

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

Meeting Agenda

April 26, 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, Introductions, & Housekeeping	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments-Agenda Items-3 Minute Time Limit	All	
April 2023 Agenda*	Benavidez	
Minutes of March 2023*	Benavidez	
State Office of AIDS April 2023 Update	Pulupa	
Mechanics of the Planning Council Presentation	Gammell	

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CPG/HIV/STI Prevention Updates	All	As Needed
Recipient Report: <ul style="list-style-type: none"> ➤ FY22 Feb. Part A Monthly Fiscal Report* ➤ FY22 Feb. Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update 	Gammell	
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"> ➤ ACC Overview* ➤ FY23 ACC Workplan ➤ Reflectiveness ➤ Priorities and Allocations <ul style="list-style-type: none"> ➤ FY23 Re-Allocations* ➤ PAC Overview* ➤ FY23 PAC Workplan ➤ FY23 General Directives* ➤ FY23 Service Directives* ➤ Executive Committee <ul style="list-style-type: none"> ➤ Attendance ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ QAC Overview* ➤ FY23 QAC Workplan ➤ Needs Assessment Committee <ul style="list-style-type: none"> ➤ NAC Overview* ➤ FY23 NAC Workplan ➤ Governance 	Willett Zach B. Bradley-Rowe Benavidez Kendricks-Clark Miranda Ungeheuer	
Self-Assessment Findings	Caravella	
Binder Updates	Caravella	
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

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Attachments:

- Minutes of March 2023*
- April 2023 OA Voice Update
- FY22 February Part A Monthly Fiscal Report*
- FY22 February Part B Monthly Fiscal Report
- ACC Overview*
- FY23 ACC Workplan
- FY23 Re-allocations Memo
- PAC Memo*
- PAC Overview*
- FY23 PAC Workplan
- FY23 General Directives*
- FY23 Service Directives*
- QAC Overview*
- FY23 QAC Workplan
- NAC Overview*
- FY23 NAC Workplan
- Self-Assessment Findings

NEXT MEETING: May 24, 2023

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

March 22nd, 2023
10 am-12 pm

**Meeting Location: 4600 Broadway, Sacramento, CA
95820, Community Room 2020**

Facilitator: Richard Benavidez, Council Chair

Scribe: Danielle Caravella, County Staff

Council Member Attendees: Christopher Kendrick- Stafford, Dennis Poupart, Jake Bradley- Rowe, Kane Ortega, Kaye Pulupa, Kelly Gluckman, Keshia Lynch, Kristina Kendricks-Clark, Melissa Willett, Richard Benavidez, Ronnie Miranda, Tracy Thomas, and Zach B.

Members Excused: David Contreras, Chelle Gossett, Josh Kooman, Judy Vang, Michael Ungeheuer, and Steve Austin

Members Absent: Beth Valentine, Melody Law, and Minerva Reid

Guests: Zach Reau-Gilead, Alan Lange- Valley Vision, Angelina Olweny- Valley Vision, LeRoy Blea- CDPH, and Jenna Koontz-CDPH

Topic	Minutes
Welcome, Introductions, and Announcements	<p>The meeting began at 10:01 a.m.</p> <p>Alan Lange and Angelina Olweny from Valley Vision introduced themselves as the new individuals who will be taking over staffing the Planning Council. Alan previously staffed the Council in the past and their organization is a local non-profit with a focus on building coalitions and being data informed. They look forward to working with County Staff and Planning Council members for a smooth transition.</p> <p>Richard Benavidez announced that annual acknowledgments should be completed and that Danielle will reach out to anyone who is missing theirs. He asks that all participants be courteous and respectful. There is to be no texting between members and if you need to take a phone call, please step outside. He is glad to be back in person with everyone after almost 3 years.</p> <p>Jake Bradley-Rowe announced that Sunburst Projects will be hosting an Open House on April 12th from 5-7 pm to celebrate the expansion of their office. They will also be hosting their annual golf tournament on May 13th, for more information please visit https://sunburstprojects.org/.</p>
Public Comments-Agenda Items	No public comments were made.
March 2023 Agenda*	Kane Ortega motioned to accept the March 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 12.
Minutes of February 2023*	Dennis Poupart motioned to accept the Minutes of the February 2023 meeting as presented and was seconded by Kane Ortega. The motion passed with a majority. Please see the meeting roll call voting on page 12.

State Office of AIDS (OA) March 2023 Update

Kaye Pulupa presented the March 2023 OA Voice updates.

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

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 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 the 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/>), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

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. They will be releasing a Request for Application (RFA) (#23-10079) later in March. The RFA will be posted on their website at https://www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx

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

The number of ADAP clients enrolled in an ADAP Insurance Program is on

page 5.

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 opioid use disorder. **Please share widely.**

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.

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 on 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.

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/tZ0uceuvqDopE9LBMeY4p5Pa>

	<p>SW7QEUzeEkQ-</p> <p>Women's Health Summit</p> <p>On March 12, 2023, The Sacramento Alumnae Chapter of Delta Sigma Theta Sorority, 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." Registration is now open. Interested participants can visit the summit's event page 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.</p> <p>For questions regarding this issue of <i>The OA Voice</i>, please send an e-mail to angelique.skinner@cdph.ca.gov.</p> <p>Members inquired if there is a distribution list they can get on to receive the OA Voice directly when it is released. Paula will follow up on adding Council Members to the distribution list. A comment was made that MAT is more commonly used than MOUD. Kaye informed members that she would follow up on the use of this language.</p>
<p>Presentation on CA Statewide Integrated Strategic Plan</p>	<p>LeRoy Blea from the California Department of Public Health presented "CA Statewide Integrated Strategic Plan: Addressing HIV, HCV, and STIs: Process Update"</p> <p>After completion of the presentation participants would be updated on:</p> <ul style="list-style-type: none"> • CA Integrated Strategic Plan Process and Progress • Community Engagement

	<ul style="list-style-type: none"> • The Implementation Blueprint • Strengths and Challenges • Ways to get Involved
CPG/HIV/STI Prevention Updates	<p>California Planning Group – Richard Benavidez shared that CPG will be having its first in-person meeting in May in southern CA with a big focus on the aging population.</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 January Part A Monthly Fiscal Report* ➤ FY22 January Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update 	<p>FY22 January Part A Monthly Fiscal Report* Paula Gammell presented a copy of the FY22 Part A January Monthly Fiscal Report for review and approval. El Dorado County spent 80.9%% of its annual allocations and Placer spent 88%. Sacramento spent 88% with an overall expenditure of 87.6% for the Transitional Grant Area (TGA).</p> <p>Paula highlighted that this report does include Reallocation changes. The Recipient is not anticipating being over the 5% allowed for unspent funds. Jake Bradley-Rowe motioned to accept the report as presented, and Zach B. seconded the motion. The motion passed with a majority. Please see the meeting roll call voting on page 12.</p> <p>FY22 January 2022 Part B Monthly Fiscal Report Paula Gammell presented a copy of the FY22 Part B January Monthly Fiscal Report for review. Yolo County spent 60.5% of its allocations. Sacramento spent 90.3% with an overall expenditure of 87.3% 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 as well as trying out new</p>

<p>➤ HRSA Part A Ending the Epidemic Update</p>	<p>locations to reach our unhoused populations. Some side fundraising was done to provide pet supplies to unhoused/unstably housed individuals to build trust and rapport in the communities the mobile unit is serving. As well, there is also a plan in the works to provide mobile showers to these communities. LeRoy Blea gave a great presentation on what is happening at the State Office of AIDS regarding Ending the HIV Epidemic.</p> <p>HRSA Part A Ending the Epidemic Update The Sexual Health Clinic has on-boarded new providers and is providing HIV services 5 days a week. The clinic is in the process of trying to secure additional Infectious Disease doctors in conjunction with UCD. The clinic provides an incentivized HIV Clinic program for those most in need of services and support.</p>
<p>Committee Updates</p> <p>➤ Reflectiveness</p>	<p>Administrative Assessment Committee: The next meeting will be on June 15th, 2023 for the FY22 year-end assessment. You must be a seated Council Member to participate and are required to sign a confidentiality agreement. There will be a training for participants.</p> <p>Affected Communities Committee: Zach B. advised that ACC did meet this month. ACC reported they had a successful 2nd community outreach event with over 30 registered and 20 participants in attendance. The topics for this event focused on HIV among Black/African Americans as well as Women and Girls. The next event will be held on May 15th and will be focused on youth aged 30 and under. Tracy Thomas commended Zach B., the chair of ACC on the community presentations. Richard Benavidez commented on how beneficial he found the presentations and that they helped educate him on some misconceptions he had.</p> <p>ACC has changed its meeting frequency schedule to meet on the even months of the year. So the months of February, April, June, August, October, and December.</p> <p>The way Council Reflectiveness is calculated has been updated. Previously</p>

HRSA was not as specific with how reflectiveness needed to be calculated, but they have highlighted it in the new contract this year. To be counted for reflectiveness a member needs to be a non-aligned consumer who is receiving Part A services. Moving forward this will be a part of screening new members for the council but will not affect recruitment moving forward. There are currently open seats for Affected Community Members designated as Parole and Native American. There was a concern about the 20 vacancies on the Council including the 9 open alternate seats. It was explained that the seats were created over 20 years ago and that there has never been a full roster. But that there is a continued effort to fill as many seats as possible and that membership recruitment is being conducted at the community presentations. There are currently 2 new individuals interested in joining the Council and 1 was recruited from these presentations. There was also a comment by Kane Ortega about how there is a lot required of volunteers to serve as a council member, such as all the required paperwork and time. And that volunteers do not get anything out of it and that he participates for the Affected Community to have a voice. With these new changes, reflectiveness is currently at 30.4% but two new members are soon to be appointed who are not consumers and thus reflectiveness will go down. The Recipient has addressed this with their project officer and is working with them on this.

