

**Sacramento County**  
**Department of Health Services**  
**HIV Health Services Planning Council**  
[www.sacramento-tga.com](http://www.sacramento-tga.com)

## Meeting Agenda

Dec 14, 2022, 10:00 AM – 12:00 PM

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

**Join Zoom Meeting**

<https://www.zoomgov.com/j/1618963027?pwd=RIIXRExTczFmbmpnMW0xTWxtb2lkUT09>

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

**Meeting ID:** 161 896 3027      **Passcode:** 983445

**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	
December 2022 Agenda*	Benavidez	
Minutes of September 2022*	Benavidez	

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State Office of AIDS November 2022 Update	Lee/Pulupa	As Needed
CPG/HIV/STI Prevention Updates	All	
Recipient Report: <ul style="list-style-type: none"> <li>➤ FY22 October Part A Monthly Fiscal Report*</li> <li>➤ FY22 October 2022 Part B Monthly Fiscal Report</li> <li>➤ SOA Ending the HIV Epidemic Update</li> <li>➤ HRSA Part A Ending the Epidemic Update</li> </ul>	Gossett	
Committee/Work Group Updates: Administrative Assessment Committee <ul style="list-style-type: none"> <li>➤ AdAC Findings of 11/17/22</li> <li>➤ Next Meeting 6/15, 2023</li> </ul> Affected Communities Committee <ul style="list-style-type: none"> <li>➤ Reflectiveness</li> <li>➤ OPTIONS for HIV*</li> </ul> Executive Committee <ul style="list-style-type: none"> <li>➤ State Integrated Plan</li> </ul> Priorities and Allocations <ul style="list-style-type: none"> <li>➤ Reallocation*</li> </ul> Quality Advisory Committee Needs Assessment Committee Governance	Willett  Zach B.  Benavidez Bradley-Rowe Kendricks-Clark Miranda Ungeheuer	
Binder Updates	Caravella	
Public Comments – Non-Agenda Items	Benavidez	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

**Attachments:**

- Minutes of September 2022\*
- November 2022 OA Voice Update
- FY22 October Part A Fiscal Report\*
- FY22 October Part B Fiscal Report
- AdAC Findings of 11/17/22
- OPTIONS for HIV\*
- State Integrated Plan Concurrence Letter

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- Reallocation Recommendations\* To be emailed

**NEXT MEETING: January 25, 2023**

## **HIV HEALTH SERVICES PLANNING COUNCIL**

### **Meeting Minutes**

September 28th, 2022 10am-12pm  
10:04 a.m. to 12:07 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, Dennis Poupart, Jake Bradley-Rowe, Judy Vang, Kane Ortega, Kristina Kendricks-Clark, Melissa Willett, Michael Wofford, Minerva Reid, Richard Benavidez, Zachary B.

**Members Excused:** Kaye Pulupa, Melody Law, and Ronnie Miranda.

**Members Absent:** David Contreras, Joshua Kooman, Michael Ungeheuer, Shy Brown, Steve Austin, Tracy Thomas, William Rhodes.

**Guests:** Becky Gonzalez, Rashida Green, Christopher Kendrick Stafford, Kelly Gluckman, Tiara Johnson, Clarmundo Sullivan, Lili Joy, Lenore Gotelli, Cailey Bronny, Rick Heyer.

Topic	Minutes
Welcome, Introductions and Announcements	<p>Meeting began at 10:04 a.m.</p> <p>Beth Valentine announced that Open Arms has reached the quarantine limit of a COVID-19 outbreak. They had 5 individuals and the threshold is 3. They are working closely with the County to monitor the situation. 4 out of 5 individuals have tested negative and 1 is still awaiting their results. This did not cause an interruption in service. If they had received a referral they would have been able to put the client in a motel. They are grateful for the Ryan White funding and are back to normal operations.</p> <p>Richard Benavidez shared an update from Ronnie Miranda who could not be at the meeting. He wanted to share that Regional Transit is giving free rides from 10/01-10/07. This is in celebration of California Clean Air Day and no flyer is needed.</p> <p>Richard Benavidez announced that NCAC has distributed a total of \$97,000 to their NCAC recipients.</p>
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 regard 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>Clarmundo Sullivan shared that he attended the 2022 National STD Prevention Conference that highlighted the issues surrounding Monkeypox. He shares that many cases are among MSM and PLWH, as well as individuals who have recently been diagnosed with an STD. He wants to</p>

Topic	Minutes
	make sure that we are educating our community on their risk and making sure they know that vaccines are available.
Agenda and Minutes Review*	<p>Zach B. motioned to approve the agenda as presented. The motion was seconded by Melissa Willett. Richard Benavidez requested that we add an agenda item pertaining to the October Meeting Schedule, which would need to be voted on by Council. The motion passed with one abstention. Please see the meeting roll call voting on page 18.</p> <p>Melissa Willett motioned to approve the minutes as presented. The motion was seconded by Jake Bradley-Rowe. Richard Benavidez noted a grammatical error on Page 3, 4<sup>th</sup> paragraph, line 6: it says "Disseminate Pozzi Packs to CBO's to give to newly diagnosed preliminary positive patients." it should say "They also disseminate Pozzi Packs to CBO's to give to newly diagnosed preliminary positive patients." Motion to approve the minutes as amended was made by Jake Bradley-Rowe, with a second by Richard Benavidez. The motion passed with two abstentions. Please see the meeting roll call voting on page 18.</p>
Brown Act Training	<p><b>Rick Heyer from Sacramento County presented a Brown Act Training</b></p> <p><b>General Rule:</b></p> <ul style="list-style-type: none"> <li>• Provides legal minimums for transparency in decision-making</li> <li>• Decision-making bodies must conduct business in open and public meetings to ensure that the public is fully informed about local decisions</li> <li>• The Brown Act came about after articles in the San Francisco Chronicle titled "Your Secret Government" came out detailing the inaccessibility of government meetings</li> </ul> <p><b>The Act Applies to Legislative Bodies of Local Agencies:</b></p>

Topic	Minutes
	<ul style="list-style-type: none"> <li>• Governing bodies-Board of Supervisors/City Council/School Boards etc. etc.</li> <li>• Subsidiary bodies-commissions, committees created by Statute, charter, ordinance, resolution, or formal action of a legislative body</li> <li>• Bodies like the JJCC, created pursuant to WIC §749.22 for the limited purpose of creating a plan are subject to Brown Act</li> </ul> <p><b>WHAT IS A MEETING?</b></p> <ul style="list-style-type: none"> <li>• A meeting is any situation involving a majority of a decision-making body in which business is transacted or discussed. <ul style="list-style-type: none"> <li>◦ Does not require that action be taken</li> <li>◦ Majority of the governing body cannot talk privately about an issue before the body no matter how the conversation occurs, whether by <ul style="list-style-type: none"> <li>▪ telephone,</li> <li>▪ e-mail or</li> <li>▪ at a local coffee shop</li> </ul> </li> </ul> </li> </ul> <p><b>Serial Meetings Prohibited:</b></p> <ul style="list-style-type: none"> <li>• Serial meetings are prohibited</li> <li>• Serial meeting is a series of meetings conducted through direct communications, intermediaries, or technological devices to develop a concurrence as to the action to be taken.</li> <li>• Hub and spoke-A to B, A to C, and A to D</li> <li>• Sequential-A to B, B to C, C to D</li> <li>• Simultaneous-A, B, C, and D have a joint conversation by phone or other means</li> </ul>

Topic	Minutes
	<p><b>Serial Meetings: Practice Tips</b></p> <ul style="list-style-type: none"> <li>• AVOID SUBSTANTIVE COMMUNICATIONS (DIRECTLY OR THROUGH OTHERS) WITH OTHER MEMBERS ON ITEMS THAT ARE ON AN AGENDA OR LIKELY TO BE PLACED ON A FUTURE AGENDA</li> <li>• DISCUSSING PROCEDURAL ISSUES (TIME, DATE, AND ORDER OF MATTERS ON AN AGENDA) IS NOT PROHIBITED. BUT DO NOT DISCUSS SUBSTANTIVE COMMUNICATIONS</li> <li>• STAFF BRIEFINGS ARE PERMISSIBLE TO ANSWER QUESTIONS/PROVIDE INFORMATION TO MEMBERS IF STAFF DOES NOT COMMUNICATE THE COMMENTS OF MEMBERS TO OTHER MEMBERS OF THE LEGISLATIVE BODY</li> </ul> <p><b>Permissible Gatherings:</b></p> <ul style="list-style-type: none"> <li>• Not every gathering of governing body members amounts to a violation</li> <li>• Attendance at an educational conference or a social event is not a violation if a majority of the governing body does not discuss business at the event.</li> </ul> <p><b>Types of Lawful Meetings:</b></p> <ul style="list-style-type: none"> <li>• Regular meetings-time and places established by ordinance, resolution, or bylaws</li> <li>• Special meetings-called 24 hours before the meeting by the presiding officer or a majority of the board/legislative body</li> <li>• Emergency meetings-crippling activity, work stoppage, or, other activity that severely impairs public health/safety-1 hour notice</li> </ul> <p><b>Basic Rights of the Public:</b></p> <ul style="list-style-type: none"> <li>• To receive agenda materials</li> <li>• To receive notice of meetings</li> <li>• To attend meetings</li> </ul>



Topic	Minutes
	<ul style="list-style-type: none"> <li>• To record meetings</li> <li>• To comment at meetings: <ul style="list-style-type: none"> <li>○ Items on the agenda</li> <li>○ Non-agenda matters</li> </ul> </li> </ul> <p><b>Access to Written Materials:</b></p> <ul style="list-style-type: none"> <li>• Agenda and any written materials related to items on the agenda that are distributed to a member are public records <ul style="list-style-type: none"> <li>○ Emails or other written material relating to an agenda item that is sent by staff directly to a member must be provided to all members</li> <li>○ Draft staff reports that are provided to individual members for comment/input must be provided to others</li> <li>○ "On the agenda" includes items not only on the upcoming agenda but items that are reasonably foreseeable to be on any future agenda</li> <li>○ Draft staff reports provided to individual members for comment must be provided to other members.</li> </ul> </li> <li>• Documents provided less than 72 hours before the meeting must be made available to the public at the same time as provided to the majority of members</li> <li>• Documents provided by others (public) must be made available promptly after the meeting</li> </ul> <p>Clarmundo Sullivan asked if the process of accessing written materials from a meeting applies to County RFP processes. Rick responded that no it doesn't because the RFP process is not a Brown Act meeting since it is not a legislative body. He does state that there is a component of the Public Records Act that will apply once the RFP process is complete and the</p>

