

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

Meeting Agenda

May 24, 2023, 10:00 AM – 12:00 PM

Meeting Location –

**4600 Broadway, Sacramento, CA 95820
2nd Floor Conference/Community Room 2020**

Facilitator: Zach B, Council Chair

Scribe: Danielle Caravella, Council 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. Public Comment time limit is three (3) minutes.

***Action Items**

| Topic | Presenter | Start Time and Length |
|---|------------------|------------------------------|
| Welcome, Introductions, & Housekeeping | Zach B. | 10:00 am |
| Announcements | All | As Needed |
| Public Comments-Agenda Items 3 Minute Time Limit | All | |
| May 2023 Agenda* | Zach B. | |
| Minutes of April 2023* | Zach B. | |
| State Office of AIDS May 2023 Update | Pulupa | |
| Presentation: Inclusivity | Dr. Burns | |

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| CPG/HIV/STI Prevention Updates | All | As Needed |
| Recipient Report: <ul style="list-style-type: none"> ➤ FY22 Year End Part A Monthly Fiscal Report* ➤ FY22 Year End Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update | Gammell | |
| Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee <ul style="list-style-type: none"> ➤ FY22 AdAC Year-End Review 6/15/23 ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Community Presentations ➤ Reflectiveness ➤ Priorities and Allocations ➤ Executive Committee ➤ Quality Advisory Committee ➤ Needs Assessment Committee ➤ AdHoc WorkGroup ➤ Governance <ul style="list-style-type: none"> ➤ FY23 Gov Overview* ➤ GOV-01 Committee Development* ➤ GOV-10 Officer Elections* ➤ Acronyms and Roberts Rules of Order Chart* | Willettt Zach B. Bradley-Rowe Zach B. Kendricks-Clark Miranda Zach B. Ungeheuer | |
| Council July Meeting Discussion | Zach B. | |
| Binder Updates | Caravella | |
| Public Comments-Non-Agenda Items | All | |
| Technical Assistance | Zach B. | |
| Adjournment | Zach B. | |

Attachments:

- Minutes of April 2023*
- May 2023 OA Voice Update

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- FY22 Year End Part A Monthly Fiscal Report*
- FY22 Year End Part B Monthly Fiscal Report
- FY23 Gov Overview*
- GOV -01 Committee Development*
- GOV-10 Officer Elections*
- Acronyms and Roberts Rules of Order Chart*

NEXT MEETING: June 28, 2023

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

April 26, 2023
10 am-12 pm

Meeting Location: 4600 Broadway, Sacramento, CA

95820, Community Room 2020

Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, County Staff

Council Member Attendees: Christopher Kendrick-Stafford, Dennis Poupart, Jake Bradley-Rowe, Josh Kooman, Kane Ortega, Kaye Pulupa, Kelly Gluckman, Keshia Lynch, Kristina Kendricks-Clark, Lenore Gotelli, Melissa Willett, Richard Benavidez, Shy Brown, Steve Austin, Tracy Thomas, and Zach B.

Members Excused: Beth Valentine, Chelle Gossett, David Contreras, Judy Vang, Melody Law, Michael Ungeheuer, Minerva Reid, Ronnie Miranda, and Yingjia Huang

Members Absent: N/A

Guests: Zach Reau-Gilead, Alan Lange- Valley Vision, Angelina Olweny- Valley Vision, Maureen Virgil – Attending for Michael Ungeheuar, Troy Stermer, and Donald Scherschligt

| Topic | Minutes |
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| <p>Welcome, Introductions, Housekeeping, and Announcements</p> | <p>The meeting began at 10:08 a.m.</p> <p>Introductions as housekeeping were done. On the papers in front of members were general meeting agreements and Roberts Rules of Order for members to reference and act in accordance with during the meeting. Danielle reminded members that if they have not signed the annual acknowledgments, they are attached to their nametags and to please sign those and turn them in.</p> <p>Jake Bradley-Rowe announced that Sunburst Projects will be hosting their annual golf tournament on May 13th, for more information please visit https://sunburstprojects.org/.</p> <p>He also announced that Camp Sunburst would look different this year, as its population of HIV + children has gone down. Children have aged out of the program and luckily, fewer children are being diagnosed with HIV in the community. This summer Sunburst Projects will be partnering with Healing Waters to bring 2 trips to youth. There will be a 4-day trip for ages 6-17 and a weekend trip for ages 18-25. The trips will include water rafting and will be taking place at the end of July.</p> <p>Kristina Kendricks-Clark announced that Harm Reduction Services will be hosting a film streaming of "Love in the Time of Fentanyl" on Thursday, April 27th. A flyer with further information was sent to Council members.</p> <p>Richard Benavidez shared that the New HIV Prevention Coalition met on Monday, April 24th and they hope that this new coalition will bring change.</p> <p>He also announced that NorCal AIDS Cycle would take place May 20-21</p> |

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| | <p>departing from Oak Park Community Center. There will be a friends and family night on May 20th from 3-9 pm for \$45 and dinner will be served. The closing ceremony will be held in Old Sacramento. There will also be a fundraiser by Sierra Foothills AIDS Foundation at the Bolt Bar for NorCal AIDS Cycle on May 5th.</p> |
| Public Comments-Agenda Items | No public comments were made. |
| April 2023 Agenda* | <p>Kristina Kendricks-Clark motioned to accept the April 2023 agenda as presented and Kane Ortega seconded the motion. Richard Benavidez requested to add Workgroups to be discussed during the Executive Committee Update. Dennis Poupart made an amended motion to accept the April agenda with the changes discussed and Kane Ortega seconded the amended motion. The motion was passed with a majority. Please see the meeting roll call voting on page 12.</p> |
| Minutes of March 2023* | <p>Jake Bradley-Rowe motioned to accept the Minutes of the March 2023 meeting as presented and was seconded by Zach B. Shy Brown had an edit to add her name to the members present on page 1. Richard Benavidez had an edit to page 9 under the Quality Advisory Committee. The final sentence of that paragraph was not a proper sentence. It read "Also due to the hard work"; it should read, "This is also due to the hard work". Jake Bradley-Rowe amended his motion to include the changes discussed and Kane Ortega seconded the amended motion. The motion passed with a majority. Please see the meeting roll call voting on page 12.</p> |
| State Office of AIDS (OA) April 2023 Update | <p>Kaye Pulupa presented the April 2023 OA Voice updates.</p> <p><u>Mpox</u> OA is committed to providing updated information related to Mpox. They have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have</p> |

disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

HIV/STD/HCV Integration

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 April as they prepare to release our phase-2 *Implementation Blueprint*, the accompanying document to their plan. The activities in this customizable *Implementation Blueprint* were the result of community input from across all regions of California and they help drill down into specific goals under the 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. Once they release the final document, they will host a series of webinars that will help local health jurisdictions customize this plan for their communities.

Strategy A:

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

As of March 29, 2023, there are 203 PrEP-AP enrollment sites covering 189 clinics that currently make up the PrEP-AP Provider network. A comprehensive list of the PrEP-AP Provider Network 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 the newsletter.

