

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

Meeting Agenda

September 28, 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

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

***Action Items**

Topic	Presenter	Start Time and Length
Welcome and Introductions	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments	Benavidez	
September 2022 Agenda*	Benavidez	
Minutes of August 2022*	Benavidez	

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Brown Act Training	Heyer	As Needed
State Office of AIDS September 2022 Update	Lee/Pulupa	
CPG/HIV/STI Prevention Updates	All	
Recipient Report: <ul style="list-style-type: none"> ➤ FY22 July Part A Monthly Fiscal Report* ➤ FY22 July 2022 Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update ➤ RFP Update 	Gossett	
Committee/Work Group Updates: Administrative Assessment Committee Affected Communities Committee <ul style="list-style-type: none"> ➤ Reflectiveness Priorities and Allocations <ul style="list-style-type: none"> ➤ FY22 Reallocations* ➤ FY23 Allocations* Quality Advisory Committee <ul style="list-style-type: none"> ➤ Chair Nominations/Vote* Needs Assessment Committee Governance	Willett Zach B. Bradley-Rowe Benavidez Miranda Ungeheuer	
Binder Updates	Gammell	
Public Comments – Non-Agenda Items	Benavidez	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

Attachments:

- Minutes of June 2022*
- September 2022 OA Voice Update
- FY22 July Part A Fiscal Report*
- FY22 July Part B Fiscal Report
- FY22 Reallocations*
- FY23 Allocations*

NEXT MEETING: October 26, 2022

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

August 24, 2022 10am-12pm
10:04 a.m. to 12:26 p.m.

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

Zoom Teleconference Info: 1-669-254-5252

Zoom Conference ID: 161 057 8708

Zoom Passcode: 454131

Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, Paula Gammell, County Staff.

Council Member Attendees via Teleconference: Beth Valentine, Chelle Gossett, Jake Bradley-Rowe, Joshua Kooman, Judy Vang, Kristina Kendricks-Clark, Melissa Willett, Melody Law, Richard Benavidez, Tracy Thomas, Zachary B.

Members Excused: Dennis Poupart, Ronnie Miranda, Shy Brown.

Members Absent: David Contreras, Kaye Pulupa, Kane Ortega, Michael Ungeheuer, Michael Wofford, Minerva Reid, Steve Austin, Tracy Jenkins, William Rhodes.

Guests: Tracy Lee, Rashida Green, Christopher Kendrick Stafford, Keshia Lynch, Kelly Gluckman, Amanda Rehn, Tiara Johnson, Elaine Nye.

Topic	Minutes
Welcome, Introductions and Announcements	Sunburst Projects is holding their annual golf tournament on October 15 th ; more information can be found on their website at sunburstprojects.org .
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 . 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>
Public Comments	<p>Tracy Thomas apologized for disruptive behavior at the May meeting but stated that it was intentional to highlight some issues with compliance to the Brown Act, Roberts Rules of Order, and our Bylaws. He has spoken to County Counsel to address these issues. He is currently working with regional transit to improve services for people with health conditions, including HIV. He is also working with the Los Rios Community College system to recruit and engage more young people with the planning council.</p> <p>Richard Benavidez assured that the Council is taking steps to address these concerns, and a Brown Act training will be taking place soon.</p>
Agenda and Minutes Review*	Zach B. motioned to approve the agenda as presented. The motion was seconded by Jake Bradley-Rowe. The motion passed with one abstention. Please see the Meeting roll call voting on page 18.

Topic	Minutes
	<p>Kristina Kendricks-Clark motioned to approve the minutes as presented. The motion was seconded by Jake Bradley-Rowe. Richard Benavidez noted an error on Page 2, 5th paragraph: it says “my Richard Benavidez” it should say “by Richard Benavidez”. Richard Benavidez noted an error on Page 7, 4th paragraph: it says “for review and approval” it should say “was presented for review and approval”. Tracy Thomas brought up that on Page 7, 2nd paragraph: the minutes state that the motion was approved unanimously. Paula Gammell explained that we are in the process of switching over to including the voting worksheet in the minutes, and this will begin this meeting moving forward. Motion to Approve the Minutes as amended was made by Kristina Kendricks-Clark, with a second by Jake Bradley-Rowe. The motion passed with two abstentions. Please see the Meeting roll call voting on page 18.</p>
<p>Presentation: County of Sacramento PrEP & Linkage to Care</p>	<p>Amanda Rehn and Elaine Nye from Sacramento County presented on Sacramento County’s Sexual Health Promotion units Linkage to care and PrEP program.</p> <p>Linkage to Care: Amanda Rehn Primary focus is on linking folks who test Preliminary Positive for HIV and/or Reactive for HCV, as well as other STIs, to care and treatment. Serves as a bridge between the Prevention and Surveillance programs. Referrals are received from Community Based Organizations (CBOs) including: GRS, LGBT Center, HRS, GHC, Sunburst, WIND Youth, and other local CBOs, clinics, and health care systems. Disseminate Pozzi Packs to CBO’s to give to newly diagnosed preliminary positive patients. These provide immediate information on HIV/HCV in hopes of answering questions and lessening stressors individuals may feel after a preliminary positive diagnosis. Once a referral is received, an appointment is made for confirmatory testing. They often try to schedule at the County Health Clinic, but appointments can be</p>

Topic	Minutes
	<p>made at other community clinics based on patient need and availability. Provides follow up such as ensuring individuals are able to attend their confirmatory appointments, get started on medication, offer additional referrals and resources, and ensure that patients have everything they need to retain in long term care. So far this year they have been able to link 18 newly diagnosed individuals to care.</p> <p>PrEP Navigation: Elaine Nye PrEP can be obtained at the Sacramento County Sexual Health Clinic (SHC) at 4600 Broadway, Suite 1300 Sacramento, CA 95820. More information can be found at www.SacSexualHealth.com or by calling the clinic at 916-875-1551. It's ideal because there are many services offered inside this building including a lab, pharmacy, primary care, WIC office, Medi-Cal enrollment, radiology, etc. Other options for accessing PrEP include primary care physicians, One Community Health, Wellspace, Kaiser, SNAHC, etc. There are also options for obtaining PrEP remotely as well as search engines for finding PrEP providers and PrEP Assistance providers.</p> <p>Program Highlights: Since launching 5-7-2020, 120 patients received PrEP! Provide no cost transportation to & from health appointments via county contract w/ Yellow Cab. Provide telehealth & at home STI & PrEP Panel testing via Building Healthy Online Communities (BHOC). Provide medication delivery services. Provide same day access to PrEP via medication starter packs @ SHC & Sunburst Projects. DocuSign & fillable PDFs are available to streamline care between appointments. Hep B & HPV Vaccinations are available. Injectable PrEP is now available at the SHC. Take me home /BHOC is available and provides at home self-testing including testing for PrEP Panels, HIV Finger Stick Test, STI+HIV testing including urine and swabs, and Oral HIV Swab Test. Patients will receive their results online. To get started on PrEP you can contact our PrEP</p>

Topic	Minutes
	<p>Navigator at 916-247-3815, contact our SHC, and send a secure fax to: 916-854-9588, or secure email: DHS-Fax-PUBH-SHCCConf@Sacounty.net. There are many promotional campaigns including Bus ads with Regional Transit, Billboards, Dating Apps, Social Media, and community outreach material. A main goal is keeping the clinic accessible, to do this the clinic offers:</p> <ul style="list-style-type: none"> -Tablet and Zoom account for Sign Language Interpretation -Translation services for oral and written communication -Braille on new weekly pill containers -Phone chargers in exam rooms -Condom and lube dispensers -Program options for individuals seeking confidential services -At home testing and transportation support -Helping youth understand their rights to Sexual Health Care in CA <p>As well: - Traditional 4-wall clinics aren't accessible to everyone</p> <ul style="list-style-type: none"> -We meet people where they are at -Community based testing, health counseling and referrals -The program's success revolves around inter-program collaboration, interagency collaboration, word of mouth, advertising, data collection and reporting. <p>A question and answer session was provided at the end of the presentation. Tracy Thomas asked about cultural competency and about stigmas or challenges that exist in certain communities and how that is addressed in this program. Elaine responded that their program is very familiar working with a very diverse population and that their staff have ongoing training on working with diverse populations. As well, the program recruits and staffs a diverse workforce. Amanda added that she is always mindful of cultural differences when giving a new diagnosis and that the program has a very</p>