Topic	Minutes
	<p>winner have been selected. Material from the bidder's conference such as the written questions will need to be made available through a public records request.</p> <p><b>Agenda Requirements:</b></p> <ul style="list-style-type: none"> <li>• The agenda must contain a brief description of each item of business to be transacted or discussed</li> <li>• Closed sessions must be written on the agenda</li> <li>• Must include time for public comment before or during each agenda item</li> </ul> <p><b>Right to Attend Meeting:</b></p> <ul style="list-style-type: none"> <li>• Must be accessible to disabled persons</li> <li>• There is no precondition to attend</li> <li>• If there is a sign-in sheet, it must clearly state that it is optional</li> </ul> <p><b>Conducting the Meeting:</b></p> <ul style="list-style-type: none"> <li>• Must permit audio/videotape recording by the public and media unless it disrupts the meeting</li> <li>• No secret ballots</li> <li>• May use teleconferences for public comment</li> </ul> <p>Richard Benavidez had a question about voting requirements when filling a vacant Committee chair seat. 'If there is only one candidate may they be appointed by the Council chair, or does voting have to take place?' Rick answered that it would depend on the Council's bylaws. It would be best to make a motion to appoint the individual and that should be seconded and put to a roll call vote.</p> <p><b>Right to Comment:</b></p> <ul style="list-style-type: none"> <li>• On each agenda item</li> </ul>

Topic	Minutes
	<ul style="list-style-type: none"> <li>○ Before the conclusion of consideration of item (if discussion item) or before action taken (if action item)</li> <li>• On any matter within the body's jurisdiction that is not an agenda item <ul style="list-style-type: none"> <li>○ May schedule for any time in the meeting</li> <li>○ Members may not discuss or respond substantively</li> </ul> </li> </ul> <p><b>Limits on Public Comment:</b></p> <ul style="list-style-type: none"> <li>• May limit the amount of time for each item</li> <li>• Reasonable limit on total public comment time on an item</li> <li>• No right to disrupt</li> <li>• No right to a response from the body or its members</li> </ul> <p>Richard Benavidez asked: What is the best way to bring up the time limit so that everyone is aware? Rick answered that it is best to put it on the agenda so that everyone is aware and to be conscious that every person gets the same amount of time to speak.</p> <p><b>Consequences of Brown Act Violation:</b></p> <ul style="list-style-type: none"> <li>• Civil action <ul style="list-style-type: none"> <li>○ Injunction against violation</li> <li>○ Decision voidable (right to cure)</li> <li>○ Attorney's fees and costs</li> </ul> </li> <li>• Criminal Sanctions <ul style="list-style-type: none"> <li>○ Misdemeanor</li> </ul> </li> </ul> <p><b>AB 361</b></p> <ul style="list-style-type: none"> <li>• Allows for virtual meetings to continue during declared emergencies</li> <li>• Sunsets possibly on December 31, 2022</li> </ul>

Topic	Minutes
	<p>Jake Bradley-Rowe asked: What is Robert's Rules of Orders' relationship to the Brown Act and how does it apply to our meeting because our bylaws say we use both? Rick answered that the Brown Act is required legislation and that Robert's Rules of Order are tools to help you conduct a meeting in an orderly fashion to meet the Brown Act.</p>
<p>State Office of AIDS (OA) September 2022 Update</p>	<p><b>Tracy Lee was not here to present the September 2022 OA Update but it was included in the materials and any questions can be sent to the email on the last page of the VOICE.</b></p>
<p>CPG/HIV/STI Prevention Updates</p>	<p><b>California Planning Group</b> – The Community Planning Group or CPG would like to invite a panel of ADAP and PrEP-AP clients to share their ADAP or PrEP-AP experiences during the CPG meeting on November 1 between 1:45 pm – 2:15 pm. If anyone is interested or has questions, please email Tracy.Lee@cdph.ca.gov. They will need to complete two forms: 1) Release of Information and 2) Media Release for confidentiality purposes as non-ADAP and non-PrEP-AP folks will be present and acknowledging that the meeting is recorded. If anyone is uncomfortable signing these forms, they can submit written responses that will be shared anonymously. Tracy can send the questions via email and the clients can provide their responses that way.</p> <p>Richard Benavidez reported that The CPG Fall Conference will be happening on October 25<sup>th</sup> and 27<sup>th</sup>, and November 1<sup>st</sup> and 3<sup>rd</sup> and is currently being put together. The 27<sup>th</sup>, 1<sup>st</sup>, and 3<sup>rd</sup> are all open to the public, the 25<sup>th</sup> will be training and is not open to the public. If anyone would like more information regarding this conference such as the times please contact Richard Benavidez.</p>

Topic	Minutes
	<p><b>HIV/STI Prevention Updates</b> – Tiara Johnson reported that the HIV/STI Prevention program shared a funding opportunity with their community partners and wanted to share it with this group as well. It is a small grant of up to \$10,000 and more information can be found at <a href="https://phscof.org/Barclay-Giel-Seed-Grants">Barclay-Giel Seed Grants - PHS (phscof.org)</a>. A Health Education Assistant is in the process of re-starting their PrEP Navigator Workgroup and getting it back together, if any organizations have or know any PrEP Navigators or Testing Counselors who would be interested, please reach out to Tiara or Danielle. As a reminder, please let the Prevention team know if any organizations would like to collaborate to host a testing event or have creative prevention opportunities. For example, the Prevention team participated in some outreach at a drag show recently. Monkeypox is ongoing in our community, you can find information such as vaccine clinics and appointment information at <a href="https://dhs.saccounty.gov/PUB/Pages/Communicable-Disease-Control/Monkeypox.aspx">https://dhs.saccounty.gov/PUB/Pages/Communicable-Disease-Control/Monkeypox.aspx</a>.</p> <p>Clarmundo Sullivan expressed that there has been some concern about COVID-19 in the community and that in his social network many individuals are still testing positive. He asked if our community is seeing a decline in COVID-19 infections, or if we are seeing an uptick? Tiara responded that she is not sure of the current COVID-19 statistics in our community, but that if any folks are interested in doing COVID-19 booster vaccine clinics at their location, the Sacramento County Immunization team is interested in partnering with organizations. Paula Gammell responded that right now the community level is low and you can go to <a href="https://www.saccounty.gov/COVID-19/Pages/default.aspx">https://www.saccounty.gov/COVID-19/Pages/default.aspx</a> to find details.</p> <p>Jake Bradley-Rowe from Sunburst Projects wanted to share that they are currently hosting every other week Monkeypox vaccine clinics. They have</p>





Topic	Minutes
FY22 Reallocations*	<p><b>Priorities and Allocations:</b> Jake Bradley-Rowe advised that the Committee met and reviewed the FY22 Reallocations and FY23 Allocations.</p> <p>Seated members were asked to state their conflicts of interest.</p> <p>Jake Bradley Rowe who is with Sunburst Projects: Medical Case Management, Mental Health Services, Medical Transportation, Child Care, and Emergency Financial Assistance</p> <p>Richard Benavidez who is with Sierra Foothills AIDS Foundation: Placer and El Dorado County services</p> <p>Kristina Kendricks-Clark with Harm Reduction Services: Medical Case Management and Medical Transportation</p> <p>Chelle Gossett with the County of Sacramento: None</p> <p>Minerva Reid, Zach B., Judy Vang, Michael Wofford, and Dennis Poupart do not have any conflicts</p> <p>Jake Bradley-Rowe presented the FY22 Reallocation Memo. It was determined that \$110,569 was available for the reallocation of the requested \$233,806. The recommendations included:</p> <ol style="list-style-type: none"> <li>1. Reallocate \$6,500 to the Outpatient Ambulatory Care Service category in Sacramento County</li> <li>2. Reallocate (\$31,331) from the Oral Health Care Service category in Sacramento County</li> <li>3. Reallocate \$54,069 to the Medical Case Management Service category</li> </ol>



Topic	Minutes
FY23 Allocations*	<p>4. Reallocate \$3,500 to the Non-Medical Case Management Service category</p> <p>5. Reallocate \$40,000 to the Mental Health Service category</p> <p>6. Reallocate \$6,500 to the Medical Transportation Service category</p> <p>7. Reallocate (\$42,000) from the Substance Abuse-Outpatient Service category</p> <p>8. Reallocate (\$5,000) from the Substance Abuse-Residential Service category</p> <p>9. Reallocate (\$8,838) from the Child Care Service category</p> <p>10. Reallocate (\$11,000) from the Medical Nutrition Therapy Service category</p> <p>11. Reallocate (\$12,400) from the Outreach Service category</p> <p>12. There was a request to remove all of the funding (\$10,821) from the Health Insurance Cost Sharing Assistance. It was recommended the funding remain in this category as the funding has typically been spent in November, December, and January.</p> <p>Richard Benavidez motioned to accept the FY22 Reallocation Recommendations from the Recipient. Kristina Kendricks-Clark seconded the motion. Voting was conducted on each recommendation, please see the vote on pages 18&amp;19 to see that the motion passed with majority.</p> <p>Jake Bradley-Rowe presented the FY23 Allocations and the justifications for each category. In coming up with these recommendations the committee spent a lot of time looking at changes in services due to COVID-19, need, and provider capacity. Richard Benavidez motioned to accept the FY23 Allocations as presented, and Zach B. seconded the motion. Voting was conducted on each priority regardless of whether it was being funded.</p>

Topic	Minutes
	<p>Please see the vote on page 20 to see that the motion passed with majority.</p> <p>Jake Bradley-Rowe motioned to extend the meeting by 30 minutes and Kristina Kendricks-Clark seconded. The motion passed with majority, the vote can be seen on page 18.</p> <p><b>Quality Advisory Committee (QAC):</b> Richard Benavidez reported that the Quality Advisory Committee did meet and reviewed how their postcard surveys were going and that they are still gathering those.</p> <p>There has been a vacancy for the chair position of this committee and Kristina Kendricks-Clark was the only individual who expressed interest in the position. Jake Bradley-Rowe motioned to nominate Kristina as the chair of the committee and Minerva Reid seconded the motion. The motion passed with majority, please see the vote on page 18.</p> <p><b>Needs Assessment Committee:</b> Richard Benavidez reported that the Needs Assessment Committee did meet.</p> <p>Approximately 63 surveys have been completed and entered into the database. They are receiving some surveys from SFAF today 9/28 and are hoping to work with consultant Lili Joy to attain additional surveys. They are still in need of about 100 more surveys.</p> <p><b>Governance:</b> Nothing to report.</p>
October Meeting Schedule*	<p>Richard Benavidez reported that in October the only Committee meeting is ACC, so therefore unless there is some urgent matter there is no pressing business to conduct at an October Council meeting. Paula Gammell added</p>