Zach B. highlighted that there is a standing agenda item at ACC for service concerns and that the meeting is open to the community for anyone to voice those concerns.

Priorities and Allocations: Jake Bradley-Rowe shared that PAC did not meet this month as there were scheduling conflicts. There are things that PAC needs to consider so they will be meeting on April 5th. Due to responses to the RFP, PAC needs to consider doing a Re-Allocation. No one applied for Health Education/Risk Reduction but there is money allocated to that service. As well, more providers applied for Non-Medical Case Management than in previous years, and funding for that service should be revisited. A memo from PAC will be sent to the Council on what is

	<p>discussed.</p> <p>Executive Committee: Richard Benavidez shared that the Executive Committee will next meet on April 13th and that Valley Vision will join to discuss the next steps moving forward.</p> <p>Quality Advisory Committee: Kristina Kendricks-Clark shared that QAC met last month and they updated their Overview and Work Plan for FY23. There was a 17% return rate for the postcard surveys and the results will be ready to be shared at their June meeting. The return rate is about 10% higher than in the past few years. This may be in part to more patients receiving services in person again, as well as sending the postcards out earlier this year. Also due to the hard work from agencies to make sure they were distributing the cards to clients.</p> <p>Needs Assessment Committee: Ronnie Miranda shared that NAC did meet last month and they updated their Overview and Work Plan for FY23. There were 191 needs assessments submitted to Lili, the county's consultant who analyzes the data and writes the report. A draft has been submitted to the County staff and is currently being reviewed. There were some changes made to the format of the survey this year which may have helped increase the response rate. As the large report is to be conducted every three years there is an idea to conduct focus groups for follow up such as surrounding housing in FY23. A big thank you to all of the providers that helped get these completed.</p> <p>Governance: Nothing to report.</p>
Planning Council Assessment	Richard Benavidez asked Council members to please complete their Planning Council Assessments as they are an important way to get honest feedback on how the Council is doing. The surveys are anonymous.
Binder Updates	Danielle Caravella shared that as we are now in FY23 many binder updates will be coming as many items will be updated.

Public Comments-Non-Agenda Items	Paula Gammell shared that there is mileage reimbursement available for Affected Community Members to help them in getting to and from the meetings. Please reach out to Paula if you are interested.
Technical Assistance	Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.
Adjournment	The meeting adjourned at 11:57 AM Next meeting: April 26th, 2023

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

Meeting Date: 3/22/2023

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

Meeting Date: 3/22/2023

Guests:	Signature	Agency/Affiliation
Erich Rean		Gilead
Alan L. Gayle		Valley Vision
Angelina Olvera		Valley Vision
LeRox Bleda		CDPH
Jenna Koonitz		CDPH

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

Meeting Date: 03/22/2023

	Agenda			Minutes			22 Jan Part A Monthly Rej					
Seated Members	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain
Beth Valentine												
Chelle Gossett												
Christopher Kendrick Stafford	X			X			X					
David Contreras												
Dennis Poupart	X			X			X					
Jake Bradley-Rowe	X			X			X					
Joshua Kooman												
Judy Vang												
Kaye Pulupa			X			X			X			
Kane Ortega	X			X			X					
Kelly Gluckman	X			X			X					
Keshia Lynch									X			
Kristina Kendricks-Clark	X			X			X					
Melissa Willett	X			X			X					
Melody Law												
Michael Ungeheuer												
Minerva Reid												
Richard Benavidez	X			X			X					
Ronnie Miranda	X			X			X					
Shy Brown	X			X			X					
Steve Austin												
Tracy Thomas				X			X					
Zachary B.	X			X			X					

Motion	Kane Ortega	Dennis Poupart	Jake Bradley-Rowe	
Second	Kristina Kendricks-Clark	Kane Ortega	Zach B.	

Amended Motion				
Amended Second				

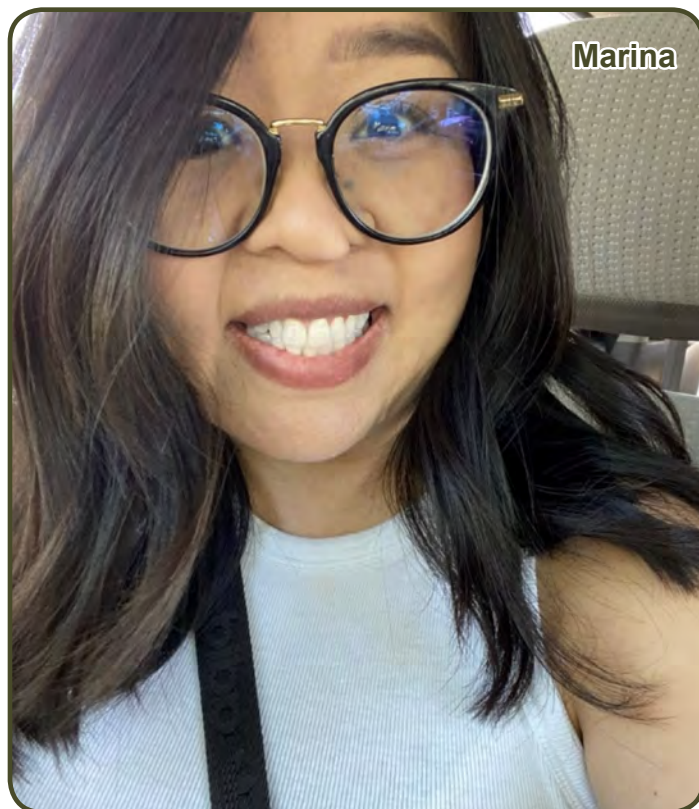
- HIV Awareness
- General Updates
- Strategic Plan
- Strategy A
- Strategy B
- Strategy J
- Strategy K

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](#) is available on the Office of AIDS' (OA) website.

STAFF HIGHLIGHT

Congratulations to **Marina Chinn**, our new Quality Assurance and Training Coordinator/ Associate Governmental Program Analyst (AGPA) within the AIDS Drugs Assistance Program (ADAP) Branch's Quality Assurance and Training (QAT) Unit. Marina has been a Contracts Manager/AGPA for the Program Integrity and Operations Section/Contracts and Grants Unit of the ADAP Branch for the last three years. During this time, she oversaw the contracting of ADAP and Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Enrollment sites, Clinical Provider sites, and processed scopes of work, budgets, exhibits, and invoices. She has also led the ADAP Team Building Workgroup for the past two years, helping to organize team building events and initiatives for ADAP staff. Prior to joining ADAP, Marina spent 16 years in the education sector, including five years as a Safety Committee Member and Safety Coordinator for the CA Montessori Project, where she created annual trainings for new and existing staff, assisted in training both staff and students, and coordinated staff meetings. This work eventually led Marina to the start of her State service with Department of Education as a Contracts Analyst, before she found her home in ADAP, where she is able to combine her love of training with the deeply meaningful mission of the OA.

In her free time, Marina enjoys crafting, creating



Marina

custom keychains and silverware through metal stamping, and loves to bake cookies and bread!

COMMUNITY PARTNER SPOTLIGHT

Rachel Anderson, co-founder of SANE, one of California's longest running syringe services programs (SSPs) passed away recently. Rachel was an executive director, researcher, trainer, and a voice for people who use drugs



and their vital roles as leaders of California's harm reduction and health justice movements.

While working in HIV research at UC Davis in the early '90s, Rachel saw the need for a syringe exchange program in Sacramento and launched the Sacramento Area Needle Exchange (SANE, now called Safer Alternatives through Networking and Education) in 1993. She boldly navigated a hostile law enforcement climate, finally receiving legal authorization from the City of Sacramento after more than 15 years of frontline, "underground" work.

Rachel's philosophy of empowerment for people who use drugs had a profound influence on policy throughout the entire state. She spent many hours with the OA Community HIV Planning Group, helping to write the guidance OA uses for funding SSPs, as well as the regulations in CA law. Her work on the California Syringe Exchange Programs (CASEP) research study in the early 2000s laid the groundwork for passage of laws that over the past 20 years have legalized syringe exchange, permitted possession of syringes for personal use, and allowed state funds to be used to support syringe services programs. OA extends our condolences

to Rachel's many loved ones, colleagues and mentees, and our gratitude for her many contributions to our collective work.

HIV AWARENESS

April 10th is National Youth HIV/AIDS Awareness Day (NYHAAD). HIV education is paramount to awareness and prevention. NYHAAD is meant to raise awareness and help promote conversations about the impact of HIV on young people. Engaging in such conversations provides increased knowledge of HIV prevention techniques, helps one develop and maintain safe behaviors, in addition to helping reduce stigma against those living with HIV.

California Department of Public Health (CDPH) is committed to ensuring its youth have access to information, prevention and treatment services. For more information visit the [OA Youth Community Health in California](#) webpage.