Topic	Minutes
	<p>diverse staff, and staff learn from each other to best serve the community. Tracy Thomas asked if the County has a working definition of cultural competency that is uses. Elaine answered that you would have to refer to her direct supervisor to answer that specific question, but as public health professionals, program staff have a very good working definition of cultural competency, cultural humility, cultural sensitivity, etc. She also mentioned that the program has a community workgroup where they get feedback from the community on programs, campaigns, and materials. Kelly Gluckman wanted to know if the program has any images of women as she did not see any in the images included in the presentation. Elaine responded that the images used in the presentation were for a specific campaign targeted to MSM of color on dating apps in the Sacramento area. She explained that the program has a wide range of diverse media content including women. With no other questions the presentation was concluded.</p>
<p>State Office of AIDS (OA) August 2022 Update</p>	<p>Tracy Lee presented an overview of the OA Voice Update for August 2022.</p> <p>Monkeypox (MPXV) Update OA is committed to providing updated information related to Monkeypox. They 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,</p>

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	<p>vaccines, and responding to Monkeypox cases. If you were unable to attend, the webinar was recorded. The passcode is: As!1WhkU</p> <p>Ending the Epidemics Strategic Plan In September CDPH will be releasing a blueprint draft for community input based on what they have 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 of the Statewide Town Hall, and the list of completed regional listening sessions:</p> <ul style="list-style-type: none"> • https://tinyurl.com/CDPHStratPlan <p>Ending the Epidemic (EHE) In August, EHE counties attended 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.</p> <p>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 California Reportable Disease Information Exchange (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:</p> <ul style="list-style-type: none"> • Newly diagnosed HIV infection • Contacts to HIV (Partner Services)

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	<ul style="list-style-type: none"> • Data to Care (D2C) • Linkage and re-engagement in care • Outbreak/molecular cluster <p>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.</p> <p>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.</p> <p>Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs 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).</p>

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	<p>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.</p> <p>Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California 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. CDPH is committed to ensuring the representation of the population living with and affected by HIV is appropriately represented on the community advisory board.</p>
CPG/HIV/STI Prevention Updates	<p>California Planning Group – Richard Benavidez reported that CPG has met sporadically over the last 3 months and have had a lot of attendance issues due to personal problems. The CPG Fall Conference will be happening in October and is currently being put together.</p> <p>HIV/STI Prevention Updates – Tiara Johnson reported that the HIV/STI prevention program is actively recruiting for new locations to host testing events for HIV/HCV/STI’s –these can be one-time events or on a reoccurring basis. They have different grants and can provide testing to a wide range of individuals, so if you have a specific group in mind please reach out. They have recently expanded their Take Me Home testing to a lot more zip codes in Sacramento. Please share this service with any</p>

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	<p>individuals/clients you think could benefit. They are also working with CBO's such as Sunburst Projects and the LGBT Center to host MonkeyPox Vaccine clinics and are helping staff the events. As well, they have been trying to send out weekly/bi-weekly email updates on MonkeyPox including educational materials, Vaccine information, and eligibility information. Please reach out to Danielle or Paula if you would like to receive these emails. There was a question in the chat from Beth Valentine wondering if it would be possible to host a testing event at a homeless shelter. Tiara responded yes, it is possible, just logistics wise they would need a space to conduct confidential counseling and a separate space to run the tests where others wouldn't have access.</p>
<p>Recipient Report:</p> <ul style="list-style-type: none"> ➤ FY22 June Part A Monthly Fiscal Report* 	<p>FY22 June Part A Monthly Fiscal Report*</p> <p>Chelle Gossett presented a copy of the FY22 Part A June Monthly Fiscal Report for review and approval. El Dorado County spent 30.1% of their annual allocations and Placer spent 32%. Sacramento spent 28.1% with an overall expenditure of 28.5% for the Transitional Grant Area (TGA). Discussion of the report ensued. Kelly Gluckman was curious as to why there was underspending in many categories including housing, transportation, childcare, etc. Chelle Gossett explained that the expenditure report is based on the invoices received from providers who are funded in these categories. Some categories have multiple service providers and some have only one. It is based on how providers are spending money based on client need. Kelly was concerned about housing being underspent as she stated she knows a lot of clients who could benefit from housing services. Chelle explained that RW Part A funding only provides emergency housing assistance up to 14 days and requires a physician prescription. It can also be used for individuals with HIV, experiencing MonkeyPox, who need to quarantine. More information on what is funded can be found in the Service Standards and Directives found on the TGA website and in your Council Binders. Kelly wanted to know if providers are aware of what funding is available to them. Chelle explained that the recipient does its</p>

Topic	Minutes
<p>➤ FY22 June 2022 Part B Monthly Fiscal Report</p> <p>➤ SOA Ending the HIV Epidemic Update</p>	<p>best to make sure sub-recipients understand their funding, and that they should know what funding is available to them based off of their contracts. Someone such as an organizations grant manager should be able to disseminate that information to their organization. There is a matrix explaining who is funded in what categories that has been emailed out previously but will be sent back out again. Jake Bradley-Rowe wanted to remind everyone that Sunburst Projects is the only provider of child care services, and if you have a client with children under the age of 13 and could use support to pay for child care services while they attend an appointment, please refer them to Sunburst Projects. They have recently had many children “age out” of the age range resulting in underspending of child care. It is available to anyone in the TGA, and they do not pay the client directly, instead they pay the childcare provider. As well, with COVID, more patients have been able to have their appointments via Telehealth resulting in less utilization. Discussion of the FY22 June Part A Fiscal Report concluded and Beth Valentine motioned to accept the report as presented, Zach B. seconded the motion. The motion to approve passed with two abstentions.</p> <p>Please see the Meeting roll call voting on page 18.</p> <p>FY22 June 2022 Part B Monthly Fiscal Report</p> <p>Chelle Gossett presented a copy of the FY22 Part B June Monthly Fiscal Report for review. Yolo County spent 22.36% of their annual allocations. Sacramento spent 32.77% with an overall expenditure of 31.59% for the Transitional Grant Area (TGA).</p> <p>SOA Ending the HIV Epidemic Update</p> <p>The State Town Hall meetings have met, and a report will be coming out soon with the outcomes of those meetings. The Sexual Health Promotion Unit is currently working with Primary Care to determine the logistics of getting the mobile van out in the community to start serving clients, possibly starting in December.</p>

Topic	Minutes
<ul style="list-style-type: none"> ➤ HRSA Part A Ending the Epidemic Update ➤ RFP Update ➤ FY22 1st Quarter Recipient Report 	<p>HRSA Part A Ending the Epidemic Update The Sexual Health Clinic is currently working through staffing issues, and there is only one HIV provider who works on Mondays, they are currently in the process of hiring 2 ½ more providers. Job offers have already been made, and they hope to have them on-boarded soon and be able to offer HIV appointments 5 days a week. The exam rooms for the clinic build-out are completed, and most of the furniture has been moved in, and they hope to open up those rooms in the first couple weeks of September.</p> <p>RFP Update The RFP is still with contracts and will hopefully be released soon.</p> <p>FY22 1st Quarter Recipient Report The FY22 1st Quarter Recipient Report was included in the materials, and a few key metrics were highlighted during the meeting. This included that the TGA served 1,623 unduplicated clients in FY22 1st quarter and assisted 60 new (never been served in the TGA) clients. This report is strictly informational and does not report on CQI measures.</p>
<p>Committee Updates</p> <p>AdAC01 Administrative Assessment*</p>	<p>Administrative Assessment Committee: Richard Benavidez advised that the Committee met and discussed the AdAC01 Administrative Assessment which was presented for review and approval. Changes to the AdAC01 Administrative Assessment included the elimination of the term “Fiscal Agent” and the adoption of the term “Recipient”, a date revision, and the adoption of Richard Benavidez’s name and signature as the council chair. Jake Bradley-Rowe motioned to accept the AdAC01 Administrative Assessment as presented and Zach B. seconded the motion. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p>

