

Sacramento County Department of Health Services
HIV Health Services Planning Council
Priorities and Allocations Committee
www.sacramento-tga.com

Meeting Agenda*

May,1, 2024, 9:00 AM – 11:00 AM

Meeting Location:

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

Facilitator: Jake Bradley-Rowe, Committee Chair

Scribe: Angelina Olweny – Council Staff

Meeting Invitees:

- Priorities and Allocations Committee Members
- Open to the Public

Topic	Presenter	Start Time	Length
Welcome and Introductions	Bradley-Rowe	9:00 AM	As Needed
Announcements	All	As Needed	
Public Comments –Agenda Items	All		
May Agenda Review*	Bradley-Rowe		
March 2024 Minutes Review*	Bradley-Rowe		
Conflict of Interest	Bradley-Rowe		
PAC Training	Caravella		
FY24 PAC Work Plan – draft*	Caravella		
FY25 Service Priorities draft*	Bradley-Rowe		
Technical Assistance	Bradley-Rowe		
Public Comment – Non-Agenda Items	Bradley-Rowe		
Adjourn	Bradley-Rowe		

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*Action Items

Attachments:

- Minutes of March, 2024*
- FY24 COI Overview
- FY24 PAC Work Plan draft*
- FY25 Service Priorities draft*
- FY24 Member COI Form

NEXT MEETING: June 5, 2024
September 4, 2024

HIV HEALTH SERVICES PLANNING COUNCIL – Priorities and Allocation Committee (PAC)

Meeting Minutes

March 6, 2024, 9:00 a.m. to 11:00 p.m.

Meeting Location:

4600 Broadway Sacramento, CA 95820

Facilitator: Jake Bradley-Rowe, Committee Chair

Council Staff: Angelina Olweny

Committee Member Attendees: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Liane Bruckstein, Keshia Lynch, Lenore Gotelli, Melissa Willett, Richard Benavidez

County Staff: Danielle Caravella, Paula Gammell

Members Excused: Tami Emslie

Members Absent: Josh Kooman, Dennis Poupart, Zach Basler

Guests:

Topic	Minutes
Welcome, Introductions and, Announcements	<p>Meeting and introductions started at 9:06 AM</p> <p>The federal site visit is next week.</p> <p>The HIV line at OCH is operational and available for patients, partners, and providers. The number is 916-842-5185.</p> <p>The phone tree at OCH is restructured to have fewer options to select from and direct lines to specific departments.</p> <p>OCH partnered with the Gender Health Center to host a Trans Day of Visibility event on March 30 at the Gender Health Center Site.</p> <p>Sunburst Projects is hosting its annual golf tournament on May 5. Tickets are on sale. Also, the annual open house is on June 26.</p> <p>Sunburst has new behavioral health groups. The African American Men’s group meets on Monday, the Freedom from Smoking Group meets on Wednesday, the LGBT group meets on Thursday, the Women’s Group meets on Friday, the Spanish Group meets on Wednesdays and Together We Have This, a dual diagnosis group meets on Tuesday.</p> <p>The Sierra Foothills AIDS Foundation started a Men’s Group in Auburn. The group will meet on Wednesday, March 6 at 1:00 PM.</p>
Public Comments- Agenda Items	N/A
Agenda Review*	<p>The March agenda was presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Melissa Willett seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Liane Bruckstein, Melissa Willet, Richard Benavidez</p> <p>Oppose: N/A</p> <p>Abstain: Lenore Gotelli</p>

Topic	Minutes
Minutes Review*	<p>The January minutes were presented for review and approval. Jake Bradley-Rowe motioned to accept the minutes as presented and Richard Benavidez seconded the motion. The motion passed with majority.</p> <p>The following changes were made. Melissa Willett’s name and Keshia Lynch’s names were misspelled. Chelle Gossett abstained on the vote on waiving the 10% directive.</p> <p>Richard Benavidez motioned to accept the minutes with the changes made and Lenore Gotelli seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Liane Bruckstein, Lenore Gotelli, Melissa Willet, Richard Benavidez. Oppose: N/A Abstain: Keshia Lynch</p>
Allocation and Expenditure Discussion	<p>Committee members stated their conflicts of interest before the discussion on the FY23 budget report.</p> <p>Chelle Gossett explained that there was a change in how providers bill for Substance Use Residential services. MediCal now primarily covers the cost of this service and Ryan White funding is a secondary source of funding in this category. Committee members agreed to table the discussion on the allocated funding for Substance Use Residential Services until the next PAC meeting after outstanding FY23 invoices are closed out at the end of March. It was suggested that this will provide a better understanding of how funds were spent in FY23 in this service category before making budget amendments.</p> <p>Richard Benavidez motioned to table the Allocation and Expenditure Discussion until the May meeting and Lenore Gotelli seconded the motion. The motion passed with a majority.</p> <p>Approve: Jake Bradley-Rowe, Keshia Lynch, Liane Bruckstein, Lenore Gotelli, Melissa Willet, Richard Benavidez.</p>