Topic	Minutes
	that there can be a perception issue with canceling the meeting, but that they had reached out to other Planning Councils regionally and they reported that generally when they do not have any actionable items on the agenda they tend to cancel the meeting. Jake Bradley-Rowe motioned to suspend the October Council meeting and Richard Benavidez seconded the motion. The motion passed with majority, please see the vote on page 18.
Binder Updates	Binder updates will be forthcoming, they are waiting for 3 new appointments to update the binder.
Public Comment	Clarmundo Sullivan was wondering if anyone will be attending the US Conference on HIV and AIDS in Puerto Rico. Chelle Gossett responded that the County was planning on sending staff to the conference but because of the weather, it is still up in the air.
Technical Assistance Needs	Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.
Adjournment	Meeting adjourned 12:07 PM Next meeting: December 14th, 2022

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

Meeting Date: 9/28/2022

### Seated Members

**Signature**

### Agency/Affiliation

Beth Valentine	Teleconference	Volunteers of America
Chelle Gossett	Teleconference	Sacramento County Public Health
David Contreras	Absent	SHRA
Dennis Poupart	Teleconference	N/A
Jake Bradley-Rowe	Teleconference	Sunburst Projects
Joshua Kooman	Absent	N/A
Judy Vang	Teleconference	AIDS Education and Training Center
Kaye Pulupa	Excused	California State Office of AIDS
Kane Ortega	Teleconference	N/A
Kristina Kendricks-Clark	Teleconference	Harm Reduction Services
Melissa Willett	Teleconference	Sierra Foothills AIDS Foundation
Melody Law	Excused	Sacramento County Public Health
Michael Ungeheuer	Absent	County of El Dorado Public Health
Michael Wofford	Teleconference	CA State Medi-Cal Pharmacy Benefits Div.
Minerva Reid	Teleconference	N/A
Richard Benavidez	Teleconference	Sierra Foothills AIDS Foundation
Ronnie Miranda	Excused	N/A
Shy Brown	Absent	WellSpace Health
Steve Austin	Absent	N/A
Tracy Thomas	Absent	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: 9/28/2022

**Guests:**

**Signature**

### Agency/Affiliation

Becky Gonzalez	Teleconference	Viiv Healthcare
Christopher Kendrick Stafford	Teleconference	Consumer
Kelly Gluckman	Teleconference	One Community Health
Tiara Johnson	Teleconference	Sacramento County Public Health
Clarmundo Sullivan	Teleconference	Golden Rule Services
Lili Joy	Teleconference	Community Health Impact
Rashida Green	Teleconference	RX Healthcare
Lenore Gotelli	Teleconference	RX Healthcare
Cailey Bronny	Teleconference	One Community Health
Rick Heyer	Teleconference	Sacramento County

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

Meeting Date 9/28/2022

Meeting Date: 09/28/2022

**Seated Members**

	Agenda			Minutes			Report			22 Reallocations (Vote for #			FY23 Allocations			Chair Nominations/Vote Schedule (Cancel October Extend Meeting 30 minutes								
	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																				
Chelle Gossett	x			x					x	x						x			x			x		
David Contreras																								
Dennis Poupart			x			x	x			x														
Jake Bradley-Rowe	x			x			x			x						x			x			x		
Joshua Kooman																								
Judy Vang							x																	
Kaye Pulupa																								
Kane Ortega																								
Kristina Kendricks-Clark	x			x			x			x						x			x			x		
Melissa Willett	x					x			x				See Worksheet											
Melody Law																								
Michael Ungeheuer																								
Michael Wofford	x			x			x			x												x		
Minerva Reid	x			x			x			x						x			x			x		
Richard Benavidez	x			x			x			x						x			x			x		
Ronnie Miranda																								
Shy Brown																								
Steve Austin																								
Tracy Thomas																								
William Rhodes																								
Zachary B.	x			x			x			x						x			x			x		

Motion  
Second

Zach B  
Melissa Willet

Melissa Willet  
Jake Bradley-Rowe

Zach B.  
Dennis Poupart

Richard Benavidez  
Kristina Kendricks-Clark

Richard Benavidez  
Zach B

Jake Bradley-Rowe  
Minerva Reid

Jake Bradley-Rowe  
Richard Benavidez

Jake Bradley-Rowe  
Kristina Kendricks-Clark

Amended Motion  
Amended Second

Jake Bradley Rowe  
Richard Benavidez





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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

## In This Issue:

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## Staff Highlight:

OA is excited to welcome new staff. **Sonny Jones** as a new Associate Governmental Program Analyst (AGPA) in the Care Housing Unit/Care Branch. Sonny will work with Housing Opportunities for Persons with AIDS (HOPWA) Project Sponsors to provide housing assistance to people living with HIV that have unmet housing needs.

Sonny comes to OA after spending 13 years working for Wells Fargo Bank, where he held various roles and most recently worked in compliance and risk management. He is a Sacramento native, and currently resides in the midtown area of Sacramento. In his free time Sonny likes to go for walks around the neighborhood and runs around the parks, consume copious amounts of chocolates, watch reality shows with his partner, and practice and teach yoga. He does not have any pets of his own, but he does enjoy spending time with his partner and his partner's pets Leo (dog) and Aries (cat).

Additionally, join us in welcoming **Jordan Folster**. She has joined the OA Support Branch as the Staff Services Manager I (SSMI) of the Personnel and Operations Unit.

Jordan has over 8 years of experience as a Human Resources Manager at Mikuni. She is well trained and experienced in



providing guidance related to the Family and Medical Leave Act, California Family Rights Act, Pregnancy Disability Leave, Workers' Compensation, Reasonable Accommodations, and more. Her knowledge and experience in human resources, project management, policy and procedure development, benefits, leave, training, employee development, and payroll administration will be a valuable asset to our team. In her spare time, Jordan enjoys doing DIY home projects and spending time with her family.

## HIV Awareness:

The month of November celebrates the transgender and gender nonconforming communities and raises awareness for the community through education and advocacy



activities. **Transgender Awareness Week (TAW) is observed November 13 – 19** each year to help raise the visibility of transgender individuals and address issues members of the community face. Transgender people, allies, and organizations around the world, help raise visibility and address matters such as discrimination, prejudice, and acts of violence members of the transgender community face and provides space to uplift the voices and experiences of the transgender and gender non-conforming (transgender/GNC) community. TAW is a prelude to the Annual International Transgender Day of Remembrance (TDOR) observed around the world on November 20th. TDOR is a day meant to honor the memory of the transgender individuals whose lives were lost in acts of anti-transgender violence and transphobia that year.

There are an estimated 220,000 Trans/Transgender/Gender Non-Binary adults in California. Visit the OA HIV Prevention Branch, Transgender specific webpage [OA Transgender Community Health in California](#) which highlights the impact of HIV and other health disparities transgender Californian's face. Additionally, the webpage provides significant dates, resources, and an opportunity for awareness and education while improving tools for those serving the transgender community in HIV/AIDS Prevention and Care efforts.

## **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](http://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.

### **The CDPH MPX Stakeholder Engagement Team released a Request for Application (RFA) to provide eligible Community Based Organization (CBO) reimbursement for MPX vaccine administration and MPX vaccine outreach/education activities.**

The purpose of the [MPX CBO Grant](#) is to provide eligible CBO reimbursement for vaccine administration and vaccine outreach/education activities. A CBO is a public or private nonprofit organization that provides services to individuals in the community. Federally Qualified Health Centers are considered a CBO as long as they are a nonprofit entity. A nonprofit entity is a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code. There is \$1.5 million available and, if requests for funding exceed the \$1.5 million amount, applications will be scored based on population served and clinic size, and the description of outreach/education statement of activities.

The grant reimburses CBOs for vaccine administration expenses incurred between July 1, 2022, and October 26, 2022, and for retrospective or prospective outreach/education efforts.

### **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 October and discussion focused on Diversity, Equity & Inclusion Allyship in the workplace.

### HIV/STD/HCV Integration

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at [www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx](http://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 November as our Workgroup finalizes our draft phase-2 Blueprint with input from our provider needs assessment, community survey and regional listening sessions. As soon as it is complete, we will be releasing the Phase-2 Blueprint draft for broad community input! Thanks in advance for reviewing this document when released and helping us make it better!

Below is the [website that documents our work](https://tinyurl.com/CDPHStratPlan):

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

### Ending the HIV Epidemic (EHE)

- **Street Medicine Training Project**  
In October, EHE counties attended a project kick-off meeting offered by the Keck School of Medicine to help plan to implement the

Street Medicine Model to 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.

- **Building Healthy Online Communities/ TakeMeHome®**

Through EHE funding, OA is planning to expand OraQuick HIV self-testing to all counties in California by the end of the year through the Building Healthy Online Communities (BHOC)/TakeMeHome program. OA will work with local health departments and community stakeholders to promote this program once it is up and running.

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

#### PrEP-Assistance Program (AP)

As of October 25, 2022, there are 195 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

### 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	339	10%	---	---	---	---	43	1%	382	11%
25 - 34	1,026	30%	1	0%	---	---	258	7%	1,285	37%
35 - 44	823	24%	---	---	3	0%	171	5%	997	29%
45 - 64	493	14%	---	---	20	1%	109	3%	622	18%
65+	22	1%	---	---	158	5%	7	0%	187	5%
TOTAL	2,703	78%	1	0%	181	5%	588	17%	3,473	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	186	5%	---	---	47	1%	18	1%	---	---	92	3%	9	0%	30	1%	382	11%
25 - 34	731	21%	1	0%	117	3%	76	2%	3	0%	290	8%	5	0%	62	2%	1,285	37%
35 - 44	636	18%	3	0%	84	2%	43	1%	1	0%	189	5%	9	0%	32	1%	997	29%
45 - 64	413	12%	3	0%	32	1%	16	0%	---	---	141	4%	---	---	17	0%	622	18%
65+	22	1%	1	0%	4	0%	3	0%	---	---	153	4%	---	---	4	0%	187	5%
TOTAL	1,988	57%	8	0%	284	8%	156	4%	4	0%	865	25%	23	1%	145	4%	3,473	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	275	8%	1	0%	6	0%	6	0%	---	---	14	0%	1	0%	4	0%	307	9%
Male	1,578	45%	7	0%	261	8%	149	4%	4	0%	829	24%	19	1%	130	4%	2,977	86%
Trans	122	4%	---	---	15	0%	1	0%	---	---	14	0%	1	0%	4	0%	157	5%
Unknown	13	0%	---	---	2	0%	---	---	---	---	8	0%	2	0%	7	0%	32	1%
TOTAL	1,988	57%	8	0%	284	8%	156	4%	4	0%	865	25%	23	1%	145	4%	3,473	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: 10/28/2022 at 09:48:22 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

testing and are offered a free HIV-home test kit.

In the first 25 months, between September 1, 2020, and September 30, 2022, 3884 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 110 (74.8%) of the 147 total tests distributed.