Topic	Minutes
AdAC Overview*	<p>The AdAC Overview was presented for review and approval. Changes to the AdAC Overview included the elimination of the term “Fiscal Agent” and the adoption of the term “Recipient”, a date revision, and the adoption of Richard Benavidez’s name and signature as the council chair. Kristina Kendricks-Clark motioned to accept the AdAC Overview as presented and Melissa Willett seconded the motion. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p>
FY21 Year-End Findings	<p>The FY21 Year-End Findings were presented for review. All standards were met and exceeded except for #2. Fiscal Monitoring, Standard K: Follow through on changes recommended by the County Auditor on subrecipient audit reviews; this was rated as standard met.</p>
Recruitment Flyer*	<p>Affected Communities Committee: Zach B. advised that the Committee met and updated the new recruitment flyer, adding some required language from HRSA. It was presented for review and approval. Jake Bradley-Rowe motioned to accept the recruitment flyer as presented, and Beth Valentine seconded the motion. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p>
Reflectiveness	<p>Zach B. reported that the current council reflectiveness was at 39.1%, and we have 3 individuals waiting to be appointed, and the reflectiveness will be adjusted accordingly. Tracy Thomas asked what the reflectiveness referred to. Paula Gammell stated that it is required that 33% of seated members be non-aligned consumers and that the Planning Council is required to reflect the epidemic in the region. Tracy asked that if we have 39% non-aligned consumers, does that mean the remaining 61% are aligned with a funded provider. Paula responded that not all of the remaining seated members are aligned with a funded provider but that they indeed do not represent a non-aligned consumer. Some are assigned designated seats that were created by the original Ryan White Legislation.</p>

Topic	Minutes
FY22 Priorities* (same↓document)	<p>Priorities and Allocations: Jake Bradley-Rowe advised that the Committee met a few times and reviewed the FY22 Priorities and FY22 Carryover Allocations. PAC had previously voted on the service category priorities, but HRSA asked that these be ranked regardless if they are funded by the TGA. The updated FY22 Priorities were presented for review and approval. A motion to approve the FY22 Priorities as presented was made by Zach B. and Richard Benavidez seconded the motion. Discussion of the FY22 Priorities ensued. Paula Gammell highlighted that Priority #2 and #9 are not currently funded but that they were moved up on the list for the potential of being funded at a later time. Chelle Gossett pointed out that the priority rankings represent the need for service in the TGA and is not indicative of the amount of money allocated; some services ranked lower on the list may require more funding based on the type of service. Tracy Thomas asked what the conflicts referred to and why linguistic services stated none. Jake Bradley-Rowe explained that since no agency is currently receiving Ryan White funding to provide linguistic services at this time, there are no conflicts. The HRSA Policy Clarification Notice 1602 lists all of the definitions of the service categories. Some services such as ADAP used to be funded by the TGA but is now funded at the state level. Discussion concluded and the motion voting began. Please see the FY21 to FY22 Carryover Priorities Vote on page 19 to see that the motion passed with majority.</p> <p>A discussion ensued whether or not we had enough seated members present to continue conducting quorum. According to the Bylaws we only need 1/3 of seated members to conduct quorum, superseding Roberts Rules or Order.</p> <p>As we were over meeting time by 12 minutes, a motion was made by Zach B. to extend the meeting by 30 minutes, and the motion was seconded by</p>

Topic	Minutes
<p>FY21-FY22 Carryover Allocations* ↑ (same document)</p>	<p>Jake Bradley-Rowe. Discussion ensued and an amended motion to extend the meeting time by 45 minutes was made by Zach B. and seconded by Jake Bradley-Rowe. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p> <p>The FY21-FY22 Carryover Allocations were presented for review and approval. Jake Bradley-Rowe explained that the first recommendation was voted down by the Executive Committee and an emergency meeting was held to go back over the amounts. There was over \$460,000 available for carryover due to HRSA waiving the 5% requirement due to COVID, allowing for more than 5% to be carried over. The amount requested was scrutinized over because there are penalties that can be assessed to the TGA if the 5% is not met. Jake explained that the reason the full amount was not requested was due to the possible penalties that read: UOB Penalties If unobligated balances (UOB) of formula award exceed five percent, two penalties are imposed: 1. Future year award is reduced by amount of UOB less the amount of approved carryover; and 2. The grantee is not eligible for a future year supplemental award. NOTE that like all other grantees with UOB, the amount of UOB not covered by a waiver for carryover is subject to an offset, described above. It was also mentioned that reallocation will be happening soon as well, so it was difficult to determine how much money providers would actually be able to spend. The final recommendation for FY21-FY22 Carryover came to \$165,600 for the whole TGA. Richard Benavidez motioned to accept the FY21-FY22 Carryover Allocations, and Kristina Kendricks-Clark seconded the motion. Please see the FY21 to FY22 Carryover Allocations Vote on page 20 to see that the motion passed with majority.</p> <p>Quality Advisory Committee (QAC): Richard Benavidez reported that the Quality Advisory Committee did not meet; their next meeting is scheduled for September 6th, 2022.</p>

Topic	Minutes
	<p>They did want to notify the council that they have a chair seat open and available for appointment. If interested, please submit your name to Danielle & Paula.</p> <p>Needs Assessment Committee: Richard Benavidez reported that the Needs Assessment Committee did not meet.</p> <p>Approximately 57 surveys have been completed and entered into the database.</p> <p>Governance: Nothing to report.</p>
Binder Updates	Binder updates will be forthcoming with the documents approved at today's meeting, an updated roster, and table of contents.
Technical Assistance Needs	Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.
Adjournment	Meeting adjourned 12:26 PM Next meeting: September 28, 2022

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

Meeting Date: 8/24/2022

Seated Members	Signature	Agency/Affiliation
Beth Valentine	Teleconference	Volunteers of America
Chelle Gossett	Teleconference	Sacramento County Public Health
David Contreras	Absent	SHRA
Dennis Poupart	Excused	N/A
Jake Bradley-Rowe	Teleconference	Sunburst Projects
Joshua Kooman	Teleconference	N/A
Judy Vang	Teleconference	AIDS Education and Training Center
Kaye Pulupa	Absent	California State Office of AIDS
Kane Ortega	Absent	N/A
Kristina Kendricks-Clark	Teleconference	Harm Reduction Services
Melissa Willett	Teleconference	Sierra Foothills AIDS Foundation
Melody Law	Teleconference	Sacramento County Public Health
Michael Ungeheuer	Absent	County of El Dorado Public Health
Michael Wofford	Absent	CA State Medi-Cal Pharmacy Benefits Div.
Minerva Reid	Absent	N/A
Richard Benavidez	Teleconference	Sierra Foothills AIDS Foundation
Ronnie Miranda	Excused	N/A
Shy Brown	Excused	WellSpace Health
Steve Austin	Absent	N/A
Tracy Jenkins	Absent	N/A
Tracy Thomas	Teleconference	N/A
William Rhodes	Absent	Golden Rule Services
Zachary B.	Teleconference	N/A

Staff: Paula Gammell	Teleconference	Sacramento County Public Health
Staff: Danielle Caravella	Teleconference	Sacramento County Public Health

Meeting Date: 8/24/2022

Guests:	Signature	Agency/Affiliation
Tracy Lee	Teleconference	State Office of AIDS
Rashida Green	Teleconference	RX Healthcare
Christopher Kendrick Stafford	Teleconference	Consumer
Keshia Lynch	Teleconference	One Community Health
Kelly Gluckman	Teleconference	One Community Health
Amanda Rehn	Teleconference	Sacramento County Public Health
Tiara Johnson	Teleconference	Sacramento County Public Health
Elaine Nye	Teleconference	Sacramento County Public Health