Topic	Minutes
	<p>Oppose: N/A Abstain: Chelle Gossett, Clarmundo Sullivan</p>
FY24 Work Plan Draft	<p>The FY24 Work Plan draft was presented for review and approval. It was updated to reflect the current fiscal year. The committee voted to table the Work Plan discussion until the next meeting so that all the changes to the strategies can be updated from the Integrated Plan. Liane Bruckstein motioned to table the Work Plan discussion until the next meeting and Melissa Willett seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Liane Bruckstein, Lenore Gotelli, Melissa Willet, Richard Benavidez Oppose: N/A Abstain: N/A</p> <p>Jake Bradley-Rowe recommended that the PAC training should be done during the January meeting because it would be useful for future meetings.</p>
FY24 General Directives Draft	<p>The FY24 General Directives were presented for review and approval. Melissa Willett motioned to accept the FY24 General Directives as presented and Lenore Gotelli seconded with the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Liane Bruckstein, Lenore Gotelli, Melissa Willet, Richard Benavidez Oppose: N/A Abstain: N/A</p>
FY24 Service Directives Draft	<p>The FY24 Service Directives were presented for review and approval. The committee agreed that changes need to be made to the Housing Directive and Emergency Financial Assistance (EFA) to clearly explain how Ryan White funding can be used to support clients given that providers have clients with varying housing-related needs.</p> <p>Jake Bradley-Rowe motioned to create a two-person committee of Melissa Willett and himself to create language for the Service Directive under the Housing Directive and EFA and Melissa Willett seconded the motion. The motion passed with a majority. The suggested changes will</p>

Topic	Minutes
	<p>be shared at the next PAC meeting.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Liane Bruckstein, Lenore Gotelli, Melissa Willet, Richard Benavidez Oppose: N/A Abstain: N/A</p> <p>The PAC committee agreed to create a three-person subcommittee with Keshia Lynch, Melissa Willett, and Clarmundo Sullivan to address potential changes to the Dental Service Directive that will be discussed at the next meeting. Jake Bradley-Rowe motioned to create the subcommittee that will address the Dental Service Directive and Richard Benavidez seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Liane Bruckstein, Lenore Gotelli, Melissa Willet, Richard Benavidez Oppose: N/A Abstain: N/A</p>
Public Comment Non-agenda items	<p>The self-assessment needs to be emailed to committee members so that they can provide feedback on the activities of the Priorities and Allocations Committee. If members prefer to submit the documents through the mail, a prepaid mailing envelope can be provided.</p> <p>It was recommended that PAC reference documents should be available at all meetings should the committee need to reference information from previous meetings.</p>
Technical Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	10:43 AM

FY24 PAC Conflict of Interest by Agency and Service	Chelle Gossett	Clarmundo Sullivan	Jake Bradley-Rowe	Keshia Lynch	Lenore Gotelli	Liane Bruckstein	Melissa Willett	Richard Benavidez	Tami Emslie	Zach B.
Agency		Golden Rule Services	Sunburst Projects	One Community Health	RX Health Care Services	Harm Reduction Services	Sierra Foothills AIDS	Sierra Foothills AIDS	UC Davis Pediatrics	
Ambulatory Care				•			•	•	•	
Child Care			•							
Emergency Financial Assistance			•			•	•	•		
Food Bank/Home Delivered Meals			•	•		•				
Health Education and Risk Reduction										
Health Insurance and Cost-Sharing Assistance Program				•			•	•		
Housing				•						
Medical Case Management			•	•		•	•	•	•	
Medical Case Management - MAI			•	•		•				
Medical Nutritional Therapy				•						
Medical Transportation			•	•		•	•	•	•	
Mental Health			•	•			•	•		
Non-Medical Case Management		•	•	•						
Oral Health Care				•			•	•		
Outreach Services				•						
Substance Abuse - Residential				•						
Substance Abuse - Outpatient				•						