Of individuals ordering a test in September, 33.3% reported never before receiving an HIV test, and 45.6% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 33.3% were Hispanic/Latinx, and of those reporting sexual history, 65.7% indicated 3 or more partners in the past 12 months. To date, 448 recipients have completed an anonymous follow up survey, with 94.0% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (72.8%) or having had more than one sex partner in the past 12 months (62.7%).

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

As of October 25, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

### **Racial Disparities in Access to Medication for Addiction Treatment**

Racial disparities in access to medication for opioid use disorder (MOUD) are prevalent throughout California. As overdose rates increase for people of color, a recent report by [California Bridge Project](#) details whether state-wide MOUD expansion addresses racial disparities in MOUD access.

The [full report](#) can be found at: <https://secureservercdn.net/166.62.108.229/1k4.8f5.myftpupload.com/wp-content/uploads/CA-Bridge-Zip-Code-Final.pdf>.

### **Research: Heroin Pipe Distribution to Reduce High-Risk Drug Consumption Behaviors Among People Who Use Heroin**

The Harm Reduction Journal published research conducted by the [People's Harm Reduction Alliance](#), and the [Urban Survivors Union](#), and researchers from the University of Washington in Seattle that suggests distributing a pipe designed specifically as a harm reduction tool for heroin use could encourage people to inject less or switch entirely from injection to smoking. Smoking can help people to avoid some of

<b>ADAP Insurance Assistance Program</b>	<b>Number of Clients Enrolled</b>	<b>Percentage Change from September</b>
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	531	- 2.03%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,724	- 0.78%
Medicare Part D Premium Payment (MDPP) Program	2,039	- 0.29%
<b>Total</b>	<b>8,294</b>	<b>- 3.10%</b>

Source: ADAP Enrollment System

the harms associated with injecting, including increased risk for infectious disease and soft tissue infections (abscesses).

The [full research report](https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00685-7) can be found at: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00685-7>.

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

<b>EL DORADO COUNTY - October 2022</b>	<b>Approved Budget</b>	<b>Current Month</b>	<b>Cumulative Expenses</b>	<b>% Shade</b>	<b>Percentage Used</b>	<b>Remaining Balance</b>
<b>Service Category</b>						
Ambulatory/Outpatient Care	\$ 1,568	\$0	\$0		0.0%	\$ 1,568
Oral Health	\$ 24,673	\$0	\$3,598		14.6%	\$ 21,075
Health Insurance Premium & Cost Sharing Asst.	\$ 4,849	\$65	\$517		10.7%	\$ 4,332
Medical Case Management	\$ 140,000	\$9,260	\$84,158		60.1%	\$ 55,842
Medical Transportation Services	\$ 2,266	\$330	\$3,163		139.6%	\$ (897)
Emergency Financial Assistance	\$ 11,845	\$770	\$10,491		88.6%	\$ 1,354
<b>Sub-Total El Dorado Counties</b>	<b>\$185,201</b>	<b>\$10,425</b>	<b>\$101,927</b>		<b>55.0%</b>	<b>\$ 83,274</b>

<b>PLACER COUNTY - October 2022</b>	<b>Approved Budget</b>	<b>Current Month</b>	<b>Cumulative Expenses</b>	<b>% Shade</b>	<b>Percentage Used</b>	<b>Remaining Balance</b>
<b>Service Category</b>						
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	\$11,906	\$88,833		69.5%	\$ 38,895
Medical Transportation Services	\$ 18,391	\$1,183	\$13,764		74.8%	\$ 4,627
Emergency Financial Assistance	\$ 33,240	\$2,552	\$30,273		91.1%	\$ 2,967
<b>Sub-Total Placer County</b>	<b>\$188,097</b>	<b>\$15,640</b>	<b>\$132,870</b>		<b>70.6%</b>	<b>\$ 55,227</b>

<b>Missing Invoices</b>
None

<b>October</b>		
Under 5%		<b>0-60%</b>
Within 5%		<b>61-71%</b>
Over 5%		<b>72% - Over</b>

<b>TGA Direct Service Expenditures by \$ Source</b>	<b>Approved Budget</b>	<b>Current Month</b>	<b>Accumulative Expenditures</b>	<b>% Shade</b>	<b>% Used</b>	<b>Remaining Balance</b>
Part A	\$2,806,518	\$145,376	\$1,690,981		60.25%	\$1,115,536
Part A MAI	\$184,117	\$19,257	\$157,604		85.60%	\$26,513

	<b>Allocations</b>	<b>Current</b>	<b>Cumulative</b>	<b>% of Alloc.</b>	<b>% Current Expenditure</b>	<b>% Cumulative</b>
Total Part A: 75/25 Expenditure Requirement						
Core Services (Does not include MAI MCM)	\$2,347,605	\$129,829	\$1,473,226	89.7%	93.7%	91.3%
Support Services	\$269,732	\$8,740	\$140,563	10.3%	6.3%	8.7%



## Part A Only

March 1, 2022 - February 28, 2023

Priority Number

SACRAMENTO COUNTY - October 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
<b>Ambulatory/Outpatient Care</b>	<b>\$476,408</b>	<b>\$4,279</b>	<b>\$256,541</b>		<b>53.85%</b>	<b>\$219,867</b>
SS: Ambulatory/Outpatient Medical Care	\$419,010	\$4,279	\$221,350		52.83%	\$197,660
SS: Vendor paid viral/load resistance lab test	\$57,398	\$0	\$35,191		61.31%	\$22,207
<b>AIDS Pharmaceutical Assistance</b>	<b>Not Funded at this Time</b>					
<b>Health Insurance Prem. &amp; Cost Sharing Asst.</b>	<b>\$10,821</b>	<b>\$0</b>	<b>\$1,632</b>		<b>15.08%</b>	<b>\$9,189</b>
<b>Oral Health</b>	<b>\$289,174</b>	<b>\$0</b>	<b>\$188,890</b>		<b>65.32%</b>	<b>\$100,284</b>
<b>Medical Case Management</b>	<b>\$966,117</b>	<b>\$87,639</b>	<b>\$633,284</b>		<b>65.55%</b>	<b>\$332,833</b>
SS: MAI	\$184,117	\$19,257	\$157,604		85.60%	\$26,513
SS: Office Based Services inc. Pediatric Treatment Adherence	\$383,649	\$44,959	\$282,413		73.61%	\$101,236
SS: Field/In-Home Services	\$380,557	\$22,063	\$185,258		48.68%	\$195,299
SS: Case Mgmt. Child Care	\$17,794	\$1,360	\$8,009		45.01%	\$9,785
<b>Case Management (Non-Medical)</b>	<b>\$58,082</b>	<b>\$3,898</b>	<b>\$30,255</b>		<b>52.09%</b>	<b>\$27,827</b>
<b>Food Bank/Home Delivered Meals</b>	<b>Part B Only</b>					
<b>Mental Health Services</b>	<b>\$439,764</b>	<b>\$37,911</b>	<b>\$294,637</b>		<b>67.00%</b>	<b>\$145,127</b>
<b>Psychosocial Support Services</b>	<b>Not Funded at this Time</b>					
<b>Medical Transportation Services</b>	<b>\$76,579</b>	<b>\$1,563</b>	<b>\$45,032</b>		<b>58.80%</b>	<b>\$31,547</b>
<b>Substance Abuse Services - Outpatient</b>	<b>\$159,661</b>	<b>\$0</b>	<b>\$97,051</b>		<b>60.79%</b>	<b>\$62,611</b>
<b>Substance Abuse Services - Residential</b>	<b>\$58,408</b>	<b>\$0</b>	<b>\$24,284</b>		<b>41.58%</b>	<b>\$34,124</b>
<b>Housing</b>	<b>\$21,861</b>	<b>\$0</b>	<b>\$1,373</b>		<b>6.28%</b>	<b>\$20,488</b>
<b>Child Care Services</b>	<b>\$20,000</b>	<b>\$1,502</b>	<b>\$13,745</b>		<b>68.72%</b>	<b>\$6,256</b>
<b>Emergency Financial Assistance</b>	<b>\$18,362</b>	<b>\$456</b>	<b>\$5,798</b>		<b>31.57%</b>	<b>\$12,564</b>
<b>Medical Nutritional Therapy</b>	<b>\$5,660</b>	<b>\$0</b>	<b>\$1,191</b>		<b>21.05%</b>	<b>\$4,469</b>
<b>Health Education/Risk Reduction</b>	<b>\$11,334</b>	<b>\$1,321</b>	<b>\$6,106</b>		<b>53.87%</b>	<b>\$5,228</b>
<b>Outreach Services</b>	<b>\$5,106</b>	<b>\$0</b>	<b>\$13,970</b>		<b>273.59%</b>	<b>-\$8,864</b>
<b>Outreach Services MAI</b>	<b>Part B Only</b>					
<b>Linguistic Services</b>	<b>Not Funded at this Time</b>					
<b>Home &amp; Community Based Health Services</b>	<b>Not Funded at this Time</b>					
<b>Home Health Care</b>	<b>Not Funded at this Time</b>					
<b>Hospice</b>	<b>Not Funded at this Time</b>					
<b>Legal Services</b>	<b>Not Funded at this Time</b>					
<b>Permanency Planning</b>	<b>Not Funded at this Time</b>					
<b>Referral for Health Care &amp; Support Services</b>	<b>Not Funded at this Time</b>					
<b>Rehabilitation Services</b>	<b>Not Funded at this Time</b>					
<b>Respite Care</b>	<b>Not Funded at this Time</b>					
<b>ADAP</b>	<b>Not Funded at this Time</b>					
<b>Early Intervention Services</b>	<b>Not Funded at this Time</b>					
<b>Sub-Total Sacramento County</b>	<b>\$2,617,337</b>	<b>\$138,568</b>	<b>\$1,613,788</b>		<b>61.66%</b>	<b>\$1,003,548</b>
<b>Sub-Total TGA Direct Service Expenditures</b>	<b>\$2,990,635</b>	<b>\$164,633</b>	<b>\$1,848,586</b>		<b>61.81%</b>	<b>\$1,142,049</b>

Recipient - Grantee Admin	\$ 351,840	\$28,601	\$153,357		43.59%	\$198,483
Recipient - Quality Mgmt	\$ 175,919	\$10,834	\$59,442		33.79%	\$116,477
<b>Grand- Total Direct Services, Recipient</b>	<b>\$3,518,394</b>	<b>\$204,068</b>	<b>\$2,061,385</b>		<b>58.59%</b>	<b>\$1,457,008</b>

<b>Missing Invoices</b>
Fiscal Agent Bills Quarterly

		<b>October</b>
Under 5%		<b>0-60%</b>
Within 5%		<b>61-71%</b>
Over 5%		<b>72% - Over</b>

