
Zachary B.												

Motion Jake Bradley-Rowe Melissa Willett Jake Bradley-Rpwe
Second Krisitna Kendricks-Clark Richard Benavidez Dennis Poupart

 Amended Motion Richard Benavidez
 Amended Second Jake Bradley-Rowe

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A
- Strategy B
- Strategy J
- Strategy K

Staff Highlight:

OA would like to thank and acknowledge the tireless and continued work of the **Mpox Health Equity Team (MHET)**. The team merged with the Mpox Stakeholder Outreach & Engagement Team and was created in July 2022. MHET is comprised of OA Prevention Branch staff members Health Program Specialist, Staci Ho, Disease Outbreak and Field Investigation Unit, Tee-Jai Lampkins, PrEP Local Capacity Building Analyst, Co-Leads OA Division Chief, Marisa Ramos and State Transgender Health Manager, Tiffany Woods. Center of Infectious Diseases (CID) Health Equity Liaison and Equity Team lead, Sharon Eghigian, and Mpox lead, Gil Chavez.

Successes include working with the California Department of Public Health (CDPH) Communications and Media team to develop social media and dating app campaigns for mpox education, messaging, and vaccination access with a focus on equity. The facilitation of monthly stakeholder listening sessions held in both English and Spanish to provide mpox updates and a space for questions and answers from the community. Cross-section Mpox Equity team weekly meetings were held to provide updates and develop strategies to address equity across all mpox efforts. In addition, the MHET with the assistance of Visual Communications Specialist, John Keasling, created a public Mpox Health Equity Webpage to highlight equity efforts



including stigma reduction and released a survey seeking feedback to help shape the content on the webpage.

Ongoing equity team goals/efforts include improving access to vaccines through Pride Season, improve vaccination rates for African/American and Latino/Latinx populations, improve rates for second dose of vaccine, integrate mpox vaccination/treatment into ongoing sexual health networks - focusing on underserved populations, and development of an Equity Framework for mpox & future disease responses. Thank you to the Mpox Health Equity Team for their hard work and dedication to keeping Californian's healthy.

HIV Awareness:

February 7th is **National Black HIV/AIDS Awareness Day (NBHAAD)**. This day is observed to acknowledge the disproportionate impact of HIV in the Black/African American community, increase awareness and access to HIV testing, prevention, and care. The Black/

African American communities are making strides in reducing HIV; however, racism, discrimination and medical mistrust continue to affect whether or not Black/African American people seek and/or receive HIV services. These factors contribute to the impact of lack of access to information, preventative and lifesaving measures such as Pre-exposure prophylaxis (PrEP), and Post-exposure prophylaxis (PEP), HIV treatments and access and retention in care.

According to CDPH HIV Surveillance data, in 2020 Black/African Americans make up approximately 6% of California's population however, they account for both 17% of living HIV cases and newly diagnosed cases. A [factsheet depicting demographics and health outcomes for the community](https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/black-africanamericanfactsheet_ada.pdf) is located at https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/black-africanamericanfactsheet_ada.pdf.

NBHAAD provides educational opportunities on PrEP and other treatment options, promotes testing, and aims to help community members make healthier choices and live more positive lifestyles.

General Office Updates:

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer

to the [DCDC website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.aspx>, to stay informed.

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

The OA RHE workgroup convened in January and discussed the term, *people of color* and its varied meanings and perceptions and provided RHE updates across other departments.

HIV/STD/HCV Integration

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Ending the Epidemics Strategic Plan



OA and the STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues in February as we review public comments to the released draft of our phase-2 *Implementation Blueprint* and finalize the plan. Public comment has been overwhelmingly

positive and helpful. Thank you!

A reminder: The activities in this customizable *Implementation Blueprint* were the result of community input from across all regions of California and they help us drill down into specific goals under our 30 strategies organized over 6 social determinants of health: racial equity, health access for all, housing first, mental health and substance use, economic justice and stigma free.

The next stage of our process is to release the final document for wide distribution to our partners. In addition, early in 2023 we will host a series of webinars that will help local health jurisdictions customize this plan for their communities.

Below is the [website that documents our work](#), including the phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions. Thank you for engaging with this strategic planning process and helping us make it better!

