

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

Meeting Agenda

March 22, 2023, 10:00 AM – 12:00 PM

Meeting Location –

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

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. Public Comment time limit is three (3) minutes.

*Action Items

Topic	Presenter	Start Time and Length
Welcome and Introductions	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments-Agenda Items-3 Minute Time Limit	All	
March 2023 Agenda*	Benavidez	
Minutes of February 2023*	Benavidez	
State Office of AIDS March 2023 Update	Pulupa	
Presentation: CDPH OA Integrated Strategic	Blea	

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Plan		As Needed
CPG/HIV/STI Prevention Updates	All	
Recipient Report: <ul style="list-style-type: none"> ➤ FY22 Jan. Part A Monthly Fiscal Report* ➤ FY22 Jan. Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update 	Gossett	
Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee <ul style="list-style-type: none"> ➤ FY22 AdAC Year-End Review 6/15/23 ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Reflectiveness Update ➤ Priorities and Allocations ➤ Executive Committee ➤ Quality Advisory Committee ➤ Needs Assessment Committee ➤ Governance 	Willett Zach B. Bradley-Rowe Benavidez Kendricks-Clark Miranda Ungeheuer	
Planning Council Assessment	All	
Binder Updates	Caravella	
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

Attachments:

- Minutes of February 2023*
- March 2023 OA Voice Update
- FY22 January Part A Monthly Fiscal Report*
- FY22 January Part B Monthly Fiscal Report
- PC Self-Assessment

NEXT MEETING: April 26, 2023

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

February 22nd, 2023
10 am-12 pm

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

Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, County Staff

Council Member Attendees via Teleconference: David Contreras, Dennis Poupart, Josh Kooman, Judy Vang, Kane Ortega, Kelly Gluckman, Kristina Kendricks-Clark, Melissa Willett, Michael Ungeheuer, Minerva Reid, Richard Benavidez, Ronnie Miranda, Steve Austin, Tracy Thomas, and Zach B.

Members Excused: Chelle Gossett, Jake Bradley- Rowe, Kaye Pulupa, and Shy Brown

Members Absent: Beth Valentine, Christopher Kendrick- Stafford, Keshia Lynch, and Melody Law

Guests: Zach Reau-Gilead, Lenore Gotelli – Rx HealthCare, Clarmundo Sullivan – GRS, Dr. Demisha Burns – WORLD, and Shaila Faulkner – AETC, LaShawna Scardina- HRS

Topic	Minutes
Welcome, Introductions, and Announcements	<p>The meeting began at 10:03 a.m.</p> <p>Richard Benavidez shared that Chelle Gossett and Paula Gammell from the county could not be on the call today due to other engagements. Beginning in April a staffing agency will be taking over the administrative duties of the Planning Council and will be paid for using the Ryan White Part A 10% administrative funding.</p>
Public Comments-Agenda Items	No public comments were made.
February 2023 Agenda*	Melissa Willett motioned to accept the February 2023 agenda as presented and Kristina Kendricks-Clark seconded the motion. The motion was passed with a majority. Please see the meeting roll call voting on page 9.
Minutes of January 2023*	<p>Dennis Poupart motioned to accept the Minutes of the January 2023 meeting as presented and was seconded by Zach B. Richard Benavidez noted that Tracy Thomas was not included in the meeting minutes under members absent and needed to be added back in to them. He also noted an error on page 7, line 3, it says "The FY23 HIV HSPC Meeting Schedule" and should read "The FY23 HHSPC Meeting Schedule". Dennis Poupart amended his motion to accept the January 2023 minutes with the changes made and Zach B. seconded the amended motion. The motion passed with a majority. Please see the meeting roll call voting on page 9.</p>
State Office of AIDS (OA) February 2023 Update	<p>Danielle Caravella presented the February 2023 OA Voice updates.</p> <p><u>Strategy A: Improve Pre-Exposure Prophylaxis (PrEP Utilization)</u> There are now 200 PrEP-AP enrollment sites. The link to the PrEP-AP Provider Network is at the bottom of page 3 and client data is on page 5.</p> <p><u>Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP</u> The number of ADAP clients enrolled in an ADAP Insurance Program is on</p>

	<p>page 6.</p> <p>If you have any ADAP or PrEP-AP questions, please email Tracy.Lee@cdph.ca.gov.</p>
CPG/HIV/STI Prevention Updates	<p>California Planning Group – Richard Benavidez shared that CPG met and has set its 2023 priorities. Their first in-person meeting will be taking place the first week of May.</p> <p>HIV/STI Prevention Updates – There were no updates at this time.</p>
<p>Recipient Report:</p> <ul style="list-style-type: none"> ➤ FY22 December Part A Monthly Fiscal Report* ➤ FY22 December Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update 	<p>FY22 December Part A Monthly Fiscal Report* Richard Benavidez presented a copy of the FY22 Part A December Monthly Fiscal Report for review and approval. El Dorado County spent 72%% of its annual allocations and Placer spent 87.5%. Sacramento spent 81.48% with an overall expenditure of 81.27% for the Transitional Grant Area (TGA).</p> <p>Richard Highlighted that this report does not include any Reallocation changes. Updated contracts are being completed this week. Organizations are still providing services that will be contingent on these funds and feel confident that they will be able to spend them in time. Dennis Poupart motioned to accept the report as presented, and Richard Benavidez seconded the motion. The motion passed with a majority. Please see the meeting roll call voting on page 9.</p> <p>FY22 December 2022 Part B Monthly Fiscal Report Richard Benavidez presented a copy of the FY22 Part B December Monthly Fiscal Report for review. Yolo County spent 47.8% of its allocations. Sacramento spent 83.03% with an overall expenditure of 79.07% for the Transitional Grant Area (TGA).</p> <p>SOA Ending the HIV Epidemic Update The Sexual Health Promotion Unit mobile unit is up and running and they have been going out to Loaves and Fishes but are now trying out new</p>

