

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

**Meeting Agenda**

September 27, 2023, 10:00 AM – 12:00 PM

**Meeting Location –**

**4600 Broadway, Sacramento, CA 95820**  
**2<sup>nd</sup> Floor Conference/Community Room 2020**

**Facilitator:** Richard Benavidez, Council Chair

**Scribe:** Angelina Olweny, Council 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**

<b>Topic</b>	<b>Presenter</b>	<b>Start Time and Length</b>
Welcome, Introductions, & Housekeeping	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments-Agenda Items 3 Minute Time Limit	All	
September 2023 Agenda*	Benavidez	
Minutes of August 2023*	Benavidez	

**Sacramento County**  
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State Office of AIDS September 2023 Update	Pulupa	As Needed
CPG/HIV/STI Prevention Updates	All	
Recipient Report: <ul style="list-style-type: none"> <li>➤ FY23 July Part A Monthly Fiscal Report*</li> <li>➤ FY23 July Part B Monthly Fiscal Report</li> <li>➤ SOA Ending the HIV Epidemic Update</li> <li>➤ HRSA Ending the Epidemic Update</li> </ul>	Gossett	
Committee/Work Group Updates <ul style="list-style-type: none"> <li>➤ Administrative Assessment Committee <ul style="list-style-type: none"> <li>➤ Next Meeting Thursday, November 16, 2023</li> </ul> </li> <li>➤ Affected Communities Committee <ul style="list-style-type: none"> <li>➤ Community Presentations</li> <li>➤ Reflectiveness</li> </ul> </li> <li>➤ Priorities and Allocations <ul style="list-style-type: none"> <li>➤ FY24 Allocations*</li> </ul> </li> <li>➤ Executive Committee</li> <li>➤ Quality Advisory Committee</li> <li>➤ Needs Assessment Committee</li> <li>➤ AdHoc WorkGroup</li> <li>➤ Governance <ul style="list-style-type: none"> <li>➤ Council Overview*</li> </ul> </li> </ul>	Willet	
	Zach B.	
	Bradley-Rowe	
	Benavidez	
	Kendricks-Clark	
	Miranda	
	Basler	
	Ungeheuer	
Binder Updates	Caravella	
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

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Department of Health Services  
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**Attachments:**

- Minutes of August 2023\*
- September 2023 OA Voice Update
- FY23 July Part A Monthly Fiscal Report\*
- FY23 July Part B Monthly Fiscal Report
- FY24 Allocations\*
- Council Overview\*

**NEXT MEETING: October 25, 2023  
December 13, 2023  
January 24, 2024  
February 28, 2024**

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

**HIV HEALTH SERVICES PLANNING COUNCIL**

**Meeting Minutes**

August 23, 2023, 10:00 a.m. to 12:00 p.m.

**Facilitator:** Richard Benavidez, Committee Chair

**Scribe:** Angelina Olweny, Council Staff

**Council Member Attendees:**

David Contreras, Dennis Poupart, Jake Bradley-Rowe, Kane Ortega, Kaye Pulupa, Kelly Gluckman, Keshia Lynch, Lenore Gotelli, Richard Benavidez, Shy Brown, Steven Austin, Zach Basler, Ronnie Miranda, Melissa Willett, Kristina Kendricks-Clark, Troy Stermer, Josh Kooman

**Members Excused:** Melody Law, Yingjia Huang, Michael Ungeheuer, Minerva Reid, Judy Vang, Beth Valentine, Tracy Thomas

**Absent:**

**Guests:** Jessica Lara, Michelle Monroe, Bradford Bathlomare, Austin Green, Clarmundo Sullivan, Tracy Lee

**County Staff:** Danielle Caravella

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

<b>Topic</b>	<b>Minutes</b>
Welcome, Introductions and, Announcements	<p>Meeting and introductions started at 10:11AM</p> <p>NorCal AIDS Cycle has a check a distribution next Wednesday, August 30 from 7-9PM at Mulvaney's. Registration for the HIV and Aging Conference at the Hyatt in Downtown Sacramento is now open. The Conference is on September 18 and 19.</p> <p>As a reminder these meetings follow Roberts rules order. Refrain from side conversation, each person has equal voice and participate using the code of conduct. Limit public conversation. State Office of AIDS is looking to hire an RN for the Medi-Cal Waiver program. The RN will be doing site visits and certified level of care for participants.</p>
Public Comments- Action Items	No public comments.
Agenda Review*	The agenda was presented for review and approval. Ronnie Miranda motioned to approve the agenda as presented and Kane Ortega seconded the motion. The motion passed with a majority. See vote sheet for details.
Minutes Review* May	The June minutes were presented for review and approval. Kane Ortega noted that Richard Benavidez was listed as the Committee chair instead of the Council Chair on the first page. On page 4 under the PAC Overview in the fourth paragraph, the preposition "to" was missing in the sentence "Kane Ortega motioned". On page 5, the first sentence should read "in a bulleted document for case managers" to encourage clients to complete the survey. Kane Ortega motioned to accept the minutes with the changes made with a second from Jake Bradley-Rowe. The motion passed with a majority. See vote sheet for details.
SOA AIDS May 2023 Update	The Centers for Disease Control (CDC) site visit was a success. The CDC visited Sacramento County of Public Health, Sunburst Projects and Alameda Public Health Department. The feedback received was very positive.

