

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

Meeting Agenda

January 22, 2025, 10:00 AM – 12:00 PM

Meeting Location –

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

Facilitator: Richard Benavidez, Council -Chair

Scribe: 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**

Topic	Presenter	Start Time and Length
Welcome, Introductions, & Housekeeping	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments-Agenda Items 3 Minute Time Limit	All	
January Agenda*	Benavidez	
Minutes of December 2024*	Benavidez	

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State Office of AIDS January 2025 Update	Pulupa	As Needed
CPG/HIV/STI Prevention Updates	All	
Recipient Report: <ul style="list-style-type: none"> ➤ FY24 November Part A Monthly Fiscal Report* ➤ FY24 November Part B Monthly Fiscal Report ➤ HRSA Ending the Epidemic Update ➤ Q3 Recipient Report 	Gossett	
Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee <ul style="list-style-type: none"> ➤ Next Meeting Tuesday, June 10, 2025 ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Community Presentations ➤ Reflectiveness ➤ Priorities and Allocations ➤ Executive Committee <ul style="list-style-type: none"> ➤ Gov12- Member Acknowledgements ➤ Gov 14 – Code of Conduct ➤ Gov 15 – P&P Conflict of Interest ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ Transportation Service Standard* ➤ Renaming service standards* ➤ Needs Assessment Committee ➤ Governance 	Willett Benavidez Bradley-Rowe Benavidez Gluckman Gotelli Bradley-Rowe	

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Binder Updates	Caravella	
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

Attachments:

- Minutes of December 2024*
- January 2025 OA Voice Update
- FY24 November Part A Monthly Fiscal Report
- FY24 November Part B Monthly Fiscal Report
- Q3 Recipient Report
- Gov12- Member Acknowledgements
- Gov 14 – Code of Conduct
- Gov 15 – P&P Conflict of Interest

NEXT MEETING: February 26, 2025
March 26, 2024

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December 11 2024

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

December 11, 2024 10:00 a.m. to 12:00 p.m.

Facilitator: Richard Benavidez, Council Chair

Scribe: Angelina Olweny, Council Staff

Council Member Attendees:

Arturo Jackson III, Austin Green, Chelle Gossett, Christopher Kendrick-Stafford, Everardo Alvizo, Jake Bradley-Rowe, Jasmine Montes, Kelly Gluckman, Kristina Kendricks-Clark, Kane Ortega, Lenore Gotelli, MacArthur Flournoy, Melissa Willett, Richard Benavidez, Ronnie Miranda, Steve Austin, Scott Fong, Troy Stermer, Zach Basler

Members Excused: Aaron Armer, Heather Orchard, Kaye Pulupa, Keshia Lynch, Melody Law, Minerva Reid, Yingjia Huang

Absent: Clarmundo Sullivan

Guests: Carolyn Buck, Jamie Curtis, Anna Cornelius, Roxanne Gaedeke, Michael Schellenberger, Jill Fox, Sal

County Staff: Danielle Caravella, Alexa Bunton

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Topic	Minutes
Welcome, Introductions and Announcements	<p>The meeting began at 10:05 AM.</p> <p>Sunburst Projects had a gift drive that wrapped 750 gifts donated by Sacramento State University that benefit families and children who receive services at Sunburst Projects. Richard Benavidez participated in the gift drive.</p> <p>Linda Ryan, Director of Behavioral Health Services at Sunburst Projects is retiring.</p> <p>OCH has a food drive on Friday, December 13, 1:00 – 3:00 PM.</p> <p>World AIDS Day was on December 1. The Capitol dome will be lit in red every December 1 to commemorate World AIDS Day beginning on December 1, 2024.</p> <p>Council members were encouraged to partner with friends and community members to recruit individuals to participate in the NorCal AIDS Cycle in the summer.</p>
Public Comments- Action Items	N/A
Agenda Review*	<p>The December agenda was presented for review and approval. Kane Ortega motioned to accept the agenda as presented and Melissa Willett seconded the motion.</p> <p>The following changes were made:</p> <p>The 10% Service Directive will be added as an action item under Priorities and Allocation Committee updates.</p> <p>The unobligated balance discussion will be added as an action item after the fiscal report update.</p>