GENERAL 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](#) 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](#) to stay informed.

Update: [Spanish mpox digital assets](#) are now available for LHJs and CBOs.

➤ Racial Justice and Health Equity

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

Please refer to the [OA website](#) to stay informed.



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 in April as we prepare to release our phase-2 *Implementation Blueprint*, the accompanying document to our plan. The activities in this customizable *Implementation Blueprint* were the result of community input from across all regions of California and they help us drill down into specific goals under our 30 strategies organized over 6 social determinants of health: racial equity, health access for all, housing first, mental health and substance use, economic justice, and stigma free. Once we release the final document, we will host a series of webinars that will help local health jurisdictions customize this plan for their communities.

The [URL below documents our work](#), including the phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions:

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

Thank you for engaging with this strategic planning process and helping us make it better.

In addition, we'd like to thank the Sacramento HIV Health Services Planning Council, who hosted a Strategic Plan and Implementation Blueprint discussion during their March HIV Health Services Planning Council meeting!

➤ Ending the HIV Epidemic (EHE)

We appreciate the ongoing work of the six counties funded through the EHE Initiative: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. As a group the counties have expanded routine opt out and focused testing, home delivered HIV/HCV/STI integrated testing, enhanced status-neutral linkages to care and prevention services and implemented special intervention-pilots focused on EHE priority populations at intersections of mental health, substance use and housing security. OA wishes to applaud their efforts and progress made in the most difficult of circumstances. Common to their work in March has been their efforts to launch EHE-focused social media campaigns.

OA has selected Peregrine Media, a contractor with national expertise that has worked with Emory University and the Center for Disease Control and Prevention (CDC), on social media implementation and metrics. Peregrine Media is providing services to the six California Consortium Phase I Counties to implement tailored social media campaigns, utilizing the CDC's "Let's Stop HIV Together" media campaign materials. Information on the outcomes of these campaigns will be reported in future editions of the *OA Voice*.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of March 29, 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 5 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.

In February, 326 individuals in 36 counties ordered self-test kits, with 255 individuals ordering 2 tests. Most individuals ordering tests identify as cisgender men (80.6% of those sharing gender) and Hispanic/Latinx (47.1% of those sharing race or ethnicity). Twenty-one (6.4%) orders came in through the Spanish language portal. One-quarter of participants reported never having tested for HIV before (25.8%); another third had not tested for HIV in

at least one year (36.2%). 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 30 months, between September 1, 2020, and February 28, 2023, 4955 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 158 (72.8%) of the 217 total tests distributed.

Of individuals ordering a test in February, 40.0% reported never before receiving an HIV test, and 48.39% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 40.7% were Hispanic/Latinx, and of those reporting sexual history, 40.1% indicated 3 or more partners in the past 12 months. To date, 546 recipients have completed an anonymous follow up survey, with 94.7% 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 (72.2%) or having had more than one sex partner in the past 12 months (63.7%).

OA has published an [infographic](#) describing the implementation of BHOC TMH in California.

STRATEGY J

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

As of March 29, 2023, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the chart at the top of page 6.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	247	7%	---	---	---	---	27	1%	274	8%
25 - 34	1,063	31%	1	0%	1	0%	254	7%	1,319	39%
35 - 44	836	25%	---	---	2	0%	178	5%	1,016	30%
45 - 64	450	13%	1	0%	20	1%	104	3%	575	17%
65+	21	1%	---	---	184	5%	10	0%	215	6%
TOTAL	2,617	77%	2	0%	207	6%	573	17%	3,399	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	150	4%	---	---	37	1%	9	0%	1	0%	52	2%	4	0%	21	1%	274	8%
25 - 34	768	23%	---	---	118	3%	84	2%	2	0%	269	8%	10	0%	68	2%	1,319	39%
35 - 44	650	19%	3	0%	81	2%	39	1%	1	0%	198	6%	6	0%	38	1%	1,016	30%
45 - 64	378	11%	2	0%	28	1%	15	0%	---	---	137	4%	---	---	15	0%	575	17%
65+	21	1%	1	0%	3	0%	4	0%	---	---	181	5%	---	---	5	0%	215	6%
TOTAL	1,967	58%	6	0%	267	8%	151	4%	4	0%	837	25%	20	1%	147	4%	3,399	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	173	5%	---	---	4	0%	9	0%	---	---	14	0%	---	---	1	0%	201	6%
Male	1,609	47%	6	0%	245	7%	140	4%	4	0%	802	24%	17	1%	129	4%	2,952	87%
Trans	169	5%	---	---	17	1%	2	0%	---	---	13	0%	1	0%	4	0%	206	6%
Unknown	16	0%	---	---	1	0%	---	---	---	---	8	0%	2	0%	13	0%	40	1%
TOTAL	1,967	58%	6	0%	267	8%	151	4%	4	0%	837	25%	20	1%	147	4%	3,399	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: 03/31/2023 at 12:01:17 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from February
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	484	- 1.02%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,786	- 2.29%
Medicare Part D Premium Payment (MDPP) Program	1,281	- 14.77%
Total	7,551	- 3.13%

Source: ADAP Enrollment System

STRATEGY K

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

➤ SAVE THE DATE! 2023 Harm Reduction Showcase in San Jose

Join the Santa Clara Department of Public Health, May 4th for an opportunity to learn about their harm reduction services and how local service providers can integrate harm reduction principles and practices into their work. E-mail, harmreduction@phd.sccgov.org for [additional information](#).

[Learn more about their program](#) at <https://publichealth.sccgov.org/services/harm-reduction-program>.

➤ End of the X-Waiver: A New Frontier in Addiction Treatment

Wednesday, April 19 | 10:00 am -11:00 pm PT
The recent elimination of the X-Waiver, a requirement that involved additional training for clinicians to prescribe medication for opioid use disorder (MOUD), presents new opportunities for expanding MOUD. Join the [National Overdose Prevention Network](#) (NOPN) for a conversation breaking down the change, what it means

for providers, and steps to take to get more clinicians to prescribe addiction treatment in your community.

[Register](https://nopn.org/webinars/end-of-the-x-waiver-a-new-frontier-in-addiction-treatment) at <https://nopn.org/webinars/end-of-the-x-waiver-a-new-frontier-in-addiction-treatment>

➤ PrEP for People Who Inject Drugs (PWUD): New On-Demand e-Learning Module

[Health HIV](#) released a learning module that aims to educate and motivate clinicians and other providers working in substance use disorder (SUD) centers to increase their clients' awareness of and access to PrEP and counsel PWUD regarding HIV prevention, including PrEP options and comprehensive harm reduction. This module is intended for addiction center clinical staff (MDs, NPs, PAs, RNs), counselors, social workers, case managers, peer educators, peer advocates, medical assistants, and nonclinical office staff.

[Register](https://healthhiv.org/training/bridgeprep/?eType=EmailBlastContent&eld=f77ede37-f397-4b76-a2a2-6004ded9a204) at <https://healthhiv.org/training/bridgeprep/?eType=EmailBlastContent&eld=f77ede37-f397-4b76-a2a2-6004ded9a204>

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

Part A Only

March 1, 2022 - February 28, 2023

EL DORADO COUNTY - Feb. 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	\$4,849	\$0	\$926		19.1%	\$ 3,923
Medical Case Management	\$133,000	\$12,986	\$130,794		98.3%	\$ 2,206
Medical Transportation Services	\$3,834	\$0	\$5,544		144.6%	\$ (1,710)
Emergency Financial Assistance	\$14,845	\$0	\$18,822		126.8%	\$ (3,977)
Sub-Total El Dorado Counties	\$181,201	\$12,986	\$159,685		88.1%	\$ 21,516

PLACER COUNTY - February 2023	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Oral Health	\$2,329	\$2,530	\$2,530		108.6%	\$ (201)
Health Insurance Premium & Cost Sharing	\$4,869	\$77	\$114		2.3%	\$ 4,755
Medical Case Management	\$141,268	\$13,195	\$136,234		96.4%	\$ 5,034
Medical Transportation Services	\$20,891	\$1,788	\$19,087		91.4%	\$ 1,804
Emergency Financial Assistance	\$36,240	\$0	\$40,295		111.2%	\$ (4,055)
Sub-Total Placer County	\$205,597	\$17,590	\$198,260		96.4%	\$ 7,337

