

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

Meeting Agenda

August 24, 2022, 10:00 AM – 12:00 PM

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

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

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

Meeting ID: 161 057 8708 Passcode: 454131

Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, County Staff

Meeting Invitees:

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

***Action Items**

Topic	Presenter	Start Time and Length
Welcome and Introductions	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments	Benavidez	
August 2022 Agenda*	Benavidez	
Minutes of June 2022*	Benavidez	
Presentation: County of Sacramento PrEP & Linkage to Care	Rehn/Nye	
State Office of AIDS August 2022 Update	Lee/Pulupa	
CPG/HIV/STI Prevention Updates	All	

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Recipient Report: <ul style="list-style-type: none"> ➤ FY22 June Part A Monthly Fiscal Report* ➤ FY22 June 2022 Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update ➤ RFP Update ➤ FY22 1st Quarter Recipient Report 	Gossett	As Needed
Committee/Work Group Updates Administrative Assessment Committee <ul style="list-style-type: none"> ➤ AdAC01 Administrative Assessment* ➤ AdAC Overview* ➤ FY21 Year-End Findings Affected Communities Committee <ul style="list-style-type: none"> ➤ Recruitment Flyer* ➤ Reflectiveness Priorities and Allocations <ul style="list-style-type: none"> ➤ FY22 Priorities* (↓ same document) ➤ FY22 Carryover Allocations* (↑ same document) Quality Advisory Committee Needs Assessment Committee Governance	Willett Zach B. Bradley-Rowe Benavidez Miranda Ungeheuer	
Binder Updates	Gammell	
Technical Assistance	Benavidez	
Adjournment	Benavidez	
		12:00 pm

Attachments:

- Minutes of June 2022*
- August 2022 OA Voice Update
- FY22 June Part A Fiscal Report*
- FY22 June Part B Fiscal Report
- FY22 1st Quarter Recipient Report
- AdAC01 Administrative Assessment*
- AdAC Overview*
- FY21 Year-End Findings
- Recruitment Flyer*

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The FY22 Priorities and FY22 Carryover Allocations will be distributed via email prior to the meeting.

- FY22 Priorities* (↓ same document)
- FY22 Carryover Allocations* (↑ same document)

NEXT MEETING: September 28, 2022

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

June 22, 2022 10am-12pm

10:06 a.m. to 11:00 a.m.

Meeting Location: Via Teleconference. No in-person meeting.

Zoom Teleconference Info: 1-669-900-6833

Zoom Conference ID: 912 5123 7390

Zoom Passcode: 836671

Facilitator: Richard Benavidez, Council Chair

Scribe: Paula Gammell and Emitai Bishop, County Staff.

Council Member Attendees via Teleconference: Beth Valentine, Chelle Gossett, David Contreras, Dennis Poupart, Jake Bradley-Rowe, Janet Parker, Melody Law, Minerva Reid, Richard Benavidez, Ronnie Miranda & William Rhodes.

Members Excused: Judy Vang, Melissa Willett, Michael Ungeheuer, Steve Austin, Tracy Jenkins & Zachary B.

Members Absent: Kane Ortega, Kristina Kendricks-Clark, Michael Wofford & Tracy Thomas.

Guests: Tracy Lee, Becky Gonzales & Rashida Green.

Topic	Minutes
Welcome, Introductions and Announcements	The State's Ending the Epidemic Community Engagement Meeting has been postponed from May 31, 2022 to July 11, 2022 1-pm-4pm. Please register in advance.
Voting Process Update	<p>New voting process. Roll Call voting will now take place. Additionally, please use the raise your hand feature on your zoom video to ask questions and wait to be called on, so there will be very little interruptions. Please make sure your questions are in regards to what is being spoken about.</p> <p>Direct messages are not allowed, this is a violation of the Brown Act and violates ethics. Please make your comment to the entire group.</p>
Agenda and Minutes Review*	<p>Jake Bradley-Rowe motioned to approve agenda as presented. The motion was seconded by Dennis Poupart. Discussion resulted in the elimination of the Recipient's FY22 April Part A and Part B monthly fiscal reports. Motion to approve the agenda as amended was made by Jake Bradley-Rowe with a second by Minerva Reid. Motion passed with one abstention.</p> <p>Motion to Approve minutes with changes was made by Janet Parker, with a second by Richard Benavidez. Dennis Poupart noted an error on Page 4, 4th paragraph: it says "provides" it should say "providers". Motion to approve the Minutes as amended was made by Dennis Poupart with a second by Jake Bradley-Rowe. Motion passed with one abstention.</p>
State Office of AIDS June 2022 Update	<p>Ending the Epidemics Strategic Plan</p> <p>CDPH-OA/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 with our ongoing provider needs assessment and our planned regional listening sessions scheduled June through July 2022. They have</p>

Topic	Minutes
	<p>worked hard to ensure that this plan reflects the diverse voices from CDPH, other state agencies, community-based organizations (CBOs) and people with lived experience. In this plan, they have a picture of what we hope the HIV, HCV and STI landscape will look like in five years and some ideas for how to create it through 30 innovative strategies organized over six social determinants of health.</p> <p>They continue to engage communities across California through twenty-two regional focus groups and a provider needs assessment survey. They have had our first seven regional community listening sessions in California including San Diego, San Bernardino/ Inland Empire, El Centro/Imperial County, Kern County, Willits/Mendocino County, and Eureka. They are reaching a diversity of stakeholders including consumers, advocates, public health, and CBO staff.</p> <p>They have additional listening sessions by Toni Newman, Interim President and CEO of the Black AIDS Institute. Panels of stakeholders, consumers, and subject matter experts represented young gay/MSM of color, transgender individuals, cis-gender Black/African American Women, and people with experience not having secure housing. There will also be presentations on monitoring ETE progress through the AHEAD Dashboard (https://ahead.hiv.gov/), Partner Services, and Street Medicine mobile interventions.</p> <p>Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization PrEP-Assistance Program (AP)</p> <p>As of May 31, 2022, there are 199 PrEP-AP enrollment sites covering 173 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.</p>

Topic	Minutes
	<p><u>Strategy B: Increase and Improve HIV Testing</u> OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, TakeMeHome, (https://takemehome.org/) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.</p> <p>In the first 20 months, between September 1, 2020, and April 30, 2022, 2958 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis and Hepatitis C as well as 3-site tests for Gonorrhea and chlamydia) accounted for 78 (56.9%) of the 137 totals tests distributed.</p> <p><u>Strategy M: Improve Usability of Collected Data</u> The Supplemental Tables to the California HIV Surveillance Report - 2020 are now available on the OA Case Surveillance Reports page. This report includes statewide summary tables and summary tables by local health jurisdiction of new diagnoses of HIV infection, persons living with HIV infection, and persons classified as Stage 3 (AIDS) by selected demographics and transmission category for 2016-2020. This report provides information supplemental to the California HIV Surveillance Report — 2020.</p> <p><u>Strategy N: Enhance Collaborations and Community Involvement</u> Since 2011, the Kaiser Family Foundation (KFF), through its Greater Than AIDS public information initiative, and Walgreens, have teamed with health departments and HIV service organizations across the nation to provide free HIV testing and information in Walgreens stores in support of National HIV Testing Day (NHTD) on June 27. Over the years, OA has partnered</p>

Topic	Minutes
<p>QAC Overview*</p> <p>SSC01 Medical Case Management*</p> <p>SSC02 Respite Standards*</p> <p>SSC03 Oral Health*</p> <p>SSC04 Support Services*</p> <p>SSC06 Substance Abuse – Outpatient*</p> <p>SSC08 Child Care*</p> <p>SSC11 Medical Transportation*</p> <p>SSC14 Mental Health*</p> <p>SSC15 Housing*</p> <p>SSC16 Emergency Financial Assist*</p> <p>SSC17 Psychosocial Support Groups*</p> <p>SSC19 Outreach Services*</p> <p>SSC22 Health Insurance Prem. Pymt*</p> <p>SSC23 Substance Abuse Residential*</p>	<p>Various utilization and expenditure data was considered. ADAP Prescriptions/Medications have never been funded in the TGA and the services are offered by the State. To offer the program by the TGA would require the creation of a Local Pharmacy Assistance Program. Food Bank/Home Delivered Meals allocations increased from \$18,152 in FY2019 to \$53,326 in FY2021, partially supported by CARES Act COVID funding. Additionally, due to inflation, the cost of food continues to rise. Motion to approve the FY23 Service Priorities as presented was made by Dennis Poupart with a second by Richard Benavidez. One member inquired if there was a discussion regarding the priority ranking for housing. There was not a discussion at the Priorities and Allocations Committee regarding housing. The Ryan White program is not a housing program and the TGA relies on other organizations for housing services. Motion to pass the FY23 Services Priorities as presented was unanimously approved.</p> <p>Quality Advisory Committee (QAC): The Quality Advisory Committee met and reviewed the QAC Overview, SSC01 Medical Case Management, SSC02 Respite Standards, SSC03 Oral Health, SSC04 Support Services, SSC06 Substance Abuse – Outpatient, SSC08 Child Care, SSC11 Medical Transportation, SSC14 Mental Health, SSC15 Housing, SSC16 Emergency Financial Assistance, SSC17 Psychosocial Support Groups, SSC19 Outreach Services, SSC22 Health Insurance Premium Payment and SSC23 Substance Abuse Residential. These documents were updated to reflect the terminology change from Fiscal Agent to Recipient and updating the name of the Council Chair. Motion to approve the documents as presented was made by Jake Bradley-Rowe with a second by Beth Valentine. Motion was unanimously approved.</p>

Topic	Minutes
Gov05 Grievances*	<p>Motion to approve the Bylaws as presented was made by Ronnie Miranda with a second by Jake Bradley-Rowe and was unanimously approved.</p> <p>Gov05 Grievances was presented for review and approval. During the recipient site visit with HRSA, HRSA requested the filing fee not be the burden of the consumer but rather an expense for the Planning Council. The document was updated accordingly. Motion to approve Gov05 as presented was made by Dennis Poupart with a second by Janet Parker and was unanimously approved.</p>
Binder Updates	Binder updates will be forthcoming with the documents approved at today's meeting.
Technical Assistance Needs	Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.
Public Comments	<p>Discussion noted that no Committees were meeting in July and there was no pressing business to conduct. Ronnie Miranda motioned to cancel all Committee and Council meetings for July 2022. The motion was seconded by Jake Bradley-Rowe and was unanimously approved.</p> <p>Ronnie Miranda informed that One Community Health is experiencing issues with their telephone system.</p> <p>One Community Health is piloting a new appointment reminder system with intent to begin utilizing the new process in July.</p> <p>One Community Health has a new HIV Director, Keshia Lynch.</p>
Adjournment	Meeting adjourned 11:00 am Next meeting: August 24, 2022

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

In This Issue:

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- Strategy B
- Strategy C
- Strategy J
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- Strategy M
- Strategy O

Staff Highlight:

OA is pleased to announce that **Yesenia Corona** has accepted a promotion to Health Program Specialist (HPS) II within the SuPER branch, where she will be working closely with staff involved in “data to services” activities, along with other duties related to report publication and acting as a liaison between surveillance and program.

Yesenia joined OA in December 2017 as a HPS I in the Surveillance Section. In this position, she worked on publishing all HIV/AIDS surveillance related reports and fact sheets ensuring all documents meet ADA compliance requirements. She coordinated with programs within the office by providing internal reports for program planning purposes. She also serves as OA liaison on the Women's sub-committee of the CPG, tasked with working on issues specific to HIV and women.

Prior to OA, Yesenia worked for the California Department of Public Health (CDPH) Licensing and Certification Program and has been with the state for over 11 years.

Yesenia received her bachelor's degree in Business Administration from California State University, Sacramento. In her free time, Yesenia loves to travel, bake, and spend time with her family including her dog, Snoopy.



Additionally, OA is pleased to announce and congratulate **Chris Kent** on his promotion to Care Housing Unit Chief. In his new role, Chris will be overseeing the Housing Opportunities for Persons with AIDS Program, the Housing Plus Project, and the Minority AIDS Initiative. We are very excited to have Chris working with the Special Programs Section!

Chris (pronouns: he, him, his) has worked at OA since January 2020. He served as an Associate



Governmental Program Analyst and HPSI in the Care Section of the Care Branch. Prior to joining OA, he worked in higher education for almost a decade at Sacramento State, serving in coordinator roles for social justice centers and mentoring programs. Chris also graduated from Sacramento State (stingers up!) with a BA and MA in History, with a focus on 20th Century US history and gender/sexuality in the US. He also served as board president and volunteer coordinator for the Lavender Library, a local Queer/Trans nonprofit, for four years. In his free time, he loves hanging out with his partner Jesus and cat Mary Jane, playing tennis, and visiting family and friends back in his hometown of Fresno.

Congratulations to both Yesenia and Chris!

HIV Awareness:

August 31 is International Overdose Awareness Day (IOAD). This day is observed to honor lives lost to overdose and reduce the stigma associated with drug-related death. IOAD

is also recognized to educate and remind people that addiction is a disease and bring awareness that overdose death is preventable.

Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications. It can be given through nasal spray (Narcan) or through auto-injector into the outer thigh. Those at risk for opioid overdose to include those taking a high-dose opioid medication, should carry naloxone.

By way of overdose awareness, education and resources, countless lives can be saved.

The [Naloxone Finder](#) from the National Harm Reduction Coalition, provides location information in the community.

General Office Updates:

COVID-19

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

Monkeypox (MPXV)

OA is committed to providing updated information related to Monkeypox. 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](#) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx>, to stay informed.

On August 2, the CDPH hosted a Monkeypox LGBTQ+ Community Stakeholder Meeting for Community Based Organizations (CBOs) serving the LGBTQ+ community, local health department

sexual health programs, and community advocates for a briefing about monkeypox in California. CDPH provided up to date information about diagnoses, vaccines, and responding to monkeypox cases. If you were unable to attend, the [webinar was recorded](#). The passcode is: As!1WhkU

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout 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

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

Ending the Epidemics Strategic Plan



CDPH-OA/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 August as we review all of the community stakeholder input from our provider needs assessment, community survey and regional listening sessions. We have

reached a diversity of stakeholders including consumers, advocates, public health, and CBO staff. Thank you for your ideas about how to drill down into our **30 strategies** organized across **six social determinants of health**. Also, thanks to Facente Consulting for leading this community engagement effort.

In September we will be releasing a blueprint draft for community input based on what we learned. There will be a comment period that will last through October. Thank you in advance for reviewing this draft plan to be finalized by the end of November and submitted to the CDC and HRSA by their deadline on December 9th. Below is the [website that documents our work](#) including the draft roadmap, the recording our Statewide Town Hall, and the list of completed regional listening sessions:

- <https://tinyurl.com/CDPHStratPlan>

Ending the HIV Epidemic (EHE)

On July 18th the California Consortium, a quarterly meeting of the eight EHE-funded counties in California met to share challenges and successes about workforce development as part of the EHE initiative: Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco. We learned about the Community Health Leadership Initiative being implemented in San Francisco. This initiative is aimed at making sure that the future HIV/STI/HCV workforce looks like those most impacted by the epidemic.

In August, EHE counties will attend a special training offered by the Keck School of Medicine about the Street Medicine Model to help strengthen their mobile services especially aimed at people experiencing homelessness. Thanks to all the EHE counties that continue to implement their EHE plan to help accelerate the end of HIV in California.

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

PrEP-Assistance Program (AP)

As of July 27, 2022, there are 195 PrEP-AP enrollment sites covering 175 clinics that currently make up the PrEP-AP Provider network.

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

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

Strategy B: Increase and Improve HIV Testing

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

In the first 22 months, between September 1, 2020, and June 30, 2022, 3369 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 163 (61.5%) of the 265 total tests distributed.

Of individuals ordering a test in June, 34.0% reported never before receiving an HIV test, and 50.9% were 18 to 29 years of age. Among individuals reporting ethnicity, 41.9% were Hispanic/Latinx, and of those reporting sexual history, 64.6% indicated 3 or more partners in the past 12 months. To date, 392 recipients have completed an anonymous follow up survey,

with 94.1% 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 (73.7%) or having had more than one sex partner in the past 12 months (62.5%).

Strategy C: Expand Partner Services

CDPH-OA is pleased to announce the availability of a NEW tool for HIV field services in California. A new CalREDIE disease condition called "STD/HIV Field Investigation Incident" or SHFII will be available in CalREDIE starting in August 2022. Several counties will be piloting its use, with plans to expand to all counties by the end of 2022. SHFII is not intended for use by all counties until pilot testing is complete.

SHFII can be used to document HIV field services for:

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

A SHFII can be linked to an HIV surveillance incident, as well as a Hepatitis C incident. Field services for both syphilis cases and co-infected Syphilis and HIV cases should continue to be documented only in the syphilis incident. OA will provide training materials and user guide to participating jurisdictions. If you have [questions on SHFII implementation](#), contact Brett AugsJoost (brett.augsjoost@cdph.ca.gov), Outbreak and Field Investigation Unit Chief.

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

As of July 27, 2022, the [number of ADAP clients enrolled in each respective ADAP Insurance Program](#) are shown in the table at the top of page 6.

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	334	9%	---	---	---	---	50	1%	384	10%
25 - 34	1,094	28%	2	0%	---	---	295	8%	1,391	36%
35 - 44	882	23%	---	---	3	0%	202	5%	1,087	28%
45 - 64	634	16%	1	0%	22	1%	127	3%	784	20%
65+	32	1%	---	---	161	4%	10	0%	203	5%
TOTAL	2,976	77%	3	0%	186	5%	684	18%	3,849	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	184	5%	---	---	42	1%	27	1%	---	---	94	3%	9	0%	28	1%	384	10%
25 - 34	773	20%	---	---	139	4%	83	2%	2	0%	312	8%	9	0%	73	2%	1,391	36%
35 - 44	682	18%	4	0%	96	2%	52	1%	1	0%	208	5%	9	0%	35	1%	1,087	28%
45 - 64	530	14%	3	0%	58	2%	19	0%	---	---	160	4%	---	---	14	0%	784	20%
65+	26	1%	1	0%	6	0%	3	0%	---	---	161	4%	---	---	6	0%	203	5%
TOTAL	2,195	57%	8	0%	341	9%	184	5%	3	0%	935	24%	27	1%	156	4%	3,849	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	362	9%	1	0%	18	0%	9	0%	---	---	11	0%	1	0%	5	0%	407	11%
Male	1,698	44%	7	0%	304	8%	172	4%	3	0%	902	23%	23	1%	140	4%	3,249	84%
Trans	125	3%	---	---	15	0%	2	0%	---	---	15	0%	1	0%	4	0%	162	4%
Unknown	10	0%	---	---	4	0%	1	0%	---	---	7	0%	2	0%	7	0%	31	1%
TOTAL	2,195	57%	8	0%	341	9%	184	5%	3	0%	935	24%	27	1%	156	4%	3,849	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: 07/31/2022 at 12:02:13 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	554	-1.42%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,971	-2.59%
Medicare Part D Premium Payment (MDPP) Program	2,056	-0.82%
Total	8,581	-2.10%

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

CDC Reports Significant Overdose Deaths Rates of Black and Indigenous People

In July, the CDC released a [report that surveyed overdose data from 25 states and the District of Columbia](#). The report found young Black people, ages 15 to 24, had the biggest death rate increase from 2019 to 2020, at 86%, compared to 34% for white people that age. American Indian or Alaska Native women from age 25 to 44 died from overdoses at nearly twice the rate of white women in that age group, and overdose death rates in older Black men were nearly seven times as high as those in older white men. The deaths were broadly driven by illicit fentanyl, though deaths attributed to other types of drugs, including stimulants like methamphetamine, have also been rising. In 2021, CDPH data shows Blacks (25.7%) surpassing whites (19.98%) in deaths attributable to psychostimulants (including methamphetamine and cocaine).

Strategy M: Improve Usability of Collected Data

The [California HIV/AIDS Health Disparities Report](#) is now available on the [OA Case Surveillance Reports](#) webpage. The report focuses on disparities among new HIV diagnoses by looking at rates of new HIV

diagnoses, rate trends over time, and health outcomes by demographics. This report highlights differences in HIV burden and health outcomes by gender, race/ethnicity, and transmission category.

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

Recruiting members for HIV Cluster Detection and Response Community Advisory Board!

OA in partnership with the Los Angeles County Department of Public Health is currently seeking members to serve on the HIV Cluster Detection and Response Community Advisory Board (referred to hereafter as “the community advisory board”). The community advisory board is being formed to have real-time community input integrated into HIV cluster detection and response activities. Utilizing public health data (including data on new HIV diagnoses, data from partner services, and data from HIV sequence summaries) is a method to identify possible transmission clusters that would otherwise go unrecognized. Identifying a transmission cluster and understanding its characteristics that may result in a high number of HIV transmissions can help focus HIV prevention and treatment interventions on communities and networks of people who need increased access.