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

	<p>2023 Ending the Syndemic Symposium was successful. The Symposium addressed the HIV/STIs/HCV. The recordings of each session and session materials can be found at <a href="https://facenteconsulting.com/ending-the-syndemic-symposium/">https://facenteconsulting.com/ending-the-syndemic-symposium/</a> There are links to resources on the Office of AIDS website to stay informed COVID 19.</p> <p>PrEP-AP has partnered with Color Health to provide a fully telehealth option for eligible Californians to enroll in and utilize PrEP-AP services. PrEP-AP service is available to Californians 18 and older who meet PrEP-AP eligibility criteria. Color Health will be adding services for minors ages 12-17.</p> <p>The State Office of AIDS is implementing the Building Health Online Communities (BHOC) self-testing program that allows individuals to self-test for HIV in all jurisdictions in California. Mail in lab tests accounted for over 56.2% of distributed in Ending the HIV Epidemic (EHE) counties.</p> <p>HIV Care Connect is to replace ARIES. The New launch for HIV Care Connect is April 2024. For more information contact the <a href="#">HIV Data Systems page</a>.</p> <p>The California Department of Housing and Community Development (HCD) will release its draft of the 2022-23 Consolidated Annual Performance and Evaluation Report (CAPER) for public comment. The CAPER reports on specified federal housing and economic assistance allocated by the state, which includes the Housing Opportunities for Persons with AIDS (HOPWA) program, for the period July 1, 2022, through June 30, 2023. The public comment period is from September 1 through September 17 at 5PM PST.</p>
Presentation: HIV and Aging	<p>The presentation on HIV and Aging focused on the challenges experienced by people ages 50 and over who are living with HIV. Over the years there have been initiatives that address the challenges faced by individuals who are over 50 years and living with HIV. Jax Kelly stated that data in 2021 showed that in California, 56% of the population living with HIV are aged 50 years and older. This statistic is similar to the nationwide average. Additionally, 10% of the population between the ages of 50-59 are newly diagnosed with HIV. The growing population</p>

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

	<p>of people 50 and older is attributed to the availability and accessibility of anti-retroviral drugs in the nineties.</p> <p>People living with HIV have an increased risk of developing COPD, diabetes, and acute chronic kidney disease. People living with HIV are also in need of housing, mental health services, and caretakers.</p>
CPG/HIV/STI Prevention Updates	<p>The California Planning Group (CPG) had a meeting yesterday and Richard Benavidez gave an overview of the Planning Council. The CPG started in 1993 and the most recent CPG mission started in 2019. The CPG is hosted by six branches in the Office of AIDS and the STD control branch. There are 34 members in the CPG. Nine members are nominated members. The nine members represent the Part A Ryan White recipients. Richard Benavidez, the Planning Council chair represents the Part A recipients for the Sacramento TGA.</p> <p>The CPG operates at the committee level. The committees include the Steering Committee, Executive Committee, HIV and Aging Committee, Women's Committee, and Youth Committee. A Drug User Health Committee is in the process of being launched. The infographic on HIV and Aging is in the final review and approval process and will be released on HIV and Awareness Day in September.</p> <p>There will be a CPG meeting in the fall on November 13-15. The meeting is open to the public and public comment is allowed. More information will be provided at a later date. As a nominated member, Richard Benavidez is required to share information discussed at the CPG meeting that relates to serving people living with HIV with the Council in the TGA</p>
FY23 June Part A Monthly Fiscal Report*	<p>Chelle Gossett presented the FY23 June Monthly Fiscal Report for review and approval. Part A expenditures for the Sacramento TGA should be at 33% through June 30<sup>th</sup>. The current TGA spending for El Dorado County is at 27% and 32% for Placer County. The current TGA spending for Sacramento County is at 23.2%. The overall expenditure for the Sacramento Transitional Grant Area (TGA) is 24.03%.</p>

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

FY23 June Part B Monthly Fiscal Report	<p>Lenore Gotelli motioned to accept the Part A June monthly report as presented and Melissa Willett seconded the motion. The motion passed with a majority. See vote sheet for details.</p> <p>A copy of the FY23 Part B June Monthly Fiscal Report was presented for review. Expenditures should be at 25% through June 30<sup>th</sup>. Yolo County spent 28.0% of their allocations. Sacramento County spent 20.1%. The overall expenditure was 20.92% for the Transitional Grant Area (TGA).</p>
SOA Ending the HIV Epidemic Update	<p>There was a meeting on the final plan for Ending the Epidemic. Richard Benavidez will present the plan at an in-person meeting in November. This plan is mandated by HRSA. There is a vacancy for a clinic manager and registered nurses at the Sexual Health Clinic. Sexual Health promotion managers are filling in and assisting patients. There have been no gaps in service for clients due to the vacancies. The Sexual Health Clinic is working with UC Davis healthcare providers to provide healthcare services. One of the providers is working on Wednesday afternoon from 1-5 p.m.</p>
FY22 Annual Recipient Report	<p>The Annual Recipient Report was included for informational purposes. It has statistical information on the aging population and agency initiatives that help specific populations for the Ryan White TGA.</p>
<p>Committee/Work Group Updates</p> <p>Administrative Assessment Committee</p> <p>Affected Communities Committee</p>	<p>The next Administrative Committee Meeting is on Thursday November 16.</p> <p>The Affected Communities Committee met in August. The discussion in the HIV Communities Conversation was about Ending the Epidemic. Participants asked about cluster outbreaks and how to get more information about outbreaks. They asked whether the State Office of AIDS or the Public Health Department would provide more information about outbreaks. The next HIV</p>

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

Priorities and Allocations Committee FY23 Carryover *	<p>Community Conversation meeting will be on September 20th. Reflectiveness is at 38.5%. We are still looking to recruit Native American and transgender individuals. Richard Benavidez stated that HRSA requires that one-third of council members should be Ryan White Part A Service recipients. The set goal is to have 33% reflectiveness. Richard Benavidez stated that he would like the Council to have diverse representation and asked members to recommend new members.</p> <p>PAC met on August 9 to decide what to do with carryover funding from the 2022 grant year. Carryover funding is determined by service category. The amount of funding this year is \$183,079. Carryover funding is split over the core and non-core services. Members stated their conflicts and voted individually for each service category with funding changes that will result from the carryover. Richard Benavidez is required to sign the carryover document as a representative of the Planning Council. Dennis Poupart motioned to accept the carryover funding as presented with a second from Kane Ortega. See the attached vote sheet for details.</p>
Quality Advisory Committee	The Quality Advisory Committee did not meet in August. Next meeting is September 5 <sup>th</sup> .
Needs Assessment Committee	The next Needs Assessment Committee meeting is September 5 3:00-4:30pm and will discuss HIV and Aging for the future Needs Assessment.
Executive Committee	The next meeting is September 14.
Ad Hoc Work Group	AdHoc will be meeting later this month and more information will be provided at future meetings.
Governance	The Governance committee did not meet.