## Part B Only

YOLO COUNTY - October 2022 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Health Insurance Premium & Cost Sharing Asst.						\$ -
Oral Health	\$2,500	\$0	\$0		0.0%	\$ 2,500
Medical Case Management	\$130,744	\$5,439	\$51,310		39.2%	\$ 79,434
Medical Transportation Services	\$3,094	\$64	\$1,394		45.1%	\$ 1,700
Housing					#DIV/0!	\$ -
Emergency Financial Assistance	\$1,002	\$0	\$1		0.1%	\$ 1,001
Food Bank/Home Delivered Meals	\$5,465	\$285	\$2,850		52.2%	\$ 2,615
Sub-Total Yolo County	\$142,804	\$5,788	\$55,555		38.9%	\$ 87,249

Missing Invoices None
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October		
Under 5%		0-60%
Within 5%		61-71%
Over 5%		72% - Over

Underspending  
On Target  
Overspending

### Total Part B Expenditures

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part B	\$1,224,819	\$96,374	\$754,952		61.64%	\$469,868
Part B MAI	\$43,569	\$3,101	\$13,395		30.75%	\$30,174



## Part B Only

March 1, 2022 - February 28, 2023

Priority Number

SACRAMENTO COUNTY - October 2022		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
	<b>Ambulatory/Outpatient Care</b>	<b>\$442,130</b>	<b>\$34,355</b>	<b>\$245,694</b>		<b>55.57%</b>	<b>\$196,436</b>
	SS: Ambulatory/Outpatient Medical Care	\$442,130	\$34,355	\$245,694		55.57%	\$196,436
	SS: Vendor paid viral load resistance lab test	Funded by Part A					
	<b>AIDS Pharmaceutical Assistance</b>	Not Funded at this Time					
1	<b>Health Insurance Prem. &amp; Cost Sharing Asst.</b>	Funded by Part A					
	<b>Oral Health</b>	<b>\$253,097</b>	<b>\$20,787</b>	<b>\$168,844</b>		<b>66.71%</b>	<b>\$84,253</b>
	<b>Medical Case Management</b>	<b>\$57,326</b>	<b>\$4,157</b>	<b>\$34,529</b>		<b>60.23%</b>	<b>\$22,797</b>
2	SS: MAI	Funded by Part A					
	SS: Office Based Services inc.						
3	Pediatric Treatment Adherence	\$12,000	\$0	\$2,566		21.38%	\$9,434
4	SS: Field/In-Home Services	\$34,479	\$4,157	\$30,409		88.20%	\$4,070
5	SS: Case Mgmt. Child Care	\$10,847	\$0	\$1,554		14.32%	\$9,293
	<b>Case Management (Non-Medical)</b>	<b>\$73,876</b>	<b>\$7,692</b>	<b>\$44,639</b>		<b>60.42%</b>	<b>\$29,237</b>
	<b>Food Bank - Part B Only</b>	<b>\$11,982</b>	<b>\$0</b>	<b>\$6,100</b>		<b>50.91%</b>	<b>\$5,882</b>
	<b>Mental Health Services</b>	<b>\$79,272</b>	<b>\$4,409</b>	<b>\$50,724</b>		<b>63.99%</b>	<b>\$28,549</b>
	<b>Psychosocial Support Services</b>	Not Funded at this Time					
6	<b>Medical Transportation Services</b>	<b>\$113,991</b>	<b>\$15,451</b>	<b>\$95,604</b>		<b>83.87%</b>	<b>\$18,387</b>
7	<b>Substance Abuse Services - Outpatient</b>	Funded by Part A					
8	<b>Substance Abuse Services - Residential</b>	Funded by Part A					
9	<b>Housing</b>	<b>\$15,340</b>	<b>\$1,302</b>	<b>\$15,304</b>		<b>99.77%</b>	<b>\$36</b>
10	<b>Child Care Services</b>	Funded by Part A					
11	<b>Emergency Financial Assistance</b>	Funded by Part A					
12	<b>Medical Nutritional Therapy</b>	<b>\$9,701</b>	<b>\$0</b>	<b>\$9,701</b>		<b>100.00%</b>	<b>\$0</b>
13	<b>Health Education/Risk Reduction</b>	<b>\$25,300</b>	<b>\$2,435</b>	<b>\$28,258</b>		<b>111.69%</b>	<b>-\$2,958</b>
14	<b>Outreach Services</b>	Funded by Part A					
15	<b>Outreach Services MAI - Part B Only</b>	<b>\$43,569</b>	<b>\$3,101</b>	<b>\$13,395</b>		<b>30.75%</b>	<b>\$30,174</b>
16	<b>Linguistic Services</b>	Not Funded at this Time					
17	<b>Home &amp; Community Based Health Services</b>	Not Funded at this Time					
18	<b>Home Health Care</b>	Not Funded at this Time					
19	<b>Hospice</b>	Not Funded at this Time					
20	<b>Legal Services</b>	Not Funded at this Time					
21	<b>Permanency Planning</b>	Not Funded at this Time					
22	<b>Referral for Health Care &amp; Support Services</b>	Not Funded at this Time					
23	<b>Rehabilitation Services</b>	Not Funded at this Time					
24	<b>Respite Care</b>	Not Funded at this Time					
25	<b>ADAP</b>	Not Funded at this Time					
26	<b>Early Intervention Services</b>	Not Funded at this Time					
27	<b>Sub-Total Sacramento County</b>	<b>\$1,125,584</b>	<b>\$93,688</b>	<b>\$712,792</b>		<b>63.33%</b>	<b>\$412,792</b>
28	<b>Sub-Total TGA Direct Service Expenditures</b>	<b>\$1,268,388</b>	<b>\$99,476</b>	<b>\$768,347</b>		<b>60.58%</b>	<b>\$500,041</b>
29							
30	<b>Recipient - Grantee Admin</b>	<b>\$ 131,841</b>	<b>\$15,307</b>	<b>\$74,918</b>		<b>56.82%</b>	<b>\$56,923</b>
	<b>Recipient - Quality Mgmt</b>	<b>\$ 63,853</b>	<b>\$5,203</b>	<b>\$29,416</b>		<b>46.07%</b>	<b>\$34,437</b>
	<b>Grand- Total Direct Services, Recipient</b>	<b>\$1,464,082</b>	<b>\$119,986</b>	<b>\$872,681</b>		<b>59.61%</b>	<b>\$591,401</b>

<b>Missing Invoices</b>
Fiscal Agent bills quarterly

October		
Under 5%		<b>0-60%</b>
Within 5%		<b>61-71%</b>
Over 5%		<b>72% - Over</b>

Underspending  
On Target  
Overspending

**SACRAMENTO TGA**  
**ASSESSMENT OF THE ADMINISTRATIVE MECHANISM: FY 2022-2023**

**RECIPIENT REPRESENTATIVE:** Chelle Gossett, Mai Chang, Danielle Caravella

**COMMITTEE MEMBERS / OTHER STAFF / CONSULTANTS INVOLVED:** Melissa Willet, Jack Bradley-Rowe, Richard Benavidez, Christopher Kendrick-Stafford

**DATE OF ASSESSMENT:** 11/17/22

**QUARTER/FISCAL YEAR REVIEWED:** FY22 1<sup>st</sup> and 2<sup>nd</sup> Quarter

**SCORING TOOL COMPLETED BY:** Paula Gammell

**SACRAMENTO TGA**  
**FY22 ADMINISTRATIVE MECHANISM ASSESSMENT TOOL**

Following is a summary of the rating scale for assessing the efficiency and effectiveness of the administrative mechanisms for the Sacramento Ryan White CARE Act (RWCA) Program. The assessment will determine the proportion of standards met and exceeded, the proportion of standards met at minimum, and the proportion of standards met and not met for each rating category, and determine an overall assessment based upon the proportion of standards met and exceeded, the proportion of standards met at minimum, and the proportion of standards not met across all categories.

Several standards on the following pages are followed by a number in brackets. This number denotes the weight that the standard carries in relation to the other standards in that category. For example, if a standard is followed by [2], the rating for that standard will be counted twice when determining the proportion of standards met and exceeded, met at minimum, or not met. If there is no number following the standard, the standard carries a weight of 1. The weight of each standard applies when determining the proportion of standards met and exceeded, met at minimum, met or not met.

### **QUANTITATIVE ANALYSIS**

Each standard on the scoring tool is written to measure compliance with an outcome that can be measured in quantifiable terms. These standards are written to answer the following questions: “was the task accomplished; to what extent was the task accomplished?” Recipient compliance with each standard is assessed using the following rating scale:

<b>Rating</b>	<b>Compliance Measure</b>	<b>Description of Rating</b>
+	<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</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 Met at Minimum</i>	<i>The intent of the standard is primarily met, but the processes could still be improved. Recommendations should 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>

### **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, what were the barriers or external factors to accomplishing the standard, 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.

FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>nd</sup> Quarter Score (Unless Otherwise Noted)	FY22 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter Scores	Overall FY22 Final Score
1	<b>PROCUREMENT PROCESS</b>	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 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.

FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>ND</sup> Quarter Score (Unless Otherwise Noted)	FY22 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter Scores	Overall FY22 Final Score
2	<b>FISCAL MONITORING</b>	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"> <li>▪ Monthly contract analysis reports</li> <li>▪ Monthly claim reports</li> <li>▪ Monthly invoice summary reports</li> <li>▪ Individual client analysis reports, as needed</li> <li>▪ Review of agency audits.</li> </ul>	+		
		D. On-site fiscal reviews are conducted and completed annually for all Contractors.	Tabled to 4 <sup>th</sup> Quarter		
		E. A written report is provided to each Contractor no later than 90 days from the date of the site visit.	Tabled to 4 <sup>th</sup> Quarter		
		F. Standardized On-Site Fiscal Monitoring Tool is used consistently and comprehensively across all contracted service providers.	Tabled to 4 <sup>th</sup> Quarter		
		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.	Tabled to 4 <sup>th</sup> Quarter		
		H. Technical assistance is provided to each contractor as requested and as deemed necessary from fiscal review.	+		
		I. Recipient implements Corrective action for each contractor as deemed necessary from fiscal review, on-site fiscal monitoring and as defined by contractual requirements.	+		
		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.	+		

Comments: None noted.

FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>ND</sup> Quarter Score (Unless Otherwise Noted)	FY22 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter Scores	Overall FY22 Final Score
3	<b>PROGRAM MONITORING</b>	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.	Tabled to Q4		
		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.	Tabled to Q4		
		C. Standardized On-Site Program Monitoring Tool is used consistently and comprehensively across all contracted service providers.	Tabled to Q4		
		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.	Tabled to Q4		
		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.	+		
		G. Written site visit reports will be completed within 90 days of a site visit	Tabled to Q4		
		H. Recipient monitors that corrective action is conducted by contractors, as deemed necessary from program monitoring site visits and as defined by contractual requirements.	Tabled to Q4		
		I. Contractor compliance with Standards of Care is monitored through site visits, client satisfaction surveys, grievance requests, and outcome measures.	+		
		J. Contractor compliance with outcome measures and performance indicators are monitored through site visits and annual outcome indicators applicable to each service provided.	Tabled to Q4		
		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.

FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>ND</sup> Quarter Score (Unless Otherwise Noted)	FY22 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter Scores	Overall FY22 Final Score
4	<b>TRACKING SYSTEMS</b>	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 included.	=		
		D. Outcomes of technical assistance are tracked.	=		
		E. Unspent and unobligated funds, inclusive of Direct Services, Recipient Administrative Agent, and Quality Management funding categories, are tracked and reported to the Council, on a minimum of a quarterly basis, and included in a year-end report.	+		

Comments: Suggestion: Survey providers on their perceptions of TA received from Recipient. Added “on a minimum of” to item 4E.

FY22 Recipient – AdAC Monitoring

	<i>Rating Category</i>	<i>Standards</i>	<i>FY22 1<sup>st</sup> &amp; 2<sup>ND</sup> Quarter Score (Unless Otherwise Noted)</i>	<i>FY22 3<sup>rd</sup> and 4<sup>th</sup> Quarter Scores</i>	<i>Overall FY22 Final Score</i>
5	<b>CONTRACT DEVELOPMENT</b>	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 <del>negotiated</del> <u>initiated</u> for each Contractor within 90 days of “notice of grant award” from the Federal Government.	<del>+</del> =		
		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. (Signed Memorandum of Agreements between county governments may serve as operational contracts for the purposes of compliance with this standard.)	=		

Comments: 5I: Updated from negotiated to initiated as it relates more to Contracting Department rather than Recipient. The Recipient initiates the process but has no control beyond initiating contract.



FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>ND</sup> Quarter Score (Unless Otherwise Noted)	FY22 3rd and 4th Quarter Scores	Overall FY22 Final Score
6	<b>ALLOCATION, PRIORITY SETTING, REALLOCATION AND CARRYOVER</b>	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 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, <del>including the processing of contracts</del> , are completed <del>within the timeframes as</del> 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: Updated 6H wording to reflect what is actually monitored by AdAC.

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>ND</sup> Quarter Score (Unless Otherwise Noted)	FY22 3rd and 4th Quarter Scores	Overall FY22 Final Score
7	<b>COMMUNICATION AND REPORTING</b>	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.	+		
		F Summary reports regarding site visits and required follow up are provided to the Council through the Administrative Assessment Committee (AdAC).	+		
		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 information requests from the Council to the Recipient.	+		

Comments: None noted.

#	Rating Category	Standards	<i>FY22 1<sup>st</sup> &amp; 2<sup>ND</sup> Quarter Score (Unless Otherwise Noted)</i>	<i>FY22 3rd and 4th Quarter Scores</i>	<i>Overall FY22 Final Score</i>
8	<b>BARRIERS AND CONCERNS</b>	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.	N/A		
		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: So many of these are standardized reports, include types of source/documentation to be reviewed.

FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	<i>FY22 1<sup>st</sup> &amp; 2<sup>ND</sup> Quarter Score (Unless Otherwise Noted)</i>	<i>FY22 3<sup>rd</sup> and 4<sup>th</sup> Quarter Scores</i>	<i>Overall FY22 Final Score</i>
9	TIMELINESS	A. Payment for services is <del>made</del> <u>initiated</u> 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.	+		
		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 Council requests.	+		
		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: 9A. The Recipient initiates the payment of services but has no control over the process once initiated.

FY22 Recipient – AdAC Monitoring

#	Rating Category	Standards	FY22 1 <sup>st</sup> & 2 <sup>ND</sup> Quarter Score (Unless Otherwise Noted)	FY22 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter Scores	Overall FY22 Final Score
10	FLEXIBILITY	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: 10B: The recipient considers “advances”, however the Director of the Sacramento County Department of Health Services has to approve advances. If there is a risk the contract could be terminated prior to being paid back, the Director can deny the request.

OPTIONS  
for HIV

2022

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An HIV/AIDS Resource Directory for  
Sacramento, Yolo, Placer, and El Dorado  
Counties.

Updated 11/07/2022

**Sacramento County Department of Health and Human Services**

Timothy Lutz, Director  
Olivia Kasirye, MD, County Health Officer

**Sexual Health Promotion Unit**

**HIV/Communicable Disease Prevention Program**

Kyle Lafferty MST, MPH, CHES, HIV/STD Senior Health Program Coordinator  
Tiara Johnson, MPH, CHES, Health Program Coordinator

**Ryan White CARE Program**

Chelle Gossett, Senior Health Program Coordinator  
Paula Gammell, MPA, Human Services Program Planner  
Danielle Caravella, MPH, Health Educator  
Mai Chang, Accounting Technician

## **General Assistance Information**

### **AIDS Drugs Assistance Program (ADAP)**

El Dorado	Sierra Foothills AIDS Foundation	530-622-1923
Placer	Sierra Foothills AIDS Foundation	530-889-2437
Sacramento	One Community Health	916-914-3299
	Gender Health Center	916-914-3299
Yolo	CommuniCare Health Center	916-403-2990 x1710

Kaiser Permanente Members Only:

**Morse: 916-9736904**

**Bruceville: 916-688-2389**

### **Alternative Testing Site (ATS)**

Anonymous HIV Testing

Sacramento – By Appointment Only 916-874-7720

### **Medical Transportation**

If you are insured with Medi-Cal, the following agencies may be able to assist you with medical transportation.

A – Z Medical Transportation	888-611-3380
MedStar	916-669-0550
Rapid Response Medical Transportation	916-419-1232
Safe Medical Transportation	916-961-5835

### **Partner Services**

Sacramento:

County of Sacramento	916-875-1100
One Community Health	916-914-6325

El Dorado and Placer Counties:

Sierra Foothills AIDS Foundation	530-889-2437
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Yolo County

CommuniCare Health Center	530-666-8670
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# Community Based Organizations

Service Area Guide

S = Sacramento

E = El Dorado County

P = Placer County

Y = Yolo County

## **Call 2-1-1**

**Website:** www.211sacramento.org  
**Phone:** 2-1-1 or 800-500-4931 or 916-498-1000  
**Hours Of Operation:** 24 hours a day, seven days a week  
**Services:** Referral information for Housing Information, Financial Assistance, Food Program, Health Care Services, Employment and Training, Children Services, Senior Services and more.  
**Address:**  
**Service Area:** S

## **Colonia San Martin**

**Website:** [www.mercyhousing.org](http://www.mercyhousing.org)  
**Phone:** 916-392-5291  
**Hours Of Operation:**  
**Services:** HIV/AIDS housing.  
**Address:** 7271 Florin Mall Dr., Sacramento, CA 95823  
**Service Area:** S

## **CommuniCare Health Center**

**Website:** <https://www.communicarehc.org/>  
**Phone:** 916-403-2990 x1710  
**Hours Of Operation:** Call for appointment  
**Services:** HIV/AIDS Medical Case Management, Medical Transportation, Health Insurance Premium and Cost Sharing Assistance, Emergency Financial Assistance, Oral Health Care, Housing Services, Food Bank, ADAP.  
**Address:** 500B Jefferson Blvd, West Sacramento, CA 95605  
**Service Area:** Y

### **El Hogar Community Services Inc.**

**Website:** [www.elhogarinc.org](http://www.elhogarinc.org)

**Phone:** Administration 916-441-0226  
Regional Support Team 916-441-3819  
Guest House Homeless Clinic 916-440-1500  
Sierra Elder Wellness Program 916-363-1553  
SeniorLink 916-369-7872  
Community Programs 916-688-5252

**Fax:** 916-441-0286

**Hours Of Operation:** Office: Monday thru Friday 8 a.m. – 5 p.m.

**Services:**

- Guest House Homeless Clinic including outpatient medication and mental health support;
- Regional Support Team, assist adults work through the addiction and/or mental health challenges affecting daily living;
- Sierra Elder Wellness Program provides field-based mental health services for those ages 55 and over;
- SeniorLink provides mental health support services to adults age 55 and over; and,
- Community Programs provides behavioral health counseling and psychiatric services to all ages.

**Address:** Administration: 3780 Rosin Ct, Suite 110, Sacramento, CA 95834

**Service Area:** S

### **Elk Grove Food Bank Services**

**Alternate Name:** Elk Grove Food Closet

**Website:** [www.elkgrovefoodbank.org/](http://www.elkgrovefoodbank.org/)

**Phone:** 916-685-8453 Main

**Fax:** 916-714-9931

**Hours Of Operation:** Client services:

- Monday through Friday 10 a.m. - 3 p.m.
  - Exception: 4<sup>th</sup> Wednesday 12 p.m. to 3 p.m.
- Saturday 9 am to 12 pm
  - Senior and Disabled Clients: Open every Friday 9 a.m. to 10 a.m.
- Food distribution hours close at 12 p.m. if 100 degrees or higher

**Services:** Food, clothing, and other services to people in the Elk Grove area.

**Address:** Physical: 9888 Kent St., Elk Grove, 95624

**Service Area:** S (Select zip codes. Call to verify.)

### **Food Bank of El Dorado County**

**Website:** [www.foodbankedc.org](http://www.foodbankedc.org)

**Phone:** 530-621-9950

**Hours Of Operation:** Based on location. Please call.

**Services:** Emergency Food Assistance Network, No Vet Goes Hungry Program, Holiday Outreach, Elder Outreach.

**Address:** 4550 Business Drive, Cameron Park, CA 95682

**Service Area:** E (Partners with various agencies.)

## **Gender Health Center**

**Website:** www.genderhealthcenter.org  
**Phone:** 916-445-2391  
**Fax:** 916-455-2393  
**Hours Of Operation:** Office: Monday – Friday 9 a.m. – 5 p.m.  
Counseling: Monday – Friday 9 a.m. – 9 p.m. (Evening hours vary)  
**Services:** Counseling, Advocacy, Name and Gender Change Assistance, Hormone Clinic, Legal Health Clinic Needle Exchange.  
**Address:** 3823 V Street, Sacramento, CA 95817  
**Service Area:** S

## **Golden Rule Services**

**Website:** [www.goldenrulesacramento.org](http://www.goldenrulesacramento.org) or <https://sacgrs.org/>  
**Phone:** 916-427-4653  
**Fax:** 916-427-4655  
**Hours Of Operation:** Monday – Friday 10 a.m. – 6 p.m.  
**Services:** GRS provides HIV/AIDS case management, as well as HIV/AIDS, STD and Hepatitis C education and prevention services including, Rapid HIV antibody testing, STD screening, Hepatitis C screening, Needle exchange and other harm reduction services, Online and street & bar based HIV outreach and prevention services, PEP and Pre-PEP referral services.  
**Address:** 4433 Florin Road, Suite 860, Sacramento, CA 95823  
**Service Area:** S

## **Harm Reduction Services**

**Website:** hrssac.org  
**Phone:** 916-456-4849  
**Fax:** 916-456-2196  
**Hours Of Operation:** Monday through Friday, noon – 6 pm  
**Services:** Disease prevention/health promotion through various harm reduction based services including syringe exchange, overdose rescue training and Narcan distribution, HIV and Hep C testing, condom and lube distribution, youth STI testing, and a Free Medical Clinic for high risk communities. Services are available onsite and through outreach. Case management and Linkage to Care for HIV+ individuals.  
**Address:** 2800 Stockton Boulevard, Sacramento, CA 95817  
**Basic Medical Clinic:** 3647 40<sup>th</sup> Street, Sacramento, CA 95817  
12 p.m. – 5 p.m. Meets most Saturdays. Sign-ups at 12 p.m.  
**Service Area:** S

## **Legal Services of Northern California**

**Auburn Office** 530-823-7560

Serving the following counties: Amador, Calaveras, El Dorado, Nevada, Placer, Sierra

**Services:** Housing and public benefits. We also offer weekly self-help clinics for help with family law matters, temporary restraining orders, and other civil matters at various locations. Check with the office or local court for the location and schedule.