CDPH is committed to ensuring the representation of the population living with and affected by HIV is appropriately represented on the community advisory board. Those who wish to apply must be aware that their HIV-positive status may become known due to their participation and are required to sign an Applicant Acknowledgement and Consent Form, agreeing to hold CDPH/OA harmless for any disclosures.

If you wish to [apply to serve as a member](mailto:James.Vo@cdph.ca.gov), please contact James.Vo@cdph.ca.gov for the application and cover letter. Please submit the completed application to both James.Vo@cdph.ca.gov and cibarra@ph.lacounty.gov by Friday August 12, 2022.

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

Part A Only

March 1, 2022 - February 28, 2023

Priority Number

	SACRAMENTO COUNTY - June 2022 - Part A Only	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$ 439,296	\$ 26,807	\$ 127,022		28.9%	\$ 312,274
	SS: Ambulatory/Outpatient Medical Care	\$ 381,898	\$ 26,807	\$ 127,022		33.3%	\$ 254,876
	SS: Vendor paid viral/load resistance lab test	\$ 57,398	\$ -	\$ -		0.0%	\$ 57,398
2	ADAP/Prescription Medications	\$ -	\$ -	\$ -		-	\$ -
3	Health Insurance Prem. & Cost Sharing Asst.	\$ 10,821	\$ -	\$ -		0.0%	\$ 10,821
4	Oral Health	\$ 356,117	\$ 30,377	\$ 105,192		29.5%	\$ 250,925
5	Medical Case Management	\$ 907,955	\$ 66,473	\$ 261,541		28.8%	\$ 646,414
	SS: MAI	\$ 184,117	\$ 15,626	\$ 64,132		34.8%	\$ 119,985
	SS: Office Based Services inc. Pediatric Treatment Adherence	\$ 355,487	\$ 29,833	\$ 121,017		34.0%	\$ 234,470
	SS: Field/In-Home Services	\$ 350,557	\$ 21,014	\$ 76,375		21.8%	\$ 274,182
	SS: Case Mgmt. Child Care	\$ 17,794	\$ -	\$ 18		0.1%	\$ 17,776
6	Case Management (Non-Medical)	\$ 54,582	\$ 3,440	\$ 15,382		28.2%	\$ 39,200
7	Mental Health Services	\$ 399,764	\$ 22,321	\$ 136,397		34.1%	\$ 263,367
8	Medical Transportation Services	\$ 65,079	\$ 3,458	\$ 21,227		32.6%	\$ 43,852
9	Substance Abuse Services - Outpatient	\$ 201,661	\$ -	\$ 36,749		18.2%	\$ 164,912
10	Substance Abuse Services - Residential	\$ 63,408	\$ -	\$ 19,804		31.2%	\$ 43,604
11	Housing	\$ 21,861	\$ 108	\$ 485		2.2%	\$ 21,376
12	Child Care Services	\$ 30,931	\$ 1,526	\$ 7,182		23.2%	\$ 23,749
	Emergency Financial Assistance - Other Critical Need	\$ 20,362	\$ 271	\$ 1,445		7.1%	\$ 18,917
13	Food Bank - Part B Only						
14	Medical Nutritional Therapy	\$ 16,660	\$ -	\$ 1,191		7.2%	\$ 15,469
15	Health Education/Risk Reduction	\$ 11,334	\$ -	\$ 1,670		14.7%	\$ 9,663
16	Outreach Services	\$ 17,506	\$ -	\$ -		0.0%	\$ 17,506
17	Outreach Services MAI - Part B Only						
18	Sub-Total Sacramento County	\$ 2,617,337	\$ 154,781	\$ 735,287		28.1%	\$ 1,882,050
	Sub-Total TGA Direct Service Expenditures	\$ 2,990,635	\$ 182,622	\$ 851,318		28.5%	\$ 2,139,317
	Recipient - Grantee Admin	\$ 351,840	\$ 44,859	\$ 94,831		27.0%	\$ 257,009
	Recipient - Quality Mgmt	\$ 175,919	\$ 9,806	\$ 32,276		18.3%	\$ 143,643
	Grand- Total Direct Services, Recipient	\$ 3,518,394	\$ 237,287	\$ 978,425		27.8%	\$ 2,539,969

Substance Abuse Outpatient, Non-Medical Case Mgmt, Medical Case Mgmt, MAI Medical Case Mgmt, and Health Education-Risk Reduction,

June		
Under 5%		0-27%
Within 5%		28-38%
Over 5%		39% - Over

Part A Only

March 1, 2022 - February 28, 2023

EL DORADO COUNTY - Part A Only June 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$ 1,568	\$ -	\$ -		0.0%	\$ 1,568
Oral Health	\$ 24,673	\$ 1,273	\$ 3,095		12.5%	\$ 21,578
Health Insurance Premium & Cost Sharing Asst.	\$ 4,849	\$ 65	\$ 259		5.3%	\$ 4,590
Medical Case Management	\$ 140,000	\$ 10,520	\$ 44,634		31.9%	\$ 95,366
Medical Transportation Services	\$ 2,266	\$ 220	\$ 1,733		76.5%	\$ 534
Emergency Financial Assistance-Other Critical Need	\$ 11,845	\$ 440	\$ 6,103		51.5%	\$ 5,742
Sub-Total El Dorado County	\$ 185,201	\$ 12,517	\$ 55,823		30.1%	\$ 129,378

PLACER COUNTY - June 2022 - Part A Only Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$ 1,540	\$ -	\$ -		0.0%	\$ 1,540
Oral Health	\$ 2,329	\$ -	\$ -		0.0%	\$ 2,329
Health Insurance Premium & Cost Sharing Asst.	\$ 4,869	\$ -	\$ -		0.0%	\$ 4,869
Medical Case Management	\$ 127,728	\$ 11,199	\$ 41,942		32.8%	\$ 85,786
Medical Transportation Services	\$ 18,391	\$ 1,375	\$ 6,698		36.4%	\$ 11,693
Emergency Financial Assistance-Other Critical Need	\$ 33,240	\$ 2,750	\$ 11,568		34.8%	\$ 21,672
Sub-Total Placer County	\$ 188,097	\$ 15,324	\$ 60,208		32.0%	\$ 127,889

Missing Invoices
None

June		
Under 5%		0-27%
Within 5%		28-38%
Over 5%		39% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Cumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$ 2,806,518	\$ 166,997	\$ 787,186		28.0%	\$ 2,019,332
Part A MAI	\$ 184,117	\$ 15,626	\$ 64,132		34.8%	\$ 119,985
Total TGA Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative
Core Services (Does not include MAI MCM)	\$2,455,713	\$153,409	\$693,890	87.5%	91.9%	88.1%
Support Services	\$350,805	\$13,588	\$93,296	12.5%	8.1%	11.9%

Part B Only

YOLO COUNTY - April 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance	Overspending	Spending Rate
Ambulatory/Outpatient Care								
Oral Health								
Health Insurance Premium & Cost Sharing Asst.								
Medical Case Management								
Medical Transportation Services								
Housing								
Emergency Financial Assistance	\$0	\$0	\$0					
Other Critical Need								
Sub-Total Yolo County	\$0							

Part B Only

April 1, 2022 - March 31, 2023

SACRAMENTO COUNTY - April 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance	Overspending	Spending Rate
Ambulatory/Outpatient Care (Priority 1)								
SS: Ambulatory/Outpatient Medical Care								
SS: Vendor paid viral/load resistance lab test								
ADAP/Prescription Medications (Priority 2)								
Health Insurance Premium & Cost Sharing Asst.								
Oral Health (Priority 4)					#DIV/0!	\$0	\$0	#DIV/0!
Medical Case Management (Priority 5)	\$0	\$0	\$0		#DIV/0!	\$0	\$0	#DIV/0!
SS: MAI					#DIV/0!	\$0	\$0	#DIV/0!
SS: Office Based Services					#DIV/0!	\$0	\$0	#DIV/0!
SS: Field/In-Home Services					#DIV/0!	\$0	\$0	#DIV/0!
SS: Pediatric Treatment Adherence					#DIV/0!	\$0	\$0	#DIV/0!
SS: Case Mgmt Child Care					#DIV/0!	\$0	\$0	#DIV/0!
Case Management (Non-Medical) (Priority 6)					#DIV/0!	\$0	\$0	#DIV/0!
Mental Health Service (Priority 7)					#DIV/0!	\$0	\$0	#DIV/0!
Medical Transportation Services (Priority 8)					#DIV/0!	\$0	\$0	#DIV/0!
Substance Abuse Services - Outpatient (Priority 9)					#DIV/0!	\$0	\$0	#DIV/0!
Substance Abuse Services - Residential (P10)					#DIV/0!	\$0	\$0	#DIV/0!
Housing (Priority 11)					#DIV/0!	\$0	\$0	#DIV/0!
Child Care Services (Priority 12)					#DIV/0!	\$0	\$0	#DIV/0!
Emergency Financial Assistance (Priority 13)	\$0	\$0	\$0		#DIV/0!	\$0	\$0	#DIV/0!
Other Critical Need					#DIV/0!	\$0	\$0	#DIV/0!
Food Bank-Part B Supplemental Only (P14)					#DIV/0!	\$0	\$0	#DIV/0!
Medical Nutritional Therapy (Priority 15)					#DIV/0!	\$0	\$0	#DIV/0!
Health Education/Risk Reduction (P 16)					#DIV/0!	\$0	\$0	#DIV/0!
Outreach Services (Priority 17)					#DIV/0!	\$0	\$0	#DIV/0!
Outreach Services MAI (Priority 18)					#DIV/0!	\$0	\$0	#DIV/0!
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!	\$0	\$0	#DIV/0!
Sub-Total TGA Direct Service Expenditures	\$ -	\$ -	\$ -		#DIV/0!	\$0	\$0	#DIV/0!
Recipient - Grantee Admin					#DIV/0!	\$0	\$0	#DIV/0!
Recipient - Quality Mgmt					#DIV/0!	\$0	\$0	#DIV/0!
Grand- Total Direct Services, Recipient	\$ -	\$ -	\$ -		#DIV/0!	\$0	\$0	#DIV/0!

Missing Invoices

TGA Direct Service Expenditures by Funding Source

Part B

Part B MAI

Part B Only

April 1, 2022 - March 31, 2023

YOLO COUNTY - May 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	% Used	Remaining Balance	Overspending
Ambulatory/Outpatient Care					-	\$0	\$0
Health Insurance Premium & Cost Sharing Asst.					#DIV/0!	\$0	\$0
Oral Health					#DIV/0!	\$0	\$0
Medical Case Management					#DIV/0!	\$0	\$0
Medical Transportation Services					#DIV/0!	\$0	\$0
Housing					#DIV/0!	\$0	\$0
Emergency Financial Assistance	\$0	\$0	\$0		#DIV/0!	\$0	\$0
Other Critical Need					#DIV/0!	\$0	\$0
Food Bank/Home Delivered Meals					#DIV/0!	\$0	\$0
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!	\$0	\$0

Missing Invoices

May

Under 5%		0-11%
Within 5%		12-22%
Over 5%		23% - Over

Part B Only

April 1, 2022 - March 31, 2023

SACRAMENTO COUNTY - May 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance	Overspending
Ambulatory/Outpatient Care (Priority 1)	\$0	\$0	\$0		#DIV/0!	\$0	\$0
SS: Ambulatory/Outpatient Medical Care					#DIV/0!	\$0	\$0
SS: Vendor paid viral/load resistance lab test					#DIV/0!	\$0	\$0
ADAP/Prescription Medications (Priority 2)					-	\$0	\$0
Health Insurance Prem. & Cost Sharing Asst. (P3)					#DIV/0!	\$0	\$0
Oral Health (Priority 4)					#DIV/0!	\$0	\$0
Medical Case Management (Priority 5)	\$0	\$0	\$0		#DIV/0!	\$0	\$0
SS: MAI					#DIV/0!	\$0	\$0
SS: Office Based Services including Pediatric Treatment Adherence					#DIV/0!	\$0	\$0
SS: Field/In-Home Services					#DIV/0!	\$0	\$0
SS: Case Mgmt Child Care					#DIV/0!	\$0	\$0
Case Management (Non-Medical) (P6)					#DIV/0!	\$0	\$0
Mental Health Service (Priority 7)					#DIV/0!	\$0	\$0
Medical Transportation Services (Priority 8)					#DIV/0!	\$0	\$0
Substance Abuse Services - Outpatient (P9)					#DIV/0!	\$0	\$0
Substance Abuse Services - Residential (P10)					#DIV/0!	\$0	\$0
Housing (Priority 11)					#DIV/0!	\$0	\$0
Child Care Services (Priority 12)					#DIV/0!	\$0	\$0
Emergency Financial Assistance (Priority 13)	\$0	\$0	\$0		#DIV/0!	\$0	\$0
Other Critical Need					#DIV/0!	\$0	\$0
Food Bank-Part B Supplemental Only (P14)					#DIV/0!	\$0	\$0
Medical Nutritional Therapy (Priority 15)					#DIV/0!	\$0	\$0
Health Education/Risk Reduction (P16)					#DIV/0!	\$0	\$0
Outreach Services (Priority 17)					#DIV/0!	\$0	\$0
Outreach Services MAI (Priority 18)					#DIV/0!	\$0	\$0
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!	\$0	\$0
Sub-Total TGA Direct Service Expenditures	#REF!	#REF!	#REF!		#REF!	#REF!	#REF!
Recipient - Grantee Admin		\$0	\$0		#DIV/0!	\$0	\$0
Recipient - Quality Mgmt		\$0	\$0		#DIV/0!	\$0	\$0
Grand- Total Direct Services, Recipient	#REF!	#REF!	#REF!		#REF!	#REF!	#REF!

Missing Invoices

May	
Under 5%	0-11%
Within 5%	12-22%
Over 5%	23% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance	Over- spending
Part B					#DIV/0!	\$0	\$0
Part B MAI					#DIV/0!	\$0	\$0
	\$0	\$0	\$0			\$0	\$0

Spending Rate
#DIV/0!
#DIV/0!

Part B Only

YOLO COUNTY - June 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care						
Health Insurance Premium & Cost Sharing Asst.						
Oral Health	\$2,500	\$0	\$0		0.00%	\$2,500
Medical Case Management	\$130,744	\$6,108	\$30,181		23.08%	\$100,563
Medical Transportation Services	\$3,094	\$80	\$673		21.76%	\$2,420
Housing						
Emergency Financial Assistance	\$1,002	\$0	\$0		0.00%	\$1,002
Food Bank/Home Delivered Meals	\$5,465	\$342	\$1,073		19.63%	\$4,392
Sub-Total Yolo County	\$142,804	\$6,529	\$31,926		22.36%	\$110,878

Missing Invoices
None

June		
Under 5%		0-19%
Within 5%		20-30%
Over 5%		31% - Over

Part B Only

March 1, 2022 - Feb. 28, 2023

Priority Number

SACRAMENTO COUNTY - June 2022		Approved	Current	Cumulative	%	Percentage	Remaining
	Service Category	Budget	Month	Expenses	Shade	Used	Balance
1	Ambulatory/Outpatient Care	\$398,612	\$26,929	\$133,554		33.50%	\$265,058
	SS: Ambulatory/Outpatient Medical Care	\$398,612	\$26,929	\$133,554		33.50%	\$265,058
	SS: Vendor paid viral load resistance lab test						
2	ADAP/Prescription Medications						
	Health Insurance Premium & Cost Sharing Asst.						
3							
4	Oral Health	\$253,097	\$16,419	\$ 87,217		34.46%	\$165,880
5	Medical Case Management	\$57,326	\$3,868	\$14,781		25.78%	\$42,545
	SS: MAI - Part A Only						
	SS: Office Based Services inc. Pediatric Treatment Adherence	\$10,847	\$ -	\$ -			
	SS: Field/In-Home Services	\$46,479	\$ 3,868	\$ 14,781		31.80%	\$31,699
	SS: Case Mgmt Child Care						
6	Case Management (Non-Medical)	\$73,876	\$ 4,010	\$ 20,536		27.80%	\$53,340
7	Mental Health Service	\$79,272	\$ 8,277	\$ 29,997		37.84%	\$49,275
8	Medical Transportation Services	\$113,991	\$ 13,494	\$ 47,060		41.28%	\$66,931
9	Substance Abuse Services - Outpatient						
10	Substance Abuse Services - Residential						
11	Housing	\$15,340	\$ -	\$ 2,208		14.39%	\$13,132
12	Child Care Services						
13	Emergency Financial Assistance						
14	Food Bank - Part B Only	\$11,982	\$ -	\$ 2,260		18.86%	\$9,722
15	Medical Nutritional Therapy	\$53,220	\$ 532	\$ 7,385		13.88%	\$45,835
16	Health Education/Risk Reduction	\$25,300	\$ 555	\$ 18,032		71.27%	\$7,268
17	Outreach Services						
18	Outreach Services MAI Part B Only	\$43,569	\$1,300	\$ 5,778		13.26%	\$37,791
	Sub-Total Sacramento County	\$1,125,584	\$75,384	\$368,808		32.77%	\$756,777
	Sub-Total TGA Direct Service Expenditures	\$1,268,388	\$81,913	\$400,734		31.59%	\$867,655

Recipient - Grantee Admin	\$131,841	\$18,470	\$38,437		29.15%	\$93,404
Recipient - Quality Mgmt	\$63,853	\$0	\$14,575		22.83%	\$49,278
Grand- Total Direct Services, Recipient	\$1,464,082	\$100,383	\$453,745		30.99%	\$1,010,337

Missing Invoices
None

June		
Under 5%		0-19%
Within 5%		20-30%
Over 5%		31% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Cumulative Expenditures	% Shade	% Used	Remaining Balance
Part B	\$ 1,224,819	\$ 80,613	\$ 394,956		32.2%	\$ 829,864
Part B MAI	\$ 43,569	\$ -	\$ 5,778		13.3%	\$ 37,791

Part B Only

April 1, 2022 - March 31, 2023

YOLO COUNTY - July 2022					
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Ambulatory/Outpatient Care					
Health Insurance Premium & Cost Sharing Asst.					
Oral Health					-
Medical Case Management					#DIV/0!
Medical Transportation Services					#DIV/0!
Housing					-
Emergency Financial Assistance					-
Food Bank/Home Delivered Meals					#DIV/0!
Sub-Total Yolo County	\$0	\$ -	\$ -		#DIV/0!

Missing Invoices
None

July		
Under 5%		0-27%
Within 5%		28-38%
Over 5%		39% - Over

SACRAMENTO COUNTY - July 2022					
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
1 Ambulatory/Outpatient Care	\$0	\$ -	\$ -		#DIV/0!
SS: Ambulatory/Outpatient Medical Care					#DIV/0!
SS: Vendor paid viral load resistance lab test					
2 ADAP/Prescription Medications					
3 Health Insurance Premium & Cost Sharing Asst.					
4 Oral Health					#DIV/0!
5 Medical Case Management	\$0	\$ -	\$ -		#DIV/0!
SS: MAI - Part A Only					
SS: Office Based Services inc. Pediatric Treatment Adherence					
SS: Field/In-Home Services					#DIV/0!
SS: Case Mgmt Child Care					
6 Case Management (Non-Medical)					#DIV/0!
7 Mental Health Service					#DIV/0!
8 Medical Transportation Services					#DIV/0!
9 Substance Abuse Services - Outpatient					
10 Substance Abuse Services - Residential					
11 Housing					#DIV/0!
12 Child Care Services					
13 Emergency Financial Assistance					
14 Food Bank - Part B Only					#DIV/0!
15 Medical Nutritional Therapy					#DIV/0!
16 Health Education/Risk Reduction					#DIV/0!
17 Outreach Services					#DIV/0!
18 Outreach Services MAI Part B Only					#DIV/0!
Sub-Total Sacramento County	\$0	\$ -	\$ -		#DIV/0!
Sub-Total TGA Direct Service Expenditures	\$ -	\$ -	\$ -		#DIV/0!

Recipient - Grantee Admin					#DIV/0!
Recipient - Quality Mgmt					#DIV/0!
Grand- Total Direct Services, Recipient	\$ -	\$ -	\$ -		#DIV/0!

Missing Invoices/Notes

July		
Under 5%		0-27%
Within 5%		28-38%
Over 5%		39% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Cumulative Expenditures	% Shade	% Used
--	-----------------	---------------	-------------------------	---------	--------

Priority Number

Part B Only

Part B	\$ -	\$ -	\$ -		#DIV/0!
Part B MAI	\$ -	\$ -	\$ -		#DIV/0!