Missing Invoices
Transportation, Emergency Financial Assistance, and Oral Health

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

Part A Only

March 1, 2022 - February 28, 2023

Priority Number

SACRAMENTO COUNTY - February 2023 Service Category		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$476,408	\$19,967	\$367,634		77.17%	\$108,774
	SS: Ambulatory/Outpatient Medical Care	\$419,010	\$19,967	\$324,304		77.40%	\$94,706
	SS: Vendor paid viral/load resistance lab test	\$57,398	\$0	\$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	\$0	\$269,174		100.00%	\$0
5	Medical Case Management	\$1,024,117	\$76,353	\$983,376		96.02%	\$40,741
	SS: MAI	\$184,117	\$4,585	\$184,117		100.00%	\$0
	SS: Office Based Services inc. Pediatric Treatment Adherence	\$494,662	\$63,172	\$488,462		98.75%	\$6,200
	SS: Field/In-Home Services	\$334,000	\$6,877	\$298,751		89.45%	\$35,249
	SS: Case Mgmt. Child Care	\$11,338	\$1,719	\$12,045		106.24%	-\$707
6	Case Management (Non-Medical)	\$45,082	\$2,288	\$45,082		100.00%	\$0
7	Food Bank/Home Delivered Meals	Part B Only					
8	Mental Health Services	\$464,789	\$33,978	\$464,789		100.00%	\$0
9	Psychosocial Support Services	Not Funded at this Time					
10	Medical Transportation Services	\$76,079	\$11,035	\$73,488		96.59%	\$2,591
11	Substance Abuse Services - Outpatient	\$159,661	\$1,993	\$159,661		100.00%	\$0
12	Substance Abuse Services - Residential	\$58,408	\$0	\$57,968		99.25%	\$440
13	Housing	\$15,861	\$1,359	\$9,821		61.92%	\$6,040
14	Child Care Services	\$20,000	\$1,577	\$20,000		100.00%	\$0
15	Emergency Financial Assistance	\$13,862	\$0	\$11,292		81.46%	\$2,570
16	Medical Nutritional Therapy	\$5,660	\$630	\$3,036		53.65%	\$2,624
17	Health Education/Risk Reduction	\$11,334	\$988	\$11,334		100.00%	\$0
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	\$150,169	\$2,497,940		93.69%	\$168,297
	Sub-Total TGA Direct Service Expenditures	\$3,053,035	\$180,744	\$2,855,884		93.54%	\$197,151

Recipient - Grantee Admin	\$351,840	\$49,916	\$302,781		86.06%	\$49,059
Recipient - Quality Mgmt	\$175,919	\$8,232	\$114,531		65.10%	\$61,388
Grand- Total Direct Services, Recipient	\$3,580,794	\$238,892	\$3,273,196		91.41%	\$307,598

Missing Invoices	
Recipient Expenses	
Labs	
Medical Case Management	
Health Insurance	

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

Part B Only

March 1, 2022 - February 28, 2023

YOLO COUNTY - February 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	\$0	\$70,701		63.8%	\$ 40,067
Medical Transportation Services	\$3,094	\$0	\$1,965		63.5%	\$ 1,129
Emergency Financial Assistance	\$1,002	\$0	\$343		34.2%	\$ 659
Food Bank/Home Delivered Meals	\$5,465	\$0	\$4,275		78.2%	\$ 1,190
Sub-Total Yolo County	\$127,829	\$0	\$77,285		60.5%	\$ 50,545

Missing Invoices
Oral Health, Medical Case Management, Medical Transportation, Emergency Financial Assistnace, and Food Bank/Home Delivered Meals

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

Part B Only

March 1, 2022 - February 28, 2023

Priority Number

SACRAMENTO COUNTY - February 2023		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$442,130	\$45,167	\$442,130		100.00%	\$0
	SS: Ambulatory/Outpatient Medical Care	\$442,130	\$45,167	\$442,130		100.00%	\$0
	SS: Vendor paid viral load resistance lab test						
2	AIDS Pharmaceutical Assistance						
3	Health Insurance Premium & Cost Sharing Asst.						
4	Oral Health	\$253,097	\$17,091	\$253,456		100.14%	-\$359
5	Medical Case Management	\$57,326	\$4,594	\$52,094		90.87%	\$5,232
	SS: MAI - Part A Only						
	SS: Office Based Services inc. Pediatric Treatment Adherence						
	SS: Field/In-Home Services	\$57,326	\$4,594	\$52,094		90.87%	\$5,232
	SS: Case Mgmt Child Care						
6	Case Management (Non-Medical)	\$73,876	\$6,565	\$73,876		100.00%	\$0
7	Food Bank - Part B Only	\$11,982	\$0	\$13,049		108.90%	
8	Mental Health Services	\$90,247	\$10,264	\$85,787		95.06%	\$4,460
9	Psychosocial Support Services						
10	Medical Transportation Services	\$117,991	\$2,878	\$127,838		108.35%	-\$9,847
11	Substance Abuse Services - Outpatient						
12	Substance Abuse Services - Residential						
13	Housing	\$15,340	\$0	\$15,304		99.77%	\$36
14	Child Care Services						
15	Emergency Financial Assistance						
16	Medical Nutritional Therapy	\$9,701	\$0	\$9,701		100.00%	\$0
17	Health Education/Risk Reduction	\$25,300	\$576	\$25,252		99.81%	\$48
18	Outreach Services						
19	Outreach Services MAI - Part B Only	\$43,569	\$3,617	\$24,252		55.66%	\$19,317
20	Linguistic Services			Not Funded at this Time			
21	Home & Community Based Health Services			Not Funded at this Time			
22	Home Health Care			Not Funded at this Time			
23	Hospice			Not Funded at this Time			
24	Legal Services			Not Funded at this Time			
25	Permanency Planning			Not Funded at this Time			
26	Referral for Health Care & Support Services			Not Funded at this Time			
27	Rehabilitation Services			Not Funded at this Time			
28	Respite Care			Not Funded at this Time			
29	ADAP			Not Funded at this Time			
30	Early Intervention Services			Not Funded at this Time			
	Sub-Total Sacramento County	\$1,140,559	\$90,752	\$1,122,738		98.44%	\$17,821
	Sub-Total TGA Direct Service Expenditures	\$1,268,388	\$90,752	\$1,200,023		94.61%	\$68,365

Recipient Administration	\$131,841	\$3,266	\$104,833		79.51%	\$27,008
Recipient Quality Management	\$63,853	\$4,559	\$55,251		86.53%	\$8,602
Grand- Total Direct Services, FAA	\$1,464,082	\$98,576	\$1,360,107		92.90%	\$103,976

Missing Invoices	
Recipient Expenses	

February	
Under 5%	0-94%
Within 5%	95-105%
Over 5%	106% - 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	\$94,959	\$1,175,771		96.00%	\$49,048
Part B MAI Outreach	\$43,569	\$3,617	\$24,252		55.66%	\$19,317

HIV Health Services Planning Council
AFFECTED COMMUNITIES COMMITTEE
~~(916) 876-5548~~ ~~hiv-hspe@saccounty.net~~
www.sacramento-tga.com

COMMITTEE OVERVIEW

Mission Statement:

The Affected Communities Committee addresses issues facing the HIV/AIDS community and advises the Planning Council on the affairs of the community. The mission of the Committee is to recruit, involve, and empower people living with and those affected by HIV/AIDS in the strategic planning and advocacy of HIV/AIDS care and services. The Committee encourages an environment of trust and safety, and will achieve its goals with the support of Planning Council support staff.

Committee Responsibilities:

The Affected Communities Committee (ACC) is the primary route through which the HIV Health Services Planning Council (Council) and its committee(s) access input from individuals living with or affected by HIV/AIDS. To fulfill this role, the ACC will:

- 1) Be available to review and provide feedback on policy, program, and funding decisions made by the Council to ensure that decisions are acceptable by service consumers and those otherwise affected by HIV/AIDS.
- 2) Identify and present emerging issues/challenges/barriers relating to service delivery and access to appropriate Council committees.
- 3) Identify and present challenges and barriers as they relate to involving individuals living with or affected by HIV/AIDS in the planning processes to appropriate Council committees.
- 4) Educate the HIV/AIDS community and populations most impacted by HIV/AIDS on the purpose and functions of the Council.
- 5) Recruit people living with HIV/AIDS (PLWH/A) and individuals affected by HIV/AIDS to participate on the Council and its committees.
- 6) Organize and host consumer forums on topics of interest to people living with or affected by HIV/AIDS.
- 7) Coordinate HIV Health Services Planning Council Meeting Training Schedule

Desired Experience of Members:

To fulfill its responsibilities, it is necessary for ACC to have a diverse membership that understands and can actively voice the views of a variety of affected communities. Members should be able to use personal networks to disseminate information or mobilize individuals for action. To ensure thorough

representation, the ACC seeks people living with or affected by HIV/AIDS from a number of communities, including but not limited to, race, ethnicity, gender, gender identity, sexual orientation, age, disability, social class, religion, national origin, ancestry, veteran status, and/or political beliefs. ACC values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members.

In gathering the above representation, the ACC seeks participation from residents of Sacramento County, El Dorado County, and Placer County.

Expectations of Members:

ACC relies on an active membership to generate ideas and develop strategies for moving ideas forward. For this reason, members must be aware of emerging and existing health and service issues that are impacting people living with HIV/AIDS in the region. To advance the goals of ACC, it is expected that members will:

- 1) Regularly attend and actively participate in ACC meetings;
- 2) Review meeting materials prior to arriving at the meeting;
- 3) Gather information from consumers on how services could be improved.
- 4) Express ideas on how ACC and the Council might be able to better serve the needs of people living with HIV/AIDS.
- 5) Report the activities and decisions of the ACC and the Council to your community affiliations;
- 6) Play an active role in identifying and attracting diverse individuals interested in participating in the service planning processes.

Meetings:

The Affected Communities Committee typically meets on the first Monday of the even months of April, June, August, October, December, and February ~~the month~~ from

3:00 – 4:00 p.m. -Contact Council Staff for current schedule and location.

Contact Information:

Staff support is provided by Angelina Olweny who can be contacted at (916) 325-1630, Angelina.olweny@valleyvision.org ~~Paula Gammell who can be contacted at (916) 876-5548, gammellp@sacounty.net,~~ or www.sacramento-tga.com.