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

SAVE THE DATE! 2023 Harm Reduction Showcase in San Jose

Join the Santa Clara Department of Public Health, on May 4th for an opportunity to learn about their harm reduction services and how local

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| | <p>service providers can integrate harm reduction principles and practices into their work. E-mail, harmreduction@phd.sccgov.org for additional information. Learn more about their program at https://publichealth.sccgov.org/services/harm-reduction-program.</p> <p>Jake Bradley-Rowe asked to take a moment of silence in Memoriam of Rachel Anderson the co-founder of SANE, who recently passed away. Rachel was an executive director, researcher, trainer, and a voice for people who use drugs and their vital roles as leaders of California’s harm reduction and health justice movements.</p> |
| <p>Presentation on the Mechanics of the Planning Council</p> | <p>Paula Gammell presented on the Mechanics of the Planning Council. After the presentation, participants should better understand the following:</p> <ul style="list-style-type: none"> • The Distribution of Funds • Funding Components • Recipient Duties and Planning Council Roles and Responsibilities • The Division of Duties • Planning Council Membership • Planning Council Operations • The Committees that Get the Work Done • The Monthly Meeting Calendar <p>There was a discussion about what if the BOS decided not to accept the money from HRSA. It was explained that while this could happen it is very unlikely and that there would likely be a very large public outcry. The BOS does not have to directly notify the Planning Council of any decisions they are planning to make regarding funding and the only notice they give is by placing it on their agenda.</p> |
| <p>CPG/HIV/STI Prevention Updates</p> | <p>California Planning Group – Richard Benavidez shared that CPG will be having its first in-person meeting next week. He asked if anyone has a message they would like to share with the CPG, please convey it to him and he will share it with the group.</p> |

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| | <p>HIV/STI Prevention Updates – The new HIV Prevention Coalition met to discuss its mission, goals, and priorities.</p> |
| <p>Recipient Report:</p> <ul style="list-style-type: none"> ➤ FY22 February Part A Monthly Fiscal Report* ➤ FY22 February Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update | <p>FY22 February Part A Monthly Fiscal Report* Paula Gammell presented a copy of the FY22 Part A February Monthly Fiscal Report for review and approval.</p> <p>Paula highlighted that this report is not the final for the Fiscal year and that it is still being finalized. The Recipient will not be over the 5% limit allowed for unspent funds.</p> <p>Kristina Kendricks-Clark motioned to accept the report as presented, and Jake Bradley-Rowe seconded the motion. The motion passed with a majority. Please see the meeting roll call voting on page 12.</p> <p>FY22 February 2022 Part B Monthly Fiscal Report Paula Gammell presented a copy of the FY22 Part B February Monthly Fiscal Report for review only. Yolo County is underspent; they had hoped to hire an additional staff person but were ultimately unable to.</p> <p>SOA Ending the HIV Epidemic Update The Sexual Health Promotion Unit mobile unit is up and running and is continuing to provide services to the unhoused community. The final Integrated State Plan will be reviewed at CPG.</p> <p>HRSA Part A Ending the Epidemic Update The Sexual Health Clinic is looking to obtain another HIV provider.</p> |
| <p>Committee Updates</p> | <p>Administrative Assessment Committee: The next meeting will be on June 15th, 2023 for the FY22 year-end assessment. You must be a seated Council Member to participate and are required to sign a</p> |

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| <p>➤ ACC Overview*</p> <p>➤ ACC Work Plan</p> <p>➤ Reflectiveness</p> <p>➤ FY23 Re-Allocations*</p> | <p>confidentiality agreement. There will be a training for participants.</p> <p>Affected Communities Committee: Zach B. advised that ACC met this month. They worked on updating their Committee Overview and Work plan. Zach B. discussed that the next HIV Community Conversation will be held on May 17th. Tracy Thomas initiated a robust discussion regarding reporting relevant information back to the Planning Council regarding the information shared at these Community Conversations. Jake Bradley-Rowe attempted to diffuse and redirect the conversation to be germane with the business of the Council. Tracy Thomas interrupted Jake to the point that Jake stated he would have no further comment, essentially shutting down another Council member.</p> <p>Zach reported that ACC would discuss putting a mechanism into place to share this information with the Planning Council at their next meeting.</p> <p>The ACC Overview was presented for review and approval. The contact information and meeting schedule were updated. Jake Bradley-Rowe motioned to accept the ACC overview as presented and Melissa Willett seconded the motion. The motion passed with a majority. Please see the meeting roll call voting on page 12.</p> <p>The ACC Work plan was presented for informational purposes only.</p> <p>Reflectiveness is currently at 28%, but there are currently three applicants interested in joining the Planning Council.</p> <p>Priorities and Allocations: Jake Bradley-Rowe shared that PAC met this month to review and update their Committee Overview, Work plan, FY23 General Directives, and FY23 Service Directives. They also</p> |
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discussed the memo from the recipient regarding FY23 Allocation Areas to Review. The FY23 Allocations were determined in September 2022, at the same time the FY23 RFP had been in process. While determining the initial allocations for FY23 with the partial award from HRSA, the recipient identified some areas that the Planning Council (PC) might like to review. These areas are identified below. The areas are for Part A services in the Sacramento TGA and do not pertain to/include Part B Yolo County.

1. Health Education/Risk Reduction (HE/RR)-There was \$4,768 allocated by the PC to Health Education/Risk Reduction. However, no one applied for the service during the RFP. There is no service provider for this service. If the Council wishes to proceed with funding this category, the Recipient will need to release a Letter of Intent (LOI) process for this service.

2. Non-Medical Case Management-The PC allocated \$54,582 to Non-Medical Case Management. This was flat funding from the prior fiscal year. In the prior fiscal year, there were two providers for Non-Medical Case Management. Upon conclusion of the RFP process, there are now three providers. The Planning Council may want to review the allocation and decide if the flat funding is still where the committee wants to stay.

3. Food Bank/Home Delivered Meals- This is the first year the PC has allocated Part A funds to this service category in several years. As a reminder, HRSA's PCN 16-02 and the Sacramento TGA's Service Standard SSC12, the Food Bank/Home Delivered Meals service category includes the provision of essential non-food items that are limited to personal hygiene products and household cleaning supplies.

Jake Bradley-Rowe presented the PAC Memo to the Planning Council for review and approval. In consideration of the Recipient's Memo and further discussion, PAC voted to de-fund the Health Education/Risk Reduction Service Category as there was no applicant during the RFP process, which just concluded several months ago. Given the RFP