- <https://facenteconsulting.com/work/ending-the-epidemics/>

Ending the HIV Epidemic (EHE)

In January, OA completed site visits of six counties funded through the Ending the Epidemic (EHE) Initiative: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. As a group the counties have expanded routine opt out and focused testing, home delivered HIV/HCV/STI integrated testing, enhanced status-neutral linkages to care and prevention services and implemented special intervention-pilots focused on EHE priority populations at intersections of mental health, substance use and housing security. OA wishes to applaud their efforts and progress made in the most difficult of circumstances. More information about the county specific EHE plans can be found on the [Ending the Epidemics landing page](#) under the CDC 20-2010 header.

Of note, some of the EHE counties have been working to implement the Street Medicine Model in their street-based services. We will continue to provide updates on their progress in future OA Voice editions. Some of our OA community partners have asked how they can get more information about the Street Medicine Model. One way is by joining the California Street Medicine Collaborative.

The California Street Medicine Collaborative, hosted by Keck School of Medicine of University of Southern California (USC) Street Medicine, is designed to create a common, neutral space for street medicine programs and supporting organizations to discuss the current and future state of street medicine in California. The Collaborative meets virtually, once a month. Street medicine is receiving an unprecedented amount of state and local support to provide primary care and other services directly to people experiencing unsheltered homelessness in their lived environment (e.g., encampment, in a park, under a bridge). A common space to discuss these opportunities, and how to leverage them to build and sustain street medicine programs for all, is key to building a collective street medicine strategy informed by the people who are doing and supporting this work. Those interested in joining the California Street Medicine Collaborative can contact sara.castro@med.usc.edu to be added to the Collaborative.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP Utilization)

PrEP-Assistance Program (AP)

As of January 27, 2023, there are 200 PrEP-AP enrollment sites covering 187 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 5 of this newsletter.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](https://takemehome.org/), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

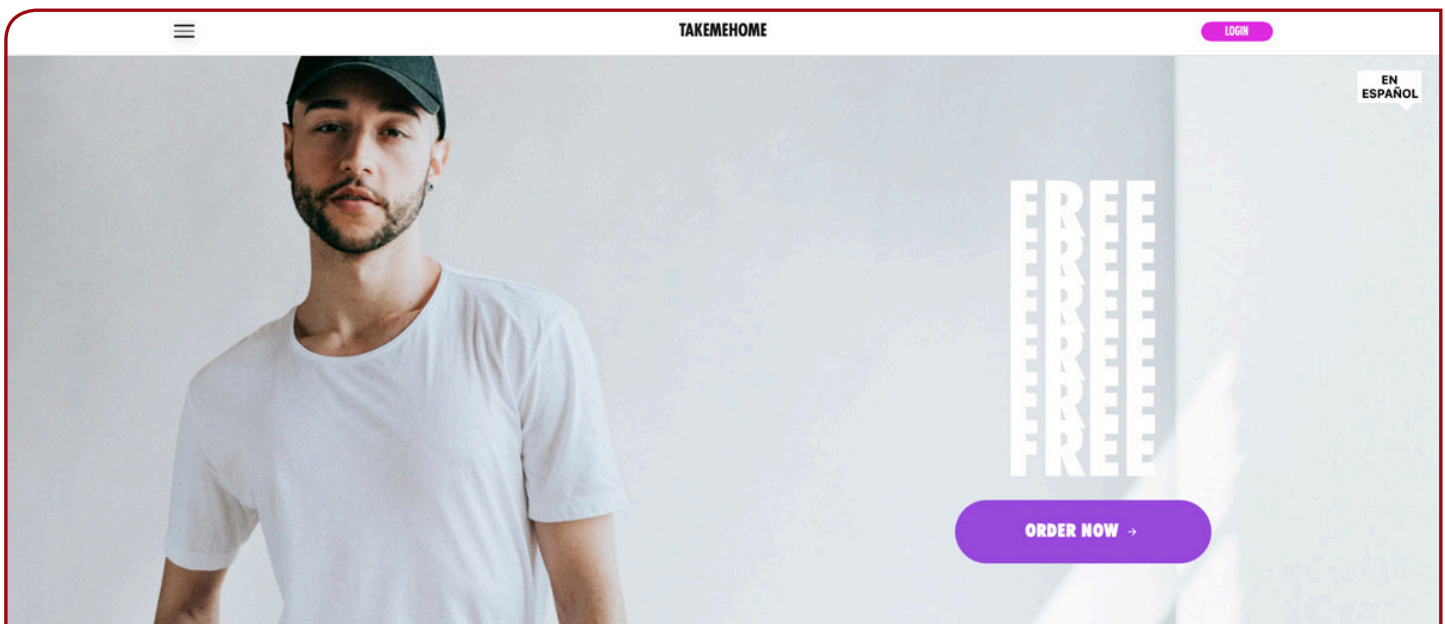
In the first 28 months, between September 1, 2020, and December 31, 2022, 4453 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 181 (77.0%) of the 235 total tests distributed.