	<p>the Planning Council. They also approve the agendas for the upcoming Planning Council meetings. The agenda is on a set template and does not regularly change, and is approved before each Council Meeting. The Executive Committee is proposing to the Council that Exec change their meeting frequency to match the PAC meeting frequency, which meets in the months of March, May, July, September, and January. Zach B. motioned to change the Executive Committee meeting frequency to correspond with the PAC meeting schedule. The Executive Committee would meet in the months of March, May, July, September, and January. Steve Austin seconded the motion. There was a discussion revolving around quorum and if there was a common issue of not having a quorum for meetings. It was discussed that it has happened in the past but is not common. The motion passed with a majority. Please see the meeting roll call voting on page 9.</p>
Presentation on Diversity and Equity	<p>Judy Vang from the AIDS Education & Training Center welcomed Dr. Demisha Burns - Ph.D., MSW to present "Diversity & Equity: I Hear You Talking, But Your Actions Seem To Speak Louder..."</p> <p>After completion of the presentation participants would be able to:</p> <ol style="list-style-type: none"> 1. Identify what diversity and equity are and the importance of them both. 2. Identify the difference between equality and something being equitable. 3. Explain the importance of identifying and acknowledging our own implicit biases in addition to the power of our minds and how it can impact the work we do with each other and the communities we serve. 4. Share at least one tool that will help us be intentional in creating a diverse and equitable environment for everyone.

Committee Updates	<p>Priorities and Allocations: Richard Benavidez shared that PAC did not meet this month as Reallocation was done at the December meeting. PAC is scheduled to meet on Wednesday, March 1st at 9 am, however, the normally scheduled room is unavailable, Jake is on vacation, and Chelle has a conflict. Chelle wanted Richard to share that PAC needs to revisit its FY23 Allocations and possibly make some changes. Options include postponing the meeting by a week, a month, or waiting until the May meeting. Melissa indicated she would like to meet in April if there is business that needs to be conducted. Danielle confirmed that there is business that needs to be conducted and would recommend not waiting until May to meet. It was agreed that the next PAC meeting will be on April 5th at 9 AM.</p> <p>Quality Advisory Committee (QAC): Kristina Kendricks-Clark shared that QAC did not meet this month as they meet quarterly next meet on March 7th.</p> <p>Needs Assessment Committee: Ronnie Miranda shared that NAC did not meet this month as they meet quarterly. They next meet on March 7th. There were 191 needs assessments submitted to Lili, the county's consultant who analyzes the data and writes the report. A big thank you to all of the providers that helped get these completed.</p> <p>Governance: Nothing to report. Michael did share that he will be retiring and his replacement will be attending the next Council Meeting.</p>
Binder Updates	Binder updates will be coming in the next month or so.
Return to In-Person Meetings	Richard Benavidez shared his memo on returning to in-person meetings for all Committee and Council meetings. Because of the restrictions of the Brown Act, a hybrid option would not be doable logistically. Rick Heyer the county expert on the Brown Act was consulted to determine the best steps moving forward, and it was decided that in person only meetings were going to be the best option. This will be effective March 1 st , and the meetings will be held at 4600 Broadway, Sacramento, CA 95820. This is

	known as the county Primary Care building, it is also where the Sexual Health Clinic is located. The meetings will be held on the 2 nd floor in the community/conference room and masks will be required.
Public Comment-Non-Agenda Items	<p>Kristina Kendricks-Clark shared that Harm Reduction Services' phone lines and internet are currently down, if you need to reach them, please call them on their cellphones.</p> <p>Clarmundo Sullivan wanted to give a shout-out to One Community Health for their National Black HIV Awareness Day event in the Oak Park community. He thought that it was very successful and enjoyed that there were positive speakers who spoke about their lived experiences, several informative vendors, as well as testing opportunities.</p> <p>Richard Benavidez shared that there will be a Black Resource Fair and BBQ in conjunction with Black History Month on March 18th at Sac High School from 11 am – 3 pm. There will be job readiness, free haircuts, games, family fun, City Boys BBQ, face painting, and 20 community partners will be present.</p> <p>Steve Austin shared that Healing Waters will be having an open house at Southside park on Sunday, March 5th at 1 pm and will be recruiting members. Strength in Numbers will be partnering with them for this open house.</p> <p>Minerva Reid inquired about getting some more information on the injectable medication for HIV and if it was available here in Sacramento. Danielle indicated she would do some research and get back to the Council as a whole with more information.</p>
Technical Assistance Needs	Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.
Adjournment	The meeting adjourned at 11:43 AM Next meeting: March 22nd, 2023