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

Meeting Date 8/24/2022

Meeting Date: 8/24/2022

	Agenda			Minutes			FY22 June Part A Fiscal Report			AdAC01*			AdAC Overview			Recruitment Flyer			FY22 Priorities			FY21 Carryover Allocation			Meeting Extension 45 min		
Seated Members	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain
Beth Valentine	x			x			x			x			x			x									x		
Chelle Gossett	x			x					x	x			x			x									x		
David Contreras																											
Dennis Poupart																											
Jake Bradley-Rowe	x			x			x			x			x			x									x		
Joshua Kooman			x			x			x	x			x			x										x	
Judy Vang						x	x			x			x			x											
Kaye Pulupa																											
Kane Ortega																											
Kristina Kendricks-Clark	x			x			x			x			x			x									x		
Melissa Willett													x			x											
Melody Law	x			x			x			x			x			x									x		
Michael Ungeheuer																											
Michael Wofford																											
Minerva Reid																											
Richard Benavidez	x			x			x			x			x			x									x		
Ronnie Miranda																											
Shy Brown																											
Steve Austin																											
Tracy Jenkins																											
Tracy Thomas	x			x			x			x			x			x									x		
William Rhodes																											
Zachary B.	x			x			x			x			x			x									x		

Motion
Second

Zach B.
Jake Bradley-Rowe

Kristina Kendricks-Clark
Jake Bradley-Rowe

Beth Valentine
Zach B.

Jake Bradley-Rowe
Zach B.

Kristina Kendricks Clark
Melissa Willett

Jake Bradley-Rowe
Beth Valentine

Zach B.
Richard Benavidez

Richard Benavidez
Kristina Kendricks-Clark

Zach B.
Jake Bradley-Rowe

Amended Motion
Amended Second

Kristina Kendricks-Clark
Jake Bradley-Rowe

Zach B.
Jake Bradley-Rowe

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

In This Issue:

- Strategy A
- Strategy B
- Strategy D
- Strategy G
- Strategy J
- Strategy K
- Strategy M
- Strategy N

HIV Awareness:

September 18th is National HIV/AIDS and Aging Awareness Day (NHAAD). NHAAD is celebrated to bring awareness to the growing number of people living long and full lives with HIV. It also brings attention to issues related to aging with HIV such as other health conditions that can complicate HIV treatment, social needs, and address new infections among older adults. As people age, they are less aware of their HIV risk factors and are less likely to get tested. To find a list of resources for additional information about NHAAD, testing options and awareness day events visit [National HIV/AIDS and Aging Awareness Day](#) #HIVandAging.

National Gay Men's HIV/AIDS Awareness Day (NGMHAAD) is recognized on September 27th. NGMHAAD is observed to raise awareness of HIV among gay and bisexual men. Testing and learning of varied prevention options is highly encouraged and promoted on NGMHAAD. CDC's *Let's Stop HIV Together* campaign has [many resources](#) for gay and bisexual men.

General Office Updates:

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Monkeypox (MPX)

OA is committed to providing updated information related to MPX. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx>, to stay informed.

Please Note Effective Immediately: Due to concerns about stigma with the name **monkeypox**, **California Department of Public Health (CDPH) is using the acronym MPX (or Mpox when spoken) to refer to the virus until a new name is established by the World Health Organization.**

On August 16, (Northern CA), 17, (Southern CA), and 18, (Central CA), CDPH held regional stakeholder listening sessions about Monkeypox (MPX) in California. Community Based Organizations, Local Health Departments, and Community Advocates were invited to participate. The purpose of these listening sessions was to provide updates about the current status of MPX and what CDPH is doing,

what the regions need to know, and provide a Q & A/listening session for the regions. The listening sessions were held in English and Spanish.

CDPH would like to thank everyone who registered and those who attended.

The meeting recordings for all three listening sessions can be accessed at the following links:

8/16/22

[Spanish](https://vimeo.com/740580683) - <https://vimeo.com/740580683>

[English](https://vimeo.com/740606019) - <https://vimeo.com/740606019>

8/17/22

[Spanish](https://vimeo.com/741014075) - <https://vimeo.com/741014075>

[English](https://vimeo.com/741012697) - <https://vimeo.com/741012697>

8/18/22

[Spanish](https://vimeo.com/741018492) - <https://vimeo.com/741018492>

[English](https://vimeo.com/741017193) - <https://vimeo.com/741017193>

The password for all sessions is: **CDPH**
Please see links below for additional resources and updates.

- [Monkeypox Communications Toolkit](#) (CDPH)
- [Monkeypox Information and Resources](#) (CDC)
- [Frequently Asked Questions](#) (CDC)

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.

The workgroup convened in August to hold discussion on our understanding and experiences of white privilege, how it is used to cause harm and enforce and maintain racial inequities.

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 August through September 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.

As soon as it is complete, we will be releasing a blueprint draft for community input based on what we learned. There will be a comment period and a road show to present this document to our partners.

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)

In August, EHE counties attended 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 plans to help accelerate the end of HIV in California.

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

PrEP-Assistance Program (AP)

As of August 31, 2022, there are 184 PrEP-AP enrollment sites covering 178 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 4 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 23 months, between September 1, 2020, and July 31, 2022, 3566 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 130 (66.0%) of the 197 total tests distributed.

Of individuals ordering a test in July, 31.5% reported never before receiving an HIV test, and 53.8% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 38.2% were Hispanic/Latinx, and of those reporting sexual history, 58.9% indicated 3 or more partners in the past 12 months. To date, 404 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 (73.5%) or having had more than one sex partner in the past 12 months (62.1%).

Strategy D: Improve Linkage to Care

Since 2007, the Center for Quality Improvement and Innovation recognizes organizations and individuals who make exemplary progress in improving their Ryan White-funded services. One of 2022 award winners is Team VIDA at Santa Rosa Community Health Center (SRCHC) in Sonoma County. Team VIDA includes programmatic staff, case managers, clinicians, pharmacy staff, and a quality coordinator who provides back-up to providers or RNs for any positive result notifications, as well as provides linkage to care for positive patients.

In the fall of 2020, OA began a quality improvement (QI) initiative to increase the number of Ryan White HIV/AIDS Program clients receiving comprehensive healthcare coverage (CHC). Team VIDA increased the number of clients receiving non-medical case management who are enrolled in CHC from 58% to 93%, well surpassing the statewide goal of 85%, in just six months. They accomplished this by reviewing and restructuring their data collection efforts to ensure that underserved clients (uninsured and those that may need a follow up) were being identified. They also established an Access

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	346	9%	---	---	---	---	41	1%	387	10%
25 - 34	1,091	29%	1	0%	---	---	280	7%	1,372	37%
35 - 44	875	23%	---	---	3	0%	191	5%	1,069	29%
45 - 64	561	15%	1	0%	20	1%	127	3%	709	19%
65+	28	1%	---	---	165	4%	7	0%	200	5%
TOTAL	2,901	78%	2	0%	188	5%	646	17%	3,737	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	189	5%	---	---	44	1%	23	1%	---	---	94	3%	9	0%	28	1%	387	10%
25 - 34	787	21%	---	---	130	3%	75	2%	2	0%	300	8%	7	0%	71	2%	1,372	37%
35 - 44	684	18%	3	0%	89	2%	46	1%	1	0%	202	5%	10	0%	34	1%	1,069	29%
45 - 64	472	13%	3	0%	42	1%	20	1%	---	---	155	4%	---	---	17	0%	709	19%
65+	26	1%	1	0%	5	0%	3	0%	---	---	159	4%	---	---	6	0%	200	5%
TOTAL	2,158	58%	7	0%	310	8%	167	4%	3	0%	910	24%	26	1%	156	4%	3,737	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	326	9%	1	0%	7	0%	8	0%	---	---	10	0%	1	0%	10	0%	363	10%
Male	1,695	45%	6	0%	284	8%	157	4%	3	0%	881	24%	22	1%	136	4%	3,184	85%
Trans	127	3%	---	---	16	0%	1	0%	---	---	13	0%	1	0%	4	0%	162	4%
Unknown	10	0%	---	---	3	0%	1	0%	---	---	6	0%	2	0%	6	0%	28	1%
TOTAL	2,158	58%	7	0%	310	8%	167	4%	3	0%	910	24%	26	1%	156	4%	3,737	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: 08/31/2022 at 12:01:11 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Coordinator role – someone that specializes in AIDS Drug Assistance Program and health insurance for individuals with HIV. This role streamlined the process of linking patients to care in less than one hour (other providers can take days, if not weeks). To continue their efforts, Team VIDA has incorporated QI into their onboarding process for new staff. They even implemented cross-training to fortify their office’s workflow, which proved crucial to staffing during the early days of the COVID-19 pandemic.