**Sacramento Office** 916-551-2150

**Services:** Housing, public benefits, including CalWorks, CalFresh (food stamps), Medi-Cal, General Assistance (GA), Social Security, SSI, unemployment benefits (UIB), and state disability insurance (SDI).

**Woodland Office** 530-662-1065 or 916-447-5798 Serving: Yolo County

**Services:** Housing, public benefits, health, education, consumer, guardianship clinics, small claims, small estates, elder abuse restraining orders, unemployment insurance, Social Security, Veteran's benefits, powers of attorney, advance health care directives, and simple statutory wills.

## **Loaves and Fishes**

**Website:** [www.sacloaves.org](http://www.sacloaves.org)

**Phone:** 916-446-0874

**Fax:** 916-446-0875

**Hours Of Operation:** Monday through Friday 7 a.m. – 2:45 p.m.  
Mercy Clinic: Monday & Friday 8:00 a.m. – 12:00 p.m.  
Tuesday – Thursday 7:30 – 11:30 a.m.

**Programs:** Dining Room, Friendship Park, Anneke's Haven kennel service, Maryhouse, Mustard Seed School, Sister Nora's Place, Genesis mental health, Advocacy, Jail Visitation, Tommy Clickenbeard Legal Clinic, Loaves & Fishes Clinic, Community Service, Spokes & Wrenches, Library, Mercer Veterinary Clinic and Side by Side.

**Address:** Street Address: 1351 North C St., Sacramento, CA 95811  
Mailing: PO Box 13495, Sacramento, CA 95813

**Service Area:** S

**One Community Health:**

**One Community Health has two locations: Midtown and Arden-Arcade**

**One Community Health - Midtown Campus**

**1500 21<sup>st</sup> Street, Sacramento, CA 95811**

**Alternate Name:** previously known as Center for AIDS Research, Education & Services and/or Cares Community Health

**Website:** [www.onecommunityhealth.com](http://www.onecommunityhealth.com)

**Phone:** 916-443-3299

**Hours Of Operation:** Closed every Wednesday from 12 – 2 pm for Staff Meetings

**Clinic:**

Monday - Thursday 7:45 am – 7 pm (Building A and B)

Friday 7:45 am – 6 pm (Building A and B)

Saturday 8:45 am – 5 pm (Building B only)

Closed every Wednesday from 12 – 2 pm for Staff Meetings

**Quest Lab Hours:**

Monday – Thursday 7:30 am – 7 pm

Friday 7:30 am – 6:30 pm

Saturday 8:30 am – 5 pm

Closed every Wednesday from 12 – 2 pm for Staff Meetings

**Dental Clinic:**

Monday - Thursday 8 am – 7 pm

Friday 8 am – 6 pm

Saturday 9 a.m. – 5 p.m.

Closed every Wednesday from 12 – 2 pm for Staff Meetings

**Pharmacy:**

Monday through Friday: 9 a.m. – 6 p.m.

Saturday: 9 am – 5 pm

Closed every day from 12 – 1 pm for lunch

**Vision Center:**

Monday – Friday 8:30 am – 5 pm

Closed every Wednesday from 12 – 2 pm for Staff Meetings

**Services:** Comprehensive health care services for the Sacramento Region.

**Service Area:** S, P, E, Y

**One Community Health - Arden-Arcade Campus**  
**1442 Ethan Way, Suite 100, Sacramento, CA 95825**

**Website:** www.onecommunityhealth.com  
**Phone:** 916-443-3299 Main  
**Phone:** 916-443-3299 Medical Appointments  
**Fax:** 916-325-1980

**Hours Of Operation:**

**Clinic:**

Monday and Friday 8 am – 5 pm (Closed 12 – 1 pm for lunch)  
Wednesday 8 am – 5 pm (Closed 12 – 2 pm for staff meeting)  
Tuesday, Thursday 10 am – 7 pm (Closed 2 – 3pm for lunch)

**Dental:**

Monday, Friday 8 am – 5 pm (Closed 12 – 1 pm for lunch)  
Wednesday 8 am – 5 pm (Closed 12 – 2 pm for staff meeting)  
Tuesday, Thursday 10 am – 7 pm (Closed 2 – 3pm for lunch)

**HIV/STD Testing Services:**

Call for an appointment

**Quest Laboratory:**

Monday, Wednesday, Friday 8 a.m. to 12 noon  
Tuesday and Thursday, 10 a.m. to 2 p.m.

**Services:** Primary care medical services, women's health, podiatry, pediatric care, eligibility/health insurance assistance and limited lab services are available at this time.

**Service Area:** S, P, E, Y

**Open Arms**

**Website:** https://www.voa-ncnn.org/open-arms  
**Phone:** 916-451-1765  
**Hours of Operation** Contact Agency  
**Services:** Transitional Housing for HIV+ individuals  
**Address:** Administration: 530 Bercut, Sacramento, CA 95811  
**Service Area:** S

**Placer Food Bank**

**Website:** www.placerfoodbank.org  
**Phone:** 916-783-0481  
**Hours Of Operation:** Based on location. Please call.  
**Services:** CalFresh, & PantryToGo  
**Address:** 8284 Industrial Avenue, Roseville, CA 95678  
**Service Area:** P, E (Partners with various agencies in both counties and Nevada County. Contact for closet services.)

### **Planned Parenthood Mar Monte**

**Website:** www.ppmarmonte.org  
**Phone:** 916-325-1700  
**Fax:** 916-446-2994 or 877-855-7526  
**Hours Of Operation:** Hours vary daily. Call for more information  
**Services:** Providing services at 30 health centers throughout mid-California and Northern Nevada. Provides a range of reproductive and general health services including birth control, pregnancy testing and options counseling, STD testing and treatment, HIV testing, breast and cervical cancer screening, abortion, prenatal care, pediatrics, gender affirming hormone services and adult primary health care.  
**Address:** 201 29th Street, Suite A, Sacramento, CA 95816  
**Service Area:** S, P, Y

### **River City Food Bank**

**Website:** www.rivercityfoodbank.org  
**Phone:** 916-446-2627  
**Hours Of Operation:** Monday through Friday 11:30 a.m. to 3 p.m.  
Saturday 11 a.m. – 1 p.m.  
**Food Distribution Hours:**  
Midtown: Tuesday–Thursday: 10:30 a.m.–1:30 p.m.  
Arden Arcade: Friday-Saturday 10:30 a.m.–1:30 p.m.  
**Services:** Food assistance, CalFresh Outreach, Nutrition Assistance, BackSnacks, Senior Programs, HIV Support.  
**Address:** 1800 28<sup>th</sup> St, Sacramento, CA 95816  
**Service Area:** S

### **Sacramento County Adult Mental Health Access Team**

**Website:** <https://dhs.saccounty.gov/bhs/pages/mental-health-services.aspx>  
**Phone:** 916-875-1055 or 888-881-4881  
**Hours Of Operation:** Monday through Friday 8 a.m. – 5 p.m.  
**Services:** Mental Health services for adults including phone screening, assessment, and linkage and referral information.  
**Address:**  
**Service Area:** S

### **Sacramento County Health Center**

**Website:** <https://dhs.saccounty.gov/PRI/Pages/Health%20Center/GI-Sacramento-County-Health-Center.aspx>  
**Phone:** 916-874-9670  
**Hours Of Operation:** Monday through Friday 8 am – 5 pm  
**Services:** Primary Care, Family Medicine, Obstetrics and Gynecology, Preventative Health Care, Psychiatry and Mental Health Counseling, Limited Specialty Care, Chronic Disease Management, Communicable Disease Screening, On-site Laboratory and Radiology and Assistance with Obtaining health Care Coverage.  
**Address:** 4600 Broadway, Sacramento, CA 95820  
**Service Area:** S

### **Sacramento County Primary Health Services**

**Website:** <https://dhs.saccounty.net/PRI/Pages/PRI-Home.aspx>  
**Phone:** 916-875-5701 Main  
**Hours Of Operation:** Monday through Friday 8 am 5 pm  
**Services:** Administrative agency which operates primary care and public health clinics.  
**Address:** 7001-A East Parkway, Suite 550, Sacramento, CA 95823  
**Service Area:** S

### **Sacramento County Public Health Division**

**Website:** <https://dhs.saccounty.net/PUB/Pages/PUB-Home.aspx>  
**Phone:** 916-875-5881 Main  
**Fax:** 916-875-5888  
**Hours Of Operation:** Monday through Friday 8 am - 5 pm  
**Services:** The Sacramento County Public Health Division operates and manages numerous programs designed to protect the health and well-being of all Sacramento County residents.  
**Address:** 7001-A East Parkway, Suite 600, Sacramento, CA 95823  
**Service Area:** S

### **Sacramento County Sexual Health Clinic**

**Website:** <https://dhs.saccounty.gov/PUB/SexualHealthPromotionUnit/Pages/Sacramento-County-Sexual-Health-Clinic-.aspx>  
**Phone:** 916-875-1551  
**Hours Of Operation:** Monday through Friday 8 am – 5 pm  
HIV/STD testing, treatment, education and partner follow-up services; Family Planning Services and contraception, PrEP and PEP HIV Prevention Services, Ryan White HIV Care and Treatment Services, Linkage to Care or other clinic services.  
**Address:** 4600 Broadway, Suite 1300, Sacramento, CA 95820  
**Service Area:** S



## **Sacramento Food Bank**

**Website:** www.sacramentofoodbank.org  
**Oak Park**  
**Phone:** 916-456-1980  
**Fax:** 916-451-5920  
**Admin Hours:** Monday through Thursday 8:30 a.m. to 4 p.m.  
Friday 8:30 a.m. to 3:30 p.m.  
**Services:** Food, clothing, education, immigration legal services, refugee settlement services, SMUD Energyhelp.  
**Address:** 3333 Third Avenue, Sacramento, CA 95817  
**North Sacramento**  
**Phone:** 916-925-3240  
**Fax:** 916-921-5486  
**Admin Hours:** Monday – Friday 7:30 a.m. – 4 p.m.  
**Services:** Food, clothing, education  
**Address:** 1951 Bell Ave Sacramento CA 95838  
**Service Area:** S

## **Sacramento LGBT Community Center**

**Alternate Name:** The Lambda Center, Sacramento Gay & Lesbian Center  
**Website:** www.saccenter.org  
**Phone:** LGBT Center 916-442-0185 Main, Health Program x109  
Marsha P. Johnson Center 916-442-1120  
**Fax:** 916-325-1840  
**Hours Of Operation:** LGBT Center  
Monday - Friday 10 – 6 p.m.  
Saturday and Sunday 10 a.m. – 4 p.m.  
  