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
August 23, 2023

Binder Update	Binder updates are complete and will be e-mailed to Council members and will be published on the website.
Public Comments Non-Agenda Items	Next Tuesday August 29 9am-5pm is the LGBTQ+ Advocacy Day at the State Capitol. One of the goals is to inform and secure more funding for PrEP. Ronnie Miranda mentioned that he has concerns about consumer services in Sacramento.
Tech Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	11:50 AM

- HIV Awareness
- Updates
- Strategic Plan
- Strategy A
- Strategy B
- Strategy G
- 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

**Lauren Granillo** accepted a promotion to Research Scientist III in the Care Evaluation and Monitoring (CEM) in ADAP and Care Evaluation and Informatics Branch (ACEI) Branch. As the lead research scientist in the CEM section of the ACEI Branch, Lauren will work on developing the new HIV Care Connect (HCC) system that will replace ARIES, as well as federal reporting and program evaluations.

Lauren started her career with the state at the Department of Developmental Services as a graduate student assistant and then research data analyst working on risk mitigation and adverse event prevention. She then came over to OA as a research scientist II working in the Surveillance and Prevention Evaluation and Reporting (SuPER) Branch as the data manager for the California Medical Monitoring Project. Prior to coming at the state, Lauren worked on a variety of projects at UC Davis looking into environmental and nutritional factors that impact developmental health while she worked on her PhD in Epidemiology.

Outside of work, Lauren enjoys getting outdoors and volunteering doing park clean-ups on the weekends, reading in the early morning, or walking along the Davis Arboretum! She is also always trying new Pinterest recipes and probably has too many coffee making devices for one apartment.



Lauren is excited for the opportunity to work in the ACEI Branch, and we are very excited to have her join CEM as well!

## COMMUNITY PARTNER SPOTLIGHT

Join the [Training & Health Equity Collaborative](#) in partnership with [Pacific AIDS Education & Training Center](#), [UCLA CHIPTS](#), [APLA Health](#) and [San Francisco AIDS Foundation](#) on



September 18-19 in Sacramento, CA for their first ever Collaboration in Care Conference: Improving HIV and Aging Services!

Experts from across the Western U.S. will share best practices in case management, clinical care, social services, community building, and more! Continuing education credits will be available for select sessions. **Registration for this conference is FREE.**

The agenda and hotel accommodations can be found at the following website: [collaborationincare.org](https://collaborationincare.org)

Registration is open on eventbrite: <https://collaborationincare2023.eventbrite.com>.

There are three different ticket types:

- For any direct service providers please use the “Service Provider” ticket;

- For directors, managers, and administrators please use the “Administrator” ticket; and
- For those that work in government institutions and **do not provide services or manage services**, please use the “Government” ticket.

Any questions may be sent to JB Del Rosario at [janbing.delrosario@ucsf.edu](mailto:janbing.delrosario@ucsf.edu).

## HIV AWARENESS

**September 18 National HIV/AIDS and Aging Awareness Day (NHAAD).**

NHAAAD is observed to bring awareness to the increasing number of people living long and full lives with HIV. It is also meant to highlight the complex issues related to aging with HIV such as pre-existing health conditions, social and mental health needs, and treatment for adults 50 and older.

**September 27 National Gay Men’s HIV/AIDS Awareness Day (NGMHAAD).**

NGMHAAD is observed to bring attention to the issues related to HIV/AIDS among gay and bisexual men and encourage testing and learning about the many prevention options available. This day also encourages conversation around stigma, prevention, and the autonomy in knowing your status.

## 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.

[Spanish mpox digital assets](#) are 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 California Department of Public Health (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

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are reinitiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

## > Ending the HIV Epidemic (EHE)

The CDC has announced that California has received a Part A Supplemental PrEP Award in the amount of \$375,000. This grant is aimed at improving social marketing and PrEP navigation training in the six EHE counties: Alameda, Orange, Riverside, Sacramento, San Bernadino, and San Diego. We will be sharing more about

this project in future editions of *The OA Voice*.

## ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

CDPH, OA and the Sexually Transmitted Disease Control Branch (STD CB) introduced the California Strategic Plan's Implementation Blueprint at an informational webinar on August 31st. The webinar was for HIV/STI/HCV Stakeholders throughout California.

The meeting recording and materials will be distributed via our Stakeholder Listserv within the next couple of weeks. [Additional resources](#) to help orient you to the Strategic Plan's Implementation Blueprint are linked below. Thank you to all who attended and asked some great questions. And thank you for all you do to end the syndemic of HIV, STIs and HCV in California!

- <https://facenteconsulting.com/cdph-technical-assistance-request-portal/>



Dear Healthcare Providers,

The Pacific AIDS Education & Training Center – Central Valley & Northern Interior, in collaboration with OA, would like to invite you to [register for our upcoming webinar](#):

### ***What's New with Flu, RSV, and COVID-19 Vaccines***

Wednesday, October 4, 2023, 11:00 AM – 12:30 PM

**Speaker:** Caterina Liu, MD, MPH • CDPH, Public Health Medical Officer, Immunization Branch

**Audience:** Medical providers, nurses, pharmacists, medical assistants, public health providers, case managers, health educators, navigators, clinic managers, program managers

**Description:** This 90-minute webinar will discuss epidemiology, seasonality, and new vaccine recommendations for influenza, RSV, and COVID-19. The content will also include guidelines for these and other vaccines for people with HIV.

**Learning Objectives:** Describe current flu and COVID-19 vaccination recommendations for people with HIV. Summarize new RSV vaccine options. Review approaches to address patient vaccine concerns.