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| <ul style="list-style-type: none"> ➤ PAC Overview* ➤ PAC Work Plan ➤ FY23 General Directives* ➤ FY23 Service Directives* | <p>process just concluded, it was determined that there should not be a Letter of Intent issued, as any agency that had wanted to apply, would have already done so.</p> <p>As Health Education/Risk Reduction was de-funded, those funds were voted to be applied to Non-Medical Case Management. As a result of the RFP, three agencies passed the RFP process to be awarded funds; compared to two in the prior year(s).</p> <p>No action was taken regarding Food Bank/Home Delivered Meals. It was considered informational in nature.</p> <p>There was a comment that there should be clarification on the wording that "PAC voted to de-fund the Health Education/Risk Reduction Service Category". It should more accurately read, "PAC voted to recommend the de-funding of the Health Education/Risk Reduction Service Category".</p> <p>Zach B. motioned to accept the actions recommended in the PAC Memo as presented and Kristina Kendricks-Clark seconded the motion. The motion passed with a majority. Please see the meeting roll call on page 12.</p> <p>The PAC Overview was presented for review and approval. Changes included updating contact and meeting schedule information. Kane Ortega motioned to accept the PAC Overview as presented and Lenore Gotelli seconded the motion. The motion passed with a majority. Please see the meeting roll call on page 12.</p> <p>The FY23 PAC Work Plan was presented for information-only purposes.</p> <p>The FY23 General Directives were presented for review and approval. They were updated to indicate the new fiscal year, no content was updated. Melissa Willet motioned to accept the document as presented</p> |
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| <ul style="list-style-type: none"> ➤ Attendance ➤ Work Groups ➤ QAC Overview* ➤ QAC Work Plan ➤ NAC Overview* ➤ NAC Work Plan | <p>and Zach B. seconded the motion. The motion passed with a majority. Please see the meeting roll call on page 13.</p> <p>The FY23 Services Directives were presented for review and approval. They were updated to indicate the new fiscal year, no content was updated. Melissa Willet motioned to accept the document as presented and Kane Ortega seconded the motion. The motion passed with a majority. Please see the meeting roll call on page 13.</p> <p>Executive Committee: Richard Benavidez shared the attendance policy with the Council that specifies if a member misses two consecutive meetings or 4 meetings total in a calendar year their membership will be reviewed. He specified that in the past, the Council has been relaxed with the attendance policy but moving forward it will be followed more closely.</p> <p>Richard shared the desire to establish a workgroup to look at the Council Bylaws, Service Standards, and Directives. He shared he feels as though Sacramento is not up to par with other metropolitan areas in the State. He would like to see this workgroup collaborate with the Quality Advisory Committee with representation from both consumers and providers. Per the Bylaws, the Council chair has the authority to create a special committee and appoint members to it. Based on member feedback Richard appointed Josh Kooman, Kelly Gluckman, Kane Ortega, Zach B., Melissa Willett, Shy Brown, and Lenore Gotelli to the special committee until their work is complete.</p> <p>Quality Advisory Committee: The QAC Overview was presented for review and approval. Changes included updating contact information. Jake Bradley-Rowe motioned to accept the QAC Overview as presented and Kane Ortega seconded the motion. The motion passed with a majority. Please see the meeting roll call on page 13.</p> <p>The FY23 QAC Work Plan was presented for information-only purposes.</p> |
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| | <p>Needs Assessment Committee: The NAC Overview was presented for review and approval. Changes included updating contact information. Zach B. motioned to accept the NAC Overview as presented and Jake Bradley-Rowe seconded the motion. The motion passed with a majority. Please see the meeting roll call on page 13.</p> <p>The FY23 NAC Work Plan was presented for information-only purposes.</p> <p>Governance: Nothing to report.</p> |
| Self-Assessment Findings | The findings from the Planning Council Self-Assessment were included in the packet for informational purposes only. |
| Binder Updates | Danielle Caravella shared that following the meeting binder updates will be coming out. |
| Public Comments-Non-Agenda Items | Richard Benavidez shared that the Cares Foundation is looking for representation from the HIV community on their board. If anyone is interested or knows of any potential candidates, please reach out to Richard. |
| Technical Assistance | Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark. |
| Adjournment | The meeting adjourned at 12:00 PM Next meeting: May 24th, 2023 |

INSIDE:

- Updates
- Strategic Plan
- Strategy A
- Strategy B
- Strategy C
- Strategy G
- Strategy J
- Strategy K
- Strategy N

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](#) is available on the Office of AIDS' (OA) website.

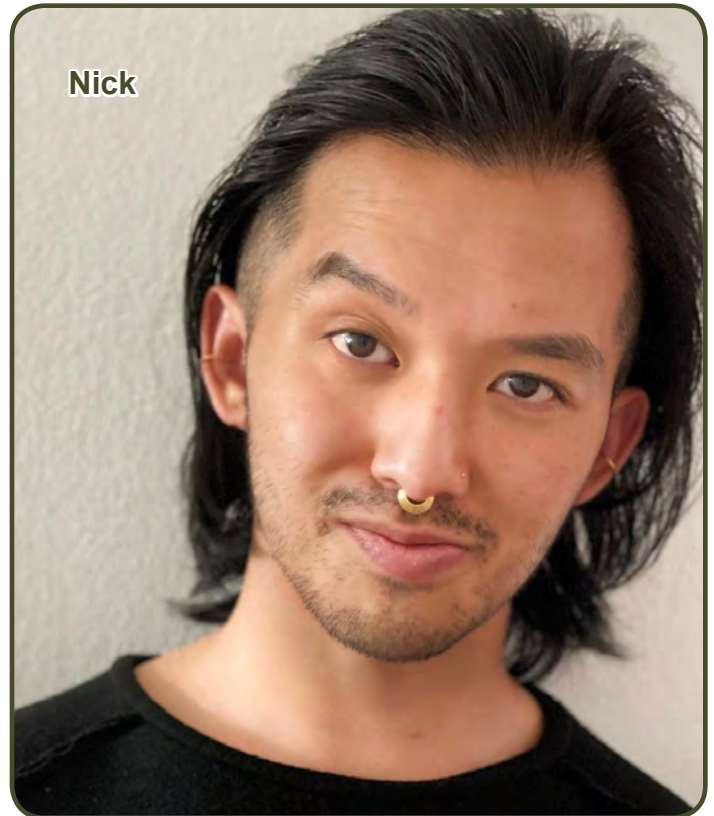
STAFF HIGHLIGHT

OA would like to welcome **Nicholas Wong**, the new Clinical Quality Management Specialist in the ACEI Branch. Nick is an experienced program manager with a background in public health and design. Before joining OA, he worked with the California Department of Public Health (CDPH) Testing Task Force as a program manager and the San Francisco Homeless Outreach Team as their operations coordinator.

Nick holds a bachelor's degree in Interior Design from San Francisco State University and a master's degree in Public Health from the University of Southern California. During his time studying Interior Design, Nick focused on creating spaces that enhance the health and well-being of individuals with disabilities. He even designed a commercial space specifically for neurodivergent children as part of his capstone project. In his MPH program, Nick conducted research on shelter utilization in San Francisco during inclement weather, which aimed to inform and improve outreach and emergency response policies.

In addition to his professional pursuits, Nick is an accomplished dancer with over 15 years of experience. He continues to take dance classes in his free time and stays active through weightlifting and rock climbing. Nick is also passionate about exploring his creativity through acting and design. And when he's not working

Nick



or pursuing his hobbies, Nick can be found indulging in his love for video games.

HIV AWARENESS

May 18 is National HIV Vaccine Awareness Day (HVAD). HVAD is observed to recognize and appreciate the scientists, health professionals, community member and volunteers who are tirelessly working to develop a vaccine to prevent HIV. This day also provides an opportunity

to bring education and awareness to the importance of preventive HIV vaccine research. This work is essential to ending the HIV pandemic.

May 19 is National Asian & Pacific Islander HIV/AIDS Awareness Day (APIHAAD). This day aims to raise awareness about the unique and important impacts of HIV on Asian and Pacific Islander communities. This day of observance is dedicated to combat stigma and to end the silence and shame that surrounds this issue of HIV in these communities.

May is Hepatitis Awareness Month and May 19th is designated as Hepatitis Testing Day (HTD). The primary goal of HTD is to bring responsiveness of hepatitis B and hepatitis C and to encourage people to learn their status. According to CDC, an estimated 862,000 people are living with hepatitis B and 2.4 million with hepatitis C oftentimes without symptoms until later stages of the infection. Those unaware of their status can potentially spread the disease to others, are more susceptible to complications and other illnesses, and even death. Do your part today and get tested and know your status!

GENERAL 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](#) 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](#) to stay informed.

[Spanish mpox digital assets](#) are now available for LHJs and CBOs.

> 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.

> HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are reinitiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Thanks to the California Planning Group (CPG) who hosted a **Strategic Plan and Implementation Blueprint** discussion during their May in-person meeting in Long Beach. CPG focused their discussion on the Stigma Free section of the Plan and talked about what success looks like in providing stigma free services.