When asked if they had any words of wisdom to share for people just starting out on their own QI journeys, HIV Program Manager Paola Diaz said, “We don’t own the project, the team owns the project. We are all responsible to make sure the work gets done the best it can. When everybody felt that they were part of a project, it became easier. If we keep everyone focused on the goal, we get better patient care, we get better results.”

To [learn more about SRCHC’s Team Vida](https://targethiv.org/cqii/cqii-quality-award-program#santarosa), please visit <https://targethiv.org/cqii/cqii-quality-award-program#santarosa>.

Strategy G: Improve Availability of HIV Care

The California Department of Housing and Community Development (HCD) will release its draft of the 2021-22 Consolidated Annual Performance and Evaluation Report (CAPER)

for public comment prior to submittal to HCD. The CAPER reports on specified federal housing and economic assistance allocated by the state, which includes the Housing Opportunities for Persons with AIDS (HOPWA) program, for the period July 1, 2021, through June 30, 2022. The draft will be available on [HCD’s website](https://www.hcd.ca.gov/plans-and-reports) at <https://www.hcd.ca.gov/plans-and-reports>, for a 15-day public comment period starting on August 30 and ending on September 15, 2022 at 5PM. [Questions and public comments](mailto:CAPER@hcd.ca.gov) can be submitted to CAPER@hcd.ca.gov. More information is available on their website.

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

As of August 16, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the ADAP Enrollment System chart below.

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

Updated National HIV/AIDS Strategy Released

The *National HIV/AIDS Strategy Federal Implementation Plan for 2022—2025* was released in August. Updates include an emphasis on the important roles of harm reduction and syringe services programs in the

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	548	-1.08%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,914	-0.95%
Medicare Part D Premium Payment (MDPP) Program	2,041	-0.73%
Total	8,503	-0.91%

national response to HIV, as well as to hepatitis C virus infection and substance use disorder.

The strategy also calls on jurisdictions to “enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs”.

The [full plan](https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS_Federal_Implementation_Plan.pdf) can be found at https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS_Federal_Implementation_Plan.pdf

[Learn how to start naloxone distribution services](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fatal_Overdose_Prevention_for_Social_Service_Providers_FINAL.pdf) at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fatal_Overdose_Prevention_for_Social_Service_Providers_FINAL.pdf

International Overdose Awareness Day 2022

On August 31, International Overdose Awareness Day (IOAD), harm reduction programs across the state honored people who died by overdose and recognized people who use drugs, their families and friends who use naloxone to reverse opioid overdoses and save lives. A collective banner drop and other community events brought awareness to the national public health crisis and called for more funding to reduce overdose deaths.

[Learn more about IOAD](https://www.overdoseday.com/) at <https://www.overdoseday.com/>

[Find your local harm reduction provider](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sepdirectory.aspx) at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sepdirectory.aspx

Governor Newsom Vetoed Bill to Pilot Overdose Prevention Programs

In August, Governor Newsom vetoed a bill to pilot overdose prevention programs in California. SB 57 would have allowed Los Angeles, San Francisco, and Oakland to pilot safer drug

consumption spaces to prevent overdose death, reduce public drug use and offer linkage to prevention and treatment services. This harm reduction strategy has been offered in cities around the world since the mid-1980s and is proven effective at preventing overdose death.

Strategy M: Improve Usability of Collected Data

The [HIV and Black/African Americans Fact Sheet](#), [HIV and Latinx Fact Sheet](#), and [HIV and Transgender People Fact Sheet](#) are now available on the [OA Case Surveillance Reports webpage](#). These fact sheets include 2010 to 2020 trend data on new HIV diagnoses among Black/African Americans, Latinx, and transgender people. The fact sheets also include demographic characteristics of new HIV diagnoses and health outcomes among Black/African Americans, Latinx, and transgender people compared to the statewide average.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

The CPG Community and State Co-Chairs will be hosting a four-part virtual fall meeting for all CPG Membership in October/November of 2022. This meeting will be open to the public. To avoid holding these meetings up against a weekend and to ensure there is no overlap with other important conferences and meetings scheduled for October, we have chosen to hold this year's meeting on October 25 & 27 and November 1 & 3. This meeting will be comprised of four separate Zoom meetings:

- **Day 1:**
Tuesday, October 25, 2022
1:00 PM – 4:00 PM Leadership Academy
(*CPG members only*)
- **Day 2:**
Thursday, October 27, 2022
12:45 PM – 4:00 PM

- **Day 3:**

Tuesday, November 1, 2022
12:45 PM – 4:00 PM

- **Day 4:**

Thursday, November 3, 2022
12:45 PM – 4:00 PM

Note: October 25 will be a skills-building meeting and will not open to the public; however, there will be a 10-minute public comment period on October 27, November 1, and November 3.

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

Part A Only

March 1, 2022 - February 28, 2023

EL DORADO COUNTY - July 2022	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Ambulatory/Outpatient Care	\$ 1,568	\$0	\$0		0.0%	\$ 1,568
Oral Health	\$ 24,673	\$0	\$3,095		12.5%	\$ 21,578
Health Insurance Premium & Cost Sharing Asst.	\$ 4,849	\$65	\$323		6.7%	\$ 4,526
Medical Case Management	\$ 140,000	\$10,196	\$54,830		39.2%	\$ 85,170
Medical Transportation Services	\$ 2,266	\$110	\$1,843		81.3%	\$ 424
Emergency Financial Assistance-Other Critical Need	\$ 11,845	\$660	\$6,889		58.2%	\$ 4,956
Sub-Total Alpine/El Dorado Counties	\$ 185,201	\$11,031	\$66,980		36.2%	\$ 118,221

PLACER COUNTY - July 2022	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Ambulatory/Outpatient Care	\$ 1,540	\$0	\$0		0.0%	\$ 1,540
Oral Health	\$ 2,329	\$0	\$0		0.0%	\$ 2,329
Health Insurance Premium & Cost Sharing Asst.	\$ 4,869	\$0	\$0		0.0%	\$ 4,869
Medical Case Management	\$ 127,728	\$10,945	\$52,887		41.4%	\$ 74,841
Medical Transportation Services	\$ 18,391	\$1,595	\$8,293		45.1%	\$ 10,098
Emergency Financial Assistance-Other Critical Need	\$ 33,240	\$5,280	\$17,651		53.1%	\$ 15,589
Sub-Total Placer County	\$ 188,097	\$17,820	\$78,831		41.9%	\$ 109,266

Missing Invoices
None

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

Underspending
 On Target
 Overspending

Total TGA Expenditures

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Cumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$ 2,806,518	\$ 223,911	\$ 1,072,001		38.2%	\$ 1,734,517
Part A MAI	\$ 184,117	\$ 21,455	\$ 91,436		49.7%	\$ 92,681

75/25 Core Services Requirement

	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative
Total Part A: 75/25 Expenditure Requirement						
Core Services (Does not include MAI MCM)	\$2,455,713	\$204,660	\$957,633	87.5%	91.4%	89.3%
Support Services	\$350,805	\$19,252	\$114,368	12.5%	8.6%	10.7%

