

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

**Meeting Agenda**

April 3, 2024, 3:00 PM – 4:00 PM

**Meeting Location**

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

**Facilitator:** Zach B. – Chair

**Scribe:** Angelina Olweny – Council Staff

**Meeting Invitees:**

- Affected Communities Committee 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</b>	<b>Length</b>
Welcome and Introductions	Zach B.	3:00 PM	As Needed
Announcements	All		As Needed
Public Comments-Agenda Items-3 Minute Time Limit	Zach B.		
Agenda Review*	Zach B.		

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Minutes Review of February 2024*	Zach B.	As Needed	As Needed
Service Concerns	Zach B.		
Reflectiveness Update	Zach B.		
ACC Workplan*	Caravella		
ACC O2- Consumer Rights & Responsibilities*	Caravella		
Spring Positive Advocate*	Caravella		
ACC Self-Assessment	Caravella		
Mentorship Program Discussion	Caravella		
CY24 Training Calendar	Zach B.		
CY24 Outreach <ul style="list-style-type: none"> <li>• Website Visits</li> <li>• Advertising</li> <li>• Event Calendar</li> </ul>	Zach B.		
Community Presentation Discussion	Zach B.		
Public Comments-Non-Agenda Items	Zach B.		
Technical Assistance	Zach B.		
Adjourn	Zach B.	4:00 PM	

\*Action Items

Attachments:

Minutes of February 2024\*

ACC Workplan\*

ACC 02 – Consumer Rights and Responsibilities\*

Spring Positive Advocate\*

ACC Self-Assessment

ACC 08 – Mentorship Program

CY24 Training Calendar

CY24 Outreach Calendar

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NEXT MEETING: **June 3, 2024**

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
Affected Communities Committee

**Meeting Minutes**

February 5, 2023, 3:00 – 4:00 p.m.

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

**Facilitator:** Zach Basler – ACC Chair

**Council Staff:** Angelina Olweny

**Meeting Attendees:** Christopher-Kendrick-Stafford, Brad Bartholomai, Kelly Gluckman, Steve Austin, Zach Basler

**Members Absent:** Shy Brown

**Excused:** Richard Benavidez, Paula Gammell

**Guests:** Everardo Alvizo



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<b>Topic</b>	<b>Minutes</b>
Service Concerns	There is a concern about how long it takes to get a referral, especially when there is an immediate need. There are also issues getting through to the pharmacy at OCH. The pharmacy is not returning phone calls. The HIV line has a two-hour wait time. In most cases, these calls are routed to the call center. Additionally, the grievance line at OCH does not return calls. Lastly, it was reported that one of the psychiatrists was late for appointments.
Reflectiveness Update	Reflectiveness is at 34.3%. The committee is looking to fill the transgender and the Native American seats preferably with individuals who receive Ryan White services.
CY24 Training Calendar	Everardo Alvizo will give a presentation at the Council meeting on April 24. Committee members suggested additional training sessions to include in the training calendar could be a presentation on doxy-pep and Women and HIV. Brad Bartholomai will follow up on the doxy-pep presentation and Kelly Gluckman will follow up on a presentation on Women and HIV.
CY24 Outreach	There is no targeted advertising on the Sacramento TGA website.  NorCal AIDS Cycle will have a four-day event on May 16-May 19. There will be a half-day senior LGBT fair on April 28, from 10:00 AM -2:00 PM. The event will be hosted at the Senior Heart Center at Sacramento LGBT Center. There is a virtual Healing Waters open house on March 6 at 7:00 PM-7:45 PM. On March 10, will host a Healing Waters open house event at South Side Park from 1:00 PM – 2:30 PM. Healing Waters is looking for volunteers for the Healing Waters Wilderness Adventures event.
Community Conversation Discussion	The Community Conversation on March 13 will focus on HIV Women and Girls. The Community Conservation on May 29 will focus on Transgender and HIV.

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<b>Topic</b>	<b>Minutes</b>
Housing Update	<p>Sacramento Steps Forward conducted a Point in Time Count to count the number of unhoused individuals in Sacramento. 800 volunteers participated in the Point in Time Count across 1,000 square miles in Sacramento. The Point in Time Count counted 9300 unhoused individuals in Sacramento. There are approximately 16,000-20,000 unhoused individuals at any night in Sacramento and about 2300 shelter beds in Sacramento.</p> <p>Sacramento Steps Forward and the Continuum of Care (CoC), the leading agency for the unhoused population applied for a Regional Coordinated Homeless Action Plan. The agencies received input from six public events on steps to address homelessness in Sacramento. Sacramento Steps Forward and CoC aims to implement the Regional Coordinated Homeless Action Plan in April.</p> <p>Sacramento Steps Forward and the CoC developed a nine-point plan to address homelessness. The nine-point plan is outlined below.</p> <ol style="list-style-type: none"> <li>1. Modernize the 211-resource line to ensure that the unhoused population can get their calls returned promptly.</li> <li>2. Coordinated outreach between organizations that assist the unhoused to minimize duplicative efforts.</li> <li>3. Increase the number of beds in interim housing shelters to 2,600.</li> <li>4. Expand medical respite centers.</li> <li>5. Provide rehousing assistance that moves unhoused individuals from respite housing facilities to stable housing.</li> </ol>