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<p>Minutes Review*</p>	<p>Kelly Gluckman will give the ACC update.</p> <p>Recruitment will be added as a discussion item under the ACC updates.</p> <p>A Work Group discussion will be added under the Needs Assessment Committee Updates.</p> <p>Troy Stermer motioned to accept the agenda with the changes made and Zach Basler seconded the motion. The motion passed with a majority. See the vote sheet for details.</p> <p>The October minutes were presented for review and approval. Jake Bradley-Rowe motioned to accept the minutes as presented and Lenore Gotelli seconded the motion.</p> <p>The following changes were made: Under Welcome and Introductions, the statement should read "Zach Basler received a 2024 quality award for involvement of people with HIV in our Quality Improvement Project".</p> <p>On page four, the statement should read "FY24 February Part B monthly report for clarity.</p> <p>Jake Bradley-Rowe motioned to accept the minutes with the changes made and Troy Stermer seconded the motion. The motion passed with a majority. See vote sheet for details.</p>
<p>CPG/HIV/STI Prevention Updates CPG Elections</p>	<p>CPG had an Ending the HIV four-day Symposium. The CPG HIV and Aging Committee participated in the meeting.</p>
<p>FY24 Part A October Monthly Report</p>	<p>The FY24 Part A October monthly report was presented for review and approval. Expenditures should be at 66.7% through October 31. Total expenditures in El Dorado County are at 62.3% and 63% in Placer County. Total expenditures in Sacramento County are at 64.3%. Total direct service expenditures are at 64.07%.</p>

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<p>FY24 Part B October Monthly Report</p> <p>HRSA Ending the Epidemic</p> <p>Unobligated Balance Discussion</p>	<p>Melissa Willett motioned to accept the FY24 Part A October monthly report as presented and Jake Bradley-Rowe seconded the motion. The motion passed with a majority. See the vote sheet for details.</p> <p>The FY24 Part B October Monthly Report was presented for informational purposes only. Expenditures should be at 58.3% through October 31. The total expenditures in Yolo County are at 48.4%. Expenditures in Sacramento are at 65.1%.</p> <p>Well Space is providing ambulatory care, medical transportation, nutrition therapy and other wrap around service for HIV clients.</p> <p>The report on the expected unobligated balance is due on December 31. This is an estimate of how much money the Recipient expects to have remaining at the end of the fiscal year. Current expenditures through October 31 were not at the 66.7% target. At the end of the fiscal year after first spending carryover funding, supplemental funding, and then formula award the unobligated balance should not be more than 5%. The Recipient expects to be right around the 5% allowable unobligated balance amount at the end of the fiscal year. The Planning Council recommended that the Recipient request the allowed maximum of an estimated 5% unobligated balance. Additionally, the Council gave the Recipient the authority to request to reallocate the unobligated balance across service categories that currently need additional funds.</p> <p>Zach Basler motioned to approve the requested estimated 5% unobligated balance and Melissa Willett seconded the motion. The motion passed with a majority. See the vote sheet for details.</p>
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Committee Updates	
AdAC	Melissa Willett acknowledged members who attended the AdAC meeting in November. The next meeting is in June 2025.
Affected Communities Committee (ACC)	<p>The committee reviewed and voted to approve a mission and vision statement that will be reviewed by the planning council.</p> <p>Melissa Willett voted to approve the planning council mission and vision statement and Lenore Gotelli seconded the motion. The motion passed with a majority. See vote sheet for details.</p>
Reflectiveness	Planning Council reflectiveness is at 28.6%. Two affected members waiting to be appointed by the board of supervisors.
Recruitment	Council members were reminded that the Human Resource Services Administration (HRSA) requires the Planning Council's membership to adequately reflect the clients receiving Ryan White Part A Services. This representation should be at least 33%. The Council Chair requested that the County convert two alternate seats into Affected Community Committee seats in order to expand Planning Council membership.
Priorities and Allocations Committee (PAC) Waive 10% directive*	PAC will meet on January 8 at 9:00 AM. As discussed during the estimated unobligated balance conversation, the TGA is not on target with spending, to help spend money the most effectively, Jake Bradley-Rowe motioned to waive the 10% PAC directive limiting the Recipients authority to re-allocate funding through the end of FY24. This will allow the Recipient to effectively re-allocate funding across service categories that need additional funding in a timely manner. Additionally, this directive will enable the Sacramento TGA to stay within the 5% threshold of unexpended funds.