Part A Only

March 1, 2022 - February 28, 2023

Priority Number

	SACRAMENTO COUNTY - July 2021 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$ 439,296	\$37,059	\$191,104		43.5%	\$ 248,192
	SS: Ambulatory/Outpatient Medical Care	\$ 381,898	\$37,059	\$164,081		43.0%	\$ 217,817
	SS: Vendor paid viral/load resistance lab test	\$ 57,398		\$27,024		47.1%	\$ 30,374
2	AIDS Pharmaceutical Assistance	Not Funded at this Time					
3	Health Insurance Prem. & Cost Sharing Asst.	\$ 10,821	\$0	\$0		0.0%	\$ 10,821
4	Oral Health	\$ 356,117	\$ 31,007	\$ 136,198		38.2%	\$ 219,919
5	Medical Case Management	\$ 907,955	\$92,697	\$371,259		40.9%	\$ 536,696
	SS: MAI	\$ 184,117	\$ 21,455	\$ 91,436		49.7%	\$ 92,681
	SS: Office Based Services inc. Pediatric Treatment Adherence	\$ 355,487	\$ 33,986	\$ 166,175		46.7%	\$ 189,312
	SS: Field/In-Home Services	\$ 350,557	\$ 35,236	\$ 111,610		31.8%	\$ 238,947
	SS: Case Mgmt. Child Care	\$ 17,794	\$ 2,021	\$ 2,038		11.5%	\$ 15,756
6	Case Management (Non-Medical)	\$ 54,582	\$ 653	\$ 16,678		30.6%	\$ 37,904
7	Food Bank/Home Delivered Meals	Part B Only					
8	Mental Health Services	\$ 399,764	\$ 27,850	\$ 171,726		43.0%	\$ 228,038
9	Psychosocial Support Services	Not Funded at this Time					
10	Medical Transportation Services	\$ 65,079	\$ 3,567	\$ 24,794		38.1%	\$ 40,285
11	Substance Abuse Services - Outpatient	\$ 201,661	\$ 16,297	\$ 66,454		33.0%	\$ 135,207
12	Substance Abuse Services - Residential	\$ 63,408	\$ 4,481	\$ 24,284		38.3%	\$ 39,124
13	Housing	\$ 21,861	\$ 889	\$ 1,373		6.3%	\$ 20,488
14	Child Care Services	\$ 30,931	\$ 1,147	\$ 8,328		26.9%	\$ 22,603
15	Emergency Financial Assistance	\$ 20,362	\$638	\$2,083		10.2%	\$ 18,279
16	Medical Nutritional Therapy	\$ 16,660	\$ -	\$ 1,191		7.2%	\$ 15,469
17	Health Education/Risk Reduction	\$ 11,334	\$ 233	\$ 2,152		19.0%	\$ 9,182
18	Outreach Services	\$ 17,506	\$ -	\$ -		0.0%	\$ 17,506
19	Outreach Services MAI	Funded by Part B					
20	Linguistic Services	Not Funded at this Time					
21	Home & Community Based Health Services	Not Funded at this Time					
22	Home Health Care	Not Funded at this Time					
23	Hospice	Not Funded at this Time					
24	Legal Services	Not Funded at this Time					
25	Permanency Planning	Not Funded at this Time					
26	Referral for Health Care & Support Services	Not Funded at this Time					
27	Rehabilitation Services	Not Funded at this Time					
28	Respite Care	Not Funded at this Time					
29	ADAP	Not Funded at this Time					
30	Early Intervention Services	Not Funded at this Time					
	Sub-Total Sacramento County	\$ 2,617,337	\$216,516	\$1,017,626		38.9%	\$ 1,599,711
	Sub-Total TGA Direct Service Expenditures	\$ 2,990,635	\$ 245,366	\$ 1,163,437		38.9%	\$ 1,827,197

Recipient - Grantee Admin	\$ 351,840	\$ -	\$ 94,861		27.0%	\$256,979
Recipient - Quality Mgmt	\$ 175,919	\$ -	\$ 32,276		18.3%	\$143,643
Grand- Total Direct Services, Recipient	\$ 3,518,394	\$245,366	\$1,290,575		36.68%	\$2,227,819

Missing Invoices
Recipient bills quarterly
Ambulatory Care

July		
Under 5%		Underspending
Within 5%		On Target
Over 5%	47% - Over	Overspending

Part B Only

March 1, 2022 - February 28, 2023

YOLO COUNTY - July 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	\$ -	\$ -		-	\$ 2,500
Medical Case Management	\$130,744	\$ 3,857	\$ 34,037		26.0%	\$ 96,706
Medical Transportation Services	\$3,094	\$ -	\$ 673		21.8%	\$ 2,420
Housing						
Emergency Financial Assistance	\$1,002	\$ 1	\$ 1		-	\$ 1,001
Food Bank/Home Delivered Meals	\$5,465	\$ 626	\$ 1,698		31.1%	\$ 3,767
Sub-Total Yolo County	\$142,804	\$ 4,484	\$ 36,410		25.5%	\$ 106,394

Missing Invoices
None

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

Underspending

On Target

Overspending

Total Part B Expenditures

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Cumulative Expenditures	% Shade	% Used	Remaining Balance
Part B	\$ 1,224,819	\$ 93,762	\$ 489,098		39.93%	\$ 735,722
Part B MAI	\$ 43,569	\$ 1,041	\$ 7,075		16.24%	\$ 36,494

Part B Only

March 1, 2022 - February 28, 2023

Priority Number

SACRAMENTO COUNTY - July 2022						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1 Ambulatory/Outpatient Care	\$398,612	\$ 31,785	\$ 165,339		41.5%	\$ 233,273
SS: Ambulatory/Outpatient Medical Care	\$398,612	\$ 31,785	\$ 165,339		41.5%	\$ 233,273
SS: Vendor paid viral load resistance lab test	Funded by Part A					
2 AIDS Pharmaceutical Assistance	Not Funded at this Time					
3 Health Insurance Prem. & Cost Sharing Asst.	Funded by Part A					
4 Oral Health	\$253,097	\$ 23,439	\$ 110,656		43.7%	\$ 142,441
5 Medical Case Management	\$57,326	\$ 4,032	\$ 18,813		32.8%	\$ 38,513
SS: MAI	Funded by Part A					
SS: Office Based Services inc. Pediatric Treatment Adherence	\$10,847	\$ -	\$ -		0.0%	\$ 10,847
SS: Field/In-Home Services	\$46,479	\$ 4,032	\$ 18,813		40.5%	\$ 27,667
SS: Case Mgmt. Child Care						
6 Case Management (Non-Medical)	\$73,876	\$ 4,083	\$ 24,619		33.3%	\$ 49,257
7 Food Bank - Part B Only	\$11,982	\$ -	\$ 2,260		18.9%	\$ 9,722
8 Mental Health Services	\$79,272	\$ 6,445	\$ 36,442		46.0%	\$ 42,831
9 Psychosocial Support Services	Not Funded at this Time					
10 Medical Transportation Services	\$113,991	\$ 13,746	\$ 60,806		53.3%	\$ 53,185
11 Substance Abuse Services - Outpatient	Funded by Part A					
12 Substance Abuse Services - Residential	Funded by Part A					
13 Housing	\$15,340	\$ 3,034	\$ 5,242		34.2%	\$ 10,098
14 Child Care Services	Funded by Part A					
15 Emergency Financial Assistance	Funded by Part A					
16 Medical Nutritional Therapy	\$53,220	\$ 720	\$ 8,485		15.9%	\$ 44,735
17 Health Education/Risk Reduction	\$25,300	\$ 1,994	\$ 20,026		79.2%	\$ 5,274
18 Outreach Services	Funded by Part A					
19 Outreach Services MAI - Part B Only	\$43,569	\$ 1,041	\$ 7,075		16.2%	\$ 36,494
20 Linguistic Services	Not Funded at this Time					
21 Home & Community Based Health Services	Not Funded at this Time					
22 Home Health Care	Not Funded at this Time					
23 Hospice	Not Funded at this Time					
24 Legal Services	Not Funded at this Time					
25 Permanency Planning	Not Funded at this Time					
26 Referral for Health Care & Support Services	Not Funded at this Time					
27 Rehabilitation Services	Not Funded at this Time					
28 Respite Care	Not Funded at this Time					
29 ADAP	Not Funded at this Time					
30 Early Intervention Services	Not Funded at this Time					
Sub-Total Sacramento County	\$1,125,584	\$90,319	\$459,762		40.8%	\$ 665,822
Sub-Total TGA Direct Service Expenditures	\$ 1,268,388	\$ 94,802	\$ 496,172		39.1%	\$ 772,216