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Topic	Minutes
	<p>6. Provide permanent supportive housing to the unhoused population that cannot care for themselves.</p> <p>7. Provide diversion and prevention assistance so that individuals released from prison have housing. This will prevent them from committing repeat offenses.</p> <p>8. Build capacity and regional training building capacity to increase the amount of available resources.</p> <p>9. Provide integrated services, given that community organizations specialize in specific program areas such as mental health services versus behavioral health services. System partnerships allow for a coordinated response plan for unhoused individuals.</p> <p>Unhoused individuals can call 311 and speak to homeless outreach workers who can help them obtain ID cards. They can also assist the unhoused with non-emergency medical needs.</p>
Public Comment-Non-Agenda Items	Committee members recommended meeting on a different day in the first week in April because the County is observing Caesar Chavez Day on April 1, which was the original date for the next ACC meeting.
Technical Assistance	For technical questions, reach out to Zach Basler.
Adjournment	The meeting adjourned at 3:55 p.m.



HIV Health Services Planning Council  
 QUALITY ADVISORY COMMITTEE  
 FY 2024-2025 WORK PLAN

MEETING DATE	ACTIVITY	MATERIALS
March 2024	<ul style="list-style-type: none"> <li>• Data Entry Update for Post Card Survey</li> <li>• Conduct Committee Self-Assessment</li> <li>• Approve 2024-2025 Work Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Committee Self-Assessment</li> </ul>
June 2024	<ul style="list-style-type: none"> <li>• Review 2023 Performance Outcomes from the Recipient</li> <li>• Continue updating Service Standards</li> <li>• FY23 Client Satisfaction Survey Results Report</li> <li>• FY23 Service Post Card Survey Results Report</li> <li>• Begin Updating Service Standards</li> </ul>	<ul style="list-style-type: none"> <li>• 2023 Performance Outcomes</li> <li>• Draft Service Standards</li> <li>• FY23 Client Satisfaction Survey Results Report</li> <li>• FY23 Service Post Card Survey Results Report</li> <li>• Draft Service Standards</li> </ul>
September 2024	<ul style="list-style-type: none"> <li>• Quality Management Program Update from the Recipient</li> <li>• Continue Updating Service Standards</li> <li>• Determine FY24 Post Card Survey Sample Size</li> </ul>	<ul style="list-style-type: none"> <li>• Draft Service Standards</li> <li>• Service Survey letter and Post Card Services Worksheet</li> </ul>
December 2024	<ul style="list-style-type: none"> <li>• Prepare FY 2024 Work Plan</li> <li>• Review &amp; Identify All Service Standards needing updates</li> <li>• Plan for Service Survey</li> <li>• Distribute FY24 Post Card Survey to Providers</li> </ul>	<ul style="list-style-type: none"> <li>• Draft 2024 Work Plan</li> <li>• Service Standards Service Survey</li> </ul>

**STRATEGIES (from the California 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~~ California Integrated HIV Prevention and Care Plan CY 2022-2026, apply to the ongoing work conducted by the Quality Advisory Committee in the Sacramento Transitional Grant Area:

~~Strategy E: Improve Retention in Care~~

- ~~• 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~~

## 2022-2026 Goals and Objectives

### Impact Area 1: Racial Equity

- Strategy 1b. Racial/Ethnic Data Collection and Stratification: Identify, collect, analyze, and publicly share data that reflect the specific trends, needs, and outcomes of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.
- Strategy 1c. Equitable Distribution of Funding and Resources: Review all CDPH OA and STD Control Branch contracts, budgets, guiding service formulas, policies, and program decisions with a racial justice lens, to advance equitable delivery of resources and opportunities to BIPOC.
- Strategy 1d. Community Engagement: Forge strategic partnerships to ensure more diverse public outreach, involvement, and engagement processes to reframe the structure, funding, and policies of HIV, HCV, and/or STI services and messaging to all Californians.
- Strategy 1e. Racial and Social Justice Training: Implement capacity building and training opportunities and requirements for all CDPH-funded HIV, HCV, and STI service providers, to

strengthen our movement towards achieving cultural humility, equity, and racial justice in our prevention, testing, treatment, and care services.