Ending the HIV, HCV, and STI syndemic will require breaking down negative beliefs to make it

safer for people to share their status with others and seek the preventive services and health care they need and deserve, knowing that they can expect to be treated with dignity and respect. Thanks to all who are working to end HIV/STI/HCV stigma in California.

The [URL below documents our work](#), including the phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions:

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

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of May 1, 2023, there are 203 PrEP-AP enrollment sites covering 189 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 has expanded its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California.

TAKEMEHOME



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 March, 240 individuals in 33 counties ordered self-test kits, with 204 individuals ordering 2 tests. Most individuals ordering tests identify as cisgender men (81.9% of those sharing gender) and Hispanic/Latinx (51.7% of those sharing race or ethnicity). Eleven (4.6 %) orders came in through the Spanish language portal. Most participants reported either never having tested for HIV before (30.4%) or not testing for HIV in at least one year (32.1%). OA is excited to help make HIV testing more accessible through this program.

OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 31 months, between September 1, 2020, and March 31, 2023, 5310 tests have been 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 254 (71.6%) of the 355 total tests distributed.

Of individuals ordering a test in March, 37.5% reported never before receiving an HIV test, and 51.3% were 17 to 29 years of age. Among individuals reporting race or ethnicity, 36.8% were Hispanic/Latinx, and of those reporting sexual history, 50.6% indicated 3 or more partners in the past 12 months. To date, 577 recipients have completed an anonymous follow up survey, with 94.6% 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 (71.1%) or having had more than one sex partner in the past 12 months (63.6%).

STRATEGY C

Expand Partner Services:

The California Prevention Training Center (CAPTC) in collaboration with CDPH, OA and the Sexually Transmitted Diseases Control Branch (STD CB) is happy to announce the Virtual DIS Summit 2023. The theme for the Summit is DIS, Cornerstones of Public Health: Then, Now and into the Future. Save the Dates – June 5th, 7th, & 9th – Registration opens in May. For [questions or more information](#) contact linda.desantis@ucsf.edu.

STRATEGY G

Improve Availability of HIV Care:

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Santa Cruz County. We released a Request for Application (RFA) (#23-10079) on April 24, 2023, with a **closing date of May 19, 2023**. The award amount is approximately \$215,000.

HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV

(PLWH). Local government entities (e.g., health departments or community development agencies) and non-profit community-based organizations may apply.

[View the RFA at https://www.cdph.ca.gov/programs/cid/doa/pages/HOPWA-RFA-23-10079.aspx](https://www.cdph.ca.gov/programs/cid/doa/pages/HOPWA-RFA-23-10079.aspx).

STRATEGY J

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

As of May 1, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the bottom of this page.

STRATEGY K

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

➤ **Funding Opportunity: Opioid Use and Stimulant Use Education, Outreach and Prevention for Increased Risk Communities** *(continued on page 6)*

| ADAP Insurance Assistance Program | Number of Clients Enrolled | Percentage Change from March |
|---|----------------------------|------------------------------|
| Employer Based Health Insurance Premium Payment (EB-HIPP) Program | 489 | + 3.10% |
| Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program | 5,736 | - 0.86% |
| Medicare Part D Premium Payment (MDPP) Program | 1,039 | - 18.90% |
| Total | 7,264 | - 3.80% |

Source: ADAP Enrollment System

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 | 268 | 8% | --- | --- | --- | --- | 27 | 1% | 295 | 8% |
| 25 - 34 | 1,089 | 31% | 3 | 0% | 1 | 0% | 247 | 7% | 1,340 | 39% |
| 35 - 44 | 891 | 26% | --- | --- | 1 | 0% | 174 | 5% | 1,066 | 31% |
| 45 - 64 | 447 | 13% | 1 | 0% | 20 | 1% | 92 | 3% | 560 | 16% |
| 65+ | 21 | 1% | --- | --- | 187 | 5% | 9 | 0% | 217 | 6% |
| TOTAL | 2,716 | 78% | 4 | 0% | 209 | 6% | 549 | 16% | 3,478 | 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 | 162 | 5% | --- | --- | 36 | 1% | 12 | 0% | 1 | 0% | 59 | 2% | 3 | 0% | 22 | 1% | 295 | 8% |
| 25 - 34 | 787 | 23% | 2 | 0% | 116 | 3% | 83 | 2% | 3 | 0% | 268 | 8% | 10 | 0% | 71 | 2% | 1,340 | 39% |
| 35 - 44 | 698 | 20% | 3 | 0% | 85 | 2% | 38 | 1% | 1 | 0% | 196 | 6% | 5 | 0% | 40 | 1% | 1,066 | 31% |
| 45 - 64 | 360 | 10% | 2 | 0% | 33 | 1% | 16 | 0% | 1 | 0% | 133 | 4% | --- | --- | 15 | 0% | 560 | 16% |
| 65+ | 21 | 1% | 1 | 0% | 3 | 0% | 3 | 0% | --- | --- | 185 | 5% | --- | --- | 4 | 0% | 217 | 6% |
| TOTAL | 2,028 | 58% | 8 | 0% | 273 | 8% | 152 | 4% | 6 | 0% | 841 | 24% | 18 | 1% | 152 | 4% | 3,478 | 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 | 170 | 5% | --- | --- | 4 | 0% | 10 | 0% | 1 | 0% | 12 | 0% | --- | --- | 3 | 0% | 200 | 6% |
| Male | 1,662 | 48% | 8 | 0% | 251 | 7% | 138 | 4% | 5 | 0% | 803 | 23% | 16 | 0% | 129 | 4% | 3,012 | 87% |
| Trans | 177 | 5% | --- | --- | 15 | 0% | 4 | 0% | --- | --- | 15 | 0% | 1 | 0% | 6 | 0% | 218 | 6% |
| Unknown | 19 | 1% | --- | --- | 3 | 0% | --- | --- | --- | --- | 11 | 0% | 1 | 0% | 14 | 0% | 48 | 1% |
| TOTAL | 2,028 | 58% | 8 | 0% | 273 | 8% | 152 | 4% | 6 | 0% | 841 | 24% | 18 | 1% | 152 | 4% | 3,478 | 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: 04/30/2023 at 12:01:16 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

The California Department of Health Care Services (DHCS), in partnership with [The Center at Sierra Health Foundation](#), released two requests for applications (RFAs). The projects will fund drug education and prevention for two spirit (2s), lesbian, gay, and bisexual 2S/LGBTQ+ and Communities of Color.

Submissions are due May 8th.

- **2S/LGBTQ+ Communities** - This RFA has a total of \$5 million in available funds to be awarded to 25 to 35 organizations, with a maximum of up to \$200,000 per organization.
- **Communities of Color** - This RFA has a total of \$12 million in available funds to be awarded to 50 to 60 organizations, with a maximum of up to \$250,000 per organization. Contracts will cover activities for the period of July 1, 2023, through June 30, 2024.

➤ **Research: Negative Health Effects of Involuntary Displacement of People Experiencing Homelessness Who Inject Drugs**

Involuntary displacement, also known as sweeps, forces people experiencing homelessness (PEH) to regularly relocate from one temporary location to another. Involuntary displacement is often done without connecting people to services. A study concluded that involuntary displacement is estimated to worsen overdose, hospitalizations and decrease initiations of medication for opioid use disorder (MOUD) and contribute to deaths among PEH who inject drugs.