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

Meeting Date: 2/22/2023

Seated Members	Signature	Agency/Affiliation
Beth Valentine	Absent	Volunteers of America
Chelle Gossett	Excused	Sacramento County Public Health
Christopher Kendrick-Stafford	Absent	N/A
David Contreras	Teleconference	SHRA
Dennis Poupart	Teleconference	N/A
Jake Bradley-Rowe	Excused	Sunburst Projects
Joshua Kooman	Teleconference	N/A
Judy Vang	Teleconference	AIDS Education and Training Center
Kaye Pulupa	Excused	California State Office of AIDS
Kane Ortega	Teleconference	N/A
Kelly Gluckman	Teleconference	OCH
Keshia Lynch	Absent	OCH
Kristina Kendricks-Clark	Teleconference	Harm Reduction Services
Melissa Willett	Teleconference	Sierra Foothills AIDS Foundation
Melody Law	Absent	Sacramento County Public Health
Michael Ungeheuer	Teleconference	County of El Dorado Public Health
Minerva Reid	Teleconference	N/A
Richard Benavidez	Teleconference	Sierra Foothills AIDS Foundation
Ronnie Miranda	Teleconference	N/A
Shy Brown	Excused	Peach Tree Health
Steve Austin	Teleconference	N/A
Tracy Thomas	Teleconference	N/A
Zachary B.	Teleconference	N/A
Staff: Paula Gammell	Excused	Sacramento County Public Health
Staff: Danielle Caravella	Teleconference	Sacramento County Public Health

Meeting Date: 2/22/2023

Guests:	Signature	Agency/Affiliation
Zach Reau	Teleconference	Gilead
Lenore Gotelli	Teleconference	RX Healthcare
Clarmundo Sullivan	Teleconference	GRS
LaShawna Scardina	Teleconference	HRS
Dr. Burns	Teleconference	WORLD
Shaila Faulkner	Teleconference	AETC

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

Meeting Date: 02/22/2023

Seated Members

	Agenda			Minutes			December Part A Monthly Exec Meeting Frequency								
	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain
Beth Valentine															
Chelle Gossett															
Christopher Kendrick Stafford															
David Contreras	x			x			x			x					
Dennis Poupart	x			x			x			x					
Jake Bradley-Rowe															
Joshua Kooman	x			x			x			x					
Judy Vang	x			x			x			x					
Kaye Pulupa															
Kane Ortega	x					x	x			x					
Kelly Gluckman	x			x			x			x					
Keshia Lynch															
Kristina Kendricks-Clark	x			x			x			x					
Melissa Willett	x			x			x			x					
Melody Law															
Michael Ungeheuer	x					x	x			x					
Minerva Reid				x			x			x					
Richard Benavidez	x			x			x			x					
Ronnie Miranda			x	x			x			x					
Shy Brown															
Steve Austin	x			x			x			x					
Tracy Thomas	x					x	x			x					
Zachary B.	x			x			x			x					

Motion Melissa Willett
Second Kristina Kendricks-Clark

Dennis Poupart
Zach B.

Dennis Poupart
Richard Benavidez

Zach B.
Steve Austin

Amended Motion
Amended Second

Dennis Poupart
Zach B.

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

In This Issue:

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

Staff Highlight:

OA would like to congratulate **Ahmad Zahbihi** on his promotion to the Chief of the Quality Assurance and Training (QAT) Unit/Staff Services Manager I in the AIDS Drug Assistance Program (ADAP) Branch within the Office of AIDS. Ahmad has spent the last three plus years as a QAT Coordinator/Associate Governmental Program Analyst (AGPA) in the QAT Unit. During that time, he was instrumental in standing up the new unit, helping to create various processes and procedures, and leading multiple audit initiatives and quality assurance efforts. He has also quickly become a subject matter expert in developing and maintaining our on-demand training library. In his role as an AGPA, he gained valuable experience in our agile system lifecycle, and conducting and facilitating virtual meetings and trainings, which will serve him well in his new position. He is also an active member of the ADAP Team Building Workgroup, which facilitates monthly team building events for the ADAP Branch. This past year, Ahmad has also participated in NASTAD's Trauma Informed Approaches Learning Community and in the California Department of Public Health's (CDPH) Leadership Development Program, and he looks forward to implementing much of what he's learned into his new role.

Prior to working in the QAT Unit, Ahmad was an ADAP Site Advisor/Staff Services Analyst for the ADAP Eligibility Operations Section for



two years, where he conducted secondary reviews of ADAP and Employer Based Health Insurance Premium Payment (EB-HIPP) Program applications. Before joining CDPH, Ahmad volunteered with the International Rescue Committee helping refugees, and was also a Team Member Associate for Walgreen's Pharmacy, where he assisted patients with entering and fulfilling prescriptions and billing their health insurance. Ahmad also holds a Bachelor of Science Degree in Biomedical Sciences from CA State University of Sacramento.

On a personal note, Ahmad lives with his wife, Liezel, and their border collie, Zeld,

in Carmichael. In his spare time, he enjoys mountain biking, playing video games, watching scary movies, eating spicy foods, and drinking copious amounts of coffee.

HIV Awareness:

March 10 is **National Women and Girls HIV/AIDS Awareness Day** (NWGHAAD). NWGHAAD is celebrated to raise awareness about the impact of HIV on women and girls and support those at risk or living with HIV. This day is meant to encourage women and girls to make the best choices when it comes to their sexual health and to protect themselves from HIV through prevention, testing and treatment.

In addition, **March 20th** is **National Native HIV/AIDS Awareness Day** (NNHAAD). This day is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives and Native Hawaiian communities. NNHAAD addresses the impact HIV has on their communities and emphasizes the importance of overcoming HIV stigma.