CEU credits (1.5 units) are pending, with further information to follow. Please email [aetc@ucdavis.edu](mailto:aetc@ucdavis.edu) with any [questions or difficulties](#).

## STRATEGY A

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

#### ➤ PrEP-Assistance Program (AP)

As of August 28, 2023, there are 204 PrEP-AP enrollment sites and 189 clinical provider sites 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 6 of this newsletter.

## STRATEGY B

### Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California.

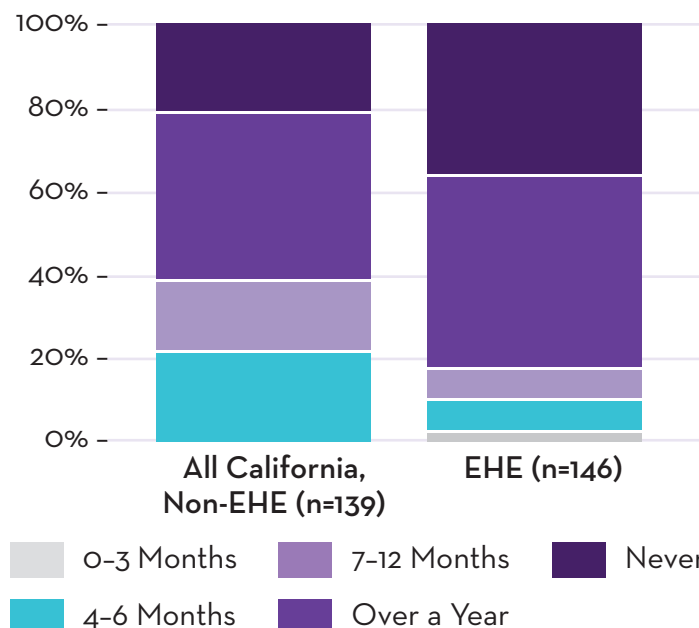
## TAKEMEHOME



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 July, 139 individuals in 24 counties ordered self-test kits, with 120 (86.3%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic (EHE) in America counties. In the first 35 months, between September 1, 2020, and

### HIV Test History Among Individuals Who Ordered TakeMeHome Kits, July 2023



July 31, 2023, 6691 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 83 (86.9%) of the 146 total tests distributed in EHE counties.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	70.2%	74.7%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	31.0%	55.8%
Were 17-29 years old	48.6%	38.9%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.1%	51.7%

Since September 2020, 758 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 190 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.7%
Identify as a man who has sex with other men	65.3%	67.9%
Reported having been diagnosed with an STI in the past year	9.1%	7.9%

## STRATEGY G

### Improve Availability of HIV Care:

The California Department of Housing and Community Development (HCD) has released its draft of the 2022-23 Consolidated Annual Performance and Evaluation Report (CAPER) for public comment prior to submittal to the U.S. Department of Housing and Urban Development. The CAPER reports on specified federal housing and economic assistance allocated by the state, which includes the Housing Opportunities for Persons with AIDS (HOPWA) program, for the period July 1, 2022, through June 30, 2023.

The CAPER draft is available on [HCD's website](https://www.hcd.ca.gov/policy-and-research/plans-and-reports) at <https://www.hcd.ca.gov/policy-and-research/plans-and-reports>, for public comment from through September 17, 2023 at 5 PM PST.

There will also be a public hearing on September 7th at 1 PM. For an invite to the hearing or to submit any questions or public comments, [contact HCD](mailto:CAPER@hcd.ca.gov) at [CAPER@hcd.ca.gov](mailto:CAPER@hcd.ca.gov). More information is available on [their website](#).

## STRATEGY J

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

As of August 28, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 7](#).

(continued on page 7)

### 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	319	9%	1	0%	---	---	35	1%	355	10%
25 - 34	1,223	34%	1	0%	1	0%	235	7%	1,460	41%
35 - 44	858	24%	---	---	3	0%	168	5%	1,029	29%
45 - 64	383	11%	1	0%	21	1%	92	3%	497	14%
65+	18	1%	---	---	190	5%	8	0%	216	6%
TOTAL	2,801	79%	3	0%	215	6%	538	15%	3,557	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	199	6%	---	---	42	1%	13	0%	2	0%	65	2%	1	0%	33	1%	355	10%
25 - 34	856	24%	2	0%	135	4%	94	3%	5	0%	284	8%	8	0%	76	2%	1,460	41%
35 - 44	636	18%	5	0%	88	2%	40	1%	5	0%	210	6%	8	0%	37	1%	1,029	29%
45 - 64	289	8%	---	---	41	1%	16	0%	2	0%	135	4%	1	0%	13	0%	497	14%
65+	22	1%	---	---	3	0%	3	0%	---	---	181	5%	---	---	7	0%	216	6%
TOTAL	2,002	56%	7	0%	309	9%	166	5%	14	0%	875	25%	18	1%	166	5%	3,557	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	78	2%	---	---	6	0%	8	0%	1	0%	15	0%	---	---	5	0%	113	3%
Male	1,715	48%	6	0%	282	8%	152	4%	13	0%	832	23%	18	1%	145	4%	3,163	89%
Trans	183	5%	---	---	18	1%	5	0%	---	---	16	0%	---	---	7	0%	229	6%
Unknown	26	1%	1	0%	3	0%	1	0%	---	---	12	0%	---	---	9	0%	52	1%
TOTAL	2,002	56%	7	0%	309	9%	166	5%	14	0%	875	25%	18	1%	166	5%	3,557	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 08/31/2023 at 12:02:04 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 July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	497	- 2.74%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,351	- 2.26%
Medicare Part D Premium Payment (MDPP) Program	397	- 28.47%
<b>Total</b>	<b>6,245</b>	<b>- 4.52%</b>

Source: ADAP Enrollment System

## STRATEGY K

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

#### ➤ Incarceration: A Public Health Crisis

The [National Institute for Health Care Management \(NIHCM\)](#) Foundation published an [infographic](#) delving into the role incarceration plays in exacerbating inequality. The infographic highlights that drug and alcohol intoxication related deaths among state and federal prisoners quadrupled between 2008 – 2018. The infographic references a study that suggests that each year spent in prison corresponds with a two-year reduction in life expectancy.