Remaining Balance	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

Remaining Balance	
\$	-
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\$	-

\$	-
\$	-
\$	-

Remaining Balance	
-------------------	--

\$	-
\$	-

Part B Only

April 1, 2022 - March 31, 2023

YOLO COUNTY - August 2022						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care						
Health Insurance Premium & Cost Sharing Asst.						
Oral Health					#DIV/0!	\$0
Medical Case Management					#DIV/0!	\$0
Medical Transportation Services					#DIV/0!	\$0
Housing					#DIV/0!	\$0
Emergency Financial Assistance					#DIV/0!	\$0
Food Bank/Home Delivered Meals					#DIV/0!	\$0
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!	\$0

Missing Invoices

August		
Under 5%		0-35%
Within 5%		36-46%
Over 5%		47% - Over

Underspending
 On Target
 Overspending

Part B Only

April 1, 2022 - March 31, 2023

Priority Number

SACRAMENTO COUNTY - August 2022						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1 Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
SS: Ambulatory/Outpatient Medical Care					#DIV/0!	\$0
SS: Vendor paid viral load resistance lab test						
2 ADAP/Prescription Medications						
Health Insurance Premium & Cost Sharing Asst.						
3 Oral Health					#DIV/0!	\$0
5 Medical Case Management	\$0	\$0	\$0		#DIV/0!	\$0
SS: MAI - Part A Only						
SS: Office Based Services inc. Pediatric Treatment Adherence						
SS: Field/In-Home Services					#DIV/0!	\$0
SS: Case Mgmt Child Care						
6 Case Management (Non-Medical)					#DIV/0!	\$0
7 Mental Health Service					#DIV/0!	\$0
8 Medical Transportation Services					#DIV/0!	\$0
9 Substance Abuse Services - Outpatient						
10 Substance Abuse Services - Residential						
11 Housing					#DIV/0!	\$0
12 Child Care Services						
13 Emergency Financial Assistance						
14 Food Bank - Part B Only					#DIV/0!	\$0
15 Medical Nutritional Therapy					#DIV/0!	\$0
16 Health Education/Risk Reduction					#DIV/0!	\$0
17 Outreach Services					#DIV/0!	\$0
18 Outreach Services MAI Part B Only					#DIV/0!	\$0
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!	\$0
Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!	\$0
Recipient - Grantee Admin					#DIV/0!	\$0
Recipient - Quality Mgmt					#DIV/0!	\$0
Grand- Total Direct Services, Recipient	\$0	\$0	\$0		#DIV/0!	\$0

Missing Invoices

August		
Under 5%		0-35%
Within 5%		36-46%
Over 5%		47% - Over

Underspending
On Target
Overspending

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part B	\$0	\$0	\$0		#DIV/0!	\$0
Part B MAI	\$0				#DIV/0!	\$0

Part B Only

April 1, 2022 - March 31, 2023

YOLO COUNTY - September 2022	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Food Bank/Home Delivered Meals					#DIV/0!	\$ -
Health Insurance Premium & Cost Sharing Asst.					#DIV/0!	\$ -
Oral Health					#DIV/0!	\$ -
Medical Case Management					#DIV/0!	\$ -
Medical Transportation Services					#DIV/0!	\$ -
Housing					#DIV/0!	\$ -
Emergency Financial Assistance						
Food Bank/Home Delivered Meals					#DIV/0!	\$ -
Sub-Total Yolo County	\$ -	\$0	\$0		#DIV/0!	\$ -

Missing Invoices None

September		
Under 5%		0-44%
Within 5%		45-55%
Over 5%		56% - Over

SACRAMENTO COUNTY - September 2022		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
1	Ambulatory/Outpatient Care	\$ -	\$0	\$0		#DIV/0!	\$ -
	SS: Ambulatory/Outpatient Medical Care					#DIV/0!	\$ -
	SS: Vendor paid viral load resistance lab test					#DIV/0!	\$ -
2	ADAP/Prescription Medications					#DIV/0!	\$ -
3	Asst.					#DIV/0!	\$ -
4	Oral Health					#DIV/0!	\$ -
5	Medical Case Management	\$ -	\$0	\$0		#DIV/0!	\$ -
	SS: MAI - Part A Only					#DIV/0!	\$ -
	SS: Office based Services inc. Pediatric Treatment Adherence					#DIV/0!	\$ -
	SS: Field/In-Home Services					#DIV/0!	\$ -
	SS: Case Mgmt Child Care					#DIV/0!	\$ -
6	Case Management (Non-Medical)					#DIV/0!	\$ -
7	Mental Health Service					#DIV/0!	\$ -
8	Medical Transportation Services					#DIV/0!	\$ -
9	Substance Abuse Services - Outpatient					#DIV/0!	\$ -
10	Substance Abuse Services - Residential					#DIV/0!	\$ -
11	Housing					#DIV/0!	\$ -
12	Child Care Services					#DIV/0!	\$ -
13	Emergency Financial Assistance					#DIV/0!	\$ -
14	Food Bank - Part B Only					#DIV/0!	\$ -
15	Medical Nutritional Therapy					#DIV/0!	\$ -
16	Health Education/Risk Reduction					#DIV/0!	\$ -
17	Outreach Services					#DIV/0!	\$ -
18	Outreach Services MAI Part B Only					#DIV/0!	\$ -
	Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!	\$ -
	Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!	\$ -

Rounding						
Recipient - Grantee Admin					#DIV/0!	\$0
Recipient - Quality Mgmt					#DIV/0!	\$0
Grand- Total Direct Services, Recipient	\$ -	\$0	\$0		#DIV/0!	\$0

Missing Invoices Fiscal Agent bills quarterly
--

September		
Under 5%		0-44%
Within 5%		45-55%
Over 5%		56% - Over

Priority Number

Part B Only

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A					#DIV/0!	\$0
Part B					#DIV/0!	\$0
Part A MAI					#DIV/0!	\$0
DHHS					#DIV/0!	\$0
Part B Supplemental X08					#DIV/0!	\$0

[illegible]

Prorated Trended Amount	Spending Rate	#DIV/0!
\$ -		#DIV/0!
\$ -		#DIV/0!
\$ -		#DIV/0!
\$ -		#DIV/0!

Part B Only

April 1, 2022 - March 31, 2023

YOLO COUNTY - October 2022	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Health Insurance Premium & Cost Sharing Asst.						\$ -
Oral Health					#DIV/0!	\$ -
Medical Case Management					#DIV/0!	\$ -
Medical Transportation Services					#DIV/0!	\$ -
Housing					#DIV/0!	\$ -
Emergency Financial Assistance					#DIV/0!	\$ -
Food Bank/Home Delivered Meals					#DIV/0!	\$ -
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!	\$ -

Missing Invoices None

October		
Under 5%		0-52%
Within 5%		53-63%
Over 5%		64% - Over

Priority Number

SACRAMENTO COUNTY - October 2022	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
1 Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
SS: Ambulatory/Outpatient Medical Care					#DIV/0!	\$0
SS: Vendor paid viral load resistance lab test						
2 ADAP/Prescription Medications						
3 Health Insurance Premium & Cost Sharing Asst.						
4 Oral Health					#DIV/0!	\$0
5 Medical Case Management	\$0	\$0	\$0		#DIV/0!	\$0
SS: MAI - Part A Only						
SS: Office Based Services inc. Pediatric Treatment Adherence						\$0
SS: Field/In-Home Services					#DIV/0!	\$0
SS: Case Mgmt Child Care						
6 Case Management (Non-Medical)					#DIV/0!	\$0
7 Mental Health Services					#DIV/0!	\$0
8 Medical Transportation Services					#DIV/0!	\$0
9 Substance Abuse Services - Outpatient						
10 Substance Abuse Services - Residential						
11 Housing					#DIV/0!	\$0
12 Child Care Services						
13 Emergency Financial Assistance						
14 Food Bank - Part B Only					#DIV/0!	\$0
15 Medical Nutritional Therapy					#DIV/0!	\$0
16 Health Education/Risk Reduction					#DIV/0!	\$0
17 Outreach Services					#DIV/0!	\$0
18 Outreach Services MAI Part B Only					#DIV/0!	\$0
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!	\$0
Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!	\$0

Recipient - Grantee Admin					#DIV/0!	\$0
Recipient - Quality Mgmt					#DIV/0!	\$0
Grand- Total Direct Services, Recipient	\$0	\$0	\$0		#DIV/0!	\$0

Missing Invoices

October		
Under 5%		0-52%
Within 5%		53-63%
Over 5%		64% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenses	% Shade	% Used	Remaining Balance
Part B					#DIV/0!	\$0
Part B MAI					#DIV/0!	\$0

\$0 \$0 \$0 \$0

Part B Only

April 1, 2022 - March 31, 2023

YOLO COUNTY - November 2022		Approved Budget	Current Month	Total Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
Oral Health						#DIV/0!	\$ -
Medical Case Management						#DIV/0!	\$ -
Medical Transportation Services						#DIV/0!	\$ -
Housing						#DIV/0!	\$ -
Emergency Financial Assistance						#DIV/0!	\$ -
Food Bank/Home Delivered Meals						#DIV/0!	\$ -
Sub-Total Yolo County		\$0	\$0	\$0		#DIV/0!	\$ -

Missing Invoices	
None	

November		
Under 5%		0-60%
Within 5%		61-71%
Over 5%		72% - Over

SACRAMENTO COUNTY - November 2022		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
1	Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
	SS: Ambulatory/Outpatient Medical Care					#DIV/0!	\$0
	SS: Vendor paid viral load resistance lab test						
2	ADAP/Prescription Medications						
3	Health Insurance Premium & Cost Sharing Asst.						
4	Oral Health	\$221,000	\$16,614	\$129,034		58.39%	\$91,966
5	Medical Case Management	\$42,407	\$5,064	\$28,568		67.37%	\$13,839
	SS: MAI - Part A Only						
	SS: Office Based Services inc. Pediatric Treatment Adherence						
	SS: Field/In-Home Services	\$42,407	\$5,064	\$28,568		67.37%	\$13,839
	SS: Case Mgmt Child Care						
6	Case Management (Non-Medical)	\$65,500	\$5,774	\$37,942		57.93%	\$27,558
7	Mental Health Service	\$53,914	\$5,856	\$36,473		67.65%	\$17,442
8	Medical Transportation Services	\$75,000	\$12,046	\$31,177		41.57%	\$43,823
9	Substance Abuse Services - Outpatient						
10	Substance Abuse Services - Residential						
11	Housing	\$14,779	\$1,156	\$7,106		48.08%	\$7,673
12	Child Care Services						
13	Emergency Financial Assistance						
14	Food Bank - Part B Only	\$20,000	\$1,770	\$3,880		19.40%	\$16,120
15	Medical Nutritional Therapy	\$48,800	\$6,123	\$30,330		62.15%	\$18,470
16	Health Education/Risk Reduction	\$24,280	\$2,274	\$14,554		59.94%	\$9,726
17	Outreach Services	\$41,400	\$-	\$6,097		14.73%	\$35,304
18	Outreach Services MAI Part B Only	\$37,192	\$1,592	\$5,907		15.88%	\$31,285
	Sub-Total Sacramento County	\$644,272	\$58,268	\$331,067		51.39%	\$313,205
	Sub-Total TGA Direct Service Expenditures	\$644,272	\$58,268	\$331,067		51.39%	\$313,205

Recipient - Grantee Admin	\$126,226	\$8,005	\$61,693		48.88%	\$64,533
Recipient - Quality Mgmt	\$61,048	\$4,717	\$37,202		60.94%	\$23,846
Grand- Total Direct Services, Recipient	\$831,546	\$70,990	\$429,962		51.71%	\$401,584

Missing Invoices	
None	

November		
Under 5%		0-60%
Within 5%		61-71%
Over 5%		72% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Total Expenditures	% Shade	% Used	Remaining Balance
Part B	\$607,080	\$56,676	\$325,160		53.56%	\$281,920
Part B MAI	\$37,192	\$1,592	\$5,907		15.88%	\$31,285

Priority Number

Part B Only

April 1, 2022 - March 31, 2023

Priority Number

YOLO COUNTY - December 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Oral Health					#DIV/0!
Medical Case Management					#DIV/0!
Medical Transportation Services					#DIV/0!
Housing					#DIV/0!
Emergency Financial Assistance					#DIV/0!
Food Bank/Home Delivered Meals					#DIV/0!
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!

SACRAMENTO COUNTY - December 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
1 Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!
SS: Ambulatory/Outpatient Medical Care					#DIV/0!
SS: Vendor paid viral load resistance lab test					
2 ADAP/Prescription Medications					
Health Insurance Premium & Cost Sharing Asst.					
3 Oral Health					#DIV/0!
4 Medical Case Management	\$0	\$0	\$0		#DIV/0!
SS: MAI - Part A Only					
SS: Office Based Services inc. Pediatric Treatment Adherence					
SS: Field/In-Home Services					#DIV/0!
SS: Case Mgmt Child Care					
6 Case Management (Non-Medical)					#DIV/0!
7 Mental Health Service					#DIV/0!
8 Medical Transportation Services					#DIV/0!
9 Substance Abuse Services - Outpatient					
10 Substance Abuse Services - Residential					
11 Housing					#DIV/0!
12 Child Care Services					
13 Emergency Financial Assistance					
14 Food Bank - Part B Only					#DIV/0!
15 Medical Nutritional Therapy					#DIV/0!
16 Health Education/Risk Reduction					#DIV/0!
17 Outreach Services					#DIV/0!
18 Outreach Services MAI Part B Only					#DIV/0!
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!
Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!

Recipient - Grantee Admin					#DIV/0!
Recipient - Quality Mgmt					#DIV/0!
Grand- Total Direct Services, Recipient					#DIV/0!

Missing Invoices
None

December		
Under 5%		0-69%
Within 5%		70-80%
Over 5%		81% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used
Part B	\$0	\$0	\$0		#DIV/0!
Part B MAI Outreach	\$0	\$0	\$0		#DIV/0!

Remaining Balance
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -

Remaining Balance
\$0
\$0
\$0
\$0
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\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0

\$0
\$0
\$0

Remaining Balance
\$0
\$0

Part B Only

Priority Number

YOLO COUNTY - January 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Oral Health					#DIV/0!	\$ -
Medical Case Management					#DIV/0!	\$ -
Medical Transportation Services					#DIV/0!	\$ -
Housing					#DIV/0!	\$ -
Emergency Financial Assistance					#DIV/0!	\$ -
Food Bank/Home Delivered Meals					#DIV/0!	\$ -
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!	\$ -

Missing Invoices None

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

	SACRAMENTO COUNTY - January 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
	Service Category						
1	Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
	SS: Ambulatory/Outpatient Medical Care					#DIV/0!	\$0
	SS: Vendor paid viral load resistance lab test						
2	ADAP/Prescription Medications						
3	Health Insurance Premium & Cost Sharing Asst.						
4	Oral Health					#DIV/0!	\$0
5	Medical Case Management	\$0	\$0			#DIV/0!	\$0
	SS: MAI - Part A Only						
	Adherence						
	SS: Field/In-Home Services					#DIV/0!	\$0
	SS: Case Mgmt Child Care						
6	Case Management (Non-Medical)					#DIV/0!	\$0
7	Mental Health Service					#DIV/0!	\$0
8	Medical Transportation Services					#DIV/0!	\$0
9	Substance Abuse Services - Outpatient						
10	Substance Abuse Services - Residential						
11	Housing					#DIV/0!	\$0
12	Child Care Services						
13	Emergency Financial Assistance						
14	Food Bank - Part B Only					#DIV/0!	\$0
15	Medical Nutritional Therapy					#DIV/0!	\$0
16	Health Education/Risk Reduction					#DIV/0!	\$0
17	Outreach Services					#DIV/0!	\$0
18	Outreach Services MAI Part B Only					#DIV/0!	\$0
	Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!	\$0
	Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!	\$0

Recipient - Grantee Admin					#DIV/0!	\$0
Recipient - Quality Mgmt					#DIV/0!	\$0
Grand- Total Direct Services, Recipient					#DIV/0!	\$0

Missing Invoices

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

	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
TGA Direct Service Expenditures by \$ Source						
Part B	\$0	\$0	\$0		#DIV/0!	\$0
Part B MAI Outreach	\$0	\$0	\$0		#DIV/0!	\$0

Part B Only

April 1, 2022 - March 31, 2023

Priority Number

YOLO COUNTY - February 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Service Category					
Oral Health					#DIV/0!
Medical Case Management					#DIV/0!
Medical Transportation Services					#DIV/0!
Housing					#DIV/0!
Emergency Financial Assistance					#DIV/0!
Food Bank/Home Delivered Meals					#DIV/0!
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!

Missing Invoices	Under 5%	0-86%
	Within 5%	87-97%
	Over 5%	98% - Over

SACRAMENTO COUNTY - February 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Service Category					
1 Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!
SS: Ambulatory/Outpatient Medical Care					#DIV/0!
SS: Vendor paid viral load resistance lab test					
2 ADAP/Prescription Medications					
3 Health Insurance Premium & Cost Sharing Asst.					
4 Oral Health					#DIV/0!
5 Medical Case Management	\$0	\$0	\$0		#DIV/0!
SS: MAI - Part A Only					
SS: Office Based Services inc. Pediatric Treatment Adherence					
SS: Field/In-Home Services					#DIV/0!
SS: Case Mgmt Child Care					
6 Case Management (Non-Medical)					#DIV/0!
7 Mental Health Service					#DIV/0!
8 Medical Transportation Services					#DIV/0!
9 Substance Abuse Services - Outpatient					
10 Substance Abuse Services - Residential					
11 Housing					#DIV/0!
12 Child Care Services					
13 Emergency Financial Assistance					
14 Food Bank - Part B Only					#DIV/0!
15 Medical Nutritional Therapy					#DIV/0!
16 Health Education/Risk Reduction					#DIV/0!
17 Outreach Services					#DIV/0!
18 Outreach Services MAI Part B Only					#DIV/0!
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!
Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!

Recipient Administration					#DIV/0!
Recipient Quality Management					#DIV/0!
Grand- Total Direct Services, FAA					#DIV/0!

Missing Invoices	February		
	Under 5%		0-86%
	Within 5%		87-97%
	Over 5%		98% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used
Part B	\$0	\$0	\$0		#DIV/0!
Part B MAI Outreach	\$0	\$0	\$0		#DIV/0!

Remaining Balance	Overspending	Spending Rate
\$0	\$0.00	#DIV/0!
\$0	\$0.00	#DIV/0!

Part B Only

April 1, 2022 - March 31, 2023

Priority Number

YOLO COUNTY - March 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Service Category					
Ambulatory/Outpatient Care					#DIV/0!
Health Insurance Premium & Cost Sharing Asst.					#DIV/0!
Oral Health					#DIV/0!
Medical Case Management					#DIV/0!
Medical Transportation Services					#DIV/0!
Housing					#DIV/0!
Emergency Financial Assistance					#DIV/0!
Food Bank/Home Delivered Meals					#DIV/0!
Sub-Total Yolo County	\$0	\$0	\$0		#DIV/0!

Missing Invoices
None

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

SACRAMENTO COUNTY - March 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Service Category					
1 Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!
SS: Ambulatory/Outpatient Medical Care					#DIV/0!
SS: Vendor paid viral load resistance lab test					#DIV/0!
2 ADAP/Prescription Medications					#DIV/0!
3 Health Insurance Premium & Cost Sharing Asst.					#DIV/0!
4 Oral Health					#DIV/0!
5 Medical Case Management	\$0	\$0	\$0		#DIV/0!
SS: MAI - Part A Only					#DIV/0!
SS: Office Based Services inc. Pediatric Treatment Adherence					#DIV/0!
SS: Field/In-Home Services					#DIV/0!
SS: Case Mgmt Child Care					#DIV/0!
6 Case Management (Non-Medical)					#DIV/0!
7 Mental Health Service					#DIV/0!
8 Medical Transportation Services					#DIV/0!
9 Substance Abuse Services - Outpatient					#DIV/0!
10 Substance Abuse Services - Residential					#DIV/0!
11 Housing					#DIV/0!
12 Child Care Services					#DIV/0!
13 Emergency Financial Assistance					#DIV/0!
14 Food Bank - Part B Only					#DIV/0!
15 Medical Nutritional Therapy					#DIV/0!
16 Health Education/Risk Reduction					#DIV/0!
17 Outreach Services					#DIV/0!
18 Outreach Services MAI Part B Only					#DIV/0!
Sub-Total Sacramento County	\$0	\$0	\$0		#DIV/0!
Sub-Total TGA Direct Service Expenditures	\$0	\$0	\$0		#DIV/0!