**SACRAMENTO TGA
HIV HEALTH SERVICES PLANNING COUNCIL
PRIORITIES AND ALLOCATIONS COMMITTEE**

ANNUAL MEMBERSHIP CONFLICT OF INTEREST DECLARATION

CONFLICT OF INTEREST

Conflict of Interest is of particular significance in the operations of the Council and its committees. The Sacramento Region HIV Health Services Planning Council recognizes the potential for conflict of interest. The following guidelines are intended to identify circumstances in which members should disqualify themselves from acting, so that conflicts of interest may be avoided. Conflict of interest rules are as follows:

1. The Council, as a body, may not designate or otherwise be involved in the selection of particular entities as recipients of any of the amounts provided in the grant.
2. In general, a person has a conflict of interest if that person stands to benefit personally, professionally or financially from the outcomes of a particular decision. More specifically, the following people have a potential conflict of interest:
 - a. An employee or paid contractor of an agency which does, or may, receive funds allocated through the Sacramento Region Ryan White CARE Program;
 - b. A person in a decision making role of an agency or who has other responsibilities for the fiscal management of an agency or organization;
 - c. A person who is related or has a close personal relationship to any person(s) described in (a) or (b) above;
 - d. A person who has a financial interest in the operations of an agency; i.e. landlord, supplier, subcontractor, etc.;
3. Consumers of HIV/AIDS services who are not affiliated with an agency as described in Section 2, are generally not considered to have a conflict of interest;
4. Government officials who do not otherwise have a relationship with an agency as described above in Section 2 and are acting officially for the public agency which they represent, generally do not have a conflict of interest.

A potential conflict of interest does not exclude a person from membership on the Council, its Committees or Work Groups. Given the expertise and experience needed to perform the functions mandated to the Council by the national legislation, conflicts of interest are inevitable. The Council does seek to maintain a reasonable balance of interests, and may need to limit the total number of persons with a conflict of interest who are selected to participate in certain capacities.

If you believe that you may have a conflict of interest, please respond to one of the statements below:

- a. I, and/or a family member, or person with whom I am closely related, personally serve (have served within the last twelve months) as an employee, or contractor, or other similar capacity, with the following organization(s) that has/have received, or may seek funding from the Sacramento Region Ryan White CARE Program. (Please list.)

1. _____

2. _____

3. _____

- b. I am not sure whether I have an official conflict of interest, but I think the following information may be important:

By checking this box, I am stating that I do not have any conflicts of interest.

Signature of Applicant: _____ **Date:** _____

Name: _____

**HIV Health Services Planning Council
 Priorities and Allocations Committee
 FY 2024-25 WORK PLAN**

MEETING DATE	ACTIVITY	MATERIALS
March 2024	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY24 Allocation Updates If Needed • Update PAC Work Plan • FY24 Service Directives • FY24 General Directives 	<ul style="list-style-type: none"> • Grant Award Notice • Allocation and Reduction Scenarios • FY24 PAC Work Plan • FY24 Service Directives • FY24 General Directives
May 2024	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY24 Allocation Updates If Needed • Begin Work on FY25 Grant Application and Reduction Scenarios • PAC Process Training • Begin Work on FY25 Service Priorities 	<ul style="list-style-type: none"> • Grant Award Notice • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios • Service Priority Ranking Historical Data • Service Priorities Worksheet
June 2024	<ul style="list-style-type: none"> • Continue/Finalize Work on FY25 Grant Application and Reduction Scenarios • Finalize FY25 Service Priorities • Begin Work on FY25 Service Allocations 	<ul style="list-style-type: none"> • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios Worksheet
September 2024	<ul style="list-style-type: none"> • FY24 Reallocation • FY23 to FY24 Carryover (If applicable) 	<ul style="list-style-type: none"> • FY24 Fiscal Agent Reallocation Recommendations • FY23 to FY24 Carryover (If applicable)
January 2025	<ul style="list-style-type: none"> • Second Re-allocation (if needed) 	<ul style="list-style-type: none"> • FY24 Fiscal Agent Reallocation Recommendations

STRATEGIES (from the CA Integrated HIV Surveillance, Prevention and Care Plan)

~~The following Strategies from the California Integrated HIV Surveillance, Prevention and Care Plan, known as, Laying a Foundation for Getting to Zero apply to the ongoing work conducted by the Priorities and Allocations Committee in the Sacramento Transitional Grant Area:~~

~~Strategy D: Improve Linkage to Care~~

- ~~▪ Activity D3: Expand Use of Patient/ Client Navigation Programs~~

~~Strategy E: Improve Retention in Care~~

- ~~▪ Activity E3: Increase the Number of Californians Living with HIV Who are Enrolled in Health Insurance Coverage~~