Richard Benavidez, Chair

Approved: 3/23/22

HIV Health Services Planning Council
Affected Communities Committee
FY 2023-2024 WORK PLAN

DATE/ TIMELINE	ACTIVITY	MATERIALS
March 2023	<ul style="list-style-type: none"> • Women & Girls AIDS Awareness Day (3/10) • National Native HIV/AIDS Awareness Day (3/20) • Review Outreach Calendar • Review Training Calendar • ACC Community Forum 	<ul style="list-style-type: none"> • Outreach Calendar • Training Calendar
April 2023	<ul style="list-style-type: none"> • Review/Approve Spring Positive Advocate 	<ul style="list-style-type: none"> • Spring Positive Advocate
May 2023	<ul style="list-style-type: none"> • Host Community Presentation 	<ul style="list-style-type: none"> • Outreach Flier
June 2023	<ul style="list-style-type: none"> • Prepare for Summer Health Fairs • Caribbean American HIV/AIDS Awareness Day (6/8) • National HIV Testing Day (6/27) • Approve Summer Positive Advocate • Host Community Presentation 	<ul style="list-style-type: none"> • Calendar of Outreach Events • Summer Positive Advocate • Outreach Flier
July 2023	<ul style="list-style-type: none"> • Host Community Presentation 	<ul style="list-style-type: none"> • Outreach Flier
August 2023	<ul style="list-style-type: none"> • Review Outreach Calendar • Review Training Calendar 	<ul style="list-style-type: none"> • Outreach Calendar • Training Calendar
September 2023	<ul style="list-style-type: none"> • Host Community Presentation 	<ul style="list-style-type: none"> • Outreach Flier
October 2023	<ul style="list-style-type: none"> • Approve Fall Positive Advocate • Report on Effectiveness of Outreach Efforts • National Latinx HIV/AIDS Awareness Day (10/15) 	<ul style="list-style-type: none"> • Fall Positive Advocate
November 2023	<ul style="list-style-type: none"> • Host Community Presentation 	<ul style="list-style-type: none"> • Outreach Flier
December 2023	<ul style="list-style-type: none"> • World AIDS Day (12/1) • Approve Winter Positive Advocate 	<ul style="list-style-type: none"> • Winter Positive Advocate • Outreach Calendar

	<ul style="list-style-type: none"> • Review Outreach Calendar • Review Training Calendar 	<ul style="list-style-type: none"> • Training Calendar
February 2024	<ul style="list-style-type: none"> • Draft/Approve Work Plan • African American AIDS Awareness Day (2/7) • Committee Self-Assessment • Review Outreach Calendar • Review HHSPC Training Calendar 	<ul style="list-style-type: none"> • Draft Work Plan • Committee Assessment Tool • Outreach Calendar • Training Calendar

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

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

Strategy L: Increase General HIV Education and Awareness and Reduce Stigma Around HIV, Sexual Orientation, and Gender Identity.

- Activity L2: Work with Service Providers to Develop Clear and Consistent Messaging around HIV Statewide
- Activity L3: Continue Widespread Condom Promotion and Distribution

Strategy N: Enhance Collaborations and Community Involvement.

- Activity N1: Improve Utilization of Community Engagement Strategies at Both State and Local Levels, Especially Involving PLWH

County Executive
Ann Edwards

Deputy County Executive
Chevon Kothari
Social Services



Department of Health Services
Timothy W. Lutz, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

March 30, 2023

MEMO TO: HIV Health Services Planning Council

FROM: Chelle Gossett
Recipient, Ryan White CARE Program Coordinator

RE: FY 2023 Allocation Areas to Review

The FY23 Allocations were determined in September 2022, at the same time the FY23 RFP had been in process. While determining the initial allocations for FY23 with the partial award from HRSA, the recipient identified some areas where the Planning Council (PC) might like to review. These areas are identified below. The areas are for Part A services in the Sacramento TGA and does not pertain to/include Part B Yolo County.

1. Health Education/Risk Reduction-There was \$4,768 allocated by the PC to Health Education/Risk Reduction. However, no one applied for the service during the RFP. There is no service provider for this service. If the Council wishes to proceed with funding this category, the Recipient will need to release a Letter of Intent (LOI) process for this service.
2. Non-Medical Case Management-The PC allocated \$54,582 to Non-Medical Case Management. This was flat funding from the prior fiscal year. In the prior fiscal year, there were two providers for Non-Medical Case Management. Upon conclusion of the RFP process, there are now three providers. The Planning Council may want to review the allocation and decide if the flat funding is still where the committee wants to stay.
3. Food Bank/Home Delivered Meals- This is the first year the PC has allocated Part A funds to this service category in several years. As a reminder, HRSA's PCN 16-02 and the Sacramento TGA's Service Standard SSC12, the Food Bank/Home Delivered Meals service category includes the provision of essential non-food items that are limited to personal hygiene products and household cleaning supplies.

Division of Public Health
Olivia Kasirye, MD, MS
Public Health Officer



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April 5, 2023

TO: Sacramento TGA HIV Health Services Planning Council
Executive Committee

FROM: Priorities and Allocations Committee Chair

RE: FY23 Allocations

Dear Council:

The recipient submitted a memo (attached) to the Priorities and Allocations Committee (PAC) on April 5, 2023, identifying three service categories that may need allocation re-considerations based on the recent Request for Proposals (RFP) results.

In consideration of the Recipient's Memo and further discussion, PAC voted to de-fund the Health Education/Risk Reduction Service Category as there was no applicant during the RFP process, which just concluded several months ago. Given the RFP process just concluded, it was determined that there should not be a Letter of Intent issued, as any agency that had wanted to apply, would have already done so.

As Health Education/Risk Reduction was de-funded, those funds were voted to be applied to Non-Medical Case Management. As a result of the RFP, there are three agencies that passed the RFP process to be award funds; compared to two in prior year(s).

No action was taken in regard to Food Bank/Home Delivered Meals. It was considered informational in nature.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jake Bradley-Rowe', written over a horizontal line.

Jake Bradley-Rowe

HIV Health Services Planning Council
PRIORITIES AND ALLOCATIONS COMMITTEE
~~(916) 876-5548~~ ~ hiv-hspsc@sacounty.net

COMMITTEE OVERVIEW

Statement of Purpose:

The purpose of the Priorities and Allocations Committee (PAC) is to support the mission of the HIV Health Services Planning Council. To this end, PAC shall review and act on data and information to establish proposals for the annual funding priorities and service allocations for Ryan White CARE Act funds.

Statement of Values:

The PAC is dedicated to considering the following values in recommending service priorities and funding allocations:

- Compassion – Assisting those who cannot support themselves
- Equity – Relatively equal portions with attention paid to severe need
- Fairness – Similar cases treated in a similar fashion
- Utilitarianism – Greatest good for the greatest number
- Nuanced Inclusiveness – Since there are real differences among participants regarding both need and ability, a process for assessing these differences will be developed, thereby allowing for differential distribution.

Committee Responsibilities:

PAC is the body through which the HIV Health Services Planning Council receives recommendations on how best to utilize Ryan White funds throughout the TGA. To provide sensible recommendations, PAC is charged with:

- 1) Reviewing quantitative and qualitative information on service needs, use, costs, outcomes; and availability (internal and external to Ryan White);
- 2) Determining which services are most needed by people living with HIV (regardless of funding source) and establishing service category priorities;
- 3) Projecting annual need for essential services;
- 4) Calculating reasonable allocation allotments for essential services;
- 5) Developing annual funding request;
- 6) Sets directives for service delivery in order to increase access by special populations or otherwise ensure fair distribution of resources.
- 7) Revising annual allocations based upon actual award/changes in actual service cost or utilization patterns.

Desired Experience of Members:

Because PAC must assess and consider a wide range of inputs, desired membership qualities are broad. Desired experience includes:

- Understanding of issues impacting people living with HIV;
 - Service consumers
 - Service providers

- Budgeting expertise, or a willingness to learn the process;
- Familiarity with the health and human service delivery community;
- Recipient staff.

Expectations of Members:

PAC provides critical recommendations to the Council regarding the use of Ryan White funds.

It is imperative that members


- 1) Commit to regularly attend and actively participate in PAC meetings;
- 2) Thoroughly review meeting materials prior to arriving at the meeting;
- 3) Abide by approved policies and procedures when discussing priorities and allocations;
- 4) Provide recommendations on how reviewed material should play into the priority setting and allocation processes;
- 5) Consider all data prior to making decisions and provide unbiased input;
- 6) Offer prioritization and allocation proposals justified by reviewed data/information;
- 7) Identify additional data needs;
- 8) Identify methods for improving processes;
- 9) Suggest ideas on how services could best be delivered;
- 10) Continually identify individuals who may be interested in membership on PAC.

Meetings:

Unless otherwise indicated, the Priorities and Allocations Committee meets on the first Wednesday of the months of March, May, July, September, and January, from 9:00 a.m. – 11:00 a.m., second Monday of every month, from 10:00 a.m. – Noon, at the Sacramento County Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95817.

Contact Information:

Staff support is provided by Angelina Olweny who can be reached at (916) 325-1630 or Angelina.olweny@valleyvision.org ~~Paula Gammell who can be reached at (916) 876-5548 or gammellp@saccounty.net~~.