The [study can be found](https://pubmed.ncbi.nlm.nih.gov/37036716/) at <https://pubmed.ncbi.nlm.nih.gov/37036716/>

➤ **Naloxone Vending Machines on Sovereign Land in San Diego County**

The Pala Band of Mission Indians partnered with [Harm Reduction Coalition of San Diego](#) to install the first naloxone vending machine on sovereign land. Funded through San Diego County, the machine is located at the Pala Fire Department and will be a vital tool in reducing fentanyl overdoses and preventing opioid-related deaths. Two additional vending machines are scheduled for installation.

Watch the [local news clip](https://www.nbcsandiego.com/news/local/pala-band-of-mission-indians-installs-naloxone-vending-machine-calls-it-first-for-u-s-tribal-lands/3213039/) at <https://www.nbcsandiego.com/news/local/pala-band-of-mission-indians-installs-naloxone-vending-machine-calls-it-first-for-u-s-tribal-lands/3213039/>

STRATEGY N

Enhance Collaborations and Community Involvement:

The CPG and OA hosted the first Spring in-person CPG meeting post the COVID-19 pandemic. The meeting was held on Monday, May 1 – Wednesday, May 3, 2023, at the Hyatt Regency, in Long Beach, CA. On May 1st we hosted our fifth CPG Leadership Academy, which focused on skills and capacity building for current CPG members only. May 2nd and 3rd were open to the public with a public-comment period on both of those days.

The [meeting agenda and additional information](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx) can be found at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx

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

Part A Only

| EL DORADO COUNTY - Feb. 2023 | Approved Budget | Current Month | Cumulative Expenses | % Shade | Percentage Used | Remaining Balance |
|---|------------------------|----------------------|----------------------------|----------------|------------------------|--------------------------|
| Service Category | | | | | | |
| Oral Health | \$5,285 | \$1,492 | \$5,090 | | 96.3% | \$ 195 |
| Health Insurance Premium & Cost Sharing Asst. | \$1,956 | \$61 | \$988 | | 50.5% | \$ 968 |
| Medical Case Management | \$133,000 | \$12,987 | \$130,796 | | 98.3% | \$ 2,204 |
| Medical Transportation Services | \$10,852 | \$3,685 | \$9,284 | | 85.6% | \$ 1,568 |
| Emergency Financial Assistance | \$30,108 | \$10,922 | \$29,744 | | 98.8% | \$ 364 |
| Sub-Total El Dorado Counties | \$181,201 | \$29,147 | \$175,902 | | 97.1% | \$ 5,299 |

| PLACER COUNTY - February 2023 | Approved Budget | Current Month | Cumulative Expenses | % Shade | Percentage Used | Remaining Balance |
|---|------------------------|----------------------|----------------------------|----------------|------------------------|--------------------------|
| Service Category | | | | | | |
| Oral Health | \$2,530 | \$2,530 | \$2,530 | | 100.0% | \$ - |
| Health Insurance Premium & Cost Sharing Asst. | \$114 | \$77 | \$114 | | 99.9% | \$ 0 |
| Medical Case Management | \$137,652 | \$13,195 | \$136,234 | | 99.0% | \$ 1,418 |
| Medical Transportation Services | \$20,891 | \$1,788 | \$19,142 | | 91.6% | \$ 1,749 |
| Emergency Financial Assistance | \$43,071 | \$2,657 | \$43,071 | | 100.0% | \$ 0 |
| Sub-Total Placer County | \$204,258 | \$20,246 | \$201,091 | | 98.4% | \$ 3,167 |

| |
|-------------------------|
| Missing Invoices |
| None |

| | | |
|-----------|--|--------------------|
| Under 5% | | 0-94% |
| Within 5% | | 95-105% |
| Over 5% | | 106% - Over |

| Total Part A: 75/25 Expenditure Requirement | Allocations | Current | Cumulative | % of Alloc. | % Current Expenditure | % Cumulative |
|---|-------------|-----------|-------------|-------------|-----------------------|--------------|
| Core Services (Does not include MAI MCM) | \$2,639,944 | \$195,163 | \$2,581,860 | 87.9% | 83.7% | 88.2% |
| Support Services | \$364,244 | \$38,068 | \$346,042 | 12.1% | 16.3% | 11.8% |

Part A Only

Priority Number

| SACRAMENTO COUNTY - February 2023 | | | | | | |
|--|-------------------------|------------------|---------------------|---------|-----------------|-------------------|
| Service Category | Approved Budget | Current Month | Cumulative Expenses | % Shade | Percentage Used | Remaining Balance |
| 1 Ambulatory/Outpatient Care | \$424,258 | \$22,713 | \$387,791 | | 91.40% | \$36,467 |
| SS: Ambulatory/Outpatient Medical Care | \$357,610 | \$19,967 | \$324,304 | | 90.69% | \$33,306 |
| SS: Vendor paid viral/load resistance lab test | \$66,648 | \$2,746 | \$63,487 | | 95.26% | \$3,161 |
| 2 AIDS Pharmaceutical Assistance | Not Funded at this Time | | | | | |
| 3 Health Insurance Prem. & Cost Sharing Asst. | \$10,821 | \$0 | \$9,130 | | 84.37% | \$1,691 |
| 4 Oral Health | \$269,174 | \$0 | \$269,174 | | 100.00% | \$0 |
| 5 Medical Case Management | \$1,025,044 | \$105,506 | \$1,012,528 | | 98.78% | \$12,516 |
| SS: MAI | \$184,117 | \$4,585 | \$184,117 | | 100.00% | \$0 |
| SS: Office Based Services inc. Pediatric Treatment Adherence | \$496,358 | \$63,172 | \$488,463 | | 98.41% | \$7,895 |
| SS: Field/In-Home Services | \$332,524 | \$36,029 | \$327,903 | | 98.61% | \$4,620 |
| SS: Case Mgmt. Child Care | \$12,045 | \$1,719 | \$12,045 | | 100.00% | \$0 |
| 6 Case Management (Non-Medical) | \$48,871 | \$2,288 | \$45,082 | | 92.25% | \$3,789 |
| 7 Food Bank/Home Delivered Meals | Part B Only | | | | | |
| 8 Mental Health Services | \$464,789 | \$33,978 | \$464,789 | | 100.00% | \$0 |
| 9 Psychosocial Support Services | Not Funded at this Time | | | | | |
| 10 Medical Transportation Services | \$74,993 | \$11,035 | \$73,472 | | 97.97% | \$1,521 |
| 11 Substance Abuse Services - Outpatient | \$159,661 | \$1,993 | \$159,661 | | 100.00% | \$0 |
| 12 Substance Abuse Services - Residential | \$58,408 | \$0 | \$58,408 | | 100.00% | \$0 |
| 13 Housing | \$17,815 | \$2,852 | \$9,957 | | 55.89% | \$7,858 |
| 14 Child Care Services | \$20,000 | \$1,577 | \$20,000 | | 100.00% | \$0 |
| 15 Emergency Financial Assistance | \$12,920 | \$276 | \$11,567 | | 89.53% | \$1,353 |
| 16 Medical Nutritional Therapy | \$5,660 | \$630 | \$3,036 | | 53.65% | \$2,624 |
| 17 Health Education/Risk Reduction | \$11,334 | \$988 | \$11,334 | | 100.00% | \$0 |
| 18 Outreach Services | \$14,981 | \$0 | \$14,980 | | 100.00% | \$1 |
| 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 | \$2,618,729 | \$183,837 | \$2,550,909 | | 97.41% | \$67,819 |
| Sub-Total TGA Direct Service Expenditures | \$3,004,188 | \$233,231 | \$2,927,902 | | 97.46% | \$76,286 |
| Recipient - Grantee Admin | \$351,840 | \$69,338 | \$322,204 | | 91.58% | \$29,636 |
| Recipient - Quality Mgmt | \$175,919 | \$11,553 | \$117,851 | | 66.99% | \$58,068 |
| Grand- Total Direct Services, Recipient | \$3,531,947 | \$314,122 | \$3,367,957 | | 95.36% | \$163,990 |

| | |
|------|------------------|
| None | Missing Invoices |
|------|------------------|

| February | |
|-----------|-------------|
| Under 5% | 0-94% |
| Within 5% | 95-105% |
| Over 5% | 106% - Over |