#### ➤ Research: Use of MOUD Among Adults with Past-Year Opioids Use Disorders in the US, 2021

The Journal of the American Medical Association (JAMA) [published research](#) analyzing data from the 2021 National Survey on Drug Use and Health (NSDUH) to find that approximately 1 in 5 adults with past-year opioid use disorder (OUD) received medication for OUD (MOUD). Certain groups, such as Black adults, women,

unemployed and nonmetropolitan residents, were substantially less likely to receive MOUD.

#### ➤ Training: Enhancing Harm Reduction Services in Health Departments - Harm Reduction Vending Machines

Harm reduction vending machines (HRVMs) provide an easily accessible method for people who use drugs (PWUD) to obtain a range of risk reduction supplies and resources. A webinar developed by The National Council for Mental Wellbeing will include people in the field telling their stories of harm reduction programs that have successfully implemented HRVMs.

**Training Date & Time:** Sep 19, 2023, 10:30 AM

[Register for the Training Webinar](#)

[Harm Reduction Vending Machines Brief](#)

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, 2023 - February 29, 2024

<b>EL DORADO COUNTY - July 2023</b>						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$1,568	\$0	\$0		0.0%	\$1,568
Oral Health	\$5,285	\$160	\$491		9.3%	\$4,794
Health Insurance Premium & Cost Sharing Asst.	\$1,955	\$61	\$306		15.6%	\$1,649
Mental Health Services	\$14,131	\$0	\$0		0.0%	\$14,131
Medical Case Management	\$133,642	\$11,336	\$51,822		38.8%	\$81,820
Medical Transportation Services	\$9,284	\$1,293	\$4,483		48.3%	\$4,802
Emergency Financial Assistance	\$30,750	\$2,640	\$12,256		39.9%	\$18,494
Sub-Total El Dorado Counties	\$196,615	\$15,489	\$69,357		35.3%	\$127,258

<b>PLACER COUNTY - July 2023</b>						
Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$1,540	\$0	\$0		0.0%	\$1,540
Oral Health	\$2,530	\$0	\$0		0.0%	\$2,530
Health Insurance Premium & Cost Sharing Asst.	\$115	\$0	\$323		281.1%	-\$208
Mental Health Services	\$6,925	\$0	\$0		0.0%	\$6,925
Medical Case Management	\$137,654	\$11,415	\$56,444		41.0%	\$81,210
Medical Transportation Services	\$20,891	\$1,573	\$6,935		33.2%	\$13,956
Emergency Financial Assistance	\$30,000	\$2,860	\$17,259		57.5%	\$12,741
Sub-Total Placer County	\$199,655	\$15,848	\$80,961		40.6%	\$118,694

Priority Number

SACRAMENTO COUNTY - July 2023		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
Ambulatory/Outpatient Care		\$465,341	\$23,277	\$158,660		34.1%	\$306,681
SS: Ambulatory/Outpatient Medical Care		\$405,903	\$23,277	\$134,715		33.2%	\$271,188
SS: Vendor paid viral/load resistance lab test		\$59,438	\$0	\$23,946		40.3%	\$35,492
ADAP/Prescription Medications		Not Funded at This Time					
Health Insurance Premium & Cost Sharing Asst.		\$7,154	\$0	\$2,877		40.2%	\$4,277
Oral Health		\$275,801	\$4,953	\$51,948		18.8%	\$223,853
Medical Case Management		\$1,040,785	\$84,942	\$375,272		36.1%	\$665,513
SS: MAI		\$188,634	\$17,761	\$95,942		50.9%	\$92,692
SS: Office Based Services		\$417,094	\$33,121	\$158,420		38.0%	\$258,673
SS: Field/In-Home Services		\$412,375	\$33,823	\$119,615		29.0%	\$292,760
SS: Pediatric Treatment Adherence		\$1,070	\$46	\$289		27.0%	\$781
SS: Case Mgmt Child Care		\$21,612	\$192	\$1,006		4.7%	\$20,606
Case Management (Non-Medical)		\$61,504	\$3,902	\$27,776		45.2%	\$33,728
Food Bank/Home Delivered Meals		\$34,654	\$3,249	\$5,905		17.0%	\$28,749
Mental Health Services		\$441,683	\$34,226	\$195,309		44.2%	\$246,374
Psychosocial Support		Not Funded at This Time					
Medical Transportation Services		\$80,487	\$893	\$31,252		38.8%	\$49,235
Substance Abuse Services - Outpatient		\$188,815	\$16,122	\$55,553		29.4%	\$133,262
Substance Abuse Services - Residential		\$65,562	\$0	\$0		0.0%	\$65,562
Housing Assistance		\$24,015	\$6,067	\$9,620		40.1%	\$14,396
Child Care Services		\$22,154	\$1,056	\$4,096		18.5%	\$18,058
Emergency Financial Assistance		\$22,543	\$220	\$1,860		8.3%	\$20,683
Medical Nutritional Therapy		\$12,374	\$1,060	\$8,347		67.5%	\$4,027
Health Education/Risk Reduction		Not Funded at This Time					
Outreach Services		Part B Funded Only					
Outreach Services MAI		Part B Funded Only					
Linguistic Services		Not Funded at This Time					
Home & Community Based Health Services		Not Funded at This Time					
Home Health Care		Not Funded at This Time					
Hospice		Not Funded at This Time					
Legal Services		Not Funded at This Time					
Permanency Planning		Not Funded at This Time					
Referral for Health Care and Support Services		Not Funded at This Time					
Rehabilitation Services		Not Funded at This Time					
Respite Care		Not Funded at This Time					
ADAP/Prescription Medications		Not Funded at This Time					
Early Intervention Services		Not Funded at This Time					
Sub-Total Sacramento County		\$2,742,872	\$179,966	\$928,474		33.9%	\$1,814,398
Sub-Total TGA Direct Service Expenditures		\$3,139,142	\$211,304	\$1,078,792		34.37%	\$2,060,350