Recipient - Grantee Admin					#DIV/0!
Recipient - Quality Mgmt					#DIV/0!
Grand- Total Direct Services, Recipient	\$0	\$0	\$0		#DIV/0!

Missing Invoices

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

[illegible]

Sacramento TGA



Recipient
FY22 1st Quarter Narrative Report
March 1, 2022 – May 31, 2022

FY22 1st QUARTER RECIPIENT REPORT

EXECUTIVE SUMMARY

The Sacramento Transitional Grant Area (TGA) served 1,623 unduplicated clients during the first quarter of Fiscal Year 2021; compared to 1,739 in FY21. In FY22, the greatest numbers of Ryan White clients in the Sacramento TGA are between the ages of 45-59 (35.43%), with the majority of individuals (84.9%) residing in Sacramento County as well.

Most notably, the TGA assisted 60 **new (never been served in the TGA) clients**. These are new clients in the TGA, which are the counties of Placer, El Dorado and Sacramento as well as Yolo. During the same period last year, the TGA also served 60 new clients.

There is a disproportionate impact of HIV/AIDS among African Americans in the TGA. Although they make up only 7.5% of the TGA's general population, they are 22.0% of the TGA's HIV/AIDS Prevalence (people living with HIV/AIDS) and their representation in the Ryan White system of care is currently 27.23%, 5.23% higher than their HIV/AIDS prevalence as of December 31, 2020. Also of note is the representation of the Hispanic caseload in the Ryan White system of care. For the first quarter of 2021, Hispanics accounted for 25.51% of the caseload or 2.7% higher than their HIV/AIDS prevalence of 22.8%. Thus, these two populations continue to be a priority target for outreach in the TGA, and current caseloads indicate the TGA has been successful in bringing and keeping their population in care.

During the first three months of FY22, 73.07% (1,186 clients) of the Ryan White clients in the Sacramento TGA had income ranges between 0 to 138% of the Federal Poverty Level. This is a slight increase over the prior year of 70.78%.

Of the Ryan White clients served in the first three months of FY22, males are the primary gender group (76.4%) living with HIV/AIDS. Likewise, Men Having Sex with Men (MSM) is the most reported mode of transmission at 56.01%.

The Recipient continues to meet the various reporting requirements and deadlines set forth by the United States Health and Human Resources Administration. The Recipient maintains a delicate balance meeting the federal and state reporting requirements, assisting and contracting with providers, staffing the Planning Council and responding to inquiries from consumers.

The Recipient continues to experience barriers in data acquisition. Program staff have been working closely with County I.T. to modify and correct its data import system which sends data from the SHARE system to ARIES. These various projects require on-going oversight to ensure data integrity. Extensive efforts have been made to correct the data on Viral Suppression. The County has been working to correct the issue.

1st QUARTER RECIPIENT REPORT for the Period of March 1, 2022 to May 31, 2022

Between the period of March 1, 2022 and May 31, 2022, the following major accomplishments occurred:

FISCAL ADMINISTRATIVE AGENT ACTIVITIES:

HRSA PART A GRANT

- Submitted FY21 RSR report to HRSA
- Reflectiveness updates to HRSA
- Participated in monthly Part A Project Officer Conference Calls
- Reconciled and approve year-end invoices with subrecipients
- Reconciled and approve year-end Part A claim with outstanding subrecipient payments
- Reconcile claim to various workbooks
- Worked on the FY21 Annual Progress Report, Allocations/Expenditures Report, SF424, Budget, Annual Administrative Expense Report, WICY Report, Part A and MAI Narrative Report and Service Category Plan due to HRSA on 5/29/22
- Prepare FY22 Provider contracts
- Prepare FY22 Provider budgets
- Prepare FY22 Scopes of Work
- Prepare Board letter for funding
- Worked on FY23 RPF
- Prep for Part A Site Visit
- Part A Virtual Site Visit

STATE OFFICE OF AIDS GRANT

- Submitted FY21 RSR report to State Office of AIDS (SOA)
- Uploaded client-level data into ARIES
- Submitted FY21 Final Part B and Part B MAI claims
- Reconcile claim to various workbooks
- Completed and submitted OA Part B and Part B MAI Summary Tracking sheet
- Completed and submitted OA Part B and Part B MAI Personnel Expenditure sheet
- Submitted FY21 Part B and Part B MAI year-end reports
- Submitted FY22 Part B amended budgets to State for approval
- Prepared FY21 1st, 2nd and 3rd Quarter Part B supplemental claims
- Prepare Board letter for funding
- Completed Virtual Monitoring Session with OA for Part B award

HRSA COVID GRANT

- Reconciled and approve year-end COVID claim
- Reconcile claim to various workbooks
- Submit Monthly COVID Data Reports
- Prepared and submitted expenditure report to HRSA

HRSA ENDING THE EDIPEMIC (EHE) GRANT

- Reconciled and approve year-end HRSA ETE claim
- Reconciled claim to various workbooks
- Prepared and submitted Annual Tri-Annual data report
- Prepared and submitted Annual Tri-annual progress report
- Submitted expenditure report to HRSA
- Prepared allocations report for submittal
- Planning meetings for clinic
- Prepared Board letter for funding

RECIPIENT ADMINISTRATION

- Processed monthly subrecipient invoices
- Prepare FY22 Allocations/Expenditure worksheets and Provider Invoice Log
- Reconcile logs
- Created new internal tracking folders for FY22
- Participated in HRSA Technical Assistance webinars
- Participated in monthly OA stakeholder conference calls
- Participated in monthly California STD/HIV conference calls.
- Responded to inter-agency grievances
- Participated in STD/HIV Coordination meetings at County Public Health
- Participated in Public Health Strategic Planning Meetings
- Attended Public Health Leadership meetings
- Initiated multiple Contract and Budget Revisions for sub-recipients
- Participated in the Statewide ETE Coordination Planning with OA & Consultants

SUPPORT TO SERVICE SUBRECIPIENTS/CONTRACTORS:

- Conducted Service Provider meetings
- Provided technical assistance on RSR preparation and submitted with Subrecipient
- Send out RSR Completeness Reports to Subrecipients
- Conducted Technical Assistance Trainings with subrecipients
- Responded to various subrecipients questions regarding client needs and interpretations of Service Standards
- Responded to inquiries from subrecipients regarding budgetary issues
- Distributed 2022 United States Poverty Guidelines to subrecipients
- Provided Incomplete Intake reports to subrecipients to update client intakes in SHARE
- Provided Lab Review reports to subrecipients to update client intakes in SHARE
- Provided Exception reports to subrecipients to update client intakes in SHARE
- Set up/Deleted SHARE user accounts per subrecipients requests
- Corrected erroneous billings
- Reviewed dental pre-authorizations from subrecipients and County Dental Coordinator to determine eligibility for RW funds.
- Provided Technical Assistance on uploading batch invoices into SHARE
- Provided Technical Assistance on dental pre-authorizations
- Provided Technical Assistance on invoicing and budgeting to various subrecipients

SUPPORT TO THE HIV HEALTH SERVICES PLANNING COUNCIL:

- Distributed Council Membership Binder Updates
- Prepared Monthly Committee Agendas and Materials for all Planning Council sub-committees.
- Participated in regular Executive, Priorities and Allocations, Administrative Assessment, Prevention, Needs Assessment, Affected Communities, and Quality Advisory Committee meetings.
- Submitted requests to PHAB and County Board of Supervisors to appoint new members
- Maintained Sacramento TGA website with current agendas, minutes, event information, and Council Membership Binder updates
- Submitted FY21 Summary of Council Self-Assessment Findings to HHSPC
- Conducted New Member Orientation for Council
- Sent Form 700 and AB1234 Ethics submission reminders to Council Members

BARRIERS TO CARE:

One Subrecipient reported that clients report HIV related care is good but complain about wait times for appointments. Clients have also expressed appreciation for in-person services rather than telehealth. However, lack of affordable housing continues to be problematic. Cost of living increases and unemployment can affect clients' abilities to maintain basic living needs, including food and clothing, and are adversely affecting their ability to remain in care. Clients have been placed in the predicament of purchasing basic needs or spending their minimal income on transportation to appointments. In the rural areas, this is an even greater issue where there is a lack of basic community support services for PLWH/A.

Another Subrecipient reported that transportation, managing the bus schedules and the amount of time it takes to use the bus/navigate the system, is a barrier. Housing lists are overwhelmed as well. Difficulty obtaining primary care and mental health appointments were also noted.

UTILIZATION AND TRENDS IN CARE:

- **New Clients:** During the first quarter of Fiscal Year 2022, the TGA served 60 new unduplicated clients. Four of the clients reside in Placer County, four in Yolo, seven new clients in El Dorado County and the other 45 reside in Sacramento.

In comparison, during the first quarter of Fiscal Year 2021, the TGA served 60 new unduplicated clients. Four of the clients reside in Placer County, five in Yolo, three in El Dorado County and the other 48 reside in Sacramento.

TOTAL CLIENTS:

The following data is as of May 31, 2022. There were a total of 1,623 unduplicated clients receiving services in the Sacramento Transitional Grant Area. There were 1,739 clients during the same reporting period the prior year.

- **Clients by Age:**

Age Category	2021			2022	
	# of HIV+ Clients	% of HIV+ Clients		# of HIV- Clients*	% of HIV- Clients*
Infants 0 - 2 years	0	0.00%		1	0.05%
Children 3 - 12 years	1	0.06%		1	0.06%
Youth 13 - 19 years	10	0.58%		9	0.55%
Youth 20 - 24 years	32	1.84%		29	1.79%
Adults 25 - 44 years	556	31.97%		537	33.09%
Adults 45 - 59 years	636	36.57%		575	35.43%
Adults 60+	504	28.98%		471	29.02%
Totals	1,739	100%		1,623	100%

- **Clients by County:**

During the first quarter of fiscal year 2022, 84.90% of the clients (1,378) resided in the County of Sacramento. El Dorado County was home to 4.93% of the clients (80); Placer 5.61% of the clients (91); and Yolo was home to 4.56% of the clients (74).

Whereas, during the first quarter of fiscal year 2021, 85.68% of the clients (1,490) resided in the County of Sacramento. El Dorado County was home to 4.20% of the clients (73); Placer 5.58% of the clients (97); and Yolo was home to 4.54% of the clients (79).

- **Clients by Ethnicity:**

	1 st Quarter			1 st Quarter	
	2021	% of Current Clients		2022	% of Current Clients
White	750	43.13%		675	41.59%
Black/African American	471	27.08%		442	27.23%
Asian/Pacific Islander	74	4.26%		74	4.56%
Hispanic (of any race)	423	24.32%		414	25.51%
American Indian/Alaskan	21	1.21%		18	1.11%
	1,739	100%		1,623	100%

- **Clients by Gender:** As of May 31, 2022, there were 46 transgender clients [2.83%], 1,240 male clients [76.40%] and 337 female clients [20.76%]. During the same period of fiscal year 2021, there were 40 transgender clients [2.30%], 1,343 male clients [77.23%] and 356 female clients [20.47%].

There was a 15% increase in transgender clients in FY21 over FY20. Whereas there was a decrease of 7% in male clients and 5.3% decrease in female clients in the TGA between FY21 and FY20.

- **Clients by Income:**

	2021			2022	
Percent of Poverty Level	# of Clients	% of Clients		# of Clients	% of Clients
No Income	411	23.63%		377	23.23%
100% of Poverty	597	34.33%		603	37.15%
101 - 138% of Poverty	223	12.82%		206	12.69%
139 - 250% of Poverty	233	13.40%		216	13.31%
251 - 300% of Poverty	178	10.24%		143	8.81%
Over 300% of Poverty	97	5.58%		78	4.81%
Total	1,739	100%		1,623	100.0%

In FY22, 60.38% of the clients (980) reported to be at 100% or below than the Federal Poverty Level. In comparison in FY21, 57.96% (1,008) of the clients reported being at 100% or below of the Federal Poverty Level. There has been an 14% decrease in clients reporting (higher) incomes at or above 139% of the Federal Poverty Level in FY22 compared to FY21.

- **Clients by Transmission:** There has been no significant change in the transmission methods of the TGA's clients. As of the end of the first quarter in FY22, Men Having Sex with Men (MSM) continue to represent the highest transmission level at 56.01%, with heterosexual transmission (29.45%) and Intravenous Drug Use (10.66%) the most common transmission methods.

Whereas, at of the end of the first quarter in FY21, Men Having Sex with Men (MSM) continue to represent the highest transmission level at 56.47%, with heterosexual transmission (29.21%) and Intravenous Drug Use (10.70%) the most common transmission methods.

It should also be noted that the top three methods of transmission rankings remain the same (1-MSM, 2-Heterosexual and 3-IDU).

- **Clients by CD4 Count:**

CD4 Range	2021			2022	
	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Below 200	131	7.53%		131	8.07%
200 - 499	499	28.69%		475	29.27%
500 - 749	518	29.79%		458	28.22%
750 - 1,499	558	32.09%		522	32.16%
Greater than 1,500	33	1.90%		37	2.28%
Unknown/Unreported	0	0.00%		0	0.00%
Total Clients	1,739			1,623	

- **Clients by Viral Load:**

Viral Load	2021			2022	
	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Unknown/Unreported	0	0.00%		1	0.06%
<= 20 (Undetectable)	1,167	67.11%		1,076	66.30%
21-200 (Virally Suppressed <=200)	366	21.05%		323	19.90%
201-999	58	3.34%		51	3.14%
1,000 - 4,999	41	2.36%		34	2.09%
5,000 - 9,999	18	1.04%		13	0.80%
10,000 - 24,999	16	0.92%		28	1.73%
25,000 - 74,999	28	1.61%		33	2.03%
75,000 or Higher	45	2.59%		64	3.94%
Total Clients	1,739			1,623	

MEDICAL PERFORMANCE INDICATORS:

Performance Indicator	National Average	State Average		2021			2022	
				# of Clients	% of Clients		# of Clients	% of Clients
Linked to Care within 30 days	72.60%	52.0%		14	43.75%		6	50.00%
In Medical Care				441	25.36%		308	18.98%
Retained in Care*	53.80%	50.0%		0	0.00%		0	0.00%
Virally Suppressed	50.10%	57.0%		763	43.88%		628	38.69%
On Drug Therapy	36.00%	N/A		1,667	95.86%		1,558	96.00%
Stably/Permanently Housed				221	12.71%		282	17.38%
Total Unduplicated Clients				1,739			1,623	

*As the definition of Retained in Care focuses on a 12-month reporting period and this is a three-month update, the percentage of clients Retained in Care for both fiscal years are inaccurate and will be better represented at the year-end report.

RECIPIENT BARRIERS:

The Recipient continues to evaluate its existing systems for improvements in reporting and to produce tools that can be used to track clients and improve health outcomes. However, these improvement can be financially prohibitive with the cap on administrative expenses allowable by HRSA.

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County of Sacramento
Department of Health Services
Public Health

New Clients by County and Service Category Report

DHS - CARE System Client Demographic Reports

Selection Criteria: Dates From 3/1/2022 To 5/31/2022

Service Category	New Clients
El Dorado	7
Emergency Financial Assistance	4
Medical Case Management	6
Medical Transportation Services	3
Non-Medical Case Management	3
Outpatient /Ambulatory Health Services	4
Placer	4
Emergency Financial Assistance	1
Health Education/Risk Reduction	3
Medical Case Management	2
Medical Transportation Services	1
Non-Medical Case Management	3
Outpatient /Ambulatory Health Services	3
Sacramento	45
Food Bank/Home Delivered Meals	2
Health Education/Risk Reduction	21
Medical Case Management	37
Medical Transportation Services	6
Mental Health Services	7
Non-Medical Case Management	25
Oral Health Care	3
Outpatient /Ambulatory Health Services	36
Substance Abuse Services-Outpatient	2
Yolo	4
Health Education/Risk Reduction	2
Medical Case Management	1
Non-Medical Case Management	3
Outpatient /Ambulatory Health Services	3
Grand Total - All Counties and Service Categories	60

This report shows new clients grouped by County and Service Category for clients with service detail records within



County of Sacramento
Department of Health Services
Public Health

Clients by Age Report

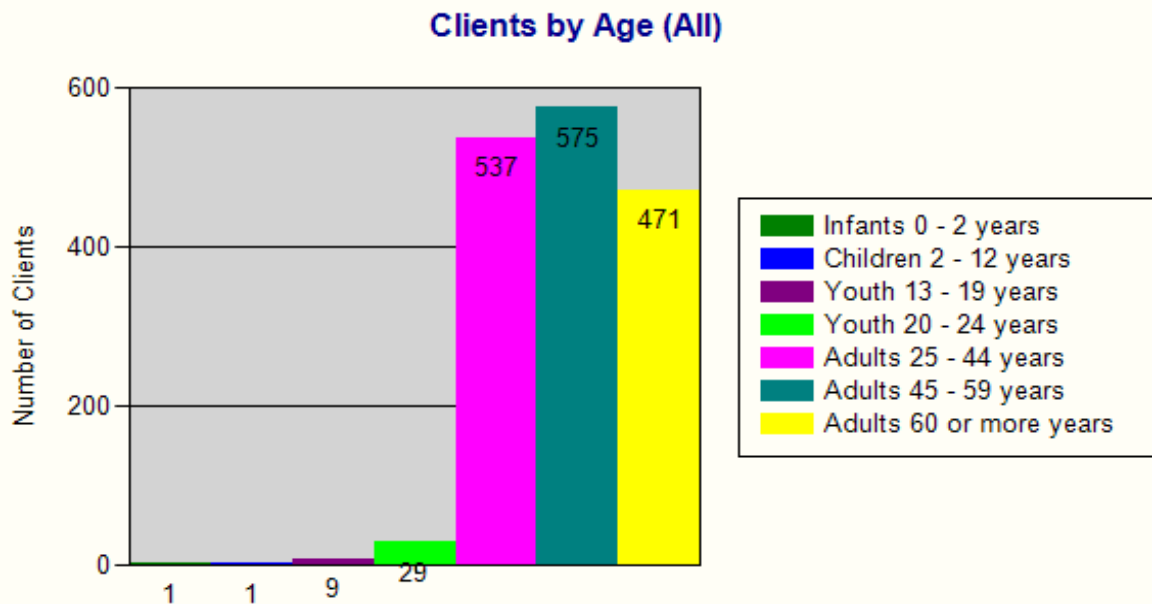
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Numeric Analysis	Age Category	Number of HIV+	Percentage HIV+
	Infants 0 - 2 years	1	0.06%
	Children 3 - 12 years	1	0.06%
	Youth 13 - 19 years	9	0.55%
	Youth 20 - 24 years	29	1.79%
	Adults 25 - 44 years	537	33.09%
	Adults 45 - 59 years	575	35.43%
	Adults 60 or more years	471	29.02%
Group Total		1,623	100.00%
Total Clients		1623	100.00%

Visual Analysis:





County of Sacramento
Department of Health Services
Public Health

Clients by County Report

DHS - CARE System

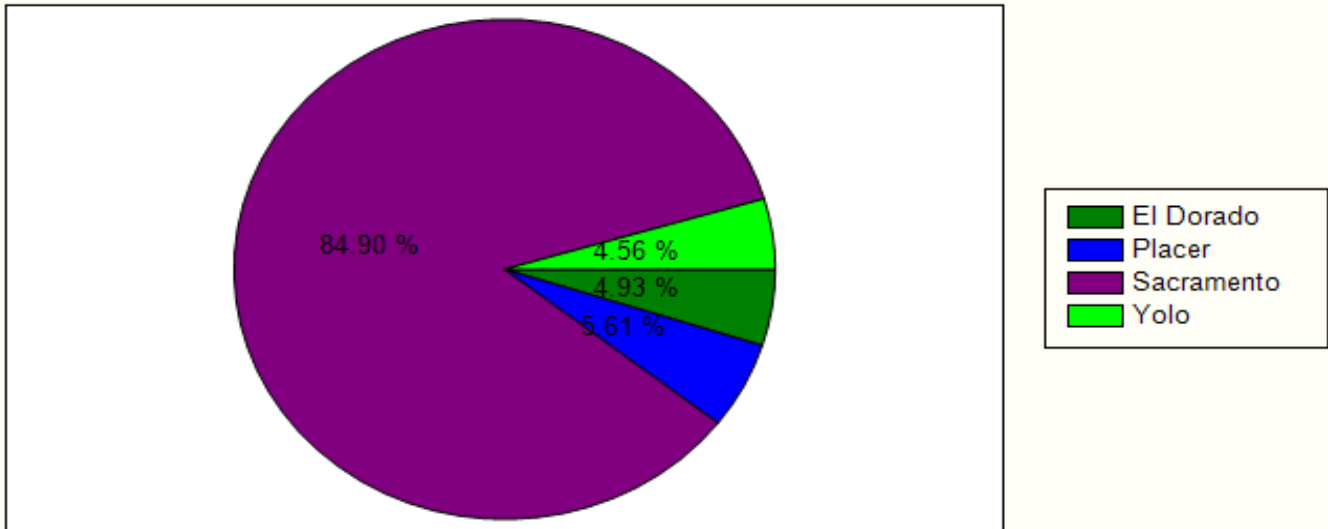
Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Numeric Analysis	County	Number of Clients	Percentage
	El Dorado	80	4.93%
	Placer	91	5.61%
	Sacramento	1,378	84.90%
	Yolo	74	4.56%
	Total Clients	1,623	100.00%

Visual Analysis:

Clients by County



This report is a distinct count of clients for each county who had services details within the specified date range.