### Impact Area 2: Housing first

- Strategy 2b. Infrastructure Changes: Ensure multi-disciplinary teams address HIV/STI/HCV screening and treatment programs statewide, including housing, substance use, mental health, and medical care providers.
- Strategy 2c. New Models of Housing Access: Collaborate with the Department of Housing and Community Development to explore development of a permanent housing model based on Project Roomkey, for people living with HIV and pregnant people who are unhoused and/or living with CV or syphilis.
- Strategy 2d. Street Medicine Strategies: Provide basic medical care and other supportive services to people who remain unhoused (including those who choose to remain unhoused) through walking teams, medical vans, outdoor clinics, and other similar services.
- Strategy 2e. Low-barrier Housing Options: Collaborate with housing partners to expand low barrier housing options available in both urban and rural areas, including those that offer harm reduction approaches to substance use, are available to families and couples, and/or allow people to bring their pets.

### Impact Area 3: Health Access for All

- Strategy 3a. Redesigned Care Delivery: Work with health care providers, local health departments, public and private insurers, and private industry to increase access to care statewide through telemedicine, mobile healthcare, and at-home testing programs.
- Strategy 3b. Trauma-Informed and Responsive Services: Train medical and public health service providers in trauma-informed approaches to create trauma responsive care to minimize re-traumatization of patients, clients, and providers.
- Strategy 3c. Fewer Hurdles to Healthcare Coverage: Train more community-based organizations to support benefits enrollment in communities with high numbers of uninsured people; change policies so that all Californians can access Medi-Cal when in need, regardless of immigration or housing status.
- Strategy 3d. Culturally and Linguistically Relevant Services: Improve capacity of public health and health care providers to offer HIV, HCV, and STI services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Strategy 3d. Collaboration and Streamlining: Develop secure ways for clinical providers, local

health jurisdictions, homeless services programs, and other community-based organizations to share information and resources to coordinate people's care while protecting their right to privacy.

#### Impact Area 4: Mental Health and substance Use

- Strategy 4a. Overdose Prevention in Correctional Settings: Promote medication for opioid use disorder during incarceration in prison and jails and naloxone distribution and continuity of substance use disorder and medical care upon release.
- Strategy 4b. Mental Health and Substance Use Disorder Treatment Access through Telehealth: Leverage telehealth to increase access to mental health and SUD services, especially for people newly linked to stable housing and people who are monolingual in a language other than English.
- Strategy 4c. Build Harm Reduction Infrastructure: Expand syringe services in federally qualified health centers, hospitals, and SUD treatment facilities; build up staffing, brick and mortar locations, and comprehensive (health, legal, housing, benefits, employment) support services in existing syringe services programs.
- Strategy 4d. Expand Low-Threshold SUD Treatment Options: Expand options for harm reduction-based treatment, including contingency management programs and easier access to buprenorphine and methadone, including in street medicine programs.
- Strategy 4e. Cross-Sector Collaboration: Encourage collaboration between local and statewide mental health programs, substance use programs, harm reduction and HIV/HCV/STI programs.

#### Impact Area 5: Economic Justice

- Strategy 5a. Workforce Development: Create pathways to employment in public health for people from communities most affected by HIV, HCV, and STIs, including but not limited to offering paid internships and entry level positions with clear opportunities for professional advancement.
- Strategy 5b. Employment for People with Lived Experience: Give extra points when scoring grant applications to programs that employ people with lived experience in the communities the program serves, programs that can demonstrate frontline staff are paid a living wage, and/or programs that have BIPOC people serving in meaningful leadership positions.
- Strategy 5c. Equitable Hiring Practices and Fair Pay: Examine state and local health jurisdiction hiring practices to promote equity and inclusion; look to remove barriers such as college and advanced degree requirements; offer extra pay to people who speak languages other than English or who have lived experience with HIV, HCV, STDs, substance use, mental health challenges, or homelessness.

- Strategy 5d. Leadership Development: Fund and support pilot training programs for development of leadership and management skills among frontline and mid-level workers in HIV, HCV, and STI programs.
- Strategy 5e. Universal Hiring and Housing Policies: Work with community partners and other State agencies to move toward universal “ban the box” hiring and housing policies in California, which remove questions about criminal history from the job application process until after a candidate has been given a chance to show whether they qualify for the position.

#### Impact Area 6: Stigma Free

- Strategy 6a. Nothing About Us Without Us: Meaningfully and consistently involve people living with HIV, HCV, and STIs in state and local planning, decision-making, and service delivery.
- Strategy 6b. Reframe Policies and Messaging: Work with communities to reframe the structure and policies of HIV, HCV, and STI services and associated messaging, so they do not stigmatize people or behaviors.
- Strategy 6c. Positive, Accurate Information: Ensure images and language used in communications show accurate and diverse depictions of communities, and do not reinforce stereotypes; speak out against and correct negative language.
- Strategy 6d. Acknowledge Medical Mistrust: Recognize medical mistrust as a rational response to stigmatizing treatment, rather than a failure of individuals or communities; work to build trust and correct misperceptions by example.
- Strategy 6e. Ongoing Partnerships: Use promotores and other models of paid peer engagement by people from the communities being served to educate, support, advocate, and link to care people who have historically been mistreated by public health services and the health care system.