Signed: 
Richard Benavidez, Chair

Date: 05/25/22

**HIV Health Services Planning Council
Priorities and Allocations Committee
FY 2023-24 WORK PLAN**

MEETING DATE	ACTIVITY	MATERIALS
March 2023	<ul style="list-style-type: none"> • No meeting 	
April 2023	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY23 Allocation Updates If Needed • Update PAC Overview • Update PAC Work Plan • FY23 Service Directives • FY23 General Directives 	<ul style="list-style-type: none"> • Grant Award Notice • Allocation and Reduction Scenarios • PAC Overview • FY23 PAC Work Plan • FY23 Service Directives • FY23 General Directives
May 2023	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY23 Allocation Updates If Needed • Begin Work on FY24-25 Grant Application and Reduction Scenarios • PAC Process Training • Begin Work on FY24-25 Service Priorities 	<ul style="list-style-type: none"> • Grant Award Notice • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios • Service Priority Ranking Historical Data • Service Priorities Worksheet
July 2023	<ul style="list-style-type: none"> • Continue/Finalize Work on FY23-24 Grant Application and Reduction Scenarios • Conduct PAC Training 	<ul style="list-style-type: none"> • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios Worksheet
September 2023	<ul style="list-style-type: none"> • FY23 Reallocation • FY24 Service Directives • FY24 General Directives 	<ul style="list-style-type: none"> • FY23 Fiscal Agent Reallocation Recommendations • FY24 Service Directives • FY24 General Directives
December 2023	<ul style="list-style-type: none"> • Second Re-allocation (if needed) 	<ul style="list-style-type: none"> • FY23 Fiscal Agent Reallocation Recommendations

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

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

Strategy D: Improve Linkage to Care

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

Strategy E: Improve Retention in Care

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

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

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

HIV Health Services Planning Council
General Directives Fiscal Year 202~~32~~-202~~43~~
(Here after, known as Current Fiscal Year)

General Directive 1

The service provider must have a process in place that documents that Ryan White is the payer of last resort, that no other resources are available, and that all appropriate referrals were made for eligible services.

General Directive 2

All Ryan White Care service categories will be provided in a manner that provides for 100% access and 0% disparity to all populations.

General Directive 3

With the exception of ambulatory care, behavioral/mental health, oral health, childcare and substance abuse/use services, clients cannot access services outside of their county of residence without referral and prior authorization through the Medical Case Management system.

General Directive 4

As the Priorities and Allocations committee develops alternate funding scenarios based on possible funding losses, the Recipient shall choose the nearest approved allocation scenario to fund provider contracts for the Current Fiscal Year.

The grant award will determine which scenario is to be used by the Recipient. The Recipient shall use the scenarios approved by PAC and the Council and the approved percent variances. In the Current Fiscal Year, it will be:

- If the grant award is within 5% higher or lower of the ***application requested amount***, the Recipient will pro-rate the increases/decreases pro-rated across all service categories.
- If the award is 1% to 5% less than the prior fiscal year ***actual award***, the Council approved prior fiscal year Flat Funding scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence which will remain at the prior fiscal year Allocation.
- If the award is 6% - 13% less than the prior fiscal year ***actual award***, the 10% Council approved reduction scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence, which will remain at the prior fiscal year Allocation.

- If the award is 14% or more less than the prior fiscal year ***actual award***, the Recipient will consult the HIV Health Services Planning Council's Priorities and Allocation Committee to develop a final Current Fiscal Year Allocation plan.
- If the award is within 5% higher than the prior fiscal year ***actual award***, the 5% increase scenario shall be used and pro-rated across all service categories.

General Directive 5

The Affordable Care Act (ACA) ensures that all legal U.S. residents are able to obtain affordable health care coverage, regardless of any pre-existing conditions. Legal California residents are able to get affordable private health care coverage from a variety of plans through Covered CA. There are Penalties if residents do not get coverage.

The service provider must have a process in place that documents that the client has been informed of the ACA requirements and that appropriate referrals were made for ACA enrollment.

General Directive 6

The Federal Ryan White HIV/AIDS Program defines eligibility for the program as an individual (1) with a medical diagnosis of HIV/AIDS and (2) who is low-income as defined by the State.

The California State Department of Public Health, under the Budget Act of 2019, shall apply the same financial eligibility requirements for its various HIV Care Program, which is formulated by using the Modified Adjusted Gross Income (MAGI) that does not exceed 500% of the Federal Poverty Level per year, based on family size and household income.

To maintain compliance with the State and Federal Government, the Sacramento TGA adopts the same financial eligibility requirements.

General Directive 7

All Ryan White funded providers shall make telehealth/tele-services available for medical case management, non-medical case management, outpatient ambulatory care, behavioral/mental health and/or other telehealth/tele-service appropriate services.

Adopted:



Richard Benavidez, Chair

Date: 05/25/22

Sacramento TGA

Service Category Directives, FY 202~~32~~-202~~43~~

Medical Transportation Services Directive 1

Medical Transportation funds shall be used for the reimbursement of volunteer drivers or for the purchase of ride share or public transportation fare (Light Rail or Bus pass).

Based on client acuity, transportation funds must be prioritized by means of transport so as to preserve the most cost effective means such as

- family, friends and other sources of transport for which the RW Agency does not incur any direct cost.
- volunteer services
- public transit (to include Para-Transit) or gas voucher
- ride share (such as Lyft or Uber)
- taxi service

Medical Case Management Directive 1

Medical Case Management is a fundamental approach to efficient and effective intervention whether provided as an office based or as a home or field deployed strategy.

Medical Case Management Directive 2

All agencies providing Ryan White-funded Medical Case Management services are either "Field Based" or "Office Based" to ensure that proper billing occurs. Any agency designated as "field-based" **must** offer clients the alternative of meeting case management staff at locations outside the agency's normal place of business office and convenient for the client.

Housing Directive 1

Ryan White Funds may be used for short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be administered in accordance with U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Policy Clarification Notice 16-02, as well as, Sacramento TGA Service Standard 15 – Housing Assistance Services.

Rent Subsidy and Emergency Housing services will be administered through the TGA's case management system.

Clients may receive rent subsidy assistance services once each fiscal year unless additional assistance is authorized by the Recipient. Eligible Ryan White clients must meet the following criteria for eligibility for rent subsidy assistance:

1. Be in medical care and compliant with their case management plan.
2. Provide proof of pending eviction or 3-day notice of eviction.

3. Provide landlord name and tax identification information.

Emergency Housing may include motels, hotels, rooming houses, etc.

- a. Emergency housing payments may be utilized on an emergency or transitional basis for no more than 14 nights per year, at the most reasonable rate available in the community for emergency per-diem housing which meets acceptability standards, unless specific contractual agreements with funding sources provide extensions. Provision of assistance beyond this 14-night cap will require the TGA's Recipient approval.
- b. This assistance will be accompanied by a documented plan to obtain more permanent housing and such medical case management and advocacy as is needed to pursue the plan.

Adopted:



Richard Benavidez, Chair

Date: 05/25/22

HIV Health Services Planning Council
QUALITY ADVISORY COMMITTEE
~~(916) 876-5548~~ ~ hiv-hspsc@sacounty.net

COMMITTEE OVERVIEW

Mission Statement:

The Quality Advisory Committee (QAC) will seek to ensure the quality, consistency, and cost effectiveness with which Ryan White funded services are delivered to consumers by developing and monitoring standards to be utilized by providers delivering Ryan White services.

Committee Responsibilities:

QAC is responsible for developing service recommendations that impact how providers deliver services to consumers on a daily basis. To accomplish its task, QAC:

- 1) Provides oversight of the Ryan White Quality Management program
- 2) Researches methods and practices by which services are delivered in Ryan White funded service categories;
- 3) Seeks input from service providers on realistic expectations on how services could be provided, with a focus on quality assurance and cost effectiveness;
- 4) Seeks input from consumers on what is expected or needed when accessing services;
- 5) Identifies standards by which services should be delivered;
- 6) Creates category-specific service standards;
- 7) Periodically reviews service standards for ongoing relevance;
- 8) Develops and reviews performance indicators to ensure that services are achieving desired quality outcomes.
- 9) One member of the Quality Advisory Committee will participate in the Ryan White CARE Program's Continuous Quality Improvement Program.

Desired Experience of Members:

QAC must be able to draw on a balance of experiences from both providers and consumers of services. Specific skills include:

- Provider experience (delivery of direct service);
 - Representation from a broad range of services, including medical, dental, psychosocial, and support services
- Consumer experience (accessing direct service);
- Program development and evaluation;
- Quality management;
- Recipient staff.

Expectations of Members:

QAC relies on its regular members to determine the fairness and consistency of service standards in its effort to develop functional service standards. Therefore, members are expected to:

- 1) Consistently attend and actively participate in QAC meetings;
- 2) Review meeting materials prior to arriving at the meeting;
- 3) Identify service categories, or areas of service delivery needing service standards;
- 4) Propose ideas and language for standards under consideration by the Committee;

- 5) Facilitate access to stakeholders of service standards;
- 6) Critique suggestions offered by other Committee members and non-Committee members;
- 7) Continually identify individuals who may be interested in membership on QAC.
- 8) As needed, identify individuals with expertise on developing specific service standards.