Part B Only

| YOLO COUNTY - February 2023 Service Category | Approved Budget | Current Month | Cumulative Expenses | % Shade | Percentage Used | Remaining Balance |
|---|------------------------|----------------------|----------------------------|----------------|------------------------|--------------------------|
| Oral Health | \$445 | \$445 | \$445 | | 100.0% | \$ - |
| Medical Case Management | \$85,309 | \$8,469 | \$79,170 | | 92.8% | \$ 6,139 |
| Medical Transportation Services | \$2,917 | \$159 | \$2,124 | | 72.8% | \$ 793 |
| Emergency Financial Assistance | \$956 | \$337 | \$680 | | 71.1% | \$ 276 |
| Food Bank/Home Delivered Meals | \$6,351 | \$1,721 | \$5,996 | | 94.4% | \$ 355 |
| Sub-Total Yolo County | \$95,979 | \$11,130 | \$88,415 | | 92.1% | \$ 7,564 |

| Missing Invoices |
|-------------------------|
| None |

| | | |
|-----------|--|--------------------|
| Under 5% | | 0-94% |
| Within 5% | | 95-105% |
| Over 5% | | 106% - Over |

| TGA PART B Direct Service Expenditures by \$ Source | Approved Budget | Current Month | Accumulative Expenditures | % Shade | % Used | Remaining Balance |
|--|------------------------|----------------------|----------------------------------|----------------|---------------|--------------------------|
| Part B | \$1,214,032 | \$106,090 | \$1,186,902 | | 97.77% | \$27,131 |
| Part B MAI Outreach | \$41,777 | \$3,617 | \$24,252 | | 58.05% | \$17,525 |

Part B Only

Priority Number

| SACRAMENTO COUNTY - February 2023 | | Approved Budget | Current Month | Cumulative Expenses | % Shade | Percentage Used | Remaining Balance |
|--|--|------------------------|----------------------|----------------------------|----------------|------------------------|--------------------------|
| 1 | Ambulatory/Outpatient Care | \$441,810 | \$45,167 | \$442,130 | | 100.07% | -\$320 |
| | SS: Ambulatory/Outpatient Medical Care | \$441,810 | \$45,167 | \$442,130 | | 100.07% | -\$320 |
| | SS: Vendor paid viral load resistance lab test | | | | | | |
| 2 | AIDS Pharmaceutical Assistance | | | | | | |
| 3 | Health Insurance Premium & Cost Sharing Asst. | | | | | | |
| 4 | Oral Health | \$253,097 | \$17,091 | \$253,456 | | 100.14% | -\$359 |
| 5 | Medical Case Management | \$57,326 | \$4,594 | \$52,094 | | 90.87% | \$5,232 |
| | SS: MAI - Part A Only | | | | | | |
| | SS: Office Based Services inc. Pediatric Treatment Adherence | \$7,900 | \$0 | \$2,659 | | 33.65% | \$5,241 |
| | SS: Field/In-Home Services | \$47,872 | \$4,594 | \$47,882 | | 100.02% | -\$9 |
| | SS: Case Mgmt Child Care | \$1,554 | \$0 | \$1,554 | | 100.00% | \$0 |
| 6 | Case Management (Non-Medical) | \$73,876 | \$6,565 | \$73,876 | | 100.00% | \$0 |
| 7 | Food Bank - Part B Only | \$15,052 | \$0 | \$13,049 | | 86.69% | |
| 8 | Mental Health Services | \$90,829 | \$10,264 | \$85,787 | | 94.45% | \$5,042 |
| 9 | Psychosocial Support Services | | | | | | |
| 10 | Medical Transportation Services | \$135,722 | \$2,878 | \$127,838 | | 94.19% | \$7,884 |
| 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 | \$576 | \$25,252 | | 99.81% | \$48 |
| 18 | Outreach Services | | | | | | |
| 19 | Outreach Services MAI - Part B Only | \$41,777 | \$3,617 | \$24,252 | | 58.05% | \$17,525 |
| 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 | \$1,159,831 | \$90,752 | \$1,122,738 | | 96.80% | \$37,092 |
| | Sub-Total TGA Direct Service Expenditures | \$1,255,809 | \$101,882 | \$1,211,153 | | 96.44% | \$44,656 |
| | Recipient Administration | \$131,841 | \$3,266 | \$113,580 | | 86.15% | \$18,261 |
| | Recipient Quality Management | \$63,853 | \$4,559 | \$60,393 | | 94.58% | \$3,460 |
| | Grand- Total Direct Services, FAA | \$1,451,503 | \$109,707 | \$1,385,127 | | 95.43% | \$66,377 |

| Missing Invoices | |
|------------------|--|
| None | |

| February | | |
|-----------|--|-------------|
| Under 5% | | 0-94% |
| Within 5% | | 95-105% |
| Over 5% | | 106% - Over |

Underspending
On Target
Overspending

HIV Health Services Planning Council
GOVERNANCE COMMITTEE
~~(916) 876-5548 ~ hiv-hspsc@saccounty.net~~

COMMITTEE OVERVIEW

Purpose Statement:

The Governance Committee will assist Council membership in fulfilling oversight responsibilities with respect to: Council organization, membership composition, standing committee structure, membership and function, and governance policies including the enforcement and any necessary modifications to such policies. In doing so, the Committee will address and track issues of policy, procedure, and bylaws as they relate to Council functions.

Committee Responsibilities:

To ensure effectiveness and efficiency of the Council the Governance Committee will periodically review the Council's policy/procedure and standards related to the conduct and affairs of the Council including but not limited to:

- 1) Developing, reviewing and monitoring the operating structure of the Council in relation to the ability for administering its mandated tasks;
- 2) Establishing, reviewing and revising Council bylaws in accordance to changes to the law, regulation or HRSA mandates;
- 3) Developing, reviewing and modifying policies and procedures for Council and Committee implementation;
- 4) Reviewing policies, procedures and standards developed in other Council Committees for consistency to form, intent and application to existing governance structure
- 5) In consultation with the Recipient, monitor Federal/State/Local regulations and guidance to facilitate compliance;

Desired Experience of Members:

Governance Committee membership shall be comprised of members of the Executive Committee and may include Council Members with skill sets addressing the task under review. Desired characteristics include one or more of the following:

- Comprehensive understanding of the Ryan White CARE Act;
- Awareness of responsibilities and activities of the Council and its Committees;

- Historical understanding of the Council's development;
- Stakeholder in Council decisions (consumers, providers, affected communities)
- Experience with organizational/program design and development;
- Familiarity with California and Federal law/regulations related to public boards/councils, HRSA mandated programs and general organization governance
- Policy and/or procedural writing skills.