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

### **Policy and Procedure Manual**

**Subject:** Consumer Rights and  
Responsibilities

**No:** ACC 02

**Date Approved:** 9/97

**Date Revised:** 08/22/18

**Date Reviewed:** 08/26/20

**Policy:** The following statements reflect the rights and responsibilities of consumers who seek services within the Sacramento TGA. All Ryan White providers must have a Consumer Rights and Responsibilities policy that incorporates the following major provisions:

#### **Statement of Consumer Rights**

1. RESPECT, COURTESY, PRIVACY

The consumer has the right to be treated at all times with respect and courtesy within a setting, which provides the highest degree of privacy possible.

2. FREEDOM FROM DISCRIMINATION

The consumer has the right to freedom from discrimination because of age, economic status, education, ethnicity, gender, disability, religion, sexual orientation, values and beliefs, marital status, medical condition or any other arbitrary criteria.

3. ACCESS TO HIV/AIDS SERVICE INFORMATION

The consumer has the right to full access to information from the health care provider about current FDA approved or other proven HIV/AIDS treatments. The consumer has the right to full access to information from all service providers about HIV related social and support services.

Any biases or conflicts of interest the health care service provider may have will be disclosed. Consumers must be advised of the risk and benefits of any proposed treatment considered to be of an experimental nature. The provider will discuss alternatives or complimentary treatments and may make recommendations.

4. IDENTITY AND PROVIDER CREDENTIALS

The consumer has the right to know the identities, titles, specialties and affiliations of all health and social service providers, as well as

anyone else involved in the consumer’s care.

The consumer has the right to know about the health or social service organization’s rules and regulations that are pertinent to the care, or type of care, a client receives.

5. CULTURALLY SENSITIVE SHARING OF INFORMATION

The consumer has the right to have information shared in a way, which is easily understood, and sensitive to each consumer’s background, culture and orientation.

6. CONSENT AND CARE PLAN

The consumer has the right to be involved in and make decisions about the plan of care prior to the start of and during the course of treatment. Consumers must have the right to renegotiate the care plan at any time.

The consumer has the right to give informed consent before undergoing any health care procedure or receiving any social services. The consumer may change his or her mind after refusing or consenting to services without affecting ongoing care.

No punitive measures will be taken against any consumer for being non-compliant or resistant to a medical case management plan. However, the agency has the right to terminate medical case management services consistent with the Medical Case Management Standards.

7. SELF DETERMINATION

The consumer has the right to access, assuming eligibility, all available services including, but not confined to, HIV prevention and education services, case management, and referral for support services, HIV primary care services, specialty care and diagnostic services, second opinions, drug trials, home care services, counseling and peer support.

The consumer will not be denied or intentionally left unaware of Ryan White services because they are not available or are inadequate, from the consumer’s usual health or social service provider.

Although the Council may not provide funding for the full continuum of HIV/AIDS care in its service area, the consumer has the right to be informed of needed services beyond those directly provided by the Ryan White Program.

Treatment decisions will not be made by the willingness of third party payers to pay. These decisions must rest with the consumer and the health care or social service provider.

8. DECLINING SERVICES

The consumer has the right to refuse to participate in any research studies, drug trials, or any care plan which they believe will have an adverse affect on their health.

The consumer may change his or her mind after refusing consent to treatments, trials, counseling or any other service without affecting ongoing care.

9. NAMING AN ADVOCATE

The consumer has the right to identify, by registering with each service provider, an advocate such as a family member or other person to support the consumer. An advocate ensures the consumer's rights are not diminished, ensuring the consumer is receiving the appropriate levels of HIV service and care.

10. AN ADVANCED DIRECTIVE FOR CARE

The consumer has the right to have an advanced directive such as a living will, health care proxy or durable power of attorney for health and social services, and to have that directive followed within the context of existing law.

The consumer has the right to know, in a timely manner, any HIV care facility or provider rules or preferences which may affect the consumer's directives.

All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

11. ACCESS TO FINANCIAL INFORMATION

The consumer has the right to inspect and receive an explanation of health care bills or proposed charges, regardless of payment source, and to receive needed referrals and support with payment problems.

The consumer has the right to receive timely notification of termination of eligibility for reimbursement by any third party.

12. A CONSUMER GRIEVANCE PROCEDURE

The consumer has the right to voice complaints and suggest changes, and to be informed of the process to do so within the service



provider's posted grievance procedure, for problem resolution, without interference, pressure or reprisal.