March 31st is **International Transgender Day of Visibility** (TDOV). This day is observed to acknowledge the many contributions made by transgender and non-binary people and celebrate the courage and beauty of living authentically. TDOV is also meant to educate and bring attention to the continued struggle faced by those in the transgender community and raising awareness of the continued rising hate, discrimination, and stigma faced by transgender people worldwide.

General Office Updates:

COVID-19

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

Mpox

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

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

HIV/STD/HCV Integration

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

Ending the Epidemics Strategic Plan

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

OA and the STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues as we finalize our phase-2

Implementation Blueprint for release in March.

Below is the [website that documents our work](#), including the phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions. Thank you for engaging with this strategic planning process and helping us make it better!

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

Ending the HIV Epidemic (EHE)

On February 28th CDPH-OA co-hosted a webinar with the UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) Regional EHE Learning Collaborative to share the connections between EHE work and the Ending the Epidemics Strategic Plan. We were joined on a panel by the California HIV Research Program (CHRP), the ETE Coalition, San Diego, and San Francisco Counties. A recording of this session will be sent as a link through our OA listserv when it is available.

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

PrEP-Assistance Program (AP)

As of February 24, 2023, there are 203 PrEP-AP enrollment sites covering 189 clinics that currently make up the PrEP-AP Provider network.

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

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

Strategy B: Increase and Improve HIV Testing

OA has expanded its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, [TakeMeHome®](https://takemehome.org/) (<https://takemehome.org/>), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



Between January 23 (when this expansion was initiated) and January 31, 2023, 191 individuals ordered self-test kits, with 171 individuals ordering 2 tests. Most individuals ordering tests identify as men (86.3% of those sharing gender) and Hispanic/Latinx (60.1% of those sharing race or ethnicity). Thirty-eight (20%) orders came in through the Spanish language portal. One-third of participants reported never having tested for HIV before (30%); another third had not tested for HIV in at least one year (33%). OA is excited to help make HIV testing more accessible through this program.

OA's existing TakeMeHome® Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 29 months, between September 1, 2020, and January 31, 2023, 4738 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 196 (68.8%) of the 285 total tests distributed.

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	244	7%	---	---	---	---	23	1%	267	8%
25 - 34	1,035	31%	1	0%	---	---	251	7%	1,287	38%
35 - 44	854	25%	---	---	2	0%	185	5%	1,041	31%
45 - 64	438	13%	1	0%	21	1%	105	3%	565	17%
65+	22	1%	---	---	181	5%	10	0%	213	6%
TOTAL	2,593	77%	2	0%	204	6%	574	17%	3,373	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	143	4%	---	---	32	1%	9	0%	1	0%	57	2%	4	0%	21	1%	267	8%
25 - 34	750	22%	---	---	114	3%	87	3%	2	0%	265	8%	5	0%	64	2%	1,287	38%
35 - 44	676	20%	3	0%	84	2%	39	1%	1	0%	193	6%	6	0%	39	1%	1,041	31%
45 - 64	361	11%	2	0%	31	1%	16	0%	---	---	138	4%	---	---	17	1%	565	17%
65+	22	1%	1	0%	4	0%	4	0%	---	---	178	5%	---	---	4	0%	213	6%
TOTAL	1,952	58%	6	0%	265	8%	155	5%	4	0%	831	25%	15	0%	145	4%	3,373	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	175	5%	---	---	2	0%	6	0%	---	---	14	0%	1	0%	2	0%	200	6%
Male	1,604	48%	6	0%	248	7%	147	4%	4	0%	797	24%	11	0%	131	4%	2,948	87%
Trans	160	5%	---	---	15	0%	2	0%	---	---	14	0%	1	0%	3	0%	195	6%
Unknown	13	0%	---	---	---	---	---	---	---	---	6	0%	2	0%	9	0%	30	1%
TOTAL	1,952	58%	6	0%	265	8%	155	5%	4	0%	831	25%	15	0%	145	4%	3,373	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: 02/28/2023 at 12:00:53 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Of individuals ordering a test in January, 29.5% reported never before receiving an HIV test, and 36.5% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 43.4% were Hispanic/Latinx, and of those reporting sexual history, 37.2% indicated 3 or more partners in the past 12 months. To date, 519 recipients have completed an anonymous follow up survey, with 94.4% 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 (63.2%).

Strategy G: Improve Availability of HIV Care

Request for Applications for Funding

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Santa Cruz County. We will be releasing a Request for Application (RFA) (#23-10079) later in March. The [RFA will be posted on our website](http://www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx.

HOPWA provides housing assistance and supportive services to prevent or reduce

homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments or community development agencies) and non-profit community-based organizations may apply. The award amount for Santa Cruz County is approximately \$215,353. The RFA will include key dates, including information on a technical assistance webinar.

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

As of February 24, 2023, 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

The X-Waiver is Eliminated: Now What?

As of Jan 1, 2023, and effective immediately, clinicians no longer need to apply for an X-waiver to prescribe buprenorphine for medication for opioid use disorder (MOUD), thus significantly reducing barriers to MOUD access. The DEA [posted a letter explaining these changes](#), and it includes encouragement for clinicians to start prescribing for patients with opioids use disorder. **Please share widely.**

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	489	- 2.78%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,803	+ 1.38%
Medicare Part D Premium Payment (MDPP) Program	1,503	- 17.05%
Total	7,795	- 3.03%

Source: ADAP Enrollment System

New Resource: Training Materials on Sex Worker Health and Harm Reduction 101

The National Harm Reduction Technical Assistance Center (NHRTAC) published a new resource, [NHRTAC Training Deck on Sex Worker Health and Harm Reduction](#), to provide an overview of the basics of sex worker health and harm reduction philosophy. Developed with NASTAD, these materials are customizable for in-house staff training purposes for use by health departments and community-based syringe services programs (SSPs) to introduce staff to the intersection of harm reduction and sex worker health.