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<p>Work group</p> <p>Governance</p>	<p>12 and 13 of the survey tool.</p> <p>Ronnie Miranda motioned to accept the HIV Needs Assessment Survey Tool as presented and Jake Bradley-Rowe seconded the motion. The motion passed with a majority. See the vote sheet for details.</p> <p>County staff and Richard Benavidez met with Isaiah Baiseri who was contracted to redesign the Sacramento TGA website. Council members will be updated throughout the process.</p> <p>Governance will review the mission and vision statement and update the bylaws accordingly.</p>
<p>Vice Chair Elections</p>	<p>Kristina Kendricks-Clark, Troy Stermer, Kane Ortega, McArthur Flournoy were candidates for the Council Vice-Chair position. The candidates expressed their interest in serving as the Council Vice-Chair.</p> <p>MacArthur Flournoy was voted as the Council Vice-Chair by the majority of Council members.</p>
<p>Meeting Extension</p>	<p>A point of order called to extend the meeting by 15 minutes. Kane Ortega motioned to extend the meeting and Jake Bradley-Rowe seconded the motion. The motion passed with a majority.</p>
<p>Binder Updates</p>	<p>There are no new binder updates.</p>
<p>Public Comments Non-Agenda Items</p>	<p>Open Arms received funding to serve the unhoused HIV community. There are 21 beds that are available for 30-day stays. The stays can be extended on an as needed basis. Space is limited for individuals with pets.</p>

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	Individuals will need proof that they are HIV positive and have TB testing as part of the referral intake process. Over the counter COVID 19 tests are also available.
Technical Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	12:11 PM

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Meeting Date: 12/11/24																														
Seated Members	Agenda			Minutes			Part A October Monthly Report			Unobligated Balance			10% Waiver Directive			Mission and Vision Statement			Mental Health Service Standard			Food bank/home delivered meals			HIV Needs Assessment Tool			Meeting Extension		
	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Oppose	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain
Arturo Jackson III																														
Austin Green	X					X	X			X			X			X			X			X			X				X	
Aaron Armer																														
Brad Bartholomai																														
Chelle Gossett	X					X	X			X	X				X	X			X			X			X			X		
Christopher Kendrick Stafford	X			X									X						X			X			X			X		
Clarmundo Sullivan																														
Everardo Alvizo	X					X				X			X			X	X				X									
Heather Orchard																														
Jake Bradley-Rowe	X			X			X			X			X			X			X			X			X			X		
Jasmine Montes	X			X			X			X			X			X			X			X			X		X	X		
Kaye Pulupa																														
Kane Ortega	X			X			X					X				X			X			X			X			X		
Kelly Gluckman	X			X			X			X			X			X			X			X			X			X		
Keshia Lynch																														
Kristina Kendricks-Clark	X			X			X			X			X			X			X			X			X			X		
Lenore Gotelli	X			X			X			X			X			X			X			X			X			X		
MacArthur Flournoy	X			X			X			X			X			X			X			X			X			X		
Melissa Willett	X			X			X			X			X			X			X			X			X			X		
Melody Law																														
Minerva Reid																														
Richard Benavidez	X			X			X			X			X			X			X			X			X			X		
Ronnie Miranda	X					X	X			X			X			X			X			X			X			X		
Scott Fong	X					X	X			X			X			X			X			X			X			X		
Steve Austin	X			X			X			X			X			X			X			X			X			X		
Troy Stermer	X			X			X			X			X			X			X			X			X			X		
Yingjia Huang																														
Zach Basler	X			X			X			X			X			X			X			X			X			X		
Motion			Ortega			Bradley-Rowe			Willett			Basler			Bradley-Rowe			Willett			Benavidez			Greem			Miranda		Ortega	
Second			Willett			Gotelli			Bradley-Rowe			Bradley-Rowe			Basler			Gotelli			Basler			Stermer			Bradley-Rowe		Bradley-Rowe	
Amended Motion			Stermer			Bradley-Rowe															Basler			Basler						
Amended Second			Basler			Stermer															Gotelli			Bradley-Rowe						

- Updates
- Strategic Plan
- Health Access for All
- Racial Equity

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

STAFF HIGHLIGHT

Please join me in welcoming back **Will Graening**, our new Quality Assurance and Training Coordinator/Associate Governmental Program Analyst (AGPA) within the AIDS Drugs Assistance Program (ADAP) Branch's Quality Assurance and Training (QAT) Unit. Will comes from the Department of Education as an AGPA where he was a part of the Child Nutrition Program (CNP). He maintained a caseload of local agencies in specified regions responding to inquiries on eligibility requirements to participate in the CNP. He provided technical assistance to local agency organizations and reviewed and approved requests for program participation changes. He also provided analytical assistance to other units in the Nutrition Services Division on program and operations, including policy and regulation interpretation, program requirements, and compliance issues.