Clients by Ethnicity Report

DHS - CARE System Client Demographic Reports

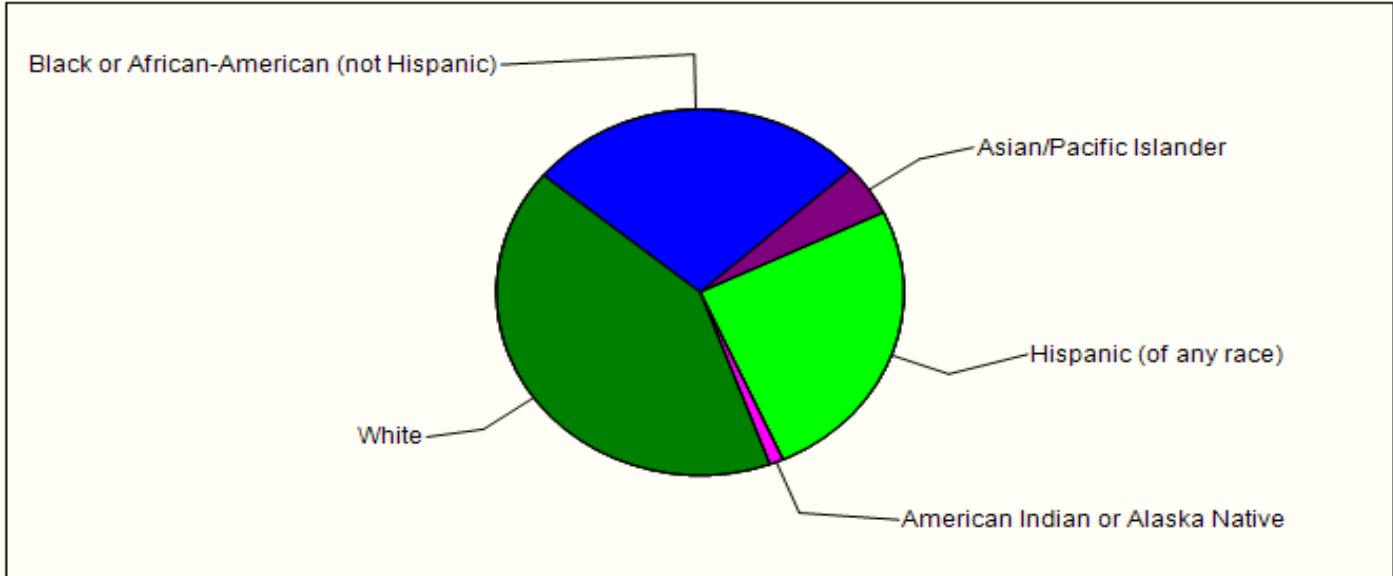
Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Ethnicity	Number of Clients	Percentage of Current Clients	Percentage of AIDS Prevalence	Percentage of HIV & AIDS	Percentage of General Population
White	675	41.59%	50.50%	48.30%	51.90%
Black or African-American (not Hispanic)	442	27.23%	23.70%	22.70%	7.50%
Asian/Pacific Islander	74	4.56%	3.30%	4.10%	13.00%
Hispanic (of any race)	414	25.51%	18.90%	20.70%	22.80%
American Indian or Alaska Native	18	1.11%	0.40%	0.40%	0.40%
Total Clients	1,623	100.00%	96.80%	96.20%	95.60%

*AIDS and HIV Prevalence rates for Native Hawaiian/Pacific Islander are included in the Asian prevalence figures.

**Percentage of AIDS Prevalence and Percentage of HIV/AIDS Prevalence does not total 100%. The race categories above are the required categories for the Ryan White Services Report. Whereas, the State Epidemiological information includes Multi-Race and Unspecified/Other which account for the remaining percentages.

Visual Analysis:



This report calculates ethnicity totals based on both race (tblClients.lngRaceID) and hispanic distribution (tblClients.strHispanicDist). Client counts include those clients who had service detail records in the specified date range.



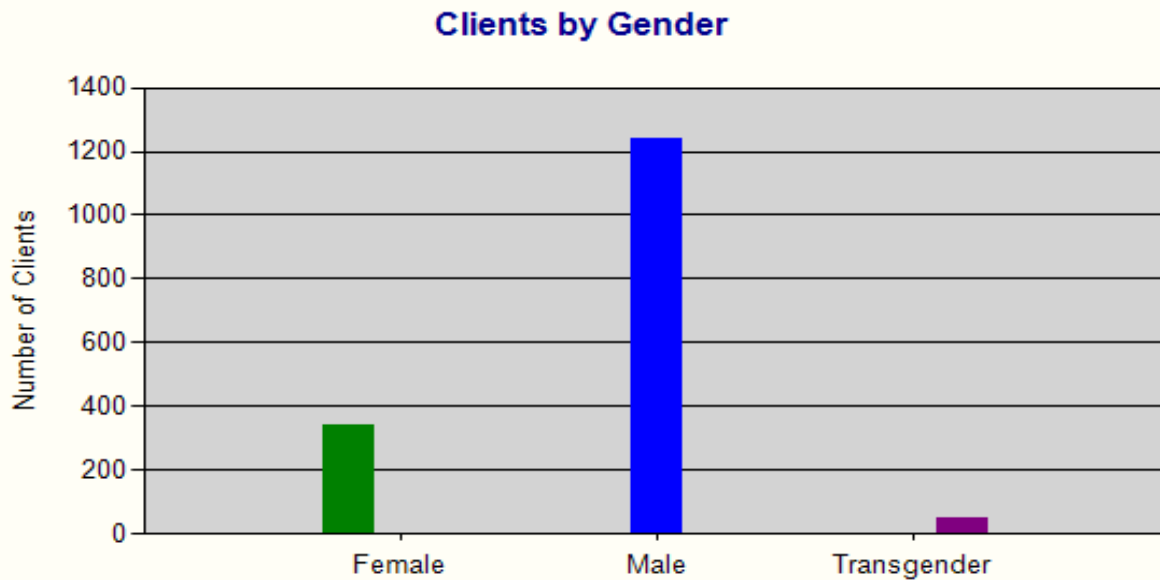
Clients by Gender Report

DHS - CARE System
Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Numeric Analysis	Age Category	Number of Clients	Percentage
	Female	337	20.76%
	Male	1,240	76.40%
	Transgender	46	2.83%
	Total Clients	1,623	99.99%

Visual Analysis:



This report is a distinct count of clients for each gender who had services details within the specified date range.



County of Sacramento
Department of Health Services
Public Health

Income By Persons in Household Report

DHS - CARE System
Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022
Using US Poverty Guidelines from 2022

Persons in Household	No Income			100% of Poverty			101-138% of Poverty			139-250% of Poverty			251-300% of Poverty			Over 300%		
	Guide	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct
1	0	335	20.64%	\$13,590	492	30.31%	\$18,754	163	10.04%	\$33,975	168	10.35%	\$40,770	117	7.21%	\$40,771	62	3.82%
2	0	32	1.97%	\$18,310	65	4.00%	\$25,268	25	1.54%	\$45,775	33	2.03%	\$54,930	17	1.05%	\$54,931	12	0.74%
3	0	2	0.12%	\$23,030	16	0.99%	\$31,781	6	0.37%	\$57,575	8	0.49%	\$69,090	6	0.37%	\$69,091	2	0.12%
4	0	5	0.31%	\$27,750	14	0.86%	\$38,295	7	0.43%	\$69,375	4	0.25%	\$83,250	2	0.12%	\$83,251	2	0.12%
5	0	2	0.12%	\$32,470	8	0.49%	\$44,809	4	0.25%	\$81,175	3	0.18%	\$97,410	1	0.06%	\$97,411	0	0.00%
6	0	1	0.06%	\$37,190	8	0.49%	\$51,322	1	0.06%	\$92,975	0	0.00%	\$111,570	0	0.00%	\$111,571	0	0.00%
7	0	0	0.00%	\$41,910	0	0.00%	\$57,836	0	0.00%	\$104,775	0	0.00%	\$125,730	0	0.00%	\$125,731	0	0.00%
8	0	0	0.00%	\$46,630	0	0.00%	\$64,349	0	0.00%	\$116,575	0	0.00%	\$139,890	0	0.00%	\$139,891	0	0.00%
Total		377	23.23%		603	37.15%		206	12.69%		216	13.31%		143	8.81%		78	4.81%
Total Clients			1,623															

Returns a result set of client counts by income level and number of persons in household. Client counts include only those clients with service detail records within a specified date range. This report allows the selection of date ranges and fiscal years. The date range selects which data will be included in the report and the fiscal year selects which poverty guidelines will be used.



Clients by Transmission Method Report

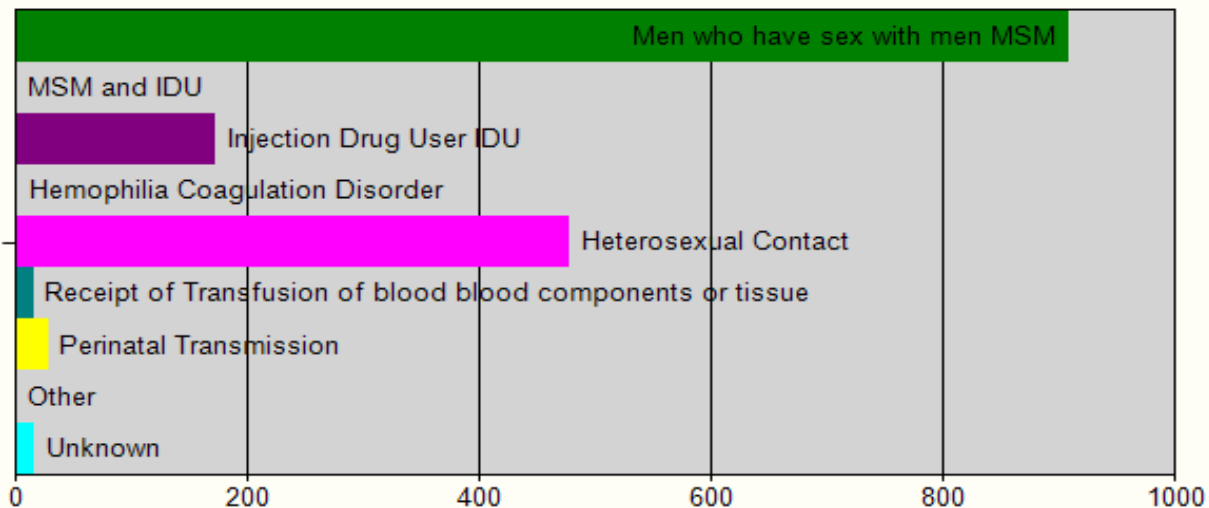
DHS - CARE System
Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Numeric Analysis	Transmission Method	Number of Clients	Percentage
	Men who have sex with men (MSM)	909	56.01%
	Injection Drug Use (IDU)	173	10.66%
	MSM and IDU	0	0.00%
	Hemophilia/Coagulation disorder	2	0.12%
	Heterosexual contact	478	29.45%
	Receipt of blood transfusion, blood components, or tissue	16	0.99%
	Perinatal transmission	29	1.79%
	Other	0	0.00%
	Undetermined/Unknown/Risk not reported or identified	16	0.99%
	Total Clients	1,623	100.00%

Visual Analysis:

Clients by Transmission Method



This report gives a count of clients for each transmission method (who had service details for the passed period)



County of Sacramento
Department of Health Services
Public Health

Clients by CD4 Report

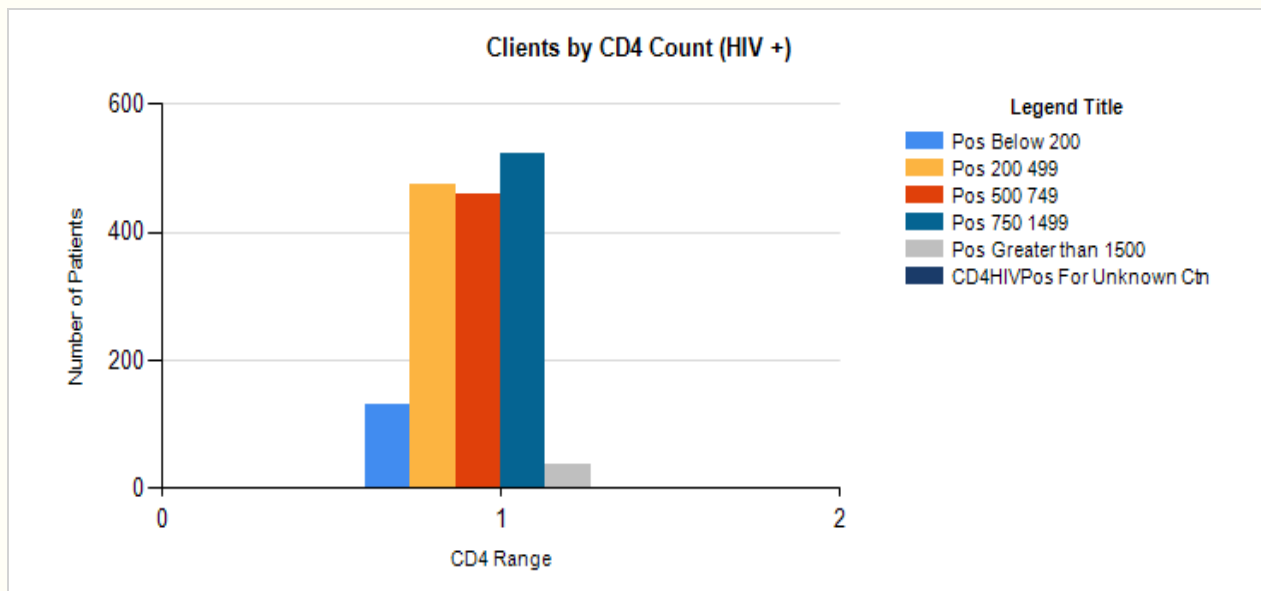
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Numeric Analysis	CD4 Range	Number of Clients	Percentage
		HIV+	HIV+
	Below 200	131	8.07%
	200 - 499	475	29.27%
	500 - 749	458	28.22%
	750 - 1499	522	32.16%
	Greather than 1500	37	2.28%
	Unknown/Unreported	0	0.00%
Group Total		1,623	100.00%
Total Clients		1623	100.00%

Visual Analysis:





Clients by Viral Load Report

DHS - CARE System

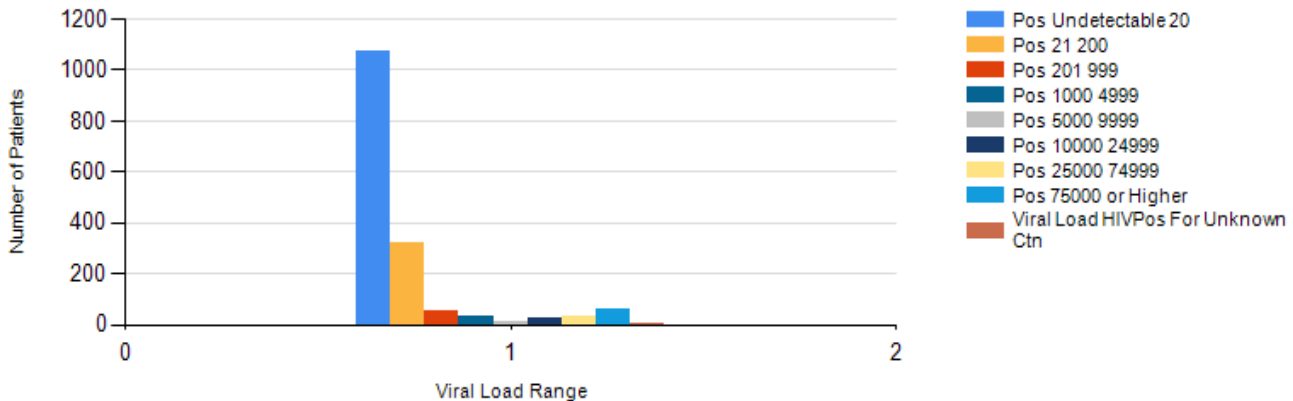
Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To May, 2022

Numeric Analysis	CD4 Range	Number of Clients		Percentage
		HIV+		HIV+
	Unknown/Unreported	1		0.06%
	<= 20 (Undetectable)	1,076		66.30%
	21 - 200 (Virally suppressed <=200)	323		19.90%
	201 - 999	51		3.14%
	1,000 - 4,999	34		2.09%
	5,000 - 9,999	13		0.80%
	10,000 - 24,999	28		1.73%
	25,000 - 74,999	33		2.03%
	75,000 or Higher	64		3.94%
Group Total		1,623		100.00%
Total Clients		1623		100.00%

Visual Analysis:

Clients by Viral Load Count (HIV +)





Quarterly Fiscal Report by Service Category

DHS - CARE System

Financial Reports

Quarterly Fiscal Report by Service Category - YTD run From: 3/1/2022 To: 5/31/2022

Quarterly Fiscal Report for Sacramento Region TGA

Selection Criteria: Quarterly Report run From: 3/1/2022 To: 5/31/2022

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Child Care Services													
Expenditure Allocation (\$)	\$2,577.58	\$2,577.58	\$2,577.58	\$2,577.58	\$2,577.58	\$2,577.58	\$2,577.58	\$2,577.58	%	\$2,577.58	\$2,577.58	\$2,577.58	\$30,931.00
Monthly Expenditure (\$)	\$1,485.00	\$1,641.75	\$2,528.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,655.38
Percent Expended	4.80%	5.31%	8.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.29%
Unit Allocation	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	2,343.26	28,119.09
Monthly Units	1,350.00	1,492.50	2,298.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,141.25
Percent	4.80%	5.31%	8.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.29%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	12
New Clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat Clients	6	6	8	0	0	0	0	0	0	0	0	0	9
Total Clients	6	6	8	0	0	0	0	0	0	0	0	0	9
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Black or African-American	3	3	5	0	0	0	0	0	0	0	0	0	5
Native Hawaiian/Pacific	0	0	0	0	0	0	0	0	0	0	0	0	0
White	3	3	3	0	0	0	0	0	0	0	0	0	4
Latino/Hispanic Distribution													
Hispanic or Latino/a	2	2	1	0	0	0	0	0	0	0	0	0	2
Non-Hispanic or Non-Latino/a	4	4	7	0	0	0	0	0	0	0	0	0	7
Gender													
Male	1	1	1	0	0	0	0	0	0	0	0	0	1
Female	5	5	7	0	0	0	0	0	0	0	0	0	8
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



County of Sacramento
Department of Health Services
Public Health

Quarterly Fiscal Report by Service Category

DHS - CARE System

Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Emergency Financial Assistance													
Expenditure Allocation (\$)	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$5,537.42	\$66,449.00
Monthly Expenditure (\$)	\$6,204.99	\$4,579.01	\$4,871.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,655.43
Percent Expended	9.34%	6.89%	7.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.56%
Unit Allocation	5,041.61	5,041.61	5,041.61	5,041.61	5,041.61	5,041.61	5,041.61	5,041.61	5,041.61	5,041.61	%	5,041.61	60,499.26
Monthly Units	5,640.90	4,162.74	4,428.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,232.21
Percent	9.32%	6.88%	7.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.52%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	214
New Clients	2	5	2	0	0	0	0	0	0	0	0	0	9
Repeat Clients	35	22	31	0	0	0	0	0	0	0	0	0	52
Total Clients	37	27	33	0	0	0	0	0	0	0	0	0	61
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	3	0	0	0	0	0	0	0	0	0	3
Black or African-American	1	3	4	0	0	0	0	0	0	0	0	0	5
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	36	24	26	0	0	0	0	0	0	0	0	0	53
Latino/Hispanic Distribution													
Hispanic or Latino/a	8	6	3	0	0	0	0	0	0	0	0	0	10
Non-Hispanic or Non-Latino/a	29	21	30	0	0	0	0	0	0	0	0	0	51
Gender													
Male	27	19	26	0	0	0	0	0	0	0	0	0	43
Female	10	8	7	0	0	0	0	0	0	0	0	0	18
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