READ: Opinion Piece: America Has Lost the War on Drugs: Here's What Needs to Happen Next

The New York Times published a series of [articles addressing America's overdose epidemic](#) and featured this piece detailing how the war on drugs contributed to the epidemic.

Strategy M: Improve Usability of Collected Data

Action Needed by ARIES Users

To help prepare for the launch of HIV Care Connect (HCC), the system that will replace ARIES in Fall 2023, agency managers should review and confirm the contact person on their Agency screen in ARIES. The agency contact identified for each agency will communicate with OA regarding the rollout of HCC. OA will reach out to agency contacts for assistance with tasks such as identifying and validating active user information, distributing information to agency staff, and sharing feedback from users. The contact may be any individual from the agency – a manager, an IT specialist, a technical lead, a data specialist, or another staff member. Additional information and instructions are located in the [Data System Notice No. 2](#).

Strategy N: Enhance Collaborations and Community Involvement

HOPWA Annual Action Plan Public Comment Period

A public comment period for the 2023-2024 Annual Action Plan (AAP) of multiple state housing programs, including OA's Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program, begins on March 6, 2023 and ends April 7, 2023. The [AAP will be posted](#) to <https://www.hcd.ca.gov/policy-and-research/plans-and-reports>. Comments and questions can be emailed to ConsolidatedPlan@hcd.ca.gov. Comments may also be mailed to:

**Department of Housing and
Community Development
Attn: Federal Branch
2020 W. El Camino Avenue, Suite 200
Sacramento, CA 95833**

The California Department of Housing and Community Development (HCD) is also hosting a Public Hearing Webinar on Thursday, March 16, 2023, from 2:00 – 3:30 PM. The hearing will summarize updates to the 2023-2024 AAP, provide public comment opportunity, and allow time for questions. [Register for the webinar](#) at <https://us02web.zoom.us/meeting/register/tZ0uceuvqDopE9LBMeY4p5PaSW7QEUzeEkQ->

Requests for accommodation, translation services, and for auxiliary aides and services to allow non-English speaking residents and residents with disabilities to access the meeting may be submitted by email to ConsolidatedPlan@hcd.ca.gov, or requested by phone to Chelsea Meuleman at (916) 450-3083. Please submit your requests by March 9, 2023.

Women's Health Summit

On March 12, 2023, The Sacramento Alumnae Chapter of Delta Sigma Theta Sorority,

Learning from our Legacy: Dismantling Health Inequities for Women



Join us for a 2023 Women's Health Summit!

Discussions on:

Reproductive Health Mental Health HIV Care & Prevention

Catered food, entertainment, & more!



March 12, 2023
12:30pm-4:00pm
Holiday Inn - 300 J Street
Sacramento, CA 95814
16th Floor
Sierra Conference Room

FREE Event
RSVP required. Space is limited.



Incorporated, Sacramento National Coalition of 100 Black Women, and One Community Health will host the 2023 Women's Health Summit. The summit will bring together women leaders, health experts, and advocates from California to address the critical issues of reproductive health, mental health, and HIV care and prevention. The theme for this year's summit is "Learning from Our Legacy: Dismantling Health Inequities Among Women."

The summit will provide a platform for women to share their experiences and knowledge on how to address health disparities that disproportionately affect women, particularly those in marginalized communities. Discussions will focus on reproductive health, mental health, and HIV care and prevention, as these are areas where women continue to face significant challenges.

The keynote speakers and panelists at the

summit will engage participants in discussing a range of topics, including access to healthcare, education and awareness, stigma and discrimination, policy and advocacy, and community engagement. They will share best practices, research findings, and innovative solutions to address these issues.

For logistics, please see a portion of the flyer displayed above.

Registration is now open. Interested participants can visit [the summit's event page](https://2023WomenSummit.eventbrite.com) at <https://2023WomenSummit.eventbrite.com> to learn more and register for free.

If you have any questions, please contact Keshia Lynch at klynch@onecommunityhealth.com.

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

EL DORADO COUNTY - Jan. 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Oral Health	\$24,673	\$0	\$3,598		14.6%	\$ 21,075
Health Insurance Premium & Cost Sharing Asst.	\$4,849	\$61	\$926		19.1%	\$ 3,923
Medical Case Management	\$133,000	\$9,162	\$117,808		88.6%	\$ 15,192
Medical Transportation Services	\$3,834	\$1,111	\$5,544		144.6%	\$ (1,710)
Emergency Financial Assistance	\$14,845	\$2,420	\$18,668		125.8%	\$ (3,823)
Sub-Total El Dorado Counties	\$181,201	\$12,754	\$146,545		80.9%	\$ 34,656

PLACER COUNTY - January 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
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	\$141,268	\$10,593	\$123,039		87.1%	\$ 18,229
Medical Transportation Services	\$20,891	\$770	\$17,300		82.8%	\$ 3,591
Emergency Financial Assistance	\$36,240	\$1,650	\$40,530		111.8%	\$ (4,290)
Sub-Total Placer County	\$205,597	\$13,013	\$180,869		88.0%	\$ 24,728