Expectations of Members:

- 1) Regularly attend and actively participate in Governance Committee meetings;
- 2) Review meeting materials prior to arriving at the meeting;
- 3) Identify issues in need of policy/procedural development;
- 4) Propose ideas and language for the development of new policies and procedures;
- 5) Understand existing policies and procedures;
- 6) Recognize when adopted policies and procedures are ineffective, inconsistent, inadequate or antiquated;
- 7) Provide constructive recommendations for improving existing policies and procedures;
- 8) Continually identify individuals who may be interested in membership on Governance.

Meetings:

The Governance Committee is an ad-hoc committee.

Contact Information:

Staff support is provided by [Angelina Olweny who can be contacted at \(916\) 325-1630 or Angelina.olweny@valleyvision.org](#) ~~Paula Gammell. She can be contacted at (916) 876-5548 or gammellp@saccounty.net.~~

Signed: _____

Richard Benavidez, Chair

Date: 05/25/22

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Committee Development,
Organization and Appointment

No: GOV 01

Date Approved: 12/98

Date Revised: ~~06/24/20~~

Date Reviewed: 06/24/20

BACKGROUND

Committees carry out the majority of Council activity. The authority to establish a committee is stipulated in Article V Committee Structure Section 5.1 of the Bylaws. The effectiveness of a committee is dependent on diverse membership and a well-articulated work plan. The operational structure of committee work is determined by group process and the specific charge of the committee. In this manner, committees remain dynamic and able to address a variety of tasks necessary for the success of the Council.

POLICY

The Council will establish a structure of committees necessary to accomplish ongoing business and planning activities. There shall be at minimum an Executive and Governance Committee. The Executive Committee shall have decision-making authority in those business matters necessary for the uninterrupted operation of the Council and within the parameters established by the Council general membership.

COMMITTEE TYPES

The Council may use three types of committees as defined below;

1. Standing formed primarily from Council membership for permanent and ongoing functions
2. Ad Hoc formed from Council and community members to address a specific issue, task or activity that once resolved requires no further or ongoing meeting (commonly referred to as Work Groups)

3. Advisory formed from experts in a particular field or subject matter for the purpose of advising the Council on complex or sensitive issues

The Council may establish any number of standing committees including, but not limited to, priorities and allocation, needs assessment, service standards, administrative assessment and Council development.

ROLES, RESPONSIBILITIES AND TERMS

Committee Chair

- The Council or the Council Chair, at the direction of the membership, will appoint committee chairs annually
- Shall be the Committee Representative for Executive Committee
- Shall be a member of the Council in good standing
- Will consider the membership of the committee and will appoint new members as needed
- Will coordinate establishment of any new committee including development of goals, objectives or desired product
- Will notify members of location, day and hour of committee meeting
- Will prepare, in cooperation with Council staff, the committee meeting agenda
- Ensures that the committee's work plan is carried out in the most efficient manner reasonable
- Ensures that tasks are completed in a timely manner
- Facilitates open, honest and critical discussion
- Attends the Executive Committee meetings regularly
- Serves as a conduit of communication between committee members, council membership at large and the community
- Prepares written and verbal reports on committee activities
- Cooperates with Council staff

Committee Vice Chair

- Committee membership will elect
- Is a standing member of the Council or an alternate
- Assists the chair with the activities of conducting efficient meetings
- Chairs the committee in the absence of the chair
- Represents the committee to Executive Committee in the absence of the chair

Committee Membership

- Committee membership is expected of each Council member
- The length of membership term shall be two years and is renewable indefinitely
- Composition shall be maintained (optimal) between 5 and 11 with individuals possessing interest or skill base relative to the committee charge
- Composition for the Executive Committee shall be determined as outlined in Article V Committee Structure Section 5.4 of the Bylaws
- Should a Committee fail to include a majority of Council members, the Council Chair, with the assistance of Council staff, shall pursue Council members not actively participating on a Committee to sit as Committee members
- Diversity of stakeholders must be reflected in Committee membership.
- All committee members, regardless of Council membership, must complete an "Application for Appointment to Sacramento Transitional Grant Area (TGA) HIV Health Services Planning Council, Committees or Work Groups" prior to serving on a committee.
- All committee members, regardless of Council membership, must sign the Council's "Acknowledgement of HIV Health Services Planning Council Policies and Including Attendance, Conflict of Interest and Confidentiality."

Alternates

- Committee alternates may be appointed in accordance with rules set out for Council Alternates in the Bylaws Article III, Section 3.6.

Ex Officio Members

- Ex Officio members have the full rights and responsibilities of other members unless otherwise stated in the Council Bylaws.
- Officers of the Planning Council will sit as ex officio members of all committees with full voting privileges, but will not be included in establishing quorum.

Council Staff

- Solicit Council members for interest in standing committee service
- Provide the committee chairs with a sign-up list of interested Council members
- Schedule and publicize meeting times, location and agendas
- Minutes of committee activity will be documented at each meeting

- Provide committees with technical assistance, training or process facilitation as requested
- Ensure the timely dissemination of agendas, minutes and support documents
- Ensure the timely dissemination of committee reports to the Council
- Maintain committee meeting attendance records and provide the Council Chair an attendance report as requested

Committee Work:

- Committees may work flexibly in order to accomplish assigned tasks
- During regular meetings, committee members plan together, and all take part in discussions and decisions
- As needed, all committee members are expected to perform work outside of regular meetings, including, but not limited to, ongoing communication, timely project or activity input, and ability to provide real-time briefing to Council members as appropriate.

PROCEDURES FOR MEETINGS

Meeting access and Notification

- Meeting times and locations are scheduled and coordinated by Council staff.
- All committee meetings are open to the public, except for closed sessions as defined in the most current bylaws and/or the Brown Act with associated amendments.
- Meeting times and places, and to the extent possible, meeting agenda items will be announced to all Council members and to members of the public through Council mailings and other means of communication
- A closed session is permissible only as allowed in accordance with the Brown Act
- Members expecting to be absent from a scheduled meeting are to notify the Council Staff as soon as possible

Quorum

- Business is conducted only if a quorum is present
- As defined in Article VI meetings and Operating Procedures Section 6.3 Quorum of the Bylaws
- ~~Attendance by a member via telephone conference call is allowable~~

Agenda

- An agenda will be produced for each meeting reflecting the annual work plan or issues at hand
- Agenda items not addressed in the course of the meeting will be carried over to the next scheduled meeting and prioritized at the beginning of the succeeding agenda
- Time will be allotted for public comment at each meeting
- Public comment may be limited to previously announced agenda topics at the discretion of the Chair
- Public comment may be limited to a time constraint at the discretion of the Chair.

Decision-making Process

- Each chair will facilitate a group process that best addresses the dynamics of committee membership to ensure timely and successful outcomes
- The chair will ensure that discussion is focused and that all views are represented
- Meetings will be conducted in accordance with Robert's Rules of Order Newly Revised, most current edition.
- If a minority of a committee holds a position different from a majority recommendation, the minority's position will be submitted as a part of the committees report for information purposes

Meeting Participation

- *Appointed members*: Committee members may make motions and vote in committee.
- *Council staff*: Staff members do not participate in the discussion of an agenda item except when called upon by a committee member
- *Invited Advisory Guests*: the chair may invite a person or persons to attend a meeting to participate in the discussion of one or more agenda items, or to provide technical assistance, training or other expertise.
- *Council members not appointed to the committee*: may attend any committee meeting and may participate in the discussion of agenda items but shall not be permitted to vote.
- *Members of the public*: may attend and participate in the discussion during allotted time at any (non-closed) committee meeting, but may not make motions or vote on issues.