County of Sacramento
Department of Health Services
Public Health

Quarterly Fiscal Report by Service Category

DHS - CARE System

Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Food Bank/Home Delivered Meals													
Expenditure Allocation (\$)	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$1,453.92	\$17,447.08
Monthly Expenditure (\$)	\$465.00	\$2,232.16	\$293.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,990.65
Percent Expended	2.67%	12.79%	1.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.14%
Unit Allocation	477.36	477.36	477.36	477.36	477.36	477.36	477.36	477.36	477.36	477.36	%	477.36	5,728.28
Monthly Units	465.00	2,232.16	293.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,990.65
Percent	8.12%	38.97%	5.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	52.21%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	112
New Clients	0	8	1	0	0	0	0	0	0	0	0	0	9
Repeat Clients	12	50	6	0	0	0	0	0	0	0	0	0	60
Total Clients	12	58	7	0	0	0	0	0	0	0	0	0	69
Ethnicity													
American Indian or Alaskan	2	1	1	0	0	0	0	0	0	0	0	0	3
Asian	0	2	0	0	0	0	0	0	0	0	0	0	2
Black or African-American	2	26	0	0	0	0	0	0	0	0	0	0	28
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	8	29	6	0	0	0	0	0	0	0	0	0	36
Latino/Hispanic Distribution													
Hispanic or Latino/a	8	19	5	0	0	0	0	0	0	0	0	0	26
Non-Hispanic or Non-Latino/a	4	39	2	0	0	0	0	0	0	0	0	0	43
Gender													
Male	8	38	5	0	0	0	0	0	0	0	0	0	46
Female	4	18	2	0	0	0	0	0	0	0	0	0	21
Transgender	0	2	0	0	0	0	0	0	0	0	0	0	2



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Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Health Education/Risk Reduction													
Expenditure Allocation (\$)	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$3,052.81	\$36,633.77
Monthly Expenditure (\$)	\$13,783.10	\$2,072.03	\$3,292.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,147.94
Percent Expended	37.62%	5.66%	8.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	52.27%
Unit Allocation	128.44	128.44	128.44	128.44	128.44	128.44	128.44	128.44	128.44	128.44	%	128.44	1,541.26
Monthly Units	96.00	78.00	110.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284.00
Percent	6.23%	5.06%	7.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.43%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	130
New Clients	16	9	13	0	0	0	0	0	0	0	0	0	38
Repeat Clients	3	5	3	0	0	0	0	0	0	0	0	0	9
Total Clients	19	14	16	0	0	0	0	0	0	0	0	0	47
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	1	0	0	0	0	0	0	0	0	0	0	0	1
Black or African-American	5	2	6	0	0	0	0	0	0	0	0	0	12
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	13	12	10	0	0	0	0	0	0	0	0	0	34
Latino/Hispanic Distribution													
Hispanic or Latino/a	8	4	6	0	0	0	0	0	0	0	0	0	17
Non-Hispanic or Non-Latino/a	11	10	10	0	0	0	0	0	0	0	0	0	30
Gender													
Male	16	11	15	0	0	0	0	0	0	0	0	0	41
Female	2	2	1	0	0	0	0	0	0	0	0	0	5
Transgender	1	1	0	0	0	0	0	0	0	0	0	0	1



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	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Health Insurance Premium & Cost Sharing													
Expenditure Allocation (\$)	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$1,711.58	\$20,539.00
Monthly Expenditure (\$)	\$64.68	\$64.68	\$64.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$194.04
Percent Expended	0.31%	0.31%	0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.93%
Unit Allocation	1,555.98	1,555.98	1,555.98	1,555.98	1,555.98	1,555.98	1,555.98	1,555.98	1,555.98	1,555.98	%	1,555.98	18,671.81
Monthly Units	58.80	58.80	58.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	176.40
Percent	0.31%	0.31%	0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.93%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	49
New Clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat Clients	1	1	1	0	0	0	0	0	0	0	0	0	1
Total Clients	1	1	1	0	0	0	0	0	0	0	0	0	1
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Black or African-American	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	1	1	1	0	0	0	0	0	0	0	0	0	1
Latino/Hispanic Distribution													
Hispanic or Latino/a	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Hispanic or Non-Latino/a	1	1	1	0	0	0	0	0	0	0	0	0	1
Gender													
Male	1	1	1	0	0	0	0	0	0	0	0	0	1
Female	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



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Housing Services													
Expenditure Allocation (\$)	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$3,100.10	\$37,201.20
Monthly Expenditure (\$)	\$290.20	\$0.00	\$2,294.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,585.00
Percent Expended	0.78%	0.00%	6.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.95%
Unit Allocation	2,662.56	2,662.56	2,662.56	2,662.56	2,662.56	2,662.56	2,662.56	2,662.56	2,662.56	2,662.56	%	2,662.56	31,950.72
Monthly Units	292.20	0.00	475.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	767.74
Percent	0.91%	0.00%	1.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.40%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	93
New Clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat Clients	1	0	2	0	0	0	0	0	0	0	0	0	3
Total Clients	1	0	2	0	0	0	0	0	0	0	0	0	3
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Black or African-American	1	0	0	0	0	0	0	0	0	0	0	0	1
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	2	0	0	0	0	0	0	0	0	0	2
Latino/Hispanic Distribution													
Hispanic or Latino/a	0	0	1	0	0	0	0	0	0	0	0	0	1
Non-Hispanic or Non-Latino/a	1	0	1	0	0	0	0	0	0	0	0	0	2
Gender													
Male	1	0	2	0	0	0	0	0	0	0	0	0	3
Female	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



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Medical Case Management													
Expenditure Allocation (\$)	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$113,646.05	\$1,363,752.63
Monthly Expenditure (\$)	\$90,246.65	\$105,445.06	\$99,024.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$294,716.36
Percent Expended	6.62%	7.73%	7.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.61%
Unit Allocation	7,200.87	7,200.87	7,200.87	7,200.87	7,200.87	7,200.87	7,200.87	7,200.87	7,200.87	7,200.87	%	7,200.87	86,410.42
Monthly Units	9,587.00	6,822.50	7,147.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,556.50
Percent	11.09%	7.90%	8.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	27.26%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	3,637
New Clients	36	18	9	0	0	0	0	0	0	0	0	0	63
Repeat Clients	663	558	469	0	0	0	0	0	0	0	0	0	904
Total Clients	699	576	478	0	0	0	0	0	0	0	0	0	967
Ethnicity													
American Indian or Alaskan	12	10	12	0	0	0	0	0	0	0	0	0	19
Asian	25	16	16	0	0	0	0	0	0	0	0	0	33
Black or African-American	211	162	135	0	0	0	0	0	0	0	0	0	278
Native Hawaiian/Pacific	7	4	4	0	0	0	0	0	0	0	0	0	9
White	444	384	311	0	0	0	0	0	0	0	0	0	628
Latino/Hispanic Distribution													
Hispanic or Latino/a	162	148	108	0	0	0	0	0	0	0	0	0	239
Non-Hispanic or Non-Latino/a	537	428	370	0	0	0	0	0	0	0	0	0	728
Gender													
Male	505	427	350	0	0	0	0	0	0	0	0	0	726
Female	180	135	117	0	0	0	0	0	0	0	0	0	220
Transgender	14	14	11	0	0	0	0	0	0	0	0	0	21



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Medical Nutrition Therapy													
Expenditure Allocation (\$)	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$5,823.30	\$69,879.57
Monthly Expenditure (\$)	\$4,864.36	\$2,786.67	\$1,187.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,838.40
Percent Expended	6.96%	3.99%	1.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.65%
Unit Allocation	1,098.01	1,098.01	1,098.01	1,098.01	1,098.01	1,098.01	1,098.01	1,098.01	1,098.01	1,098.01	%	1,098.01	13,176.09
Monthly Units	38.00	40.00	18.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96.00
Percent	0.29%	0.30%	0.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	300
New Clients	2	3	1	0	0	0	0	0	0	0	0	0	6
Repeat Clients	11	14	4	0	0	0	0	0	0	0	0	0	26
Total Clients	13	17	5	0	0	0	0	0	0	0	0	0	32
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	1	2	0	0	0	0	0	0	0	0	0	0	3
Black or African-American	8	5	1	0	0	0	0	0	0	0	0	0	12
Native Hawaiian/Pacific Islander	0	1	0	0	0	0	0	0	0	0	0	0	1
White	4	9	4	0	0	0	0	0	0	0	0	0	16
Latino/Hispanic Distribution													
Hispanic or Latino/a	4	3	0	0	0	0	0	0	0	0	0	0	6
Non-Hispanic or Non-Latino/a	9	14	5	0	0	0	0	0	0	0	0	0	26
Gender													
Male	10	12	4	0	0	0	0	0	0	0	0	0	24
Female	3	5	1	0	0	0	0	0	0	0	0	0	8
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



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Medical Transportation Services													
Expenditure Allocation (\$)	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$16,901.70	\$202,820.34
Monthly Expenditure (\$)	\$22,339.77	\$16,799.11	\$19,624.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,763.71
Percent Expended	11.01%	8.28%	9.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	28.97%
Unit Allocation	10,938.95	10,938.95	10,938.95	10,938.95	10,938.95	10,938.95	10,938.95	10,938.95	10,938.95	10,938.95	%		131,267.42
Monthly Units	14,317.92	13,135.14	10,456.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,909.84
Percent	10.91%	10.01%	7.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	28.89%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	756
New Clients	3	13	4	0	0	0	0	0	0	0	0	0	20
Repeat Clients	152	137	140	0	0	0	0	0	0	0	0	0	221
Total Clients	155	150	144	0	0	0	0	0	0	0	0	0	241
Ethnicity													
American Indian or Alaskan	4	2	2	0	0	0	0	0	0	0	0	0	4
Asian	3	3	5	0	0	0	0	0	0	0	0	0	6
Black or African-American	40	49	42	0	0	0	0	0	0	0	0	0	63
Native Hawaiian/Pacific Islander	2	0	1	0	0	0	0	0	0	0	0	0	2
White	106	96	94	0	0	0	0	0	0	0	0	0	166
Latino/Hispanic Distribution													
Hispanic or Latino/a	33	29	22	0	0	0	0	0	0	0	0	0	48
Non-Hispanic or Non-Latino/a	122	121	122	0	0	0	0	0	0	0	0	0	193
Gender													
Male	109	110	106	0	0	0	0	0	0	0	0	0	172
Female	42	35	35	0	0	0	0	0	0	0	0	0	64
Transgender	4	5	3	0	0	0	0	0	0	0	0	0	5



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Mental Health Services													
Expenditure Allocation (\$)	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$39,919.70	\$479,036.36
Monthly Expenditure (\$)	\$49,467.57	\$41,503.00	\$44,824.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$135,794.97
Percent Expended	10.33%	8.66%	9.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	28.35%
Unit Allocation	750.77	750.77	750.77	750.77	750.77	750.77	750.77	750.77	750.77	750.77	%	750.77	9,009.25
Monthly Units	1,013.25	855.25	877.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.50
Percent	11.25%	9.49%	9.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.47%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	758
New Clients	6	2	9	0	0	0	0	0	0	0	0	0	17
Repeat Clients	149	153	145	0	0	0	0	0	0	0	0	0	257
Total Clients	155	155	154	0	0	0	0	0	0	0	0	0	274
Ethnicity													
American Indian or Alaskan	3	1	1	0	0	0	0	0	0	0	0	0	3
Asian	6	5	5	0	0	0	0	0	0	0	0	0	7
Black or African-American	32	32	34	0	0	0	0	0	0	0	0	0	65
Native Hawaiian/Pacific Islander	1	1	1	0	0	0	0	0	0	0	0	0	1
White	113	116	113	0	0	0	0	0	0	0	0	0	198
Latino/Hispanic Distribution													
Hispanic or Latino/a	27	28	25	0	0	0	0	0	0	0	0	0	52
Non-Hispanic or Non-Latino/a	128	127	129	0	0	0	0	0	0	0	0	0	222
Gender													
Male	115	118	114	0	0	0	0	0	0	0	0	0	206
Female	38	34	36	0	0	0	0	0	0	0	0	0	64
Transgender	2	3	4	0	0	0	0	0	0	0	0	0	4



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Non-Medical Case Management													
Expenditure Allocation (\$)	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$10,704.81	\$128,457.71
Monthly Expenditure (\$)	\$12,047.55	\$8,534.90	\$7,885.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,467.99
Percent Expended	9.38%	6.64%	6.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.16%
Unit Allocation	594.86	594.86	594.86	594.86	594.86	594.86	594.86	594.86	594.86	594.86	%	594.86	7,138.31
Monthly Units	734.00	650.00	549.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,933.00
Percent	10.28%	9.11%	7.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	27.08%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	928
New Clients	30	22	21	0	0	0	0	0	0	0	0	0	73
Repeat Clients	195	162	127	0	0	0	0	0	0	0	0	0	395
Total Clients	225	184	148	0	0	0	0	0	0	0	0	0	468
Ethnicity													
American Indian or Alaskan	4	1	2	0	0	0	0	0	0	0	0	0	5
Asian	15	5	4	0	0	0	0	0	0	0	0	0	20
Black or African-American	60	65	48	0	0	0	0	0	0	0	0	0	135
Native Hawaiian/Pacific Islander	1	1	0	0	0	0	0	0	0	0	0	0	2
White	145	112	94	0	0	0	0	0	0	0	0	0	306
Latino/Hispanic Distribution													
Hispanic or Latino/a	73	55	51	0	0	0	0	0	0	0	0	0	151
Non-Hispanic or Non-Latino/a	152	129	97	0	0	0	0	0	0	0	0	0	317
Gender													
Male	177	137	112	0	0	0	0	0	0	0	0	0	364
Female	43	40	30	0	0	0	0	0	0	0	0	0	93
Transgender	5	7	6	0	0	0	0	0	0	0	0	0	11



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Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Oral Health Care													
Expenditure Allocation (\$)	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$53,226.33	\$638,716.00
Monthly Expenditure (\$)	\$67,644.60	\$47,752.80	\$32,038.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$147,435.59
Percent Expended	10.59%	7.48%	5.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.09%
Unit Allocation	11,659.73	11,659.73	11,659.73	11,659.73	11,659.73	11,659.73	11,659.73	11,659.73	11,659.73	11,659.73	%	11,659.73	139,916.75
Monthly Units	32,562.90	4,589.30	2,162.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39,314.30
Percent	23.27%	3.28%	1.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	28.10%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	904
New Clients	15	10	3	0	0	0	0	0	0	0	0	0	28
Repeat Clients	139	130	79	0	0	0	0	0	0	0	0	0	274
Total Clients	154	140	82	0	0	0	0	0	0	0	0	0	302
Ethnicity													
American Indian or Alaskan	1	3	1	0	0	0	0	0	0	0	0	0	5
Asian	9	5	4	0	0	0	0	0	0	0	0	0	15
Black or African-American	38	38	15	0	0	0	0	0	0	0	0	0	72
Native Hawaiian/Pacific Islander	0	1	0	0	0	0	0	0	0	0	0	0	1
White	106	93	62	0	0	0	0	0	0	0	0	0	209
Latino/Hispanic Distribution													
Hispanic or Latino/a	31	32	26	0	0	0	0	0	0	0	0	0	73
Non-Hispanic or Non-Latino/a	123	108	56	0	0	0	0	0	0	0	0	0	229
Gender													
Male	118	104	64	0	0	0	0	0	0	0	0	0	235
Female	33	33	16	0	0	0	0	0	0	0	0	0	60
Transgender	3	3	2	0	0	0	0	0	0	0	0	0	7



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	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Outpatient /Ambulatory Health Services													
Expenditure Allocation (\$)	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$70,084.63	\$841,015.51
Monthly Expenditure (\$)	\$81,876.45	\$73,280.56	\$68,481.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$223,638.43
Percent Expended	9.74%	8.71%	8.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.59%
Unit Allocation	5,320.07	5,320.07	5,320.07	5,320.07	5,320.07	5,320.07	5,320.07	5,320.07	5,320.07	5,320.07	%	5,320.07	63,840.85
Monthly Units	10,953.84	6,267.19	469.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,690.03
Percent	17.16%	9.82%	0.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	27.71%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	1,790
New Clients	41	8	11	0	0	0	0	0	0	0	0	0	60
Repeat Clients	588	475	308	0	0	0	0	0	0	0	0	0	915
Total Clients	629	483	319	0	0	0	0	0	0	0	0	0	975
Ethnicity													
American Indian or Alaskan	10	6	1	0	0	0	0	0	0	0	0	0	11
Asian	27	21	12	0	0	0	0	0	0	0	0	0	44
Black or African-American	201	167	113	0	0	0	0	0	0	0	0	0	313
Native Hawaiian/Pacific Islander	6	4	3	0	0	0	0	0	0	0	0	0	10
White	385	285	190	0	0	0	0	0	0	0	0	0	597
Latino/Hispanic Distribution													
Hispanic or Latino/a	155	114	68	0	0	0	0	0	0	0	0	0	235
Non-Hispanic or Non-Latino/a	474	369	251	0	0	0	0	0	0	0	0	0	740
Gender													
Male	480	354	240	0	0	0	0	0	0	0	0	0	734
Female	129	114	75	0	0	0	0	0	0	0	0	0	213
Transgender	20	15	4	0	0	0	0	0	0	0	0	0	28



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	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Outreach Services													
Expenditure Allocation (\$)	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$5,089.58	\$61,075.00
Monthly Expenditure (\$)	\$1,938.00	\$1,324.00	\$1,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,478.00
Percent Expended	3.17%	2.17%	1.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.33%
Unit Allocation	234.58	234.58	234.58	234.58	234.58	234.58	234.58	234.58	234.58	234.58	%	234.58	2,814.92
Monthly Units	43.00	2.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.00
Percent	1.53%	0.07%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.81%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	338
New Clients	2	0	0	0	0	0	0	0	0	0	0	0	2
Repeat Clients	3	1	3	0	0	0	0	0	0	0	0	0	7
Total Clients	5	1	3	0	0	0	0	0	0	0	0	0	9
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Black or African-American	4	1	3	0	0	0	0	0	0	0	0	0	8
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	1	0	0	0	0	0	0	0	0	0	0	0	1
Latino/Hispanic Distribution													
Hispanic or Latino/a	1	0	1	0	0	0	0	0	0	0	0	0	2
Non-Hispanic or Non-Latino/a	4	1	2	0	0	0	0	0	0	0	0	0	7
Gender													
Male	4	0	1	0	0	0	0	0	0	0	0	0	5
Female	1	1	2	0	0	0	0	0	0	0	0	0	4
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



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	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Substance Abuse Services - Residential													
Expenditure Allocation (\$)	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$5,284.00	\$63,408.00
Monthly Expenditure (\$)	\$3,916.30	\$6,926.20	\$8,961.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,803.54
Percent Expended	6.18%	10.92%	14.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	31.23%
Unit Allocation	1,615.35	1,615.35	1,615.35	1,615.35	1,615.35	1,615.35	1,615.35	1,615.35	1,615.35	1,615.35	%	1,615.35	19,384.24
Monthly Units	386.00	1,035.00	1,681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,102.00
Percent	1.99%	5.34%	8.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.00%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	83
New Clients	0	1	0	0	0	0	0	0	0	0	0	0	1
Repeat Clients	4	4	3	0	0	0	0	0	0	0	0	0	7
Total Clients	4	5	3	0	0	0	0	0	0	0	0	0	8
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Black or African-American	1	1	1	0	0	0	0	0	0	0	0	0	1
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	3	4	2	0	0	0	0	0	0	0	0	0	7
Latino/Hispanic Distribution													
Hispanic or Latino/a	1	1	0	0	0	0	0	0	0	0	0	0	2
Non-Hispanic or Non-Latino/a	3	4	3	0	0	0	0	0	0	0	0	0	6
Gender													
Male	4	5	3	0	0	0	0	0	0	0	0	0	8
Female	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