Recipient - Grantee Admin	\$369,311	\$13,243	\$98,995		26.81%	\$270,316
Recipient - Quality Mgmt	\$184,654	\$5,668	\$43,141		23.36%	\$141,513
Grand- Total Direct Services, Recipient	\$3,693,107	\$230,215	\$1,220,928		33.06%	\$2,472,179

Missing Invoices	
March: Oral Health	
April: Oral Health	
May: Oral Health, MCM	
June: Oral Health, MCM	
July: Oral Health, MCM	

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

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$2,950,508	\$193,543	\$982,851		33.31%	\$1,967,657
Part A MAI	\$188,634	\$17,761	\$95,942		50.86%	\$92,692

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Core Services (Does not include MAI MCM)	\$2,548,664	\$169,791	\$861,409	86.4%	87.7%	87.6%
Support Services	\$401,844	\$23,752	\$121,441	13.6%	12.3%	12.4%

Part B Only

March 1, 2023 - March 31, 2024

<b>YOLO COUNTY - July 2023</b>						
<b>Service Category</b>	<b>Approved Budget</b>	<b>Current Month</b>	<b>Cumulative Expenses</b>	<b>% Shade</b>	<b>Percentage Used</b>	<b>Remaining Balance</b>
<b>Oral Health</b>	\$7,500	\$0	\$2,540		33.9%	\$4,960
<b>Medical Case Management</b>	\$100,000	\$6,306	\$33,860		33.9%	\$66,140
<b>Foodbank/Home Delivered Meals</b>	\$10,000	\$739	\$4,627		46.3%	\$5,373
<b>Medical Transportation Services</b>	\$2,500	\$100	\$351		14.1%	\$2,149
<b>Housing</b>	\$1,000	\$0	\$0		0.0%	\$1,000
<b>Emergency Financial Assistance</b>	\$1,500	\$0	\$46		3.1%	\$1,454
<b>Sub-Total YOLO County</b>	\$122,500	\$7,145	\$41,425		33.8%	\$81,075

Part B Only

March 1, 2023 - March 31, 2024

Priority Number

SACRAMENTO COUNTY - July 2023		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
1	Ambulatory/Outpatient Care	\$355,000	\$20,410	\$108,590		30.6%	\$246,410
	SS: Ambulatory/Outpatient Medical Care	\$355,000	\$20,410	\$108,590		30.6%	\$246,410
	SS: Vendor paid viral/load resistance lab test						
	Part A Funded						
2	ADAP/Prescription Medications						
	Not Funded at This Time						
3	Health Insurance Premium & Cost Sharing Asst.						
	Part A Funded						
4	Oral Health	\$221,000	\$19,214	\$65,039		29.4%	\$155,961
5	Medical Case Management	\$59,311	\$5,763	\$26,169		44.1%	\$33,143
	SS: MAI						
	Part A Funded						
	SS: Office Based Services	\$3,559	\$0	\$0		0.0%	\$3,559
	SS: Field/In-Home Services	\$55,753	\$5,763	\$26,169		46.9%	\$29,584
	SS: Pediatric Treatment Adherence						
	Part A Funded						
	SS: Case Mgmt Child Care						
	Part A Funded						
6	Case Management (Non-Medical)	\$86,000	\$6,902	\$30,256		35.2%	\$55,744
7	Food Bank/Home Delivered Meals	\$18,000	\$0	\$0		0.0%	\$18,000
8	Mental Health Services	\$98,460	\$9,391	\$38,173		38.8%	\$60,287
9	Psychosocial Support						
	Not Funded at This Time						
10	Medical Transportation Services	\$111,200	\$12,054	\$42,717		38.4%	\$68,483
11	Substance Abuse Services - Outpatient						
	Part A Funded						
12	Substance Abuse Services - Residential						
	Part A Funded						
13	Housing Assistance						
	Part A Funded						
14	Child Care Services						
	Part A Funded						
15	Emergency Financial Assistance						
	Part A Funded						
16	Medical Nutritional Therapy	\$3,450	\$0	\$3,390		98.3%	\$60
17	Health Education/Risk Reduction						
	Not Funded at This Time						
18	Outreach Services	\$21,000	\$1,750	\$6,390		30.43%	\$14,610
19	Outreach Services MAI	\$37,192	\$2,540	\$10,423		28.02%	\$26,769
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 and 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/Prescription Medications						
	Not Funded at This Time						
30	Early Intervention Services						
	Not Funded at This Time						
	Sub-Total Sacramento County	\$1,010,613	\$78,023	\$331,146		32.8%	\$679,467
	Sub-Total TGA Direct Service Expenditures	\$1,133,113	\$85,168	\$372,571		32.88%	\$760,542
	Recipient - Grantee Admin	\$131,841	\$7,112	\$39,567		30.01%	\$92,274
	Recipient - Quality Mgmt	\$63,853	\$1,651	\$16,572		25.95%	\$47,281
	Grand- Total Direct Services, Recipient	\$1,328,807	\$93,931	\$428,710		32.26%	\$900,097