Meeting Minutes and Committee Reports

- Meeting minutes will be documented at every meeting and will document attendance, actions taken and agenda topics for the next committee session
- The most recent meeting minutes will be distributed to committee members in a manner reasonably consistent with public information dissemination methods, at least one week in advance of the next scheduled meeting
- All attachments and supplementary materials will be available prior to the scheduled meeting

Signed:



~~Kristina Kendrick Clark, Chair~~

Date: 6/24/20

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Officer Elections

No.: GOV 10

Date Approved: 01/26/05

Date Revised: 08/26/15

Date Reviewed: 06/24/20

Background:

As noted in Section 4.4 of the Bylaws of the HIV Health Services Planning Council, "Officers are nominated and elected by the members of the Council to serve for three years. Officers will be elected within the three months following the annual appointment of members." "Vacancies which occur prior to the end of a term of office shall be filled by an election at the next regular or special meeting of the Council and will serve until the next regular election of officers."

Policy:

Officers of the HIV Health Services Planning Council will be nominated and elected as soon as possible when positions become vacant through expiring terms, removal or resignation from office and will follow a uniform procedure to ensure consistency and fairness to all candidates.

Procedure:

Elections will be formally announced and publicized one month prior to the meeting of the Planning Council wherein officer elections will be held. Formal announcement will include a description of officer roles and responsibilities as well as an overview of the nomination and election process.

Officer elections will take place in the following sequence: Chair and Vice Chair. Members may be nominated for more than one officer position, but may only serve in the capacity of one position at a time. All nominations and elections will occur in sequence, and distinct from one another. The following procedure shall be followed in the election of Planning Council officers:

- 1) Nominations for Chair will be taken from the floor, including self-nominations

- 2) Nominees will accept or decline nomination for open position
- 3) Staff will record nominations
- 4) Each nominee will be allowed a chance to speak to their qualifications/intentions for the position
- 5) A question and answer session will follow the nominee speeches
- 6) Each nominee will cast his or her vote and step out of the room
- 7) Staff will moderate a brief open comment period for voting members
- 8) Staff will call the question of the election
- 9) By a show of hands, voting members will choose the new officer
- 10) Staff will record and announce the vote to members
- 11) Nominees will be called back in to the room for the formal announcement of the vote
- 12) Proceed to nomination and election of the Vice Chair as outlined above.*

* If there is only one nominee, the Council Chair may chose to make a direct appointment. This applies to Committee Chairs as well.

Immediately following each vote, the newly elected officers will assume the responsibilities of their position.

Approved:

Richard Benavidez, Chair

Date: 6/24/20

HIV Health Services Planning Council

916-876-5548

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www.sacramento-tga.com

Making a Motion

| MOTION | WHAT TO SAY | SECOND? | DEBATE? | AMEND? | VOTE |
|--|---|---------|--------------|--------|------------|
| Adjourn | “I move that we adjourn” | Yes | No | No | Majority |
| Adjourn at a future time | “I move to adjourn at [time].” I move that we adjourn to reconvene at [time].” | Yes | No | No | Majority |
| Adopt a report | “I move that the report be adopted” | Yes | No | No | Majority |
| Amend a motion on the floor | “I move to amend by adding...” “I move to amend by striking out...” | Yes | Yes | Yes | Majority |
| Avoid debating an improper motion | “I object to consideration of this motion.” | No | No | No | Two-thirds |
| Complain about heat, noise, etc. | “I rise to a question of privilege.” | No | No | No | No vote |
| End Debate | “I move the previous question.” | Yes | No | No | Two-thirds |
| Give closer study | “I move to refer the matter to committee.” | Yes | Yes | Yes | Majority |
| Intermission | “I move that we recess for ...” | Yes | No | Yes | Majority |
| Introduce | “I move that ... business.” | Yes | Yes | Yes | Majority |
| Postpone Discussion | “I move to postpone discussion until...” | Yes | Yes | Yes | Majority |
| Protest a breach of rules or conduct | “I rise to a point of order.” | No | No | No | No Vote |
| Reconsider an action | “I move to reconsider the vote on ...” | Yes | If debatable | No | Majority |
| Request information | “Point of information.” | No | No | No | No vote |
| Suspend an issue | “I move to table the motion.” | Yes | No | No | Majority |
| Suspend the rules | “I move to suspend the rules so that...” | Yes | No | No | Two-thirds |
| Take up a tabled matter | “I move to take from the table...” | Yes | No | No | Majority |
| Verify a vote by having members rise | “I call for a division.” | No | No | No | No vote |
| Vote on Chair’s ruling | “I appeal from the decision.” | Yes | Yes | Yes | Majority |
| Return to/Follow agenda | “A call for orders of the day.” | No | No | Yes | Two-thirds |
| Disrupting/Discourteous member treatment | “I rise to a point of personal privilege.” | No | No | No | No vote |

Update

HIV Health Services Planning Council

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Frequently Used Acronyms/Abbreviations

| Sacramento Specific | |
|----------------------------|---|
| Acronym | Meaning |
| ACC | Affected Communities Committee |
| AdAC | Administrative Assessment Committee |
| BOS | Board of Supervisors |
| EXEC | Executive Committee |
| GOV | Governance Committee |
| HHSPC | HIV Health Services Planning Council |
| HRS | Harm Reduction Services |
| NAC | Needs Assessment Committee |
| PAC | Priorities and Allocations Committee |
| PHAB | Public Health Advisory Board |
| QAC | Quality Advisory Committee |
| SHARE | Sacramento TGA Ryan White Client Database |
| SFAF | Sierra Foothills AIDS Foundation |
| UCD or UCDMC | University of California Davis Medical Center |
| WSH | Wellspace Health |
| <u>OCH</u> | <u>One Community Health</u> |
| <u>GRS</u> | <u>Golden Rule Services</u> |
| Nationally Used | |
| ADAP | AIDS Drug Assistance Program |
| AETC | AIDS Education and Testing Center |
| CARE Act | Comprehensive AIDS Resources Emergency Act |
| CBO | Community Based Organization |
| CDC | Centers for Disease Control and Prevention |
| CEO | Chief Elected Official |
| CQI | Continuous Quality Improvement |
| EIHA | Early Identification of Individuals with HIV/AIDS |
| EIP | Early Intervention Program |

| Nationally Used Acronyms Continued: | |
|--|--|
| EMA | Eligible Metropolitan Area |
| HAB | HIV/AIDS Bureau (HRSA Department) |
| HOPWA | Housing Opportunities for People With AIDS |
| HRSA | Health Resources and Services Administration |
| IDU | Intravenous Drug User |
| MAI | Minority AIDS Initiative |
| MSM | Men who have Sex with Men |
| OI | Opportunistic Infection |
| PEP | HIV Post-Exposure Prophylaxis |
| PLWH/A | People Living With HIV/AIDS |
| PrEP | Pre-Exposure Prophylaxis |
| QM | Quality Management |
| RDR | Ryan White Data Report |
| RSR | Ryan White Services Report |
| RW | Ryan White (CARE Act) |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| TA | Treatment Adherence |
| TGA | Transitional Grant Area |
| | |
| | |
| | |
| | |
| | |
| Part A | Ryan White CARE Act; Part A Funding Source |
| Part B | Ryan White CARE Act; Part B Funding |
| Part C | Ryan White CARE Act; Part C Funding |
| Part D | Ryan White CARE Act; Part D Funding |

Add the Roberts rule of order paper and the meetings rules paper