The consumer has the right to receive a written response to a grievance in a timely manner.

13. CONFIDENTIALITY AND ACCESS TO RECORDS

Service providers will maintain confidential files of all communications and records pertaining to your care. The consumer has the right to confidentiality and access to **most** treatment records and communications to the consumer's case. Copies of the requested records must be furnished and at a fair cost, as allowed by law.

The consumer's written permission is needed to release treatment records to anyone.

14. FREEDOM FROM CONSTRAINTS

The consumer has the right to open and honest discussion in all dealings with health or social service providers without constraints regarding fear of reprisal.

15. TRANSFER AND CONTINUITY OF CARE

The consumer has the right to continuity of care. When possible, consumer requests for transfer to another HIV care provider or facility or for a second opinion should be promptly honored and carried out.

The provider and/or health care system is prohibited from engaging in coercive biased or prejudicial behavior for the purpose of impeding or altering unrestricted access to competent quality care by the consumer. All referral or deferred care must be coordinated with full participation and consent of the consumer. Discharge from care for the non-adherent, disruptive, abusive and/or criminal behavior of the consumer must be consistent with the service agency's due process, grievance and clinical standards of care as appropriate and prescribed.

16. DOCUMENTATION REQUIREMENTS

All Ryan White provider agencies must maintain signed documentation that clients have received a copy of their agency's "Clients Rights and Responsibilities" Policy and agency Grievance Policy.

## Statement of Consumer Responsibilities

1. RESPECT AND COURTESY

Health and social service providers have the right to be treated at all times with respect and courtesy.

2. GIVING CORRECT AND COMPLETE INFORMATION

To the best of their ability, the consumer is responsible for giving correct and complete information to the current health or social service provider about his/her health and social status, and the uses of other treatments, medications and health or social service providers.

Consumers should come prepared to appointments with a list of any questions or concerns, so that the health and social service provider can have a chance to address them.

3. SEEKING FACTS ABOUT YOUR CARE

The consumer is responsible for seeking the facts and asking questions about the risks, benefits and financial aspects of a recommended procedure or course of treatment. If he/she does not fully understand, the consumer has the right and responsibility to involve his or her registered advocate in seeking facts about care.

4. FOLLOWING THE CARE PLAN

The consumer is responsible for following the agreed upon care plan. The consumer is responsible for the results if s/he chooses to act against professional advice or does not follow instructions of an agreed treatment plan.

5. SCHEDULED APPOINTMENTS

The client is responsible for arranging services in a way that avoids emergencies whenever possible.

The consumer is responsible for keeping the scheduled appointments. The consumer must attempt to cancel or communicate with the care provider when appointments cannot be kept.

6. COMMUNICATING YOUR FINANCIAL AND ELIGIBILITY NEEDS

The consumer is responsible for making sure financial burdens of his/her care are adequately addressed by giving correct information about payer sources, promptly submitting reimbursement forms or asking for help prior to receiving health or social services. Consumers who need assistance from the Ryan White Program will be required to submit proof of eligibility, every ~~twelve~~ six months, as outlined by the

Ryan White CARE Program Service Standard 5 – Eligibility and Fees.

7. **RULES AND REGULATIONS OF PROVIDER ORGANIZATIONS**  
The consumer is responsible for following rules and regulations of the health and social service providers and the facilities involved in their care.
8. **BEING THOUGHTFUL OF OTHERS**  
The consumer is responsible for being thoughtful of the rights, property and confidentiality of others.
9. **VOICING COMPLAINTS**  
The consumer is responsible for voicing complaints and asking for change in an appropriate and timely way through health and social service providers or the facility's chain of command.
10. **CONTINUING CARE**  
The client is responsible for maintaining periodic contact with their relevant services provider(s). When leaving the provider's facility, the consumer or their designated advocate is responsible for knowing when and where to get further treatment, if needed, and what to do at home to help with following through with the care plan.

Approved:   
Kristina Kendricks-Clark, Chair

Date: 08/26/20



# ***Positive Advocate***

## ***Spring 2024***

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**National Women and Girls HIV/AIDS Awareness Day**

### **Awareness Days**

March 10th is National Women and Girls HIV/AIDS Awareness Day

March 20th is National Native HIV/AIDS Awareness Day

April 10th is National Youth HIV/AIDS Awareness Day

April 18th is National Transgender HIV Testing Day

May 18th is HIV Vaccine Awareness Day

May 19th is National Asian & Pacific Islander HIV/AIDS Awareness Day

### **ACC Community Conversations**

The Affected Communities Committee, ACC, a Committee of the HIV Health Services Planning Council, is once again, hosting Community Conversations related to the most current information on HIV. We look forward to seeing you there. All sessions will be held at the LGBT Center from 6 to 7pm with dinner provided. Please reach out to Zachary Basler at 415-299-7027 if you have questions. To register for an event please visit

[www.sacramento-tga.com](http://www.sacramento-tga.com)

#### **Upcoming Events:**

**May 29: HIV and Transgender Individuals**

**June 12: PrEP & PEP**

One Community Health offers low cost & confidential walk-in and appointments for HIV, Hepatitis C & STD testing at its Midtown Campus.