Missing Invoices

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

Priority Number

SACRAMENTO COUNTY - January 2023		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
1	Ambulatory/Outpatient Care	\$476,408	\$19,819	\$347,667		72.98%	\$128,741
	SS: Ambulatory/Outpatient Medical Care	\$419,010	\$19,819	\$304,337		72.63%	\$114,673
	SS: Vendor paid viral/load resistance lab test	\$57,398		\$43,330		75.49%	\$14,068
2	AIDS Pharmaceutical Assistance	Not Funded at this Time					
3	Health Insurance Prem. & Cost Sharing Asst.	\$10,821	\$0	\$6,304		58.26%	\$4,517
4	Oral Health	\$269,174	\$7,631	\$267,909		99.53%	\$1,265
5	Medical Case Management	\$1,024,117	\$95,706	\$907,023		88.57%	\$117,094
	SS: MAI	\$184,117	\$5,186	\$179,532		97.51%	\$4,585
	SS: Office Based Services inc. Pediatric Treatment Adherence	\$494,662	\$51,914	\$425,291		85.98%	\$69,371
	SS: Field/In-Home Services	\$334,000	\$37,522	\$291,874		87.39%	\$42,126
	SS: Case Mgmt. Child Care	\$11,338	\$1,085	\$10,326		91.08%	\$1,012
6	Case Management (Non-Medical)	\$45,082	\$4,140	\$42,794		94.92%	\$2,288
7	Food Bank/Home Delivered Meals	Part B Only					
8	Mental Health Services	\$464,789	\$37,440	\$430,811		92.69%	\$33,978
9	Psychosocial Support Services	Not Funded at this Time					
10	Medical Transportation Services	\$76,079	\$11,857	\$62,453		82.09%	\$13,626
11	Substance Abuse Services - Outpatient	\$159,661	\$13,219	\$157,668		98.75%	\$1,993
12	Substance Abuse Services - Residential	\$58,408	\$0	\$57,968		99.25%	\$440
13	Housing	\$15,861	\$2,565	\$8,463		53.36%	\$7,398
14	Child Care Services	\$20,000	\$1,670	\$18,423		92.12%	\$1,577
15	Emergency Financial Assistance	\$13,862	\$298	\$11,292		81.46%	\$2,570
16	Medical Nutritional Therapy	\$5,660	\$765	\$2,406		42.52%	\$3,254
17	Health Education/Risk Reduction	\$11,334	\$1,032	\$10,345		91.28%	\$988
18	Outreach Services	\$14,981	\$0	\$14,980		100.00%	\$1
19	Outreach Services MAI	Part B Only					
20	Linguistic Services	Not Funded at this Time					
21	Home & Community Based Health Services	Not Funded at this Time					
22	Home Health Care	Not Funded at this Time					
23	Hospice	Not Funded at this Time					
24	Legal Services	Not Funded at this Time					
25	Permanency Planning	Not Funded at this Time					
26	Referral for Health Care & Support Services	Not Funded at this Time					
27	Rehabilitation Services	Not Funded at this Time					
28	Respite Care	Not Funded at this Time					
29	ADAP	Not Funded at this Time					
30	Early Intervention Services	Not Funded at this Time					
Sub-Total Sacramento County		\$2,666,237	\$196,142	\$2,346,506		88.01%	\$319,731
Sub-Total TGA Direct Service Expenditures		\$3,053,035	\$221,910	\$2,673,919		87.58%	\$379,115

Recipient - Grantee Admin	\$351,840		\$277,616		78.90%	\$74,224
Recipient - Quality Mgmt	\$175,919		\$93,191		52.97%	\$82,728
Grand- Total Direct Services, Recipient	\$3,580,794	\$221,910	\$3,044,726		85.03%	\$536,067

Missing Invoices		January	
Recipient Bills Quarterly January: Oral health	Under 5%		0-86%
	Within 5%		87-97%
	Over 5%		98% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$2,806,518	\$216,724	\$2,494,388		88.88%	\$312,130
Part A MAI	\$184,117	\$5,186	\$179,532		97.51%	\$4,585

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative
Core Services (Does not include MAI MCM)	\$2,537,501	\$189,211	\$2,185,628	88.4%	87.3%	87.6%
Support Services	\$331,417	\$27,514	\$308,760	11.6%	12.7%	12.4%

Priority Number

YOLO COUNTY - January 2023						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Oral Health	\$7,500	\$0	\$0		0.0%	\$ 7,500
Medical Case Management	\$110,769	\$7,458	\$70,701		63.8%	\$ 40,067
Medical Transportation Services	\$3,094	\$508	\$1,965		63.5%	\$ 1,129
Emergency Financial Assistance	\$1,002	\$342	\$343		34.2%	\$ 659
Food Bank/Home Delivered Meals	\$5,465	\$651	\$4,275		78.2%	\$ 1,190
Sub-Total Yolo County	\$127,829	\$8,958	\$77,285		60.5%	\$ 50,545

Missing Invoices			Under 5%		0-86%
None			Within 5%		87-97%
			Over 5%		98% - Over