Of individuals ordering a test in September, 35.7% reported never before receiving an HIV test, and 37.9% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 34.9% were Hispanic/Latinx, and of those reporting sexual history, 58.0% indicated 3 or

more partners in the past 12 months. To date, 490 recipients have completed an anonymous follow up survey, with 94.5% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (72.2%) or having had more than one sex partner in the past 12 months (63.3%).

OA is pleased to announce that we have expanded our OraQuick HIV self-testing program to all counties in California on **January 23, 2023**, through the [Building Healthy Online Communities: Take Me Home program](#) (BHOC-TMH). This is a collaboration between BHOC-TMH, OA and local health departments. This program puts an effective free HIV screening tool directly into the hands of Californians (ages 17+) who request it via the BHOC-TMH website. Outreach for this program is automated mostly through advertising on gay dating applications (apps) and websites. Help spread the word! Please send this announcement to your networks.

Thank you for all you do to end the HIV epidemic in California. If you have any questions, please [contact us](mailto:OfficeofAIDS@cdph.ca.gov) at OfficeofAIDS@cdph.ca.gov.



Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	239	7%	---	---	---	---	25	1%	264	8%
25 - 34	1,019	32%	1	0%	---	---	235	7%	1,255	39%
35 - 44	790	25%	---	---	2	0%	185	6%	977	30%
45 - 64	387	12%	---	---	20	1%	107	3%	514	16%
65+	22	1%	---	---	169	5%	10	0%	201	6%
TOTAL	2,457	77%	1	0%	191	6%	562	18%	3,211	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	136	4%	---	---	32	1%	9	0%	1	0%	59	2%	5	0%	22	1%	264	8%
25 - 34	704	22%	1	0%	116	4%	87	3%	2	0%	272	8%	6	0%	67	2%	1,255	39%
35 - 44	611	19%	4	0%	81	3%	41	1%	---	---	197	6%	5	0%	38	1%	977	30%
45 - 64	298	9%	2	0%	32	1%	16	0%	---	---	147	5%	---	---	19	1%	514	16%
65+	19	1%	1	0%	4	0%	4	0%	---	---	168	5%	---	---	5	0%	201	6%
TOTAL	1,768	55%	8	0%	265	8%	157	5%	3	0%	843	26%	16	0%	151	5%	3,211	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	105	3%	---	---	2	0%	6	0%	---	---	12	0%	1	0%	7	0%	133	4%
Male	1,501	47%	8	0%	247	8%	149	5%	3	0%	808	25%	12	0%	136	4%	2,864	89%
Trans	151	5%	---	---	16	0%	2	0%	---	---	16	0%	1	0%	4	0%	190	6%
Unknown	11	0%	---	---	---	---	---	---	---	---	7	0%	2	0%	4	0%	24	1%
TOTAL	1,768	55%	8	0%	265	8%	157	5%	3	0%	843	26%	16	0%	151	5%	3,211	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 01/31/2023 at 12:01:20 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

As of January 27, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

Fact Sheet: The California Harm Reduction Initiative

OA released a [fact sheet about the California Harm Reduction Initiative \(CHRI\)](#) and the project's significant effect on syringe services programs (SSPs) and the people who use harm reduction services. The fact sheet highlights the shift in drug use from heroin to fentanyl and the substantial expansion of harm reduction services across 42 of California's 58 counties, reaching over 28,000 new program participants.