Call 916-443-3299 to make an appointment or for more information.

No one will be turned away if they are unable to pay.

Sunburst Clinic: 916-299-6810, SunburstClinic.org

Free confidential walk-in HIV/HCV/STD testing

Monday – Friday, 8 am – 6 pm in Arden Area.

PrEP Starter Pack issued same-day. PrEP-AP and ADAP enrollment or recertification

**Free or Low-Cost STD/HIV/HCV Testing;**

Contact the agency directly for dates, times and costs of testing

Golden Rule Services 916-427-4653

Harm Reduction Services 916-456-4849

Sacramento Sexual Health Clinic 916-875-1551

**Partner Services:**

County of Sacramento - 916-875-1100

One Community Health - 916-443-3299

Sunburst Projects - 916-440-0889

Yolo County - 530-666-8670

El Dorado and Placer Counties:

Sierra Foothills AIDS Foundation 530-889-2437

**The Sacramento TGA's HIV Health Services Planning Council and Committee Meeting Schedules**  
**Committees may be canceled if there is no pressing business to conduct.**  
**Go to [www.sacramento-tga.com](http://www.sacramento-tga.com) for the most updated meeting schedule.**

1st Monday of Even Months:  
February 5th, April 3rd, June 3rd,  
August 5th, October 7th, and  
December 2nd

**Affected Communities Committee:** 3:00—4:00 p.m. at  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

**Note:** April meeting will be held on 4/03 due to Cesar Chavez holiday

Quarterly on the 1st Tuesday of:  
March 5th, May 7th, June 4th,  
Sept. 3rd, and Dec. 3rd

**Quality Advisory Committee:** 2:00—3:00 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

**Note:** Will be meeting additionally on the 1st Tuesday of May.

Quarterly on the 1st Tuesday of  
March 5th, May 7th, June 4th,  
Sept. 3rd, and Dec. 3rd

**Needs Assessment Committee:** 3:00—4:30 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

**Note:** Will be meeting additionally on the 1st Tuesday of May.

1st Wednesday of the Months of:  
March 6th, May 1st, June 5th, and  
Sept. 4th. **Jan 1, 2025 is a holiday**

**Priorities and Allocations Committee:** 9:00—11:00 a.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

2nd Thursday of the Months of:  
March 14th, May 9th, June 13th,  
Sept. 12th, and January 9th

**Executive Committee:** 3:00—5:00 p.m. at the County of Sacramento  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

4th Wednesday of Every Month:  
**Combined Nov/Dec on 12/11/2024**

**HIV Health Services Planning Council:** 10:00 a.m.—12:00 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020



# Back Page

The **POSITIVE ADVOCATE** Newsletter is a quarterly information and outreach project. We welcome submissions from the affected community. For additional information about the Affected Communities Committee (ACC), HIV Health Services Planning Council (HHSPC), or this newsletter, contact: Danielle Caravella at 916-875-6021  
[www.sacramento-tga.com](http://www.sacramento-tga.com)

The **Affected Communities Committee** addresses issues facing the HIV/AIDS community and advises the Planning Council on community affairs. 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.

The Committee meets the first Monday of the Even Months of the year, 3—4 p.m., at Sacramento County Health Center, 4600 Broadway, Community Room 2020, Sacramento, 95820.  
**Please note that there is no meeting on April 1, 2024 due to the Cesar Chavez holiday**

## RYAN WHITE CARE ACT SERVICE PROVIDERS

### CommuniCare+OLE

\*\*\*\* Yolo County Residents only \*\*\*\*  
916-403-2910 x1077

**Golden Rule Services** 916-427-4653

**Harm Reduction Services** 916-456-4849

**One Community Health** 916-443-3299  
Direct HIV Service Line: 916-842-5185

### Sacramento Sexual Health Clinic

916-875-1551

### Sierra Foothills AIDS Foundation

\*\*\*\* El Dorado and Placer Counties only \*\*\*\*  
Main number: 530-889-2437

**Sunburst Projects** 916-440-0889

**UC Davis Medical Center Pediatric Infectious Disease** 916-734-1873

In the box to the right, is a list of Ryan White Part A and B funded Services.

Services may vary per provider and additional services may be available through other funding sources.

Please contact a provider above for additional information.