Marsha P, Johnson Center  
Monday – Friday 12 – 6 p.m.  
**Services:** The Sacramento LGBT Community Center serves a wide range of clients with various services. Please contact the agency for more information.  
**Address:** LGBT Center 1015 20th Street, Sacramento, CA 95811  
Marsha P. Johnson Center: 7725 Stockton Blvd, Suite O, Sacramento, CA 95823  
**Service Area:** S

### **Sacramento Native American Health Center (SNAHC)**

**Website:** www.snahc.org  
**Phone:** 916-341-0575 Appointments  
**Fax:** 916-341-0574  
**Hours Of Operation:** Monday through Friday 7:30 a.m. – 5:00 p.m.

*Please Note: SNAHC opens at 9:30 am on the first and third Wednesdays of the month*

**Services:** Medical, dental, mental health services, substance abuse services, risk reduction counseling, case management, anger management, parenting groups, 12-step recovery, nutrition services, vision, and home visitation services.  
**Address:** 2020 J Street, Sacramento, CA 95811  
**Service Area:** S

### **Sierra Foothills AIDS Foundation - El Dorado County**

**Website:** [www.sierrafoothillsaids.org](http://www.sierrafoothillsaids.org)  
**Phone:** 530-622-1923  
**Fax:** 530-344-0685  
**Hours Of Operation:** Monday thru Thursday – Contact Agency for Hours  
**Services:** Case management, benefits counseling, referral services, emergency financial assistance, group counseling, ADAP, HOPWA, outreach, food closet for clients, HIV testing, Inmate Intervention Program.  
**Physical Address:** 550 Pleasant Valley Road Suite 1F, Diamond Springs, CA 95619  
**Mailing Address:** 550 Main St., Suite 1F, Diamond Springs, CA 95619  
**Service Area:** E

### **Sierra Foothills AIDS Foundation - Placer County**

**Website:** [www.sierrafoothillsaids.org](http://www.sierrafoothillsaids.org)  
**Phone:** 530-889-2437  
**Fax:** 530-889-2443  
**Hours Of Operation:** Monday thru Thursday 9 a.m. to 5 p.m.  
**Services:** Case management, benefits counseling, referral services, emergency financial assistance, group counseling, ADAP, HOPWA, outreach, food closet for clients, HIV testing, Inmate Intervention Program.  
**Address:** 12183 Locksley Lane, Suite 208, Auburn, CA 95602  
**Service Area:** P

### **St. John's Shelter**

**Website:** www.saintjohnsprogram.org  
**Phone:** 916-453-1482  
**Services:** Shelter for Women and Children which includes mental health and support services, life skills training, career education, employment training and child care and support.  
**Service Area:** S  
**Address:** 4410 Power Inn Rd, Sacramento, CA 95826

### **Sunburst Projects**

**Website:** www.sunburstprojects.org  
**Phone:** 916-440-0889 Main  
**Fax:** 916-440-1208  
**Hours Of Operation:** Monday through Thursday 9 a.m. – 5 p.m.  
**Services:** HIV/AIDS Medical case management, mental health services, ADAP enrollment, benefits counseling, 340B Pharmacy program, treatment adherence counseling, social support services, youth program, education and prevention.  
**Address:** 2143 Hurley Way, Suite 240, Sacramento, CA 95825  
**Mailing Address:** United States  
**Service Area:** S

### **Sunburst Clinic**

**Website:** www.sunburstclinic.org  
**Phone:** 916-299-8810 Main  
**Hours Of Operation:** Monday through Thursday 9 a.m. – 5 p.m.  
**Services:** Confidential testing for HIV, hepatitis C and sexually transmitted infections  
**Address:** 2143 Hurley Way, Suite 240, Sacramento, CA 95825  
**Mailing Address:** United States

### **Hope Cooperative**

**Website:** <https://hopecoop.org/>  
**Phone:** 916-441-0123 Main  
**Fax:** 916-441-6893  
**Hours Of Operation:** Monday – Friday 8 a.m. – 5 p.m.  
**Services:** Transitional housing, Mental Health Crisis Respite Center, case management, psychiatry, advocacy, employment support, substance abuse services housing assistance, medication assessment and monitoring, assistance with Medical Care, skills building activities, and outpatient recovery services.  
**Admin Address:** 650 Howe Ave, Building 400-A, Sacramento, CA 95825  
**Service Area:** S

## **Volunteers of America - Northern California and Northern Nevada**

**Alternate Name:** VOA  
**Website:** <https://www.voa-ncnn.org/what-we-do>  
**Phone:** By referral from Sacramento Steps Forward Coordinated Entry System. For a referral, call 2-1-1.  
**Fax:** 916-442-1861  
**Hours Of Operation:** Call for more information  
**Services:** Affordable Housing, Child and Youth Services, Community Re-Entry Programs, homeless Services and Shelters, Mental Health Support Services, Permanent Supportive Housing, Senior Services, Transitional Housing, Treatment and Recovery Services, and Veterans Services.  
**Address:** 3434 Marconi Ave, Sacramento, CA 95821  
**Service Area:** S, P (Depending on service need.)

## **WEAVE**

**Website:** [www.weaveinc.org](http://www.weaveinc.org)  
**Phone:** 24 hour Support Line: 916-920-2952  
Business Line: 916-448-2321  
**Hours Of Operation:** 9:00am – 5:00pm, By appointment only, includes Spanish Language support  
•  
**Services:** Services for women, men, teens and children who are survivors of domestic violence and sexual assault. Services including, 24-hour support and information line, sexual assault counseling, domestic violence counseling, prevention and education, emergency response and a confidential Safehouse program, assistance with restraining orders and move out orders.  
**Address:** Midtown – 1900 K Street, 2<sup>nd</sup> Floor, Sacramento, CA 95811  
**Service Area:** S

## **WellSpace Health**

**Website:** [www.wellspacehealth.org](http://www.wellspacehealth.org)  
**Phone:** 916-325-5556 Main Administrative office  
**Phone:** 916-737-5555 Appointments  
**Fax:** 916-444-5620  
**Hours Of Operation:** Hours vary based on location and service.  
**Services:** Improves the well-being of our community, families, and individuals by providing health, substance abuse services, mental health, addiction treatment, and social services.  
**Address:** 1820 J Street, Sacramento, CA 95811  
**Service Area:** S, P

## **Wind Youth Services**

**Website:** www.windyouth.org  
**Phone:** Administrative 916-504-3313  
Wind Youth Center 916-561-4900  
**Fax:** 916-369-5389  
**Phone:** Wind Youth Services Drop-In Center 916-561-4900  
**Phone:** 24-Hour Shelter Line 916-628-1492  
**Hours Of Operation:** Monday – Sunday 8:30am- 4:00pm  
**Services:** Safe place for youth and transition aged youth, ages 12 - 24, experiencing and/or at-risk for homelessness that need safety from the streets and access to resources to help them move from crisis toward healthy functioning and independence. Other services include street outreach, emergency shelter, laundry services, crisis intervention, showers, creative workshops, case management, and housing programs.  
**Address:** 815 S St., Sacramento, CA 95811  
**Service Area:** S

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# HIV Health Services Planning Council

9616 Micron Ave, Suite 930  
Sacramento, Ca 95827  
(916) 875-6021  
Fax (916) 854-9459



Marisa Ramos, Ph.D.  
Chief, Office of AIDS  
Center for Infectious Diseases  
California Department of Public Health  
MS 7700, PO Box 997426  
Sacramento, CA 95899-7426

Dr. Ramos,

This letter documents that the Sacramento Transitional Grant Area (TGA) HIV Health Services Planning Council (HHSPC) is in concurrence with the integrated plan entitled ***Ending the Epidemics: Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California***. We enthusiastically join the California Department of Public Health (CDPH) Office of AIDS (OA) and Sexually Transmitted Disease Control Branch (STDCB) in co-authoring this plan that will lead our work, not only in HIV prevention, care, and surveillance but also in addressing HIV as a syndemic with HCV and STIs through thirty innovative strategies organized across six social determinants of health: racial equity, housing first, health access for all, mental health and substance use, economic justice, and stigma-free.

The HHSPC also notes the extraordinary community engagement efforts in this planning process that our TGA undertook in partnership with CDPH-OA/STDCB. In January 2022, the draft of this plan was released to our TGA along with all other health jurisdictions in California. We received an overview of the draft plan at a presentation to the HHSPC and were allowed to ask questions and make suggestions about ways to improve the draft. Our TGA also hosted one of the 17 regional community listening sessions designed to get broad input from HIV advocates, prevention and care providers, and other community stakeholders to improve our implementation efforts of this plan.

The process above resulted in the final plan being submitted to HRSA and CDC as the fulfillment of our requirement as a Ryan White Part A recipient to have an integrated plan. The plan being submitted is in harmony with the other HIV Surveillance, Prevention, and Care Integrated Plans, Getting to Zero and Ending the HIV Epidemic plans, and other county documents that guide the delivery of HIV prevention and care services, and maintain a surveillance system in collaboration with the CDPH-OA Sacramento County.

The selected integrated strategies will expand our reach to priority populations in California and impact HIV/HCV/STIs as a syndemic across the continuum of care for these groups. We believe that this plan will result in more people being tested, treated, and linked to prevention for HIV/HCV/STIs.

Our planning body will continue to monitor the implementation of the ***Ending the Epidemics: Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California*** and its family of interventions. We will also continue to engage the community to assure ongoing, real-time feedback so that the interventions are executed optimally for the populations they are serving.

*Signed by the Planning Council Chair and Vice-Chair on behalf of the entire Part A Planning Body,*

Richard Benavidez  
Council Chair

Kristina Kendricks-Clark  
Council Vice-Chair