Meetings:

Unless otherwise indicated, the Quality Advisory Committee meets quarterly on the first Tuesday of the month, in March, June, September, and December ~~meets on the first Tuesday of each month~~ from 2:00 p.m. – 3:00 p.m. at the Sacramento County Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95823.

Contact Information:

Staff support is provided by Angelina Olweny who can be contacted at (916) 325-1630 or Angelina.olweny@valleyvision.org ~~Paula Gammell who can be contacted at (916) 876-5548 or gammellp@saccounty.net~~.

Approved by the HIV Health Services Planning Council on:



Richard Benavidez, Chair

Date: 6/22/22

HIV Health Services Planning Council
QUALITY ADVISORY COMMITTEE
FY 2023-2024 WORK PLAN

MEETING DATE	ACTIVITY	MATERIALS
March 2023	<ul style="list-style-type: none"> • Data Entry Update for Post Card Survey • Conduct Committee Self-Assessment • Approve 2023-2024 Work Plan 	<ul style="list-style-type: none"> • Committee Self-Assessment
June 2023	<ul style="list-style-type: none"> • Review 2022 Performance Outcomes from the Recipient • Continue updating Service Standards • FY22 Client Satisfaction Survey Results Report • FY22 Service Post Card Survey Results Report • Begin Updating Service Standards 	<ul style="list-style-type: none"> • 2022 Performance Outcomes • Draft Service Standards • FY22 Client Satisfaction Survey Results Report • FY22 Service Post Card Survey Results Report • Draft Service Standards
September 2023	<ul style="list-style-type: none"> • Quality Management Program Update from the Recipient • Continue Updating Service Standards • Determine FY23 Post Card Survey Sample Size 	<ul style="list-style-type: none"> • Draft Service Standards • Service Survey letter and Post Card Services Worksheet
December 2023	<ul style="list-style-type: none"> • Prepare FY 2024 Work Plan • Review & Identify All Service Standards needing updates • Plan for Service Survey • Distribute FY23 Post Card Survey to Providers 	<ul style="list-style-type: none"> • Draft 2024 Work Plan • Service Standards Service Survey
STRATEGIES (from the California Integrated HIV Surveillance, Prevention, and Care Plan)		
<p>The following Strategies from the California Integrated HIV Surveillance, Prevention, and Care Plan, known as, Laying a Foundation for Getting to Zero apply to the ongoing work conducted by the Quality Advisory Committee in the Sacramento Transitional Grant Area:</p> <p>Strategy E: Improve Retention in Care</p> <ul style="list-style-type: none"> ▪ Activity E1: Expand Provider Education to Improve Capacity to Retain Clients ▪ Activity E3: Increase the Number of California Living with HIV Who Are Enrolled in Health Insurance Coverage 		

- Activity E4: Improve Integrated of Basic Substance Abuse/Mental Health Interventions with HIV Care Settings

Strategy F: Improve Overall Quality of HIV-Related Care

- Activity F1: Improve Cultural Competency of Medical and Service Providers
- Activity F2: Expand the Use of Treatment Adherence Interventions
- Activity F3: explore Establishing Standards of Care for Services Provided through Ryan White HIV/AIDS Program Funding, and Take Other Actions to Ensure that High-Quality Care can be Measured and is Tracked
- Activity F4: Encourage Housing Evaluation as a Routine Part of Medical Assessment

Strategy I: Improve Case Management for PLWH with High Need

- Activity I1: Increase Case Management Services for PLWH with Demonstrated Need from Diagnosis through Viral Suppression
- Activity I2: Work with Transitional Case Management Programs for PLWH Leaving Correctional Facilities

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

- Activity K3: Implement Harm Reduction-based Models of HIV Prevention and Care Services that Integrate Other Health Services Critical to People Who Use Drugs
- Activity K4: Encourage Naloxone Programs throughout the State

Strategy N: Enhance Collaborations and Community Involvement

- Activity N5: Improve Partnerships Between Local Health Departments and Primary Care Providers

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

COMMITTEE OVERVIEW

Statement of Purpose:

The purpose of the Needs Assessment Committee (NAC) is to support the mission of the HIV Health Services Planning Council. The goal of the NAC is to define and quantify specific needs of the HIV community in the Sacramento Transitional Grant Area (TGA). NAC will provide an updated yearly report on area needs for use by the Planning Council and the Priorities and Allocation Committee in the annual priority setting and allocation processes.

Committee Responsibilities:

NAC is the primary entity through which the Council receives documentation of service needs of people living with HIV in the TGA. To provide this information, NAC is charged with:

- 1) Developing and implementing methods by which a comprehensive understanding of the service needs of PLWHA can be acquired at least once every three years;
- 2) Determining capabilities and capacities of service providers at least once every three years;
- 3) Annually updating needs assessment findings with studies of special populations/populations with special needs;
- 4) Analyzing and organizing findings for reporting to PAC, Council, and other appropriate entities.

Desired Experience of Members:

NAC membership requires a host of talents, skills, and experiences.

Particular needs include:

- Epidemiologists
- Researchers
- Statisticians
- Database designers
- People living with HIV (including Ryan White service consumers)
- HIV service providers (both within and external to the Ryan White service community)
 - Particularly medical, medical case management, outreach and testing providers
- Recipient staff

Expectations of Members:

NAC relies on its members to identify areas in need of investigation and develop strategies for completing studies. To be effective, members are expected to:

- 1) Regularly attend and actively participate in NAC meetings;
- 2) Review meeting materials prior to arriving at the meeting;
- 3) Identify areas that need to be further examined in order for the TGA to gain a better understanding of the service needs and capabilities in the region;
- 4) Propose strategies for conducting needs and capacity assessment studies;
- 5) Provide feedback on tools and methodology used for implementation of studies;
- 6) Facilitate access to communities being studied; and,
- 7) Continually identify individuals who may be interested in membership on NAC.

Meetings:

Unless otherwise indicated, the Needs Assessment Committee meets quarterly on the first Tuesday of the month, in March, June, September and December, from 3:00 p.m. – 4:30 p.m. at the Sacramento County Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95823.

Contact Information:

Staff support is provided by [Angelina Olweny who can be contacted at \(916\) 325-1630 or Angelina.olweny@valleyvision.org](mailto:Angelina.olweny@valleyvision.org) ~~Paula Gammell who can be contacted at (916) 876-5548 or gammellp@saccounty.net.~~

Approved by the HIV Health Services Planning Council on:



Richard Benavidez, Chair

Dated: 06/22/22

HIV Health Services Planning Council NEEDS ASSESSMENT COMMITTEE 2023-24 WORK PLAN

Note: Committee meets quarterly

MEETING DATE	ACTIVITY	MATERIALS
March 2023	<ul style="list-style-type: none"> • Review/Update Survey Tool • Needs Assessment Survey Discussion/Progress • Prepare work plan for 2023 	<ul style="list-style-type: none"> • Survey Update • FY22 Work Plan • FY23 Draft Work Plan
June 2023	<ul style="list-style-type: none"> • Review/Update/Finalize Survey Tool if applicable • Needs Assessment Survey Discussion/Progress 	<ul style="list-style-type: none"> • Needs Assessment Tool if applicable
September 2023	<ul style="list-style-type: none"> • Review/Update/Finalize Survey Tool if applicable • Needs Assessment Survey Discussion/Progress 	<ul style="list-style-type: none"> • Needs Assessment Tool if applicable
December 2023	<ul style="list-style-type: none"> • Finalize strategies for Targeted or full NA • Conduct Committee Self-Assessment 	<ul style="list-style-type: none"> • Committee Self-Assessment Tool
STRATEGIES (from the California Integrated HIV Surveillance, Prevention and Care Plan)		
<p>The following Strategies from the California Integrated HIV Surveillance, Prevention and Care Plan, known as, Laying a Foundation for Getting to Zero apply to the ongoing work conducted by the Needs Assessment Committee in the Sacramento Transitional Grant Area:</p> <p>Strategy D: Improve Linkage to Care</p> <ul style="list-style-type: none"> ▪ Activity D4: Identify Barriers to Linkage to Care and Develop Strategies to Address Them 		

Sacramento TGA HIV Health Services Planning Council

FY22 Planning Council Self-Assessment Report of Findings

Background

The Sacramento HIV Health Services Planning Council conducted a Planning Council Self-Assessment to gather impressions of the Council members as to how the overall mechanisms of the Planning Council are functioning. The goals of the Self-Assessment are: To identify areas needing improvement (large or small), to determine appropriate areas for member training, and, to highlight and foster the successful practices of the Council.

The Self-Assessment was conducted at the fiscal year-end 2022. The Assessment contained fifty-five (55) standards across seven (7) categories representing the main functions of the Planning Council, which are:

1. Needs Assessment
2. Comprehensive Planning
3. Priority Setting and Resource Allocation
4. Governing Structure
5. Reflectiveness
6. Administrative Assessment
7. Performance

Members were instructed to rate the Council's performance in meeting each standard using the following scoring 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.</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.</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.</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>

Findings

In FY22, 81.1% of standards were rated as completed according to Council members' assessment; compared to 78.4% in FY21. In FY22, the Reflectiveness Assessment received the highest completion ranking of 85.7%. Whereas, in FY21, the Administrative Assessment received the highest completion ranking of 90.5%.