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	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Substance Abuse Services-Outpatient													
Expenditure Allocation (\$)	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$16,805.08	\$201,661.00
Monthly Expenditure (\$)	\$12,548.80	\$11,071.53	\$13,128.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,749.19
Percent Expended	6.22%	5.49%	6.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.22%
Unit Allocation	676.57	676.57	676.57	676.57	676.57	676.57	676.57	676.57	676.57	676.57	%	676.57	8,118.88
Monthly Units	400.25	361.75	268.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,030.75
Percent	4.93%	4.46%	3.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.70%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	733
New Clients	1	3	1	0	0	0	0	0	0	0	0	0	5
Repeat Clients	47	41	37	0	0	0	0	0	0	0	0	0	63
Total Clients	48	44	38	0	0	0	0	0	0	0	0	0	68
Ethnicity													
American Indian or Alaskan	1	0	1	0	0	0	0	0	0	0	0	0	1
Asian	2	2	2	0	0	0	0	0	0	0	0	0	4
Black or African-American	7	6	4	0	0	0	0	0	0	0	0	0	11
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
White	38	36	31	0	0	0	0	0	0	0	0	0	52
Latino/Hispanic Distribution													
Hispanic or Latino/a	12	14	14	0	0	0	0	0	0	0	0	0	21
Non-Hispanic or Non-Latino/a	36	30	24	0	0	0	0	0	0	0	0	0	47
Gender													
Male	41	38	31	0	0	0	0	0	0	0	0	0	59
Female	7	6	7	0	0	0	0	0	0	0	0	0	9
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0



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TOTALS for the Selected Funding Types	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Expenditure Allocation (\$)	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$354,918.60	\$4,259,023.17
Monthly Expenditure (\$)	\$369,183.01	\$326,013.46	\$309,718.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,004,914.62
Percent Expended	8.67%	7.65%	7.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.59%
Unit Allocation	52,298.96	52,298.96	52,298.96	52,298.96	52,298.96	52,298.96	52,298.96	52,298.96	52,298.96	52,298.96	%	52,298.96	627,587.55
Monthly Units	77,939.06	41,782.33	31,299.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	151,021.17
Percent	12.42%	6.66%	4.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.07%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	10,837
New Clients	36	10	12	0	0	0	0	0	0	0	0	0	58
Repeat Clients	1,228	1,057	863	0	0	0	0	0	0	0	0	0	1,563
Total Clients	1,264	1,067	875	0	0	0	0	0	0	0	0	0	1,621
Ethnicity													
American Indian or Alaskan	19	17	15	0	0	0	0	0	0	0	0	0	26
Asian	49	40	27	0	0	0	0	0	0	0	0	0	63
Black or African-American	365	314	252	0	0	0	0	0	0	0	0	0	458
Native Hawaiian/Pacific	11	11	7	0	0	0	0	0	0	0	0	0	14
White	820	685	574	0	0	0	0	0	0	0	0	0	1,060
Latino/Hispanic Distribution													
Hispanic or Latino/a	327	268	210	0	0	0	0	0	0	0	0	0	413
Non-Hispanic or Non-Latino/a	937	799	665	0	0	0	0	0	0	0	0	0	1,208
Gender													
Male	950	802	658	0	0	0	0	0	0	0	0	0	1,239
Female	278	235	199	0	0	0	0	0	0	0	0	0	337
Transgender	36	30	18	0	0	0	0	0	0	0	0	0	45



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	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Part A													
Totals for Part A													
Expenditure Allocation (\$)	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$233,876.48	\$2,806,517.77
Monthly Expenditure (\$)	\$216,275.15	\$218,294.30	\$202,418.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$636,988.03
Percent Expended	7.71%	7.78%	7.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.70%
Unit Allocation	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	41,881.96	502,583.53
Monthly Units	61,853.11	33,361.41	23,553.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	118,768.48
Percent	12.31%	6.64%	4.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.64%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	6,470
New Clients	22	10	7	0	0	0	0	0	0	0	0	0	39
Repeat Clients	788	750	593	0	0	0	0	0	0	0	0	0	1,177
Total Clients	810	760	600	0	0	0	0	0	0	0	0	0	1,216
Ethnicity													
American Indian or Alaskan	11	9	8	0	0	0	0	0	0	0	0	0	16
Asian	28	26	20	0	0	0	0	0	0	0	0	0	44
Black or African-American	173	176	141	0	0	0	0	0	0	0	0	0	288
Native Hawaiian/Pacific	5	7	3	0	0	0	0	0	0	0	0	0	10
White	593	542	428	0	0	0	0	0	0	0	0	0	858
Latino/Hispanic Distribution													
Hispanic or Latino/a	204	195	131	0	0	0	0	0	0	0	0	0	310
Non-Hispanic or Non-	606	565	469	0	0	0	0	0	0	0	0	0	906
Gender													
Male	621	582	454	0	0	0	0	0	0	0	0	0	944
Female	168	155	131	0	0	0	0	0	0	0	0	0	241
Transgender	21	23	15	0	0	0	0	0	0	0	0	0	31



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Public Health

Quarterly Fiscal Report by Service Category

DHS - CARE System

Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Part A MAI													
Totals for Part A MAI													
New Clients	7	1	2	0	0	0	0	0	0	0	0	0	10
Repeat Clients	227	171	141	0	0	0	0	0	0	0	0	0	327
Total Clients	234	172	143	0	0	0	0	0	0	0 %		0	337
Expenditure Allocation (\$)	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$15,343.08	\$184,117.00
Monthly Expenditure (\$)	\$11,372.75	\$19,574.48	\$17,559.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,506.74
Percent Expended	6.18%	10.63%	9.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.35%
Unit Allocation	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	1,637.71	19,652.56
Monthly Units	3,275.00	1,893.00	1,788.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,956.00
Percent	16.66%	9.63%	9.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.39%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	1,144
Ethnicity													
American Indian or Alaskan	6	5	7	0	0	0	0	0	0	0	0	0	12
Asian	18	13	10	0	0	0	0	0	0	0	0	0	27
Black or African-American	174	125	101	0	0	0	0	0	0	0	0	0	243
Native Hawaiian/Pacific	5	3	4	0	0	0	0	0	0	0	0	0	7
White	31	26	21	0	0	0	0	0	0	0	0	0	48
Latino/Hispanic Distribution													
Hispanic or Latino/a	40	30	31	0	0	0	0	0	0	0	0	0	63
Non-Hispanic or Non-Latino/a	194	142	112	0	0	0	0	0	0	0	0	0	274
Gender													
Male	148	112	88	0	0	0	0	0	0	0	0	0	223
Female	82	54	48	0	0	0	0	0	0	0	0	0	104
Transgender	4	6	7	0	0	0	0	0	0	0	0	0	10



County of Sacramento
Department of Health Services
Public Health

Quarterly Fiscal Report by Service Category

DHS - CARE System

Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Part B													
Totals for Part B													
Expenditure Allocation (\$)	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$102,068.28	\$1,224,819.40
Monthly Expenditure (\$)	\$139,597.12	\$86,820.68	\$88,524.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$314,941.84
Percent Expended	11.40%	7.09%	7.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.72%
Unit Allocation	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	8,603.07	103,236.78
Monthly Units	12,767.95	6,525.92	5,951.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,245.69
Percent	12.37%	6.32%	5.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.46%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	3,035
New Clients	29	5	9	0	0	0	0	0	0	0	0	0	43
Repeat Clients	697	530	431	0	0	0	0	0	0	0	0	0	1,080
Total Clients	726	535	440	0	0	0	0	0	0	0	0	0	1,123
Ethnicity													
American Indian or Alaskan	11	6	5	0	0	0	0	0	0	0	0	0	14
Asian	29	16	12	0	0	0	0	0	0	0	0	0	43
Black or African-American	215	178	135	0	0	0	0	0	0	0	0	0	343
Native Hawaiian/Pacific	6	4	4	0	0	0	0	0	0	0	0	0	10
White	465	331	284	0	0	0	0	0	0	0	0	0	713
Latino/Hispanic Distribution													
Hispanic or Latino/a	197	138	121	0	0	0	0	0	0	0	0	0	295
Non-Hispanic or Non-	529	397	319	0	0	0	0	0	0	0	0	0	828
Gender													
Male	547	392	336	0	0	0	0	0	0	0	0	0	848
Female	161	131	99	0	0	0	0	0	0	0	0	0	247
Transgender	18	12	5	0	0	0	0	0	0	0	0	0	28



County of Sacramento
Department of Health Services
Public Health

Quarterly Fiscal Report by Service Category

DHS - CARE System

Financial Reports

	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	YTD Total
Part B MAI													
Totals for Part B MAI													
Expenditure Allocation (\$)	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$3,630.75	\$43,569.00
Monthly Expenditure (\$)	\$1,938.00	\$1,324.00	\$1,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,478.00
Percent Expended	4.45%	3.04%	2.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.28%
Unit Allocation	176.22	176.22	176.22	176.22	176.22	176.22	176.22	176.22	176.22	176.22	176.22	176.22	2,114.68
Monthly Units	43.00	2.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.00
Percent	2.03%	0.09%	0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.40%
Budgeted # Clients	0	0	0	0	0	0	0	0	0	0	0	0	188
New Clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat Clients	5	1	3	0	0	0	0	0	0	0	0	0	9
Total Clients	5	1	3	0	0	0	0	0	0	0	0	0	9
Ethnicity													
American Indian or Alaskan	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Black or African-American	4	1	3	0	0	0	0	0	0	0	0	0	8
Native Hawaiian/Pacific	0	0	0	0	0	0	0	0	0	0	0	0	0
White	1	0	0	0	0	0	0	0	0	0	0	0	1
Latino/Hispanic Distribution													
Hispanic or Latino/a	1	0	1	0	0	0	0	0	0	0	0	0	2
Non-Hispanic or Non-Latino/a	4	1	2	0	0	0	0	0	0	0	0	0	7
Gender													
Male	4	0	1	0	0	0	0	0	0	0	0	0	5
Female	1	1	2	0	0	0	0	0	0	0	0	0	4
Transgender	0	0	0	0	0	0	0	0	0	0	0	0	0

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Administrative Assessment **No.:** AdAC 01
Date Approved: 6/96
Date Revised: 12/13/17
Date Reviewed: 12/13/17

Background: Ryan White CARE Act, Part A, Section 2602 (b) (4) (c) requires that Planning Council's assess the efficiency and effectiveness of administrative mechanisms.

Policy: The HIV Health Services Planning Council shall meet the Ryan White CARE Act's legislative mandate that Planning Councils "assess the efficiency and effectiveness of the administrative mechanisms for rapidly disbursing CARE Act funds to the areas of greatest need within the transitional grant area (TGA)."

In fulfilling this mandate, the Council's Administrative Assessment Committee (AdAC) and the ~~Fiscal/Administrative Agent Recipient~~ (Sacramento County Department of Health and Human Services) will work together to continually improve the administrative processes that affect the quality of care and efficiency of the CARE Program's service delivery system.

Procedure

1. Liaison: The AdAC will serve as a liaison between the Planning Council and the ~~Recipient Fiscal/Administrative Agent (F/AA)~~ to improve communication and collaboration regarding the assessment, development and implementation of administrative mechanisms for the TGA. The AdAC will meet bi-annually (twice a year), at minimum, with the ~~Recipient F/AA~~.

2. Annual Administrative Assessment: The AdAC will conduct an annual assessment of ~~Recipient F/AA~~ administrative mechanisms with the intent of providing feedback and recommendations to the

Council and to the RecipientF/AA to continually improve such administrative policies and procedures.

- a. Scoring Tool:** A scoring tool will be used to provide objective ratings and quantifiable feedback regarding predetermined standards that are defined by the AdAC with input from the RecipientF/AA.
- b. Documentation Log:** A documentation log will be developed to provide a listing of acceptable material that may be used to document the fulfillment of each standard on the scoring tool. The listing of acceptable material will be jointly developed by AdAC and the RecipientF/AA. Submittal of information will be recorded in the documentation log throughout the year by Planning Council staff.
- c. Quantitative analysis:** The standards on the scoring tool are written to measure RecipientF/AA compliance with outcomes that can be measured in quantifiable terms. These outcome standards are written to answer the following questions: "was the task accomplished; to what extent was the task accomplished?" RecipientF/AA compliance with each standard is measured from an outcome perspective using the following scale:

Rating	Compliance Measure	Description of Rating
+	<i>Standard Met and Exceeded</i>	<i>The intent of the standard is consistently met and exceeded, and the processes are not in need of significant improvement.</i>
√	<i>Standard Met at Minimum</i>	<i>The intent of the standard is primarily met, but the processes could still be improved. Recommendations could be provided.</i>
-	<i>Standard Not Met</i>	<i>The intent of the standard is primarily not met, and the processes should be given the majority of the resources for improvement. Recommendations should be provided.</i>

- d. Qualitative analysis:** In addition to the quantitative analysis of outcome measures, a narrative summary will be included in the assessment report to provide a qualitative analysis of the processes used to address each standard. This qualitative analysis will answer the following questions: "how was the task accomplished; were the processes used efficient, were the processes fair, were the processes comprehensive, could the processes be improved?" The qualitative analysis will be summarized in the narrative report under the following sections for each Rating Category: (a) strengths, (b) weaknesses, (c) external factors, and (d) comments/recommendations for improvement.

e. Rating Categories: The Rating Categories for which standards are defined include:

1. Procurement Process
2. Fiscal Monitoring
3. Program Monitoring
4. Tracking Systems
5. Contract Development
6. Allocation, Priority Setting and Reallocation
7. Communication and Reporting
8. Barriers and Concerns
9. Timeliness
10. Flexibility

f. Provider input: An anonymous provider survey will be utilized to solicit service provider perceptions of quality and efficiency of administrative mechanisms. Provider survey questions shall be phrased to allow the same quantifiable rating scale to be used as is used for the quantifiable analysis of the scoring tool.

When available, provider survey results will be considered by review panel members as secondary information for the purpose of completing the administrative assessment. A summary of provider feedback will be included as an attachment to the final Administrative Assessment Report.

g. Methodology for Annual Administrative Assessment is specific and includes the following components:

3. Training of Review Panel (AdAC): A comprehensive training will be provided to all review panel members at least one week prior to the assessment.

4. ~~Recipient Fiscal/Administrative Agent (F/AA)~~ Preparation: The completed (or in progress) documentation log will be provided to the Recipient F/AA at least one month prior to the assessment, and the Scoring Tool will be provided to the Recipient F/AA at least two weeks prior to the assessment so that the Recipient F/AA has time to organize and label all documents to be reviewed during the assessment.

5. Roles and responsibilities: The roles and responsibilities of the Review Panel members, consultant, Council staff and Recipient F/AA staff during the assessment process will be clearly defined:

- The Review Panel members' roles are to review all documentation as provided by the RecipientF/AA and to determine ratings as delineated by the Scoring Tool.
- The RecipientF/AA staff roles are to provide documentation to determine compliance with standards and to answer all questions as presented by Review Panel members.
- The consultant and/or Council staff roles are to facilitate and record the assessment process and to answer any questions as presented by the RecipientF/AA or Review Panel members.
- During the assessment, only the Review Panel members are to render any opinions regarding F/AA compliance with the standards.

6. Administrative Assessment Report: The consultant and/or Council staff will draft a summary report regarding the findings of the annual assessment, which must be approved by the Review Panel prior to submission to the RecipientF/AA. The findings in the report will include ratings regarding RecipientF/AA compliance with each standard, as well as a narrative summary of strengths, weaknesses, external factors, comments and recommendations for improvement.

7. ~~RecipientFiscal/Administrative Agent (F/AA)~~ Response and Plan of Correction: The RecipientF/AA will have thirty days to respond to the Review Panel's summary report by writing a Response and Plan of Correction for each deficiency as noted in the assessment report. If no response is received within 30 days, the score and report will stand and be forwarded on to the Council for approval.

8. Revisions to Assessment Report: The RecipientF/AA Response and Plan of Correction will be submitted to the Review Panel for review. Any final revisions or corrections to the Annual Administrative Assessment Report will then be made as determined by the Review Panel.

9. Submission of Final Report: The Review Panel's Final Annual Assessment Report and RecipientF/AA Final Response and Plan of Correction will be submitted to the Planning Council and to the HIV/AIDS Bureau (HAB) within the timeframe specified by HAB.

10. Critique of Assessment Process: Upon submission of the final report, the Committee will evaluate and revise all procedures used throughout the administrative assessment process, including:

member training, Recipient F/AA preparation, committee review, and timelines to ensure a fair, consistent evaluation.

All tools, including the scoring tool and provider survey, will be evaluated and revised on an annual basis to ensure clear, accurate, and comprehensive scoring standards.

11. Bi-annual Monitoring of Recipient Fiscal/Administrative Agent (F/AA) Plan of Correction:

The AdAC will assess the implementation of the Recipient F/AA Plan of Correction on a bi-annual basis to ensure ongoing improvement of administrative mechanisms. The Bi-annual Monitoring Form will be developed by the consultant and/or staff upon completion of the Review Panel's Annual Administrative Assessment Report and the Recipient F/AA Response and Plan of Correction. Bi-annual Progress Reports will be approved by the AdAC and submitted to the Executive Committee of the Council for follow up as needed.

12. Additional Assessment and Monitoring Activities: As the Planning Council, AdAC and/or Recipient F/AA deem necessary, additional assessment and/or monitoring activities will be developed and implemented to ensure ongoing improvement in Recipient F/AA administrative mechanisms. As new assessment and monitoring activities are developed, each will be included in these Administrative Assessment policies and procedures.

Approved:

Richard Benavidez, Chair

Date:

HIV Health Services Planning Council
ADMINISTRATIVE ASSESSMENT COMMITTEE
(916) 876-5548 ~ hiv-hspc@saccounty.net

COMMITTEE OVERVIEW

Purpose Statement:

The Administrative Assessment Committee (AdAC) shall assess and develop recommendations for improving the efficiency and effectiveness of the administrative mechanisms for rapidly disbursing CARE Act funds to the areas of greatest need within the Sacramento Transitional Grant area (TGA).

Committee Responsibilities:

The Administrative Assessment Committee (AdAC) is responsible for conducting the Health Resources and Services Administration (HRSA) mandated function of assessing the variety of processes involved in ensuring that the TGA is able to proficiently disburse funds in the region. In performing this task, AdAC is charged with:

- 1) Developing an annual assessment tool that consists of standards by which the TGA will evaluate its success in achieving its responsibilities;
- 2) Reviewing documentation of the TGA's fulfillment of standards on a bi-annual (twice yearly) basis;
- 3) Recording the findings of the annual assessment, including strengths, weaknesses, and recommendations for improvement to the TGA's efforts;
- 4) Developing a plan of correction based upon assessment findings;
- 5) Reporting findings to the Executive Committee, the Council, and HRSA;
- 6) Monitoring efforts year-round to determine progress towards plan of correction.

Desired Experience of Members:

AdAC is a technical committee requiring a broad skill set from its members. To successfully evaluate the efficiency and effectiveness of administrative mechanisms, AdAC members must have:

- Understanding of the Ryan White CARE Act
- Awareness of ~~Fiscal Agent~~ Recipient, Planning Council, and Planning Council staff activities;
- Historical understanding of the TGA's development;
- Experience with program evaluation.

Expectations of Members:

For continuity and uniformity in assessment efforts, AdAC requires a consistent membership, with as little change over on an annual basis as possible. In addition to being able to commit to a multiple year membership, members are expected to:

- 1) Attend and actively participate in all AdAC meetings;
- 2) Review meeting materials prior to arriving at the meeting;
- 3) Abide by established assessment process policies and procedures;
- 4) Provide objective assessments based upon data/information provided;
- 5) Provide constructive recommendations for improving processes;
- 6) Continually identify Council Members who may be interested in membership on AdAC;

- 7) Act as an informal mentor to new Committee members.
- 8) Sign Oath of Confidentiality at each meeting

Meetings:

The Administrative Assessment Committee meets as determined by the Committee.

Contact Information:

Staff support is provided by Paula Gammell who can be reached at (916) 876-5548 or gammellp@saccounty.net

| Approved by the HIV Health Services Planning Council on 6/26/18.

Richard Benavidez, Chair

HIV HEALTH SERVICES PLANNING COUNCIL
FY 2021/22 ANNUAL ADMINISTRATIVE ASSESSMENT

REPORT OF FINDINGS

SUMMARY OF FINDINGS

The results of the Review Panel’s assessment of the Administrative Mechanisms of the Sacramento HIV Health Services Planning Council showed an overall improvement over the previous year. The Assessment scores 69 different indicators from 10 categories. Current contracts are on a multi-year basis ending February 28, 2023. Additionally, there were 19 indicators, which were “not applicable” during the fiscal year and therefore are not included in the findings. These “not applicable” indicators were due to the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB), waiving the annual subrecipient site visit monitoring requirement during the COVID-19 public health emergency. Please refer to the attached memo from HRSA.