SACRAMENTO COUNTY - January 2023						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$442,130	\$44,905	\$396,963		89.78%	\$45,167
SS: Ambulatory/Outpatient Medical Care	442,130	44,905	396,963		89.78%	45,167
SS: Vendor paid viral load resistance lab test						
AIDS Pharmaceutical Assistance						
Health Insurance Premium & Cost Sharing Asst.						
Oral Health	\$253,097	\$19,532	\$236,365		93.39%	\$16,732
Medical Case Management	\$57,326	\$4,422	\$47,500		82.86%	\$9,826
SS: MAI - Part A Only						
Adherence						
SS: Field/In-Home Services	\$57,326	\$4,422	\$47,500		82.86%	\$9,826
SS: Case Mgmt Child Care						
Case Management (Non-Medical)	\$73,876	\$6,881	\$67,310		91.11%	\$6,565
Food Bank - Part B Only	\$11,982	\$0	\$13,049		108.90%	-\$1,067
Mental Health Service	\$90,247	\$10,302	\$75,523		83.68%	\$14,724
Psychosocial Support Services						
Medical Transportation Services	\$117,991	\$2,410	\$124,960		105.91%	-\$6,969
Substance Abuse Services - Outpatient						
Substance Abuse Services - Residential						
Housing	\$15,340	\$0	\$15,304		99.77%	\$36
Child Care Services						
Emergency Financial Assistance						
Medical Nutritional Therapy	\$9,701	\$0	\$9,701		100.00%	\$0
Health Education/Risk Reduction	\$25,300	\$536	\$24,676		97.53%	\$624
Outreach Services						
Outreach Services MAI Part B Only	\$43,569	\$1,913	\$19,051		43.73%	\$24,518
Linguistic Services	Not Funded at this Time					
Home & Community Based Health Services	Not Funded at this Time					
Home Health Care	Not Funded at this Time					
Hospice	Not Funded at this Time					
Legal Services	Not Funded at this Time					
Permanency Planning	Not Funded at this Time					
Referral for Health Care & Support Services	Not Funded at this Time					
Rehabilitation Services	Not Funded at this Time					
Respite Care	Not Funded at this Time					
ADAP	Not Funded at this Time					
Early Intervention Services	Not Funded at this Time					
Sub-Total Sacramento County	\$1,140,559	\$90,901	\$1,030,403		90.34%	\$110,156
Sub-Total TGA Direct Service Expenditures	\$1,268,388	\$99,859	\$1,107,688		87.33%	\$160,700

Recipient - Grantee Admin	\$131,841	\$0	\$93,760		71.12%	\$38,081
Recipient - Quality Mgmt	\$63,853	\$0	\$44,727		70.05%	\$19,126
Grand- Total Direct Services, Recipient	\$1,464,082	\$99,859	\$1,246,175		85.12%	\$217,908

Missing Invoices			January		
Recipient bills quarterly			Under 5%		0-86%
January MAI Outreach			Within 5%		87-97%
			Over 5%		98% - Over
			Underspending		
			On Target		
			Overspending		

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part B	\$1,224,819	\$97,946	\$1,088,637		88.88%	\$136,183
Part B MAI Outreach	\$43,569	\$1,913	\$19,051		43.73%	\$24,518

SACRAMENTO TGA PLANNING COUNCIL ASSESSMENT TOOL

Following is a summary of the rating scale for assessing the effectiveness with which the Planning Council conducts business and performs its mandated responsibilities. The assessment will determine the proportion of standards met and exceeded, the proportion of standards met at minimum, and the proportion of standards not met for each rating category, as well as an overall assessment that accounts for all standards, across all rating categories.

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?” Planning Council compliance with each standard is assessed using the following rating scale:

Rating	Compliance Measure	Description of Rating
COM	<i>Completed: 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. Use a rating of ‘+’ if you believe the Council has met or exceeded in this area.</i>
IP	<i>In Progress: Standard Met at Minimum</i>	<i>The intent of the standard is primarily met, but the processes could still be improved. Recommendations could be provided. Use a rating of ‘√’ if you believe the Council has met the standard at a minimum.</i>
ND	<i>Not Done: 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. Providing a rating of ‘-’ will indicate the Standard was Not Met and help the Council develop future training needs.</i>
NA	<i>Not Applicable: Unaware if Standard Met</i>	<i>Members may not be familiar with all activities or functions of the Council. If the reviewer is not confident in how well a standard was addressed, the standard should be rated with this measure. Providing a rating of ‘?’ will also help the Planning Council in future development of training calendars.</i>

In addition to providing quantitative ratings described above, members are encouraged to include comments that detail or explain ratings, or that offers suggestions for improvement. When preparing comments, members might want to consider 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?” For the purpose of ongoing improvement, the most productive comments are ones that identify (a) strengths, (b) weaknesses, (c) external factors, and (d) comments/recommendations for improvement for each rating standard or category.

Key: ‘+’ = Complete; ‘√’ = Standard Met at Minimum; ‘-’ = Standard Not Met; ‘?’ = Not Applicable/Unsure

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
1	Needs Assessment	1. Council utilizes epidemiological profiles in its needs assessment.					
		2. Council assesses service needs of infected and affected populations.					
		3. Council develops a profile of provider capacity/capability.					
		4. Council assesses gaps in service.					
		5. Council identifies and assesses barriers to service delivery and access.					
		6. Appropriate individuals were used to design and implement the needs assessment.					
		7. PLWH are involved in designing, developing, and conducting the needs assessment.					
		8. Needs Assessment was scheduled and completed on a timeline allowing it to be utilized by the Priorities and Allocations Committee.					
		9. Needs Assessment data was collected through surveys, interviews, and focus groups.					
		10. Needs assessment collected data through appropriate sample populations.					
		11. Council used needs assessment findings to project future needs.					