Missing Invoices
None

July	
Under 5%	0-28%
Within 5%	29-38%
Over 5%	39% - Over

Service Category		FY23 Part A Grant Application <b>Request</b>		FY23 Part A <b>Actual</b> Allocations		FY23 Part A <b>tentative</b> Allocations with carryover		FY24 Part A Grant Application <b>Request</b>		Conflicts
FY24 Priority		Amount	Percent of Direct Service	Amount	Percent of Direct Service	Amount	Percent of Direct Service	Amount	Percent of Direct Service	
	<b>EL DORADO COUNTY</b>	\$ 194,461	6.6%	\$196,615	6.7%	\$206,615	6.6%	\$203,115	6.6%	SFAF
	Ambulatory Care			\$1,568	0.1%	\$1,568	0.1%	\$1,568	0.1%	
	Oral Health			\$5,285	0.2%	\$5,285	0.2%	\$5,285	0.2%	
	Health insurance			\$1,955	0.1%	\$1,955	0.1%	\$1,955	0.1%	
	Mental Health Services			\$14,131	0.5%	\$14,131	0.5%	\$14,131	0.5%	
	Medical Case management			\$133,642	4.5%	\$143,642	4.6%	\$137,642	4.4%	
	Medical Transportation			\$9,284	0.3%	\$9,284	0.3%	\$9,784	0.3%	
	Emergency Financial Assistance			\$30,750	1.0%	\$30,750	1.0%	\$32,750	1.1%	
	<b>PLACER COUNTY</b>	\$ 197,501	6.7%	\$199,655	6.8%	\$219,655	7.0%	\$213,155	6.9%	SFAF
	Ambulatory Care			\$1,540	0.1%	\$1,540	0.0%	\$1,540	0.0%	
	Oral Health			\$2,530	0.1%	\$2,530	0.1%	\$2,530	0.1%	
	Health insurance			\$115	0.0%	\$115	0.0%	\$115	0.0%	
	Mental Health Services			\$6,925	0.2%	\$6,925	0.2%	\$6,925	0.2%	
	Medical Case management			\$137,654	4.7%	\$147,654	4.7%	\$143,654	4.6%	
	Medical Transportation			\$20,891	0.7%	\$20,891	0.7%	\$22,391	0.7%	
	Emergency Financial Assistance			\$30,000	1.0%	\$40,000	1.3%	\$36,000	1.2%	
	<b>YOLO COUNTY</b>									
	(Sacramento County Breakdown ONLY)	\$2,554,882	86.7%	\$2,554,238	86.6%	\$2,704,317	86.4%	\$2,681,763	86.6%	
1	<b>Ambulatory/Outpatient Medical Care</b>	\$ 461,261	15.7%	\$ 465,341	15.8%	\$ 465,341	14.9%	\$ 465,341	15.0%	OCH, UCD
	1.a. Ambulatory Care	\$ 403,863	13.7%	\$405,903	13.8%	\$405,903	13.0%	\$405,903	13.1%	
	1.b. Viral Load/Resistance Testing	\$ 57,398	1.9%	\$59,438	2.0%	\$59,438	1.9%	\$59,438	1.9%	
2	<b>AIDS Pharmaceutical</b>	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
3	<b>Health Insurance Premiums</b>	\$ 5,000	0.2%	\$7,154	0.2%	\$22,154	0.7%	\$19,904	0.6%	OCH
4	<b>Oral Health Care</b>	\$ 291,147	9.9%	\$275,801	9.3%	\$275,801	8.8%	\$275,801	8.9%	OCH
5	<b>Medical Case Management</b>	\$ 850,000	28.8%	\$852,151	28.9%	\$927,230	29.6%	\$902,151	29.1%	HRS, OCH, SP, UCD
	5.a. Child Care Medical Case	\$ 20,895	0.7%	\$21,612	0.7%	\$21,612	0.7%	\$21,612	0.7%	
	5.b. Office-based Medical CM Services	\$ 417,447	14.2%	\$418,164	14.2%	\$418,164	13.4%	\$418,164	13.5%	
	5.c. Field/In-Home Medical CM Services	\$ 411,658	14.0%	\$412,375	14.0%	\$412,375	13.2%	\$412,375	13.3%	
	5.d. Minority AIDS Initiative Medical CM		0.0%		0.0%		0.0%		0.0%	
6	<b>Non-Medical Case Management</b>	\$ 54,582	1.9%	\$61,504	2.1%	\$101,504	3.2%	\$101,504	3.3%	GRS, OCH, SP
7	<b>Food Bank/Home Delivered Meals</b>	\$ 32,500	1.1%	\$34,654	1.2%	\$34,654	1.1%	\$34,654	1.1%	OCH, HRS, SP
8	<b>Mental Health Services</b>	\$ 439,752	14.9%	\$441,683	15.0%	\$441,683	14.1%	\$469,458	15.2%	OCH, SP
9	<b>Psychosocial Support Services</b>	\$ -			0.0%		0.0%		0.0%	N/A

10	Medical Transportation	\$ 78,333	2.7%	\$80,487	2.7%	\$80,487	2.6%	\$80,487	2.6%	OCH, HRS, SP
11	Substance Abuse Services -	\$ 201,661	6.8%	\$188,815	6.4%	\$188,815	6.0%	\$188,815	6.1%	OCH
12	Substance Abuse Services –	\$ 63,408	2.2%	\$65,562	2.2%	\$65,562	2.1%	\$45,562	1.5%	OCH
13	Housing Assistance	\$ 21,861	0.7%	\$24,015	0.8%	\$24,015	0.8%	\$24,015	0.8%	OCH
14	Child Care Services	\$ 20,000	0.7%	\$22,154	0.8%	\$22,154	0.7%	\$22,154	0.7%	SP
15	Emergency Financial Assistance	\$ 20,389	0.7%	\$22,543	0.8%	\$22,543	0.7%	\$22,543	0.7%	SP, HRS
16	Medical Nutritional Therapy	\$ 10,220	0.3%	\$12,374	0.4%	\$32,374	1.0%	\$29,374	0.9%	OCH
17	Health Education Risk Reduction	\$ 4,768	0.2%	Moved to NMCM by PC	0.0%	Moved to NMCM by PC	0.0%		0.0%	
18	Outreach Non-MAI		0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	OCH
19	MAI Outreach	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	GRS, OCH
20	Linguistic Services	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
21	Home and Community Based	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
22	Home Health Care	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
23	Hospice	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
24	Legal Services	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
25	Permanency Planning	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
26	Referral for Health Care and Support	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
27	Rehabilitation Services	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
28	Respite Care	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
29	ADAP	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
30	Early Intervention Services	0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	
GRAND TOTAL DIRECT SERVICES		\$ 2,946,844	100.0%	\$ 2,950,508	100.0%	\$ 3,130,587	100.0%	\$ 3,098,033	100.0%	
Direct Services Target		\$ (0)	Target	\$ -	Target			\$ -		
Recipient Admin		\$ 346,688		\$ 347,119				\$ 364,474		
Recipient Quality Management		\$ 173,344		\$ 173,558				\$ 182,237		
		\$ 3,466,875		\$ 3,471,185				\$ 3,644,744		
Direct Services w/o MAI		3466875		\$ 3,471,185				\$ 3,644,744		
Total both Direct and MAI Direct				\$ 221,922				\$ 233,018		
				\$ 3,693,107				\$ 3,877,762		
		\$ 2,259,041	75/25	\$ 2,527,608	86.3%			\$ 2,666,189	86.1%	
		\$ 295,841	11.6%	\$ 401,844	13.7%			\$ 431,844	13.9%	
		\$ 2,554,882		\$ 2,929,452				\$ 3,098,033		
FY24 MAI				\$233,018	form + subd			\$ 3,644,744	total	\$ 3,877,762
Admin				\$23,302				\$ 364,474		\$ 387,776
COM				\$11,651				\$ 182,237		\$ 193,888
Direct				\$198,065				\$ 3,098,032		\$ 3,296,097