It should be noted that there were only seven respondents to the survey in FY22 and six respondents in FY21. In both FY21 and FY22, the Council experienced on-going membership changes that impacted a member's ability to effectively respond to the survey and/or effectively staff the various Committees. Additionally in FY22, the COVID-19 Pandemic disrupted routine Council activities which resulted in meetings being held via video-conference platforms, such as Skype or Zoom, as in-person meetings were restricted. The Pandemic also negatively impacted the Needs Assessment process due to social distancing requirements and restricted in-person meetings.

Comments Made by Council Members:

- "I have issues with a staffing agency taking over the meeting materials. I'm not comfortable with them and am still upset with HRSA regarding reallocation and carryover. There are concerns with the staffing agency using Ryan White money when the funds could be used for food and other support services. I also recommend that housing be a core medical service."
- "I do enjoy the input from other seated members, but it is often too long of a dialogue and some items on the agenda don't get enough time to be discussed, and I want to hear their input/work-in-progress status from other committees. Thank you."
- "Data collection seems like a small amount. Much Aloha."

The following table represents the overall ratings given by Council members on the Self-Assessment by category, number of standards reviewed, and actual scores reported:

Rating Category/Standard	Standards Rated	Average Rating			
		COM +	IP √	ND -	NA ?
Needs Assessment	11	77.9%	19.5%	2.6%	-
Comprehensive Plan	9	79.3%	17.5%	-	3.2%
Priority Setting and Resource Allocation	9	79.3%	17.5%	-	3.2%
Governing Structure	7	83.7%	14.3%	-	2.0%
Reflectiveness	5	85.7%	8.6%	2.9%	2.9%
Administrative Assessment	6	83.3%	16.7%	-	-
Performance	8	78.6%	19.7%	1.8%	-
Overall Averages		81.1%	16.3%	1.0%	1.6%

Of the 7 members responding, respondents indicated they were members of the following:

7 - Planning Council	2 - Administrative Assessment Committee
5 - Affected Communities Committee	3 - Executive Committee
0 - Governance Committee	3 - Needs Assessment Committee
4 - Priorities and Allocations Committee	1 - Quality Advisory Committee

HIV Health Services Planning Council - Planning Council Assessment Tool

The attached tables contain all Rating Category Standards and a compilation of the rating averages contained in the Council Self-Assessment.

*Averages may not equal 100% due to rounding and not everyone answered all questions.

#	Rating Category	Standards	Progress				Comments
			COM +	IP √	ND -	NA ?	
1	Needs Assessment	1. Council utilizes epidemiological profiles in its needs assessment.	85.7%	14.3%	-	-	
		2. Council assesses service needs of infected and affected populations.	71.4%	14.3%	14.3%	-	Struggling to get housing
		3. Council develops a profile of provider capacity/capability.	71.4%	28.6%	-	-	
		4. Council assesses gaps in service.	57.1%	42.9%	-	-	
		5. Council identifies and assesses barriers to service delivery and access.	71.4%	28.6%	-	-	
		6. Appropriate individuals were used to design and implement the needs assessment.	85.7%	14.3%	-	-	
		7. PLWH are involved in designing, developing, and conducting the needs assessment.	85.7%	14.3%	-	-	
		8. Needs Assessment was scheduled and completed on a timeline allowing it to be utilized by the Priorities and Allocations Committee.	85.7%	14.3%	-	-	
		9. Needs Assessment data was collected through surveys, interviews, and focus groups.	71.4%	14.3%	14.3%	-	Not enough data
		10. Needs assessment collected data through appropriate sample populations.	85.7%	14.3%	-	-	
		11. Council used needs assessment findings to project future needs.	85.7%	14.3%	-	-	

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress				Comments
			COM +	IP √	ND -	NA ?	
2	Comprehensive Planning	1. Comprehensive Plan outlines “where are we now” and “where should we be going, how will we get there, and how will we monitor our progress.”	57.1%	42.9%	-	-	Perhaps surveys among the council members could be used.
		2. Comprehensive Plan clearly states the Council’s guiding principles (shared values) and vision.	85.7%	14.3%	-	-	
		3. Comprehensive Plan sets goals and timeframes for achievement of goals.	85.7%	14.3%	-	-	
		4. Planning Council monitors and routinely reports on progress towards Comprehensive Plan goals.	71.4%	14.3%	-	14.3%	
		5. A variety of stakeholders were included in the comprehensive planning efforts.	71.4%	14.3%	-	14.3%	
		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.	85.7%	14.3%	-	-	
		7. Comprehensive Plan accounts for projections in future trends of consumers, needs, legislation, and funding.	85.7%	14.3%	-	-	
		8. The Comprehensive Plan clearly outlines the continuum of care available in the region.	85.7%	14.3%	-	-	
		9. The Comprehensive Plan identifies linking mechanisms for the continuum of care.	85.7%	14.3%	-	-	

HIV Health Services Planning Council - Planning Council Assessment Tool

#	Rating Category	Standards	Progress				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.	85.7%	14.3%	-	-	
		2. Opportunities for input into the priority setting and resource allocation processes were well publicized.	57.1%	42.9%	-	-	Issues with HRSA regarding Carryover & Re-Allocation
		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.	85.7%	14.3%	-	-	
		4. PAC receives training on priority setting and resource allocation processes prior to initiation of processes.	85.7%	14.3%	-	-	
		5. Priority setting and allocation decisions are well justified by data and documentation reviewed.	85.7%	14.3%	-	-	
		6. Conflict of interest is enforced during priority setting and resource allocation processes.	85.7%	14.3%	-	-	
		7. Multiple allocation scenarios are developed to account for various award decisions.	71.4%	14.3%	-	14.3%	
		8. Planning Council specifies how priorities could be best addressed through directives to the Fiscal Agent.	85.7%	14.3%	-	-	
		9. Utilization and expenditures are reviewed mid-year, and funds are reallocated as needed.	71.4%	14.3%	-	14.3%	Funding seems to be late

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#	Rating Category	Standards	Progress				Comments
			COM +	IP √	ND -	NA ?	
4	Governing Structure	1. The Planning Council operates by an established, published governing structure.	85.7%	14.3%	-	-	
		2. The established organizational structure allows the Planning Council to efficiently and effectively conduct business.	85.7%	14.3%	-	-	
		3. Planning council establishes clear policies and procedures for all routine or recurring tasks.	85.7%	14.3%	-	-	
		4. Established policies and procedures are adhered to in carrying out all tasks of the Planning Council.	85.7%	14.3%	-	-	
		5. Planning Council ensures that all bylaws, policies, and procedures are coordinated with one another, and compatible with all legislative mandates.	85.7%	14.3%	-	-	
		6. The Planning Council proactively anticipates issues in need of standardized policies.	85.7%	14.3%	-	-	
		7. The Planning Council modifies its governing structure in response to changing mandates or responsibilities.	71.4%	14.3%	-	14.3%	Governance committee has not met in months

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#	Rating Category	Standards	Progress				Comments
			COM +	IP √	ND -	NA ?	
5	Reflectiveness	1. Planning Council receives regular updates on membership and Reflectiveness status.	100%	-	-	-	
		2. Planning Council sets and implements plans for reaching and engaging affected and underserved communities.	85.7%	14.3%	-	-	
		3. Planning Council is reflective of the epidemic, and has all mandated seats filled on a continuous basis.	100%	-	-	-	
		4. Timelines for reaching compliance with Reflectiveness mandates are established in the event that Council falls out of compliance.	100%	-	-	-	
		5. The Planning Council has a pool of alternate members on a continuous basis.	42.9%	28.6%	14.3%	14.3%	No alternate pool at this time

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#	Rating Category	Standards	Progress				Comments
			COM +	IP √	ND -	NA ?	
6	Administrative Assessment	1. Planning Council assesses the effectiveness and efficiency of administrative mechanisms on an annual basis.	85.7%	14.3%	-	-	
		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.	85.7%	14.3%	-	-	
		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.	85.7%	14.3%	-	-	
		4. The annual assessment includes recommendations for continuous quality improvement, which are included in an annual plan of correction.	71.4%	28.6%	-	-	
		5. The Planning Council monitors progress on the plan of correction on a year-round basis.	85.7%	14.3%	-	-	
		6. The administrative assessment panel receives training on the assessment process prior to conducting the assessment.	85.7%	14.3%	-	-	

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#	Rating Category	Standards	Progress				Comments
			COM +	IP √	ND -	NA ?	
7	Performance	1. Members come prepared to meetings having reviewed all meeting materials in advance of meetings.	57.1%	28.6%	14.3%	-	Some reports are not fully done
		2. Members participate on committees	57.1%	42.9%	-	-	
		3. Members attend meeting s regularly and stay for the duration of meetings.	85.7%	14.3%	-	-	
		4. Planning Council prepares and adheres to annual work plans.	85.7%	14.3%	-	-	
		5. Information requests are prepared and provided to Council staff and Fiscal Agent in a timely manner.	85.7%	14.3%	-	-	
		6. Planning Council members treat Fiscal Agent staff, Council staff, and one another with respect.	85.7%	14.3%	-	-	
		7. Planning Council is proactive in its efforts to collaborate with other health and human service systems, programs, and providers.	85.7%	14.3%	-	-	
		8. Planning Council is proactive in identifying and addressing emerging issues that may impact how services are provided to PLWH/A.	85.7%	14.3%	-	-	