~~Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California~~

- ~~▪ Activity O1: Ensure the most Appropriate Distribution of Funds in Order to Best Meet the Needs of People at Risk for and Living with HIV in California~~
- ~~▪~~

The following Strategies from the California Integrated HIV Prevention and Care Plan CY 2022-2026, apply to the ongoing work conducted by the Affected Communities Committee in the Sacramento Transitional Grant Area:

2022-2026 Goals and Objectives

Impact Area 1: Racial Equity

- *Strategy 1b. Racial/Ethnic Data Collection and Stratification:* Identify, collect, analyze, and publicly share data that reflect the specific trends, needs, and outcomes of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.
- *Strategy 1c. Equitable Distribution of Funding and Resources:* Review all CDPH OA and STD Control Branch contracts, budgets, guiding service formulas, policies, and program decisions with a racial justice lens, to advance equitable delivery of resources and opportunities to BIPOC.
- *Strategy 1d. Community Engagement:* Forge strategic partnerships to ensure more diverse public outreach, involvement, and engagement processes to reframe the structure, funding, and policies of HIV, HCV, and/or STI services and messaging to all Californians.
- *Strategy 1e. Racial and Social Justice Training:* Implement capacity building and training opportunities and requirements for all CDPH-funded HIV, HCV, and STI service providers, to strengthen our

movement towards achieving cultural humility, equity, and racial justice in our prevention, testing, treatment, and care services.

Impact Area 2: Housing first

- *Strategy 2b. Infrastructure Changes:* Ensure multi-disciplinary teams address HIV/STI/HCV screening and treatment programs statewide, including housing, substance use, mental health, and medical care providers.
- *Strategy 2c. New Models of Housing Access:* Collaborate with the Department of Housing and Community Development to explore development of a permanent housing model based on Project Roomkey, for people living with HIV and pregnant people who are unhoused and/or living with CV or syphilis.
- *Strategy 2d. Street Medicine Strategies:* Provide basic medical care and other supportive services to people who remain unhoused (including those who choose to remain unhoused) through walking teams, medical vans, outdoor clinics, and other similar services.
- *Strategy 2e. Low-barrier Housing Options:* Collaborate with housing partners to expand low barrier housing options available in both urban and rural areas, including those that offer harm reduction approaches to substance use, are available to families and couples, and/or allow people to bring their pets.

Impact Area 3: Health Access for All

- *Strategy 3a. Redesigned Care Delivery:* Work with health care providers, local health departments, public and private insurers, and private industry to increase access to care statewide through telemedicine, mobile healthcare, and at-home testing programs.
- *Strategy 3b. Trauma-Informed and Responsive Services:* Train medical and public health service providers in trauma-informed approaches to create trauma responsive care to minimize re-traumatization of patients, clients, and providers.
- *Strategy 3c. Fewer Hurdles to Healthcare Coverage:* Train more community-based organizations to support benefits enrollment in communities with high numbers of uninsured people; change policies so that all Californians can access Medi-Cal when in need, regardless of immigration or housing status.
- *Strategy 3d. Culturally and Linguistically Relevant Services:* Improve capacity of public health and health care providers to offer HIV, HCV, and STI services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

- *Strategy 3d. Collaboration and Streamlining:* Develop secure ways for clinical providers, local health jurisdictions, homeless services programs, and other community-based organizations to share information and resources to coordinate people's care while protecting their right to privacy.

Impact Area 4: Mental Health and substance Use

- *Strategy 4a. Overdose Prevention in Correctional Settings:* Promote medication for opioid use disorder during incarceration in prison and jails and naloxone distribution and continuity of substance use disorder and medical care upon release.
- *Strategy 4b. Mental Health and Substance Use Disorder Treatment Access through Telehealth:* Leverage telehealth to increase access to mental health and SUD services, especially for people newly linked to stable housing and people who are monolingual in a language other than English.
- *Strategy 4c. Build Harm Reduction Infrastructure:* Expand syringe services in federally qualified health centers, hospitals, and SUD treatment facilities; build up staffing, brick and mortar locations, and comprehensive (health, legal, housing, benefits, employment) support services in existing syringe services programs.
- *Strategy 4d. Expand Low-Threshold SUD Treatment Options:* Expand options for harm reduction-based treatment, including contingency management programs and easier access to buprenorphine and methadone, including in street medicine programs.
- *Strategy 4e. Cross-Sector Collaboration:* Encourage collaboration between local and statewide mental health programs, substance use programs, harm reduction and HIV/HCV/STI programs.