Prior to joining the Department of Education, Will was a Staff Services Analyst (SSA)/Client Services Lead in the ADAP Client Services Unit (CSU), where he monitored phone coverage and responded to questions about program and eligibility as a subject matter expert in both ADAP and the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP). In this role, he also served as the grievance coordinator for the ADAP Branch, conducted monthly quality assurance (QA) on the call center staff, completed monthly aggregate reports for QA and grievances, and assisted in training and onboarding of



Will & Children

new staff. Before being promoted to an SSA, Will started his journey in the ADAP CSU as a Program Technician II answering calls from clients, enrollment workers (EW), providers, and pharmacies, as well as processing work items, and assisted in training new hires in the CSU through side-by-side observation. Prior to joining state service, Will worked at Faneuil where he was a supervisor handling escalation and QA for his team who was responsible for taking calls for the Covered California Health Benefits Exchange. Prior to that, Will had experience at other call centers, including Teledirect and Kelly

Services (HealthNet), as well as several years of customer service and retail experience.

Will likes short walks on the beach. He's a family man and spending time with his kids is especially his favorite thing in the world. He loves all things Marvel, Walking Dead, and recently started appreciating LEGO. On a lighter note, he mentioned if anyone knows how to get his 12-year-old to smell less bad or his 5-year-old to curse less, he would appreciate the advice. :) All jokes aside, he is really excited to be back in OA and is looking forward to continuing supporting our clients.

Once Will completes his training, he will be working alongside Lori and Juanita conducting QA reviews of ADAP and PrEP-AP applications, performing Americans with Disabilities Act (ADA) remediation on documents in preparation for website contribution, performing user acceptance testing for the ADAP Enrollment System (AES), creating and maintaining job aids for the AES, and creating and maintaining on-demand training for staff, EWs, and contractors.

Please join us in welcoming Will back to ADAP and the newest team member in the QAT Unit!

GENERAL UPDATES

➤ 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.

Digital assets are available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.

➤ HIV/STI/HCV Integration

We continue to move 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 as new information comes in.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The [visual at the top of page three](#) is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

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. The program, [TakeMeHome](#), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In November, 379 individuals in 41 counties ordered self-test kits, with 263 (69.4%)

ENDING THE EPIDEMICS
STI·HIV·HEPC

OA/STD
STRATEGIC PLAN

RACIAL EQUITY

- 1 Leadership & Workforce Development
- 2 Racial/Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

HOUSING FIRST

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

HEALTH ACCESS FOR ALL

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

MENTAL HEALTH & SUBSTANCE USE

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

ECONOMIC JUSTICE

- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

STIGMA FREE

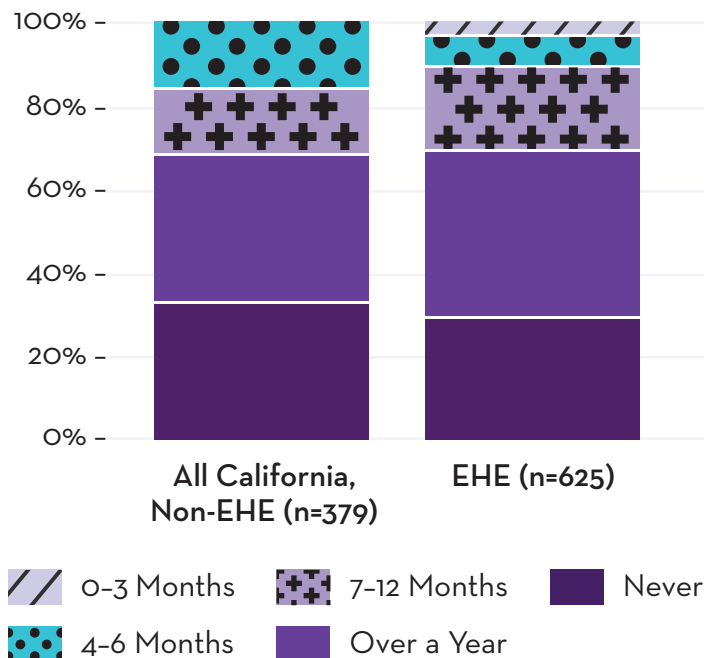
- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and November 30, 2024, 14,671 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 231 (37.0%) of the 625 total tests distributed in EHE counties. Of those ordering rapid tests, 303 (76.90%) ordered 2 tests.