The Impact of the California Harm Reduction Initiative

[Research Triangle Institute](#) (RTI) released an [article demonstrating how CHRI funding helped](#)

[SSPs reach and protect people in California](#). RTI found that CHRI was game-changing for SSPs in California, greatly improving their ability to deliver life-saving interventions to people who use drugs. Most notably, programs supported by CHRI distributed 68% more naloxone doses to their participants than other programs, and 85% of CHRI-supported SSPs offered buprenorphine to their participants, compared to only 31% of non-CHRI SSPs.

New Medi-Cal Guidelines Support Street Medicine Programs

In November 2023, California's Department of Health Care Services (DHCS) released new guidelines to Medi-Cal managed care plans that will make it easier for communities to establish and maintain street medicine programs. [California Health Care Foundation](#) (CHCF) released an [issue brief of key takeaways from the new Medi-Cal guidelines](#) including new policy that allows reimbursement for non-clinical street medicine care teams, like community health workers and linkage to care coordinators.

For [questions regarding this issue of The OA Voice](#), please send an e-mail to angelique.skinner@cdph.ca.gov.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	503	- 1.95%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,724	+ 2.32%
Medicare Part D Premium Payment (MDPP) Program	1,812	- 10.87%
Total	8,039	- 1.24%

Source: ADAP Enrollment System

Part A Only

EL DORADO COUNTY - December 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$1,568	\$0	\$0		0.0%	\$ 1,568
Oral Health	\$24,673	\$0	\$3,598		14.6%	\$ 21,075
Health Insurance Premium & Cost Sharing Asst.	\$4,849	\$61	\$865		17.8%	\$ 3,984
Medical Case Management	\$140,000	\$14,062	\$108,646		77.6%	\$ 31,354
Medical Transportation Services	\$2,266	\$688	\$4,433		195.6%	\$ (2,167)
Emergency Financial Assistance	\$11,845	\$3,410	\$15,737		132.9%	\$ (3,892)
Sub-Total El Dorado County	\$185,201	\$18,221	\$133,279		72.0%	\$ 51,922

PLACER COUNTY - December 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$1,540	\$0	\$0		0.0%	\$ 1,540
Oral Health	\$2,329	\$0	\$0		0.0%	\$ 2,329
Health Insurance Premium & Cost Sharing Asst.	\$4,869	\$0	\$0		0.0%	\$ 4,869
Medical Case Management	\$127,728	\$10,274	\$112,446		88.0%	\$ 15,282
Medical Transportation Services	\$18,391	\$895	\$16,530		89.9%	\$ 1,861
Emergency Financial Assistance	\$33,240	\$1,320	\$35,591		107.1%	\$ (2,351)
Sub-Total Placer County	\$188,097	\$12,489	\$164,567		87.5%	\$ 23,530

Missing Invoices
Emergency Financial Assistance: Oct, Nov, Dec. Pending amendments