Impact Area 5: Economic Justice

- *Strategy 5a. Workforce Development:* Create pathways to employment in public health for people from communities most affected by HIV, HCV, and STIs, including but not limited to offering paid internships and entry level positions with clear opportunities for professional advancement.
- *Strategy 5b. Employment for People with Lived Experience:* Give extra points when scoring grant applications to programs that employ people with lived experience in the communities the program serves, programs that can demonstrate frontline staff are paid a living wage, and/or programs that have BIPOC people serving in meaningful leadership positions.
- *Strategy 5c. Equitable Hiring Practices and Fair Pay:* Examine state and local health jurisdiction hiring practices to promote equity and inclusion; look to remove barriers such as college and advanced

degree requirements; offer extra pay to people who speak languages other than English or who have lived experience with HIV, HCV, STDs, substance use, mental health challenges, or homelessness.

- *Strategy 5d. Leadership Development:* Fund and support pilot training programs for development of leadership and management skills among frontline and mid-level workers in HIV, HCV, and STI programs.
- *Strategy 5e. Universal Hiring and Housing Policies:* Work with community partners and other State agencies to move toward universal “ban the box” hiring and housing policies in California, which remove questions about criminal history from the job application process until after a candidate has been given a chance to show whether they qualify for the position.

Impact Area 6: Stigma Free

- *Strategy 6a. Nothing About Us Without Us:* Meaningfully and consistently involve people living with HIV, HCV, and STIs in state and local planning, decision-making, and service delivery.
- *Strategy 6b. Reframe Policies and Messaging:* Work with communities to reframe the structure and policies of HIV, HCV, and STI services and associated messaging, so they do not stigmatize people or behaviors.
- *Strategy 6c. Positive, Accurate Information:* Ensure images and language used in communications show accurate and diverse depictions of communities, and do not reinforce stereotypes; speak out against and correct negative language.
- *Strategy 6d. Acknowledge Medical Mistrust:* Recognize medical mistrust as a rational response to stigmatizing treatment, rather than a failure of individuals or communities; work to build trust and correct misperceptions by example.
- *Strategy 6e. Ongoing Partnerships:* Use promotores and other models of paid peer engagement by people from the communities being served to educate, support, advocate, and link to care people who have historically been mistreated by public health services and the health care system.

Service Priority Historical Data for FY10 - FY24 with Planning for FY25

SERVICE CATEGORY	Core	Support	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Ambulatory/Outpatient Medical Care	X		1	1	1	1	1	1	1	1	1	1	
AIDS Pharmaceutical Assistance	X										2	2	
Health Insurance Premium Payments	X		3	3	3	3	3	3	3	3	3	3	
Oral Health Care	X		4	4	4	4	4	4	4	4	4	4	
Medical Case Management Services (including Pediatric Treatment Adherence Counseling)	X		6	6	6	5	5	5	5	5	5	5	
Case Management (Non-Medical)		X	7	7	7	6	6	6	6	6	6	6	
Food Bank/Home Delivered Meals		X				14	14	14	14	14	7	7	
Mental Health Services	X		5	5	5	7	7	7	7	7	8	8	
Psycho-Social Support		X					Part B				9	9	
Medical Transportation Services		X	8	8	8	8	8	8	8	8	10	10	
Substance Abuse Services - Outpatient	X		9	9	9	9	9	9	9	9	11	11	
Substance Abuse Services – Residential		X	17	17	17	10	10	10	10	10	12	12	
Housing Assistance		X	Part of DEFA		10	11	11	11	11	11	13	13	
Child Care Services		X	11	11	11	12	12	12	12	12	14	14	
Emergency Financial Assistance		X	12	12	12	13	13	13	13	13	15	15	
Medical Nutritional Therapy	X		13	13	13	15	15	15	15	15	16	16	
Health Education Risk Reduction		X	14	14	14	16	16	16	16	16	17	17	
Outreach Services		X	15	15	16	18	18	18	18	18	18	18	
Outreach MAI Services		X	16	16	15	17	17	17	17	17	19	19	
Treatment Adherence - Pediatric	X		10	10	Now Part of MCM								
Linguistic Services		X									20	20	

Home & Community Based Health Services	X										21	21	
Home Health Care	X										22	22	
Hospice	X										23	23	
Legal Services		X									24	24	
Permanency Planning		X									25	25	
Referral for Health Care & Support Services		X									26	26	
Rehabilitation Services		X									27	27	
Respite Care		X									28	28	
ADAP/Prescription Medications	X		2	2	2	2	2	2	2	2	29	29	
Early Intervention Services	X										30	30	