## **HIV Health Services Planning Council Sacramento TGA**

### **HIV Health Services Planning Council Overview**

#### **HIV Health Services Planning Council (Council)**

The HIV Health Services Planning Council is responsible for planning how Ryan White CARE Act funds will be used in the local Transitional Grant Area (TGA), which consists of Sacramento, El Dorado, and Placer Counties. To properly plan, the Council is responsible for assessing the needs of people living with HIV in the TGA, developing a comprehensive plan that defines short and long term goals for delivering HIV services, setting priorities for which service categories are most needed, allocating resources to prioritized services, coordinating service delivery with other programs and funders, assessing the effectiveness and efficiency in which CARE Act funds are being used, and evaluating how well funded services are meeting community needs. In order to accomplish all of these tasks, the Council has established several working committees that perform specific tasks.

#### **Executive Committee (Exec)**

The Executive Committee is the only standing committee specified in the by laws of the HIV Health Services Planning Council (Council). The purpose of the Executive Committee is to “act for the Council between meetings under parameters set by the Council and to provide guidance for the Council in fulfilling its responsibilities and reaching its goals.” The chairs of all other standing committees are members of the Executive Committee. Other committee members are Council members appointed to represent specific required categories (such as Placer and El Dorado counties).

#### **Governance Committee (Gov)**

The Governance Committee is an ad-hoc committee formed by the Council to address issues of policy, procedure and bylaws modification. Originally formed to recommend a governance structure to the Council, it now addresses questions central to how the Council functions. Some examples include development of conflict of interest policies, committee operation policies and procedures, member absence policies, as well as changes to bylaws as they are needed. Governance Committee work is generally reviewed in various settings forwarded to the full Council for approval and implementation. Members include the Executive Committee and any council members with interest in the topic(s).

#### **Affected Communities Committee (ACC)**

The Affected Communities Committee is a standing committee that 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, empower and involve people living with HIV/AIDS in the strategic planning and advocacy of HIV/AIDS care and services. These goals will be accomplished with the assistance of the Council support staff toward the fulfillment of its mission. The committee encourages an environment of trust and safety in achieving its mission.

### **Priorities and Allocations Committee (PAC)**

This standing committee performs some of the most vital work for the Council. The primary responsibilities of the PAC are to review information, data and the updated Needs Assessment, in order to establish funding priorities and service allocations for the upcoming fiscal year. The work of the committee, when accepted by the Council, serves as the directive for issuance of proposal requests and determination of contractors to provide services throughout the TGA, tasks that are competed by the Recipient. Membership on PAC must be balanced to represent consumers, providers, government agencies and other diversity factors specified within PAC and general committee policies.

### **Needs Assessment Committee (NAC)**

This standing committee is charged with re-evaluating and updating Needs Assessment for the TGA. Seeking data, information and opinion from a variety of sources, NAC identifies the service categories that are most needed by people with HIV infection throughout the region. Recommendations are made to the Council and the PAC, which help to focus the development of priorities and allocations for the upcoming funding period. Members are recruited to reflect specific areas of expertise (such as technology and research), as well as consumers and key service category providers.

### **Administrative Assessment Committee (AdAC)**

The Administrative Assessment Committee is a standing committee established to assess the efficiency and effectiveness of the administrative mechanisms for rapidly disbursing CARE Act funds to the areas of greatest need within the transitional grant area (TGA). The AdAC will conduct a bi-annual (twice yearly) assessment of the Fiscal/Administrative mechanisms with the intent of providing feedback and recommendations to the Council and to the Recipient to continually improve such administrative policies and procedures.

### **Quality Advisory Committee (QAC)**

The Quality Advisory Committee is a standing committee that develops service standards to be utilized by providers when delivering services paid for through Ryan White funds. Such standards may include policies, procedures, guidelines, and other information pertinent to the effectiveness and efficiency in which consumers are treated and Ryan White funding is spent. To ensure that standards are appropriate for all stakeholders, members are drawn from providers and consumers of Ryan White services, as well as others interested in health and human services.

### **Prevention Committee**

~~The Prevention Committee is a standing committee whose purpose is to promote community involvement in the prevention of HIV infection. The Committee provides guidance and direction for prevention strategies with HIV-infected and affected communities; and, to provide community input to Sacramento County HIV/STD Prevention Program to ensure allocations are judiciously and fairly reflective of the priorities set by the Prevention Committee.~~

Signed: \_\_\_\_\_



Richard Benavidez, Chair

Date: 05/25/22



Meeting Date: 8/23/23

[illegible]

Motion	Ronnie	Denny	Lance	Denny		
Second	Kane	Zach	Nelissa	Kane		

Amended Motion					
Amended Second		<i>Kent</i>			
		<i>2012</i>			