In FY21, there were 69 outcomes reviewed. 98.5% of standards consistently met and exceeded the intent of the standard. The one item scored as Standard Met in the Fiscal Monitoring Section, is in regard to a county internal monitoring process in which the recipient has no control over. Comparatively in FY20, there were 67 outcomes reviewed. 100% of standards consistently met and exceeded the intent of the standard.

Overall, the Review Panel determined that the Recipient staff continues to provide consistently exemplary work, with attention to detail despite this being a particularly challenging year in meeting program reporting requirements and obligations. The Committee feels that the Recipient’s review has worked diligently to provide support during a pandemic with many changes and moving targets. They are flexible and overall provide quality service and product for our TGA.

BACKGROUND

The Ryan White C.A.R.E. Act requires Planning Councils to conduct an annual assessment to evaluate and improve the administrative systems that manage CARE Act funds in the TGA. The role of the annual assessment is equally as important as setting priorities, making allocations, conducting needs assessments, developing comprehensive plans, and all other legislative mandates required of the Council.

The methods and processes used to complete the annual assessment have continually evolved since the first assessment conducted for FY 96/97. The FY 00/01 and FY 01/02 assessments saw particular advancement with the development and use of a new scoring tool, and adjustments to the tool are made on an annual basis as deemed necessary. The tool was developed with the intent of being able to compare and trend findings from year to year. The tool continues to serve as a valuable instrument in the administrative assessment process.

To help ease the burden of the year-end assessment, a quarterly monitoring program was initially used to assess progress towards standards and recommendations throughout the year. In addition, a documentation log was created that highlighted all the documentation needed to complete the assessment. As the process continued to evolve, the assessment is now conducted semi-annually, covering six months of Recipient’s performance.

All review panel members, Planning Council staff, and Recipient staff provided input for the documentation log to ensure accurate documentation. Both the results of the bi-annual monitoring and the documentation log were used to collect information throughout the Fiscal Year being reviewed (FY 21/22) to lessen the burden on the amount of documentation needing to be reviewed as part of the year end assessment.

METHODOLOGY

Prior to the assessment, all participants received training on the assessment process. The training addressed the purpose of the assessment, the report of findings format, the scoring tool, and plan of correction, quarterly monitoring, and roles of participants. The review panel reconvened on June 10, 2022 to conduct the annual assessment. The review panel members used the provided documentation, in conjunction with the mid-year monitoring summary and documentation log to develop a rating for each standard. Through discussion by the review panel members, comments of strengths, weaknesses, and external factors were considered for each standard. If necessary, recommendations for improvement were developed by the review panel. If additional explanation was needed for a standard or a rating category, the Recipient answered any questions that remained after the review of provided documentation. A final rating for each standard was determined by a consensus decision of the review panel. The process was repeated for each of the following ten categories: Procurement Process; Fiscal Monitoring; Program Monitoring; Tracking Systems; Contract Development; Allocation, Priority Setting, Reallocation, and Rollover; Communication and Reporting; Barriers and Concerns; Timeliness; and Flexibility.

The Council Staff took notes of the day's proceedings, and included all relevant comments in a preliminary report of findings. The review panel came to a consensus on the final score for each category.

PARTICIPANTS

Recipient Representative: Chelle Gossett, Mai Chang

Review Panel Members: Melissa Willett, Richard Benavidez, Jake Bradley-Rowe

Council Staff: Paula Gammell

RATING SCALE

Rating	Compliance Measure	Description of Rating
+	<i>Standard Met and Exceeded</i>	<i>The intent of the standard is consistently met and exceeded, and the processes are not in need of improvement.</i>
√	<i>Standard Met at Minimum</i>	<i>The intent of the standard is primarily met, but the processes could still be improved. Recommendations may be provided.</i>
=	<i>Standard Met</i>	<i>The standard is met and processes are in place to ensure continued achievement. This rating indicates that the panel considered the standard as measurable solely on accomplishment or failure.</i>
-	<i>Standard Not Met</i>	<i>The intent of the standard is primarily not met, and the processes should be given the majority of the resources for improvement. Recommendations shall be provided.</i>

The following pages provide the summary of performance by rating category.

SACRAMENTO TGA
ASSESSMENT OF THE ADMININSTRATIVE MECHANISM: FY 2021-2022

RECIPIENT REPRESENTATIVE: Chelle Gossett, Ryan White CARE Program Coordinator, Mai Chang, Account Technician
AdAC Committee Members: Melissa Willett, Richard Benavidez, Jake Bradley-Rowe
DATE OF ASSESSMENT: June 10, 2022
FISCAL YEAR REVIEWED: FY 2021/2022
SCORING TOOL COMPLETED BY: Paula Gammell, Ryan White CARE Program - Program Planner

FINAL RATINGS FOR ADMINISTRATIVE MECHANISMS:

Rating Category	Outcomes Met and Exceeded	Outcomes Met or Met at Minimum	Outcomes Not Met	Outcomes in Progress	Outcomes Not Applicable This Review
1. Procurement Process	14	0	0	0	0
2. Fiscal Monitoring	5	1	0	0	5
3. Program Monitoring	5	0	0	0	7
4. Tracking Systems	5	0	0	0	0
5. Contract Development	10	0	0	0	0
6. Allocations, Priorities, Reallocation, Rollover	9	0	0	0	0
7. Communication and Reporting	6	0	0	0	3
8. Barriers and Concerns	6	0	0	0	0
9. Timeliness	6	0	0	0	3
10. Flexibility	2	0	0	0	1
OVERALL	68	1	0	0	19
Percent of Total*	100%	0.0%	0.0%	0.0%	N/A

*It should be noted that the outcomes are based on the total number of applicable standards reviewed. On February 10, 2021, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), waived the annual subrecipient site visit monitoring requirement during the COVID-19 public health emergency. Please refer to the attached memo from HRSA.

1. Procurement Process

<i>Standards</i>	<i>Panel Assessment</i>
A. Procurement process consists of standardized steps and format across all potential applicants.	+
B. Dissemination of information regarding availability of funds and request for proposal (RFP) process includes multiple media sources across TGA to solicit new applicants.	+
C. Proposed procurement start and end dates are adhered to.	+
D. Appropriate vendors for each priority are targeted and provided notice regarding the availability of funds and RFP process.	+
E. All requirements for HRSA Policies and Procedures, Council Directives, Standards of Care, Outcome Measures, and Performance Indicators are included in the RFP and discussed at the Bidders Conference.	+
F. A standardized process with timeframes is in place for the renewal of contracts.	+
G. Contract renewal is completed in accordance with the written, standardized contract renewal process.	+
H. The annual contract renewal process includes an analysis of each provider's ongoing compliance with contractual obligations, including review of quantitative and fiscal issues.	+
I. The annual contract renewal process includes an analysis of each provider's ongoing compliance with quality management plans.	+
J. The Recipient completes and submits the grant application, in coordination with the Planning Council, for the procurement of Part A funds by the applicable deadline.	+
K. Weaknesses identified by HRSA in the prior year's Part A application are specifically addressed by the Recipient in developing the Part A application for the current year.	+
L. The Recipient completes and submits the grant application, in coordination with the Planning Council, for the procurement of State RW Part B funds by the applicable deadline.	+
M. The Recipient completes and submits the application for carryover funds, in coordination with the Planning Council, by the applicable deadline.	+
N. In an RFP year, the Recipient provides monthly RFP status updates to the Council.	+

Comments: None noted

2. Fiscal Monitoring

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. Monthly invoices and other fiscal information is tracked through a standardized system.	+
B. Contractual requirements define the various types of corrective action that can be implemented by the Recipient if invoices are not submitted on time.	+
C. Ongoing fiscal reviews are conducted and completed for all Contractors and include the following: <ul style="list-style-type: none"> ▪ Monthly contract analysis reports ▪ Monthly claim reports ▪ Monthly invoice summary reports ▪ Individual client analysis reports, as needed ▪ Review of agency audits. 	+
D. On-site fiscal reviews are conducted and completed annually for all Contractors	N/A
E. A written report is provided to each Contractor no later than 90 days from the date of the site visit.	N/A
F. Standardized On-Site Fiscal Monitoring Tool is used consistently and comprehensively across all contracted service providers.	+
G. The person(s) conducting fiscal site visits have documented training and/or experience in fiscal evaluation and use of the on-site fiscal monitoring tool.	+
H. Technical assistance is provided to each contractor as requested and as deemed necessary from fiscal review.	N/A
I. Recipient implements Corrective action for each contractor as deemed necessary from fiscal review, on-site fiscal monitoring and as defined by contractual requirements.	N/A
J. Fiscal audits are conducted for each contractor as deemed necessary from fiscal review and as defined by HRSA and /or Sacramento County DHS policies and procedures.	N/A
K. Follow through on changes recommended by the County Auditor on subrecipient audit reviews.	=

Comments: Site Visits were waived by HRSA due to COVID.

3. Program Monitoring

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. Formal program monitoring site visits to assess overall quality and components of service delivery are conducted and completed in accordance with HRSA's RW National Monitoring Standards for all Contractors, and written results are forwarded to contractors.	N/A
B. Formal Quality Management monitoring site visits to assess continuous quality improvement efforts are conducted and completed in accordance with HRSA's RW National Monitoring Standards for all contractors, and written results are forwarded to contractors.	N/A
C. Standardized On-Site Program Monitoring Tool is used consistently and comprehensively across all contracted service providers.	+
D. The person(s) conducting program monitoring site visits have documented training and/or experience in program evaluation and use of the on-site program monitoring tool.	+
E. Contractual requirements define the various types of potential corrective action that can be implemented by the Recipient.	+
F. Technical assistance is provided to each contractor as requested and as deemed necessary from program monitoring site visits and/or Providers Caucus meetings.	N/A
G. Written site visit reports will be completed within 90 days of a site visit	N/A
H. Recipient monitors that corrective action is conducted by contractors, as deemed necessary from program monitoring site visits and as defined by contractual requirements.	N/A
I. Contractor compliance with Standards of Care is monitored through site visits, client satisfaction surveys, grievance requests, and outcome measures.	N/A
J. Contractor compliance with outcome measures and performance indicators are monitored through site visits and annual outcome indicators applicable to each service provided.	N/A
K. Contractors are monitored for compliance with service utilization objectives on an ongoing basis through monthly contract analysis reports.	+
L. Assessment of client satisfaction at all service sites is conducted annually.	+

Comments: None noted

4. Tracking Systems

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. HRSA Conditions of Award are in compliance on an ongoing basis.	+
B. Service utilization, demographics and contract compliance are tracked through a standardized system.	+
C. Requests for and response to technical assistance from Contractors are tracked with dates and type of TA provided included.	+
D. Outcomes of technical assistance is tracked.	+
E. Unspent and unobligated funds, inclusive of Direct Services, Recipient Administrative, and Quality Management funding categories, are tracked and reported to the Council on a quarterly basis and included in a year-end report.	+

Comments: None Noted

5. Contract Development

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. Contracts include requirements that service providers must comply with all HAB/HRSA and CARE Act policies and procedures, including all changes to such requirements that may occur during contract year.	+
B. Contracts include clauses to ensure compliance with any established and approved “directives” from the Council, including service delivery models on how to best meet the needs of the EMA/TGA.	+
C. Contracts include requirements for contractor compliance with Ryan White program web-based data collection system.	+
D. Contracts include clauses to ensure compliance with Council adopted Standards of Care.	+
E. Contracts include language which holds subcontractors accountable to the same contractual requirements of the lead agency.	+
F. Contracts include language which holds the lead agency liable for subcontractor compliance with contractual obligations.	+
G. Outcome measures and performance indicators are included in all service contracts for those categories with adopted outcome measures and performance indicators.	+
H. Contract language defines and assures the Recipient’s method and ability to terminate any contract when Contractor performance is unsatisfactory.	+
I. Service contracts between the Recipient and contracting agencies are negotiated for each Contractor within 90 days of “notice of grant award” from the Federal Government.	+
J. Service contracts between the Recipient and contracting agencies are signed by the Recipient and Contractor and implemented within 120 days of “notice of grant award” from the Federal Government. <i>(Signed Memorandum of Agreements between county governments may serve as operational contracts for the purposes of compliance with this standard.)</i>	+

Comments: None noted

6. Priority Setting, Allocation, Reallocation, and Carryover

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. The Recipient disseminates in accordance with the Planning Council's PAC 01, Priority Setting and Resource Allocation Process for each Council approved service priority allocation amount including Direct Services, Planning Council Support, Recipient Administrative and Quality Management.	+
B. The Recipient provides the Council with a summary of approved service category allocations compared to actual contracted funds, including identification of the RECIPIENT's use of the 10% margin for Recipient adjustments.	+
C. Summary of priorities and allocations is available at each Council meeting and is adjusted to reflect changes due to reallocations or carryover funds.	+
D. The Recipient ensures that all direct service contractors, Recipient Administrative and Quality Management funding categories submit a budget justification detailing utilization projections and plans to spend the balance of their contract within the remaining program year.	+
E. The Recipient ensures that all direct service contractors, Recipient Administrative and Quality Management funding categories contractors submit revised Scopes of Work and revised budgets when contracts are reduced or increased during the budget year.	+
F. Summaries of budget justifications for all direct service categories, Recipient Administrative and Quality Management funding categories are reported to the Council as part of the reallocation process.	+
G. The Recipient assesses contractor spending patterns, analyzes trends by agency, summarizes contractor requests and budget justifications, and prepares recommendations to the PAC for the use of reallocation funds.	+
H. All stages of the reallocation process, including the processing of contracts are completed within the timeframes required by the Council approved PAC 002 Policies and Procedures.	+
I. Request for carryover funds is developed in coordination with the PAC, and the request is submitted in advance of the deadline announced by HRSA.	+

Comments: None noted

7. Communication and Reporting

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. Standardized expenditure reports are provided to the Council monthly, quarterly and at year-end.	+
B. Standardized reports with descriptive narrative of aggregate client demographics and service utilization by service category are provided to the Council quarterly.	+
C. Standardized expenditure, demographics and service utilization reports as provided by the Recipient are accurate.	+
D. Reports are provided by the Recipient to the Council on a quarterly basis regarding contractor Technical Assistance requests, follow-up and outcomes.	+
E. Recipient will develop a timeline identifying site visit scheduling, occurrences, and completion of corrective action reports.	N/A
F. Summary reports regarding site visits and required follow up are provided to the Council through the Administrative Assessment Committee (AdAC).	N/A
G. The findings of the assessment of client satisfaction surveys are provided to the Council annually.	+
H. Contact information for Contractors is provided to the Council.	+
I. The Recipient follows the procedures adopted by the Council and Recipient regarding specific and non-standard information requests from the Council to the Recipient.	N/A

Comments: None Noted

8. Barriers and Concerns

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. The Recipient provides comprehensive written reports regarding concerns or barriers to accomplishing Recipient tasks, and possible solutions or action steps taken to overcome those concerns, augmented by verbal reports as needed, to the Executive Committee of the Council, which forwards the Recipient reports to the full Council.	+
B. The Recipient provides reports regarding any sanctions on Contractors to the Executive Committee of the Council, which forwards the Recipient reports to the full Council.	+
C. The Recipient attends Council, Executive Committee and Priorities and Allocations Committee meetings.	+
D. Requested Recipient reports are provided at Council, Executive Committee and PAC meetings when Recipient staff is unable to attend meeting in person.	+
E. The Recipient attends any additional Council Committee meetings where Recipient representation is necessary for completion of Committee business.	+
F. Recipient makes recommendations for changes to directives when directives cause observed barriers to care for the client population or have been deemed to violate state or federal laws or regulatory policies.	+

Comments: None Noted

9. Timeliness

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. Payment for services is made to each Contractor within 30 days of receiving an accurate and complete invoice once contracts are executed.	+
B. Notification of potential corrective action is provided to Contractors within 30 days of monthly invoice becoming overdue.	+
C. Corrective action is provided to Contractors within 45 days of monthly invoices becoming overdue.	N/A
D. Notification of spending trends is provided to the Council in the Recipient's monthly reports.	+
E. Standardized Recipient financial and data reports are provided to the Council within 30 days of specialized Council requests.	N/A
F. The Recipient provides monthly and quarterly reports to the Executive Committee for review, which forwards the Recipient reports to the full Council for approval.	+
G. Recipient reports are sent in pre-meeting packets to Committee and Workgroups when a minimum of 3 weeks' notice of an information request is provided to Recipient.	N/A
H. A standardized system is in place to require Contractors to submit accurate and complete invoices, client intake forms and narrative reports in a timely manner.	+
I. Notification to the Council of the amount of funds projected to be available for carryover is reported as outlined in PAC 002 timeline.	+

Comments: None Noted

10.Flexibility

<i>Standards</i>	<i>Panel Assessment of Standard</i>
A. Recipient modifies existing systems as necessary to ensure continuous delivery of service to clients using CARE Act funds.	+
B. Recipient considers advances to Contractors of up to 10% of each individual total contract award.	N/A
C. Recipient implements, monitors, and enforces Council directives.	+

Comments: Item B: There have been no advances requested.

HIV HEALTH SERVICES PLANNING COUNCIL

VOLUNTEERS NEEDED!



Interested in joining us?

Call us at 916-876-5548 or send us an email
at hiv-hspc@saccounty.net Looking forward
to your help!

www.sacramento-tga.com

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00048, HIV Emergency Relief Projects Grant, in a FY22 award amount of \$3,518,394. This information or content and conclusions are those of the author(s) and should not be construed as the official position or policy of nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

The Planning Council sets priorities, plans services and allocates federal funding to HIV/AIDS service categories for people living with HIV/AIDS in Sacramento, El Dorado & Placer Counties.

Service Category			FY22 Part A Grant Application Request	
FY23 Priority		Core Service	Amount	Percent of Direct Service Dollars
	EL DORADO COUNTY		\$ 199,058	6.6%
	Ambulatory Care	Y		
	Oral Health	Y		
	Health Insurance	Y		
	Housing			
	Medical Case Management	Y		
	Medical Transportation			
	Emergency Financial Assistance			
	PLACER COUNTY		\$ 202,171	6.7%
	Ambulatory Care	Y		
	Oral Health	Y		
	Health Insurance	Y		
	Housing			
	Medical Case Management	Y		
	Medical Transportation			
	Emergency Financial Assistance			
	YOLO COUNTY			
	(Sacramento County Breakdown ONLY)		\$2,615,279	86.7%

1	Ambulatory/Outpatient Medical Care	Y	\$ 472,165	15.7%
	<i>1.a.Ambulatory Care</i>	Y	\$ 410,472	13.6%
	<i>1.b.Viral Load/ Resistance Testing</i>	Y	\$ 61,693	2.0%
2	AIDS Pharmaceutical Assistance	Y		
3	Health Insurance Premiums	Y	\$ 11,632	0.4%
4	Oral Health Care	Y	\$ 382,762	12.7%
5	Medical Case Management Services	Y	\$ 758,112	25.1%
	<i>5.a. Child Care Medical Case Management</i>	Y	\$ 19,136	0.6%
	<i>5.b. Office-based Medical CM Services including Pediatric Treatment Adherence</i>	Y	\$ 178,549	5.9%
	<i>5.c. Field/In-Home Medical CM Services</i>	Y	\$ 560,427	18.6%
6	Non-Medical Case Management (Benefits Counseling)		\$ 58,666	1.9%

7	Food Bank/Home Delivered Meals		\$ -	0.0%
8	Mental Health Services	Y	\$ 429,675	14.2%
9	Psychosocial Support		\$ -	0.0%
10	Medical Transportation Services		\$ 69,948	2.3%
11	Substance Abuse Services - Outpatient	Y	\$ 216,750	7.2%
12	Substance Abuse Services – Residential		\$ 68,152	2.3%
13	Housing Assistance		\$ 20,905	0.7%
14	Child Care Services		\$ 53,130	1.8%
15	Emergency Financial Assistance		\$ 24,477	0.8%
16	Medical Nutritional Therapy	Y	\$ 17,907	0.6%
17	Health Education Risk Reduction		\$ 12,182	0.4%

18	MAI Outreach		\$ -	0.0%
19	Outreach Non-MAI		\$ 18,816	0.6%
20	Linguistic Services		\$ -	
21	Home and Community Based Health Services		\$ -	
22	Home Health Care	Y	\$ -	
23	Hospice	Y	\$ -	
24	Legal Services		\$ -	
25	Permanency Planning		\$ -	
26	Referral for Health Care and Support Services		\$ -	
27	Rehabilitation Services		\$ -	
28	Respite Care		\$ -	
29	ADAP	Y	\$ -	

30	Early Intervention Services	Y	\$ -	
GRAND TOTAL DIRECT SERVICES			\$ 3,016,509	100.0%