Key: '+' = Complete; '√' = Standard Met at Minimum; '-' = Standard Not Met; '?' = Not Applicable/Unsure

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
2	Comprehensive Planning	1. Comprehensive Plan outlines “where are we now; where should we be going; how will we get there; and, how will we monitor our progress.”					
		2. Comprehensive Plan clearly states the Council’s guiding principles (shared values) and vision.					
		3. Comprehensive Plan sets goals and timeframes for achievement of goals.					
		4. Planning Council monitors and routinely reports on progress towards Comprehensive Plan goals.					
		5. A variety of stakeholders were included in the comprehensive planning efforts.					
		6. The Comprehensive Plan references and speaks to findings from a variety of inputs, including the needs assessment, epidemiological trends, and non-Ryan White service providers/funders.					
		7. Comprehensive Plan accounts for projections in future trends of consumers, needs, legislation, and funding.					
		8. The Comprehensive Plan clearly outlines the continuum of care available in the region.					
		9. The Comprehensive Plan identifies linking mechanisms for the continuum of care.					

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
3	Priority Setting and Resource Allocation	1. A diverse set of stakeholders, including consumers, providers, and affected communities, are utilized in the priority setting and resource allocation processes.					
		2. Opportunities for input into the priority setting and resource allocation processes were well publicized.					
		3. Planning Council reviews a variety of data, including findings from needs assessment, comprehensive plan, utilization figures, outcome measures, costs, and availability of other funding, prior to setting priorities and allocations.					
		4. PAC receives training on priority setting and resource allocation processes prior to initiation of processes.					
		5. Priority setting and allocation decisions are well justified by data and documentation reviewed.					
		6. Conflict of interest is enforced during priority setting and resource allocation processes.					
		7. Multiple allocation scenarios are developed to account for various award decisions.					
		8. Planning Council specifies how priorities could be best addressed through directives to the Fiscal Agent.					
		9. Utilization and expenditures are reviewed mid-year, and funds are reallocated as needed.					

Key: '+' = Complete; '√' = Standard Met at Minimum; '-' = Standard Not Met; '?' = Not Applicable/Unsure

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
4	Governing Structure	1. The Planning Council operates by an established, published governing structure.					
		2. The established organizational structure allows the Planning Council to efficiently and effectively conduct business.					
		3. Planning council establishes clear policies and procedures for all routine or recurring tasks.					
		4. Established policies and procedures are adhered to in carrying out all tasks of the Planning Council.					
		5. Planning Council ensures that all bylaws, policies, and procedures are coordinated with one another, and compatible with all legislative mandates.					
		6. The Planning Council proactively anticipates issues in need of standardized policies.					
		7. The Planning Council modifies its governing structure in response to changing mandates or responsibilities.					

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
5	Reflectiveness	1. Planning Council receives regular updates on membership and Reflectiveness status.					
		2. Planning Council sets and implements plans for reaching and engaging affected and underserved communities.					
		3. Planning Council is reflective of the epidemic, and has all mandated seats filled on a continuous basis.					
		4. Timelines for reaching compliance with Reflectiveness mandates are established in the event that Council falls out of compliance.					
		5. The Planning Council has a pool of alternate members on a continuous basis.					

Key: ‘+’ = Complete; ‘√’ = Standard Met at Minimum; ‘-’ = Standard Not Met; ‘?’ = Not Applicable/Unsure

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
6	Administrative Assessment	1. Planning Council assesses the effectiveness and efficiency of administrative mechanisms on an annual basis.					
		2. The annual assessment is completed and findings reported to the full Planning Council, HRSA, and the TGA's Chief Elected Official within timeframes established by HRSA.					
		3. The administrative assessment is completed in accordance with a set of predetermined standards agreed to by both the Planning Council and the Fiscal Agent.					
		4. The annual assessment includes recommendations for continuous quality improvement, which are included in an annual plan of correction.					
		5. The Planning Council monitors progress on the plan of correction on a year-round basis.					
		6. The administrative assessment panel receives training on the assessment process prior to conducting the assessment.					

Key: '+' = Complete; '√' = Standard Met at Minimum; '-' = Standard Not Met; '?' = Not Applicable/Unsure

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress (Date accomplished noted in parenthesis)				Comments
			COM +	IP √	ND -	NA ?	
7	Performance	1. Members come prepared to meetings having reviewed all meeting materials in advance of meetings.					
		2. Members participate on committees					
		3. Members attend meetings regularly and stay for the duration of meetings.					
		4. Planning Council prepares and adheres to annual work plans.					
		5. Information requests are prepared and provided to Council staff and Fiscal Agent in a timely manner.					
		6. Planning Council members treat Fiscal Agent staff, Council staff, and one another with respect.					
		7. Planning Council is proactive in its efforts to collaborate with other health and human service systems, programs, and providers.					
		8. Planning Council is proactive in identifying and addressing emerging issues that may impact how services are provided to PLWH/A.					

Key: ‘+’ = Complete; ‘√’ = Standard Met at Minimum; ‘-’ = Standard Not Met; ‘?’ = Not Applicable/Unsure

HIV Health Services Planning Council - Planning Council Assessment Tool

I am a member or regular participant of the following:

___ Planning Council

___ Governance Committee

___ Administrative Assessment Committee

___ Needs Assessment Committee

___ Affected Communities Committee

___ Priorities and Allocations Committee

___ Executive Committee

___ Quality Assurance Committee

Additional Comments:	