- ⇒ Ambulatory Outpatient Care
- ⇒ Medical Case Management
- ⇒ Child Care
- ⇒ Emergency Financial Assistance
- ⇒ Food Bank/Home Delivered Meals
- ⇒ Health Insurance Assistance
- ⇒ Housing
- ⇒ Medical Nutritional Therapy
- ⇒ Medical Transportation
- ⇒ Mental Health
- ⇒ Non-Medical Case Management
- ⇒ Oral Health
- ⇒ Outreach Services
- ⇒ Substance Abuse—Outpatient
- ⇒ Substance Abuse—Residential

HIV Health Services Planning Council  
2019 Affected Communities Committee

Committee Monitoring Form

Rating Category	Standards	Progress <i>(Date accomplished noted in parenthesis)</i>				Accomplishments/Barriers  • What has been accomplished (by whom) • What still needs to occur (by whom) in order to complete the task
		NA	ND	IP	COM	
<b>Reflectiveness</b>	1. Committee receives regular updates on membership and reflectiveness status.					•
	2. Committee sets and implements plans for reaching and engaging affected and underserved communities.					•
	3. Planning Council is reflective of the epidemic, and has all mandated seats filled on a continuous basis.					•
	4. Timeliness for reaching compliance with reflectiveness mandates are established in the event that Council falls out of compliance.					•
	5. The Planning Council has a pool of alternate members on a continuous basis.					•
	6. ACC participates in a minimum of four HIV-related outreach events per fiscal year.					•
	7. ACC participates in the HIV Medical Update as scheduled.					•
	8. ACC produces a minimum of four Positive Advocate newsletters per fiscal year.					•
	9. Newly appointed members will be assigned a mentor at onset of the participant's Council term.					•

Key: NA = Not Applicable, ND = Not Done, IP = In Progress, COM = Complete



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

### **Policy and Procedure Manual**

**Subject:** Mentorship Program

**No:** ACC08

**Date Approved:** 12/01/04

**Date Revised:** 05/24/17

**Date Reviewed:** 08/26/20

#### **Background:**

The intent of the mentorship program is to facilitate understanding of the purpose, activities, and procedures of the Planning Council. The goal is to expedite support and tutoring so that new participants will achieve comfort in their membership role as quickly as possible. The mentorship program is designed to promote timely, informed and active involvement of the new member in Council business and decision-making. A well-informed, proactive and consistent membership will enable the Council to equitably distribute the work of the organization and draw upon a stronger diversity of ideas.

#### **Policy:**

The HIV Health Services Planning Council will utilize a mentorship program to facilitate informed, active participation and long-term retention of new members. Each newly appointed member will be assigned a mentor at the onset of the participant's Council term.

#### **Procedure:**

To ensure that an equal opportunity and positive experience is extended to each new member, the following procedures will be used to guide the assignment of mentors and the expectations for interaction and mentorship.

#### Assignment of Mentors

1. An individual must be an active member of the Planning Council in good attendance standing for a minimum of one year to be eligible to serve as a mentor.
2. All members will receive an overview of the mentorship program and a copy of this procedure prior to being surveyed to ensure awareness of mentor responsibilities and commitments.

3. Planning Council members will be surveyed once a year to determine interest in serving as a mentor.
4. Planning Council staff and the ACC Chair (or ACC Co-Chair in absence of an ACC Chair) will consult to match mentor volunteers with newly appointed members. Every effort will be made to match mentors and new members with similar backgrounds or life experiences. If there are more mentor volunteers than new members, the selection of a mentor will be determined by the most appropriate match to the new member. If there are more new members than mentor volunteers, a volunteer may be asked to act as a mentor to more than one new member.
5. Mentors will be offered to all newly appointed Planning Council members (including alternate members).
6. In understanding that personalities are not always compatible, a new member may request a new mentor if an unsuccessful mentor match was assigned. If at any time there is a barrier in the mentor relationship, the new member and mentor should meet with staff to discuss the challenge and determine the most appropriate next step.

The formal mentorship period will last for six months with an emphasis for ongoing teamwork extending throughout the members term. During the six-month period, the mentor will act as the primary resource in orienting the new member to the Council's purpose and operating processes. Typically mentorship activities will occur during or immediately around regularly scheduled meetings of the Planning Council but may involve odd hour and/or weekend activity participation.

The following guidelines support a successful mentorship:

#### Interaction Between New Member-Mentor

1. New members will be introduced to their mentor at the New Member Orientation Session. Mentors are expected to attend and fully participate in the orientation session. The orientation session will offer an opportunity for mentors to frame the history and relay past or current events of the Planning Council to new members.
2. The new member and mentor will discuss and record goals for the relationship. Issues to consider when setting mentorship goals include: what each participant hopes to get out of the mentorship relationship,

why, and what activities are necessary to achieve those goals. Because it may compromise the mentorship relationship established for the Planning Council, and because mentors are not trained to do so, it is not the mentor's role to act as a life/peer counselor. All goals should be tied to building skills and knowledge needed to be an effective Planning Council member.