Recipient - Grantee Admin	\$131,841	\$0	\$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	\$ 94,802	\$ 549,184		37.51%	\$ 914,899

Missing Invoices/Notes
 Recipient bills quarterly

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

Underspending
 On Target
 Overspending

Service Category		FY22 Part A Actual Allocations		FY22 Part A Actual with Reallocations	
FY22 Priority		Amount	Percent of Direct Service Dollars	Amount	Percent of Direct Service Dollars
	EL DORADO COUNTY	\$ 185,201	6.6%	\$ 185,201	6.6%
	Ambulatory Care	\$ 1,568		\$ 1,568	
	Oral Health	\$ 24,673		\$ 24,673	
	Health insurance	\$ 4,849		\$ 4,849	
	Housing	\$ -		\$ -	
	Medical Case management	\$ 140,000		\$ 140,000	
	Medical Transportation	\$ 2,266		\$ 2,266	
	Emergency Financial Assistance	\$ 11,845		\$ 11,845	
	PLACER COUNTY	\$ 188,097	6.7%	\$ 188,097	6.7%
	Ambulatory Care	\$ 1,540		\$ 1,540	
	Oral Health	\$ 2,329		\$ 2,329	
	Health insurance	\$ 4,869		\$ 4,869	
	Housing	\$ -		\$ -	
	Medical Case management	\$ 127,728		\$ 127,728	
	Medical Transportation	\$ 18,391		\$ 18,391	
	Emergency Financial Assistance	\$ 33,240		\$ 33,240	
	YOLO COUNTY	Part B Funds			
	(Sacramento County Breakdown ONLY)	\$2,433,220	86.7%	\$2,433,220	86.7%
1	Ambulatory/Outpatient Medical Care	\$ 439,296	15.7%	\$ 445,796	15.9%
	1.a.Ambulatory Care	\$ 381,898	13.6%	\$ 388,398	13.8%
	1.b.Viral Load/ Resistance Testing	\$ 57,398	2.0%	\$ 57,398	2.0%
2	AIDS Pharmaceutical Asst.	\$ -	0.0%	\$ -	0.0%
3	Health Insurance Premiums	\$ 10,821	0.4%	\$ 10,821	0.4%
4	Oral Health Care	\$ 356,117	12.7%	\$ 324,786	11.6%
5	Medical Case Management Services	\$ 723,838	25.8%	\$ 777,907	27.7%
	5.a. Child Care Medical Case Management	\$ 17,794	0.6%	\$ 17,794	0.6%
	5.b. Office-based Medical CM Services including Pediatric Treatment Adherence	\$ 355,487	12.7%	\$ 355,487	12.7%
	5.c. Field/In-Home Medical CM Services	\$ 350,557	12.5%	\$ 404,626	14.4%
	5.d. Minority AIDS Initiative Medical CM		0.0%		0.0%
6	Non-Medical Case Management	\$ 54,582	1.9%	\$ 58,082	2.1%

7	Food Bank/Home Delivered Meals	\$ -	0.0%	\$ -	0.0%
8	Mental Health Services	\$ 399,764	14.2%	\$ 439,764	15.7%
9	Psychosocial Support Services	\$ -		\$ -	
10	Medical Transportation Services	\$ 65,079	2.3%	\$ 71,579	2.6%
11	Substance Abuse Services - Outpatient	\$ 201,661	7.2%	\$ 159,661	5.7%
12	Substance Abuse Services – Residential	\$ 63,408	2.3%	\$ 58,408	2.1%
13	Housing Assistance	\$ 21,861	0.8%	\$ 21,861	0.8%
14	Child Care Services	\$ 30,931	1.1%	\$ 22,093	0.8%
15	Emergency Financial Assistance	\$ 20,362	0.7%	\$ 20,362	0.7%
16	Medical Nutritional Therapy	\$ 16,660	0.6%	\$ 5,660	0.2%
17	Health Education Risk Reduction	\$ 11,334	0.4%	\$ 11,334	0.4%
18	Outreach Non-MAI	\$ 17,506	0.6%	\$ 5,106	0.2%
19	MAI Outreach	\$ -	0.0%	\$ -	0.0%
20	Linguistic Services		0.0%		0.0%
21	Home and Community Based Health Services		0.0%		0.0%
22	Home Health Care		0.0%		0.0%
23	Hospice		0.0%		0.0%
24	Child Care Services		0.0%		0.0%
25	Permanency Planning		0.0%		0.0%
26	Referral for Health Care and Support Services		0.0%		0.0%
27	Rehabilitation Services		0.0%		0.0%
28	Respite Care		0.0%		0.0%
29	ADAP		0.0%		0.0%
30	Early Intervention Services		0.0%		0.0%
GRAND TOTAL DIRECT SERVICES		\$ 2,806,518	100.0%	\$ 2,806,518	100.0%
Direct Services Target		\$ 2,806,518	Target	\$ 2,806,518	Target

County Executive
Ann Edwards

Deputy County Executive
Bruce Wagstaff
Social Services



Department of Health Services
Chevon Kothari, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

August 31, 2022

MEMO TO: HIV Health Services Planning Council

FROM: Chelle Gossett
Recipient, Ryan White CARE Program Coordinator

RE: FY 2022 Reallocation Recommendations

The Recipient determined \$110,569 was available for reallocation between what agencies offered and what was under the criteria for expenditures stated in the Reallocation letter, "By the end of August, your current year's expenditures in each service category should fall between 40 and 50 percent of your total award."

In the FY 2022 Reallocation Requests/Recipient Recommendation, providers requested a total of \$233,806. The TGA Carryover request was put towards this request to reduce the burden. The Recipient determined that there was a basis for \$110,569 of the requests based on the criteria set forth in the reallocation letter as stated above. Therefore, the Recipient determined \$110,569 was needed for reallocation.

Using the total funds available for reallocation, \$110,569, please see the Recipient recommendations as follows:

1. Reallocate \$6,500 to the Outpatient Ambulatory Care Service category in Sacramento County, a core service that is over expending the current year allocation.
2. Reallocate (\$31,331) from the Oral Health Care Service category in Sacramento County, a core service that is under expending the current year allocation. A provider has also recently left, this will cause salary savings.

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3. Reallocate \$54,069 to the Medical Case Management Service category, a core service that is over spending the current year allocation. Several subrecipients are overspending in this category and will run out of funding before the end of the contract period.
4. Reallocate \$3,500 to the Non-Medical Case Management Service category, a support service that is over spending the current year allocation. There is a subrecipient that will run out of funds before the end of the contract period.
5. Reallocate \$40,000 to the Mental Health Service category, a core service that is over spending the current year allocation. COVID-19 is causing an increased need in mental health services. Number of clients has increased for this service. More providers have had to be added to accommodate the need.
6. Reallocate \$6,500 to Medical Transportation Service category, a support service category. Now that clients are going to more in-person appointments, the need for transportation has increased.
7. Reallocate (\$42,000) from the Substance Abuse-Outpatient Service category, a core service that is under spending the current year allocation. This category was allocated more funding by the PC than in prior years. The funding level appears to be too high.
8. Reallocate (\$5,000) from Substance Abuse-Residential Service category, a support service category. Due to stated decrease in demand for assessments in this services category to date.
9. Reallocate (\$8,838) from Child Care Service category, a support service. This category is under spending the current year allocation. COVID-19 is a cause for a decrease, fewer in-person appointments. Additionally, many families previously using this service category have children aging up and are no longer utilizing the service.
10. Reallocate (\$11,000) from Medical Nutrition Therapy Service category, a core service category. This category is under spending the current year allocation. The provider is short staffed.
11. Reallocate (\$12,400) from Outreach Service category, a support service category. This category is under spending the current year allocation. The provider is short staffed.
12. There was a request to remove all of the funding (\$10,821)

County Executive

Ann Edwards

Deputy County Executive

Bruce Wagstaff

Social Services

**Department of Health Services**

Chevon Kothari, Director

Divisions

Behavioral Health Services

Primary Health

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County of Sacramento

from the Health Insurance Cost Sharing Assistance. I recommend the funding remain in this category as the funding has typically been spent in November, December and January. In FY20, 3 clients used the services in November and December. In FY21, 3 clients used the services in December and January. This amount is not currently included in the calculations in numbers 1-11.