Under 5%		0-77%
Within 5%		78-88%
Over 5%		89% +

Priority Number

SACRAMENTO COUNTY - December 2022						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1 Ambulatory/Outpatient Care	\$476,408	\$22,123	\$324,809		68.18%	\$151,599
SS: Ambulatory/Outpatient Medical Care	\$419,010	\$22,123	\$284,518		67.90%	\$134,492
SS: Vendor paid viral/load resistance lab test	\$57,398	\$0	\$40,291		70.20%	\$17,107
2 AIDS Pharmaceutical Assistance	Not Funded at this Time					
3 Health Insurance Prem. & Cost Sharing Asst.	\$10,821	\$0	\$1,632		15.08%	\$9,189
4 Oral Health	\$289,174	\$9,328	\$260,278		90.01%	\$28,896
5 Medical Case Management	\$966,117	\$88,377	\$811,317		83.98%	\$154,800
SS: MAI	\$184,117	\$6,148	\$174,346		94.69%	\$9,771
SS: Office Based Services inc. Pediatric Treatment Adherence	\$383,649	\$45,503	\$373,377		97.32%	\$10,272
SS: Field/In-Home Services	\$380,557	\$36,309	\$254,353		66.84%	\$126,204
SS: Case Mgmt. Child Care	\$17,794	\$417	\$9,241		51.93%	\$8,553
6 Case Management (Non-Medical)	\$58,082	\$0	\$34,419		59.26%	\$23,663
7 Food Bank/Home Delivered Meals	Part B Only					
8 Mental Health Services	\$439,764	\$43,377	\$393,371		89.45%	\$46,393
9 Psychosocial Support Services	Not Funded at this Time					
10 Medical Transportation Services	\$76,579	\$572	\$48,249		63.00%	\$28,330
11 Substance Abuse Services - Outpatient	\$159,661	\$16,023	\$144,449		90.47%	\$15,212
12 Substance Abuse Services - Residential	\$58,408	\$0	\$58,408		100.00%	\$0
13 Housing	\$21,861	\$245	\$2,438		11.15%	\$19,423
14 Child Care Services	\$20,000	\$1,607	\$16,754		83.77%	\$3,246
15 Emergency Financial Assistance	\$18,362	\$102	\$10,993		59.87%	\$7,369
16 Medical Nutritional Therapy	\$5,660	\$0	\$1,191		21.05%	\$4,469
17 Health Education/Risk Reduction	\$11,334	\$1,162	\$9,313		82.17%	\$2,021
18 Outreach Services	\$5,106	\$0	\$14,980		293.39%	-\$9,874
19 Outreach Services MAI	Part B Only					
20 Linguistic Services	Not Funded at this Time					
21 Home & Community Based Health Services	Not Funded at this Time					
22 Home Health Care	Not Funded at this Time					
23 Hospice	Not Funded at this Time					
24 Legal Services	Not Funded at this Time					
25 Permanency Planning	Not Funded at this Time					
26 Referral for Health Care & Support Services	Not Funded at this Time					
27 Rehabilitation Services	Not Funded at this Time					
28 Respite Care	Not Funded at this Time					
29 ADAP	Not Funded at this Time					
30 Early Intervention Services	Not Funded at this Time					
Sub-Total Sacramento County	\$2,617,337	\$182,914	\$2,132,601		81.48%	\$484,735
Sub-Total TGA Direct Service Expenditures	\$2,990,635	\$213,624	\$2,430,447		81.27%	\$560,188

Recipient - Grantee Admin	\$351,840	\$27,183	\$277,616		78.90%	\$74,224
Recipient - Quality Mgmt	\$175,919	\$12,994	\$93,191		52.97%	\$82,728
Grand- Total Direct Services, Recipient	\$3,518,394	\$253,802	\$2,801,254		79.62%	\$717,140

Missing Invoices
 Recipient Bills Quarterly & Consultant Services
 October: Labs & Health Insurance ; July - Housing;

 December: Non Medical Case Mgmt
 Pending amendments

December		
Under 5%		0-77%
Within 5%		78-88%
Over 5%		89% and over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$2,806,518	\$207,476	\$2,256,101		80.39%	\$550,417
Part A MAI	\$184,117	\$6,148	\$174,346		94.69%	\$9,771

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative
Core Services (Does not include MAI MCM)	\$2,471,044	\$197,476	\$1,988,256	88.0%	95.2%	88.1%
Support Services	\$335,474	\$10,000	\$267,845	12.0%	4.8%	11.9%

Part B Only

Priority Number

YOLO COUNTY - December 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Oral Health	\$2,500	\$0	\$0		0.0%	\$ 2,500
Medical Case Management	\$130,744	\$5,964	\$63,243		48.4%	\$ 67,500
Medical Transportation Services	\$3,094	\$63	\$1,457		47.1%	\$ 1,636
Emergency Financial Assistance	\$1,002	\$0	\$1		0.1%	\$ 1,001
Food Bank/Home Delivered Meals	\$5,465	\$253	\$3,624		66.3%	\$ 1,841
Sub-Total Yolo County	\$142,804	\$6,280	\$68,326		47.8%	\$ 74,478