3. The mentor will act as a tutor, coach, and sounding board for the new member to meet the goals set for the mentorship relationship.
4. Mentor will place a reminder phone call to the new member two days prior to each of the first six Planning Council meetings of the new member's term. In addition to acting as a meeting reminder, the call will be used to answer any preliminary questions that the new member might have.
5. New members and mentors will arrive to Planning Council meetings ten minutes before the meeting's scheduled start time. At that time, an explanation of the agenda and overview of what will be presented for each agenda item will be provided.
6. The mentor will sit with the new member at all Planning Council meetings during the six-month mentorship period. The mentor will be available throughout the meeting to answer any questions and provide any needed clarification. The mentor will be especially mindful to provide the new member with explanations of acronyms, definitions, an issue's relevance, or its historical context.
7. New members will document any substantial questions they have over the course of the meeting. The new member and the mentor will use the break or the end of the meeting to discuss and develop a clear explanation of the issues in question.
8. The mentor will continually encourage new members to raise their questions or voice their comments to the Planning Council during meetings. Mentors will lead by example, asking questions that they feel would be beneficial to the new member's understanding of an issue. To improve the new members comfort level in speaking during meetings, the mentor will assist the new member in navigating Robert's Rules of Order Newly Revised.
9. The mentor will encourage the new member to become actively involved in Planning Council committees. Because all of the work of the Planning Council is done at the committee level, it is vital to engage

new members in committee work. The mentor will play an integral role in assessing the new member's interests, and connecting the new member to the most appropriate committee.

10. The new mentor relationship is confidential. Any questions, comments, or statements made in confidence will not be shared by either participant.

The mentor relationship is not designed to be exclusive. New members are encouraged to go to any member or staff with questions or comments, just as mentors are encouraged to provide assistance to any member in need of clarification. The mentor is simply assigned to ensure that all new members have at least one individual (in addition to staff) that they feel comfortable approaching until knowledgeable with the overall purpose and processes of the Planning Council.

Adopted:



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Kristina Kendricks-Clark, Chair

Date: 08/26/20

## Calendar Year 2024 HHSPC Training Schedule

<b>January 24</b>	Integrated Plan Blueprint
<b>February 28</b>	STD Control Branch
<b>March 27</b>	RX Health Care
<b>April 24</b>	Gilead Community Liaison
<b>May 22</b>	Housing Presentation
<b>June 26</b>	TBD _ Possibly Women and HIV Presentation
<b>July 24</b>	TBD
<b>August 28</b>	TBD
<b>September 25</b>	TBD
<b>October 23</b>	TBD
<b>Nov/Dec 11</b>	TBD

## 2024 Community Event Schedule

Event Date	Event	Organization	Location	Time	Space Fee	Comments	ACC Event	
2024	April 18	National Transgender HIV Testing Day	TBD	TBD	TBD			
	April-24	Senior LGBT Fair	Senior Heart Center	Sacramento LGBT Center	10 am-2pm			
	May 16-19	NorCal AIDS Cycle	NorCal AIDS Cycle	Sacramento		N/A	2 day event	Collab.
	June 5	HIV Long-Term Survivors Day	TBD	TBD	TBD	TBD		
	June 10-11	Sacramento Pride	LGBT Center	Capitol Mall	11 - 8 p.m.	\$\$\$	2 day event	Collab.
	June 27	National HIV Testing Day	TBD	TBD	TBD	TBD		?
	July 21	National Clinician's HIV/AIDS Testing and Awareness Day	TBD	TBD	TBD	TBD		N
	TBD	Healing Waters Rafting Trip	Healing Waters	American River		N/A	2 day event	
	Sept. 3	Rainbow Festival	Rainbow Festival	20th and K Streets	12 - 7 p.m.	\$\$		Materials Only
	Sept. 6	Recovery Happens	CCAPP	State Capital	9-2:30	TBD	California Consortium of Addiction Programs and Professionals <a href="http://www.recoveryhappens.info/">www.recoveryhappens.info/</a>	
	Sept. 18	National HIV/AIDS and Aging Awareness Day	TBD	TBD	TBD	TBD		
	Sept. 27	National Gay Men's HIV/AIDS Awareness Day	TBD	TBD	TBD	TBD		Collab.
	Oct. 15	National Latino AIDS Awareness Day	TBD	TBD	TBD	TBD		
	TBD	Fentanyl Awareness Safety Fair	Sac DA and DHS	TBD	TBD		1PillCanKillSac.com/Events	<b>Yes</b>
	Dec. 1	World AIDS Day	Collaborative	TBD	TBD	N/A		