XX

Division of Public Health

Olivia Kasirye, MD, MS

Public Health Officer

SACRAMENTO COUNTY

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HEALTH**

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Service Category		FY19 Final Allocations Part A Only		FY22 Part A Grant Application Request based on FY19 Final		FY22 Part A Actual Allocations		FY23 Part A Grant Application Request		
FY22 Priority		Amount	Percent of Direct Service Dollars	Amount	Percent of Direct Service Dollars	Amount	Percent of Direct Service Dollars	Amount	Percent of Direct Service Dollars	Reasoning/Justification/Logic
	EL DORADO COUNTY	\$183,991	5.2%	\$ 199,058	6.6%	\$ 185,201	6.6%	\$ 194,461	6.6%	5% increase because of full utilization
	Ambulatory Care					\$ 1,568				
	Oral Health					\$ 24,673				
	Health insurance					\$ 4,849				
	Housing									
	Medical Case management					\$ 140,000				
	Medical Transportation					\$ 2,266				
	Emergency Financial Assistance					\$ 11,845				
	PLACER COUNTY	\$189,979	5.4%	\$ 202,171	6.7%	\$ 188,097	6.7%	\$ 197,501	6.7%	5% increase because of full utilization
	Ambulatory Care					\$ 1,540				
	Oral Health					\$ 2,329				
	Health insurance					\$ 4,869				
	Housing									
	Medical Case management					\$ 127,728				
	Medical Transportation					\$ 18,391				
	Emergency Financial Assistance					\$ 33,240				
	YOLO COUNTY	Part B Funds								
	(Sacramento County Breakdown ONLY)	\$3,174,556	89.5%	\$2,615,279	86.7%	\$2,433,220	86.7%	\$2,554,882	86.7%	
	Ambulatory/Outpatient Medical Care	\$436,013	12.3%	\$ 472,165	15.7%	\$ 439,296	15.7%	\$ 461,261	15.7%	5% increase because they are on target
	1.a.Ambulatory Care	\$384,092	10.8%	\$ 410,472	13.6%	\$ 381,898	13.6%	\$ 403,863	13.7%	
	1.b.Viral Load/ Resistance Testing	\$51,921	1.5%	\$ 61,693	2.0%	\$ 57,398	2.0%	\$ 57,398	1.9%	
2	AIDS Pharmaceutical Asst.	\$0	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
3	Health Insurance Premiums	\$4,244	0.1%	\$ 11,632	0.4%	\$ 10,821	0.4%	\$ 5,000	0.2%	Low spend, use 2019 actual
4	Oral Health Care	\$357,702	10.1%	\$ 382,762	12.7%	\$ 356,117	12.7%	\$ 273,647	9.3%	Flat funding with 2022 actual
5	Medical Case Management Services	\$701,510	19.8%	\$ 758,112	25.1%	\$ 723,838	25.8%	\$ 850,000	28.8%	5% increase because of full utilization
	5.a. Child Care Medical Case Management	\$11,391	0.3%	\$ 19,136	0.6%	\$ 17,794	0.6%	\$ 20,895	0.7%	
	5.b. Office-based Medical CM Services including Pediatric Treatment	\$163,213	4.6%	\$ 178,549	5.9%	\$ 355,487	12.7%	\$ 417,447	14.2%	
	5.c. Field/In-Home Medical CM Services	\$526,906	14.8%	\$ 560,427	18.6%	\$ 350,557	12.5%	\$ 411,658	14.0%	
	5.d. Minority AIDS Initiative Medical CM		0.0%		0.0%		0.0%		0.0%	
6	Non-Medical Case Management	\$49,039	1.4%	\$ 58,666	1.9%	\$ 54,582	1.9%	\$ 54,582	1.9%	Flat funding with 2022 actual
7	Food Bank/Home Delivered Meals	\$0	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 32,500	1.1%	Add funding to support need from other agencies going for this funding
8	Mental Health Services	\$402,381	11.3%	\$ 429,675	14.2%	\$ 399,764	14.2%	\$ 439,752	14.9%	5% increase because of full utilization
9	Psychosocial Support Services	\$0		\$ -		\$ -		\$ -		
10	Medical Transportation Services	\$59,784	1.7%	\$ 69,948	2.3%	\$ 65,079	2.3%	\$ 78,333	2.7%	5% increase because of full utilization
11	Substance Abuse Services - Outpatient	\$199,595	5.6%	\$ 216,750	7.2%	\$ 201,661	7.2%	\$ 186,661	6.3%	Flat funding with 2022 actual
12	Substance Abuse Services - Residential	\$58,073	1.6%	\$ 68,152	2.3%	\$ 63,408	2.3%	\$ 63,408	2.2%	Flat funding with 2022 actual
13	Housing Assistance	\$13,076	0.4%	\$ 20,905	0.7%	\$ 21,861	0.8%	\$ 21,861	0.7%	Flat funding with 2022 actual

14	Child Care Services	\$50,600	1.4%	\$ 53,130	1.8%	\$ 30,931	1.1%	\$ 20,000	0.7%	Our recommendation based in usage from Sunburst
15	Emergency Financial Assistance	\$16,478	0.5%	\$ 24,477	0.8%	\$ 20,362	0.7%	\$ 20,389	0.7%	Flat funding with 2022 actual
16	Medical Nutritional Therapy	\$10,220	0.3%	\$ 17,907	0.6%	\$ 16,660	0.6%	\$ 10,220	0.3%	Flat funding 2019 actual because of poor utilization in 2022
17	Health Education Risk Reduction	\$4,768	0.1%	\$ 12,182	0.4%	\$ 11,334	0.4%	\$ 4,768	0.2%	Flat funding 2019 actual because of poor utilization in 2022
18	Outreach Non-MAI	\$11,086	0.3%	\$ 18,816	0.6%	\$ 17,506	0.6%		0.0%	
19	MAI Outreach	\$0	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
20	Linguistic Services					\$ -	0.0%	\$ -	0.0%	
21	Home and Community Based Health Services					\$ -	0.0%	\$ -	0.0%	
22	Home Health Care					\$ -	0.0%	\$ -	0.0%	
23	Hospice					\$ -	0.0%	\$ -	0.0%	
24	Legal Services					\$ -	0.0%	\$ -	0.0%	
25	Permanency Planning					\$ -	0.0%	\$ -	0.0%	
26	Referral for Health Care and Support Services					\$ -	0.0%	\$ -	0.0%	
27	Rehabilitation Services					\$ -	0.0%	\$ -	0.0%	
28	Respite Care					\$ -	0.0%	\$ -	0.0%	
29	ADAP					\$ -	0.0%	\$ -	0.0%	
30	Early Intervention Services					0	0.0%	0	0.0%	
GRAND TOTAL DIRECT SERVICES		\$3,548,526	100%	\$ 3,016,509	100.0%	\$ 2,806,518	100.0%	\$ 2,946,844	100.0%	
Direct Services Target				\$ 3,016,509	Target	\$ 2,806,518	Target	\$ (0)	Target	