SACRAMENTO COUNTY - December 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1 Ambulatory/Outpatient Care	\$442,130	\$48,339	\$351,786		79.57%	\$90,344
SS: Ambulatory/Outpatient Medical Care	\$442,130	\$48,339	\$351,786		79.57%	\$90,344
SS: Vendor paid viral load resistance lab test						
2 AIDS Pharmaceutical Assistance						
3 Health Insurance Prem. & Cost Sharing Asst.						
4 Oral Health	\$253,097	\$20,722	\$213,603		84.40%	\$39,494
5 Medical Case Management	\$57,326	\$4,598	\$43,078		75.15%	\$14,248
SS: MAI						
SS: Office Based Services inc. Pediatric Treatment Adherence	\$10,847	\$54	\$2,620		24.15%	\$8,227
SS: Field/In-Home Services	\$46,479	\$4,544	\$38,905		83.70%	\$7,575
SS: Case Mgmt. Child Care	\$0	\$0	\$1,554		#DIV/0!	-\$1,554
6 Case Management (Non-Medical)	\$73,876	\$8,097	\$60,429		81.80%	\$13,446
7 Food Bank - Part B Only	\$11,982	\$3,070	\$13,520		112.84%	-\$1,538
8 Mental Health Services	\$79,272	\$6,858	\$65,221		82.27%	\$14,051
9 Psychosocial Support Services						
10 Medical Transportation Services	\$113,991	\$13,083	\$122,550		107.51%	-\$8,559
11 Substance Abuse Services - Outpatient						
12 Substance Abuse Services - Residential						
13 Housing	\$15,340	\$0	\$15,304		99.77%	\$36
14 Child Care Services						
15 Emergency Financial Assistance						
16 Medical Nutritional Therapy	\$9,701	\$0	\$9,701		100.00%	\$0
17 Health Education/Risk Reduction	\$25,300	\$1,465	\$24,140		95.41%	\$1,160
18 Outreach Services						
19 Outreach Services MAI Part B Only	\$43,569	\$0	\$15,240		34.98%	\$28,329
20 Linguistic Services			Not Funded at this Time			
21 Home & Community Based Health Services			Not Funded at this Time			
22 Home Health Care			Not Funded at this Time			
23 Hospice			Not Funded at this Time			
24 Legal Services			Not Funded at this Time			
25 Permanency Planning			Not Funded at this Time			
26 Referral for Health Care & Support Services			Not Funded at this Time			
27 Rehabilitation Services			Not Funded at this Time			
28 Respite Care			Not Funded at this Time			
29 ADAP			Not Funded at this Time			
30 Early Intervention Services			Not Funded at this Time			
Sub-Total Sacramento County	\$1,125,584	\$106,231	\$934,574		83.03%	\$191,011
Sub-Total TGA Direct Service Expenditures	\$1,268,388	\$112,511	\$1,002,900		79.07%	\$265,489

Recipient - Grantee Admin	\$131,841	\$9,442	\$91,575		69.46%	\$40,266
Recipient - Quality Mgmt	\$63,853	\$6,144	\$44,727		70.05%	\$19,126
Grand- Total Direct Services, Recipient	\$1,464,082	\$128,097	\$1,139,202		77.81%	\$324,881

Missing Invoices
 Recipient bills quarterly
 Pending reallocation amendments
 December: MAI Outreach

December		
Under 5%		0-77% Underspending
Within 5%		78-88% On Target
Over 5%		89%+ Overspending

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part B	\$1,224,819	\$112,511	\$987,659		80.64%	\$237,160
Part B MAI Outreach	\$43,569	\$0	\$15,240		34.98%	\$28,329

February 14, 2023

Ryan White Care Program
County of Sacramento-DHS
9616 Micron, Suite 930
Sacramento CA 95827

To all HHSPC Seated Members,

In an effort to stay focused on transparency and timely communication, as Chair, I need to inform each of you that we will be returning to in-person meetings effective March 1, 2023. In accordance with the updated Brown Act, (AB2449), as an Executive Committee we have decided to choose to conduct all Council and committee business via in person meetings. The complex logistics of going to a hybrid meeting as well as the new guidelines the Brown Act imposes on hybrid meetings were both factors we considered in making our decision.

We are aware that this may create challenges for some individuals in attending in person. We will also be challenged as a council ensuring we have a quorum present. Our meetings are basically retuning to pre-COVID structure. We are currently reviewing committee meeting schedules to minimize your volunteer time required to attend meetings. More than likely, we may have to adapt our Bylaws which will be done by QAC.

We will have a period of discussion for this topic during our Council meeting next week, Wednesday, February 22nd.

Our meetings will all be held at:

Sacramento County Primary Care
4600 Broadway (corner of Stockton and Broadway)
2nd floor Conference Room

NOTE: Masks will be required at all meetings.

As Chair I encourage you to attend as many meetings as possible. Just to clarify, our attendance policies still apply.

Respectfully,



Richard Benavidez,
HHSPC Chair
richardbenavidez70@gmail.com
916-612-3445