TAKEMEHOME

Since September 2020, 1,638 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 731 responses from the California expansion since January 2023.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Nov. 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	61.3%	58.8%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	37.3%	42.1%
Were 17-29 years old	42.2%	45.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.5%	47.1%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.3%	93.8%
Identify as a man who has sex with other men	50.1%	52.1%
Reported having been diagnosed with an STI in the past year	8.4%	10.4%

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of December 31, 2024, there are 278 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on page five of this newsletter.

As of December 31, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page six.

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

Pacific AETC is excited to announce that they have launched the California Rural Health Provider Toolkit. The toolkit is a collection of national, state, and local resources to support healthcare providers in rural and underserved counties in the state. The main page includes an interactive map of California that users can click on to access region-specific resources and lists of other healthcare organizations in those areas that provide health and support services to these communities, as well as be connected to the Pacific AETC local partner site that supports their county. This toolkit can be continuously updated as new and updated resources become available.

➤ Strategy 4: Community Engagement

HOPWA Consolidated Plan Public Comment Period

California’s Housing and Community Development Department (HCD) is developing its Consolidated Plan (ConPlan) for 2025-2029. This document outlines how U.S. Department of Housing and Urban Development (HUD) funding will be used to address affordable housing needs within their jurisdiction. OA’s Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program is one of the programs included in the ConPlan.

HCD is hosting a Public Hearing Webinar on February 6, 2025, from 2:00 – 3:30 PM. The hearing will summarize the 2025-2029 ConPlan and updates to the 2025-2026 Annual Action Plan (AAP), provide public comment opportunity, and allow time for questions.

[Register for the Webinar.](#)

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	382	12%	---	---	---	---	23	1%	405	12%
25 - 34	1,127	34%	---	---	---	---	164	5%	1,291	39%
35 - 44	741	23%	---	---	1	0%	128	4%	870	26%
45 - 64	404	12%	---	---	11	0%	97	3%	512	16%
65+	30	1%	---	---	174	5%	5	0%	209	6%
TOTAL	2,684	82%	0	0%	186	6%	417	13%	3,287	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	217	7%	4	0%	55	2%	19	1%	1	0%	66	2%	3	0%	40	1%	405	12%
25 - 34	717	22%	4	0%	121	4%	93	3%	7	0%	258	8%	12	0%	79	2%	1,291	39%
35 - 44	481	15%	4	0%	79	2%	51	2%	4	0%	190	6%	5	0%	56	2%	870	26%
45 - 64	268	8%	---	---	47	1%	18	1%	1	0%	136	4%	---	---	42	1%	512	16%
65+	19	1%	---	---	3	0%	5	0%	---	---	171	5%	---	---	11	0%	209	6%
TOTAL	1,702	52%	12	0%	305	9%	186	6%	13	0%	821	25%	20	1%	228	7%	3,287	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	57	2%	---	---	5	0%	10	0%	1	0%	10	0%	---	---	4	0%	87	3%
Male	1,538	47%	11	0%	279	8%	171	5%	12	0%	781	24%	19	1%	200	6%	3,011	92%
Trans	84	3%	---	---	14	0%	5	0%	---	---	14	0%	1	0%	6	0%	124	4%
Unknown	23	1%	1	0%	7	0%	---	---	---	---	16	0%	---	---	18	1%	65	2%
TOTAL	1,702	52%	12	0%	305	9%	186	6%	13	0%	821	25%	20	1%	228	7%	3,287	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: 12/31/2024 at 12:02:58 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 November
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	545	- 1.62%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,489	+ 1.57%
Medicare Premium Payment Program (MPPP)	2,124	- 3.63%
Total	8,158	- 0.05%

Source: ADAP Enrollment System

The public comment period for the 2025–2029 ConPlan begins on February 10, 2025, and ends March 12, 2025. The [ConPlan will be posted to https://www.hcd.ca.gov/policy-and-research/plans-and-reports](https://www.hcd.ca.gov/policy-and-research/plans-and-reports). Comments and questions can be emailed to ConsolidatedPlan@hcd.ca.gov.

Comments may also be mailed to: Department of Housing and Community Development, ATTN: Federal Community Development Branch – HUD Reporting 651 Bannon Street, Suite 400, Sacramento, CA 95811.

Requests for accommodation, translation services, and for auxiliary aides and services to allow non-English speaking attendees and attendees with disabilities to access the meeting may be submitted by email to ConsolidatedPlan@hcd.ca.gov or requested by phone to Alexis Navarro at (916) 776-7462. Please submit your requests by January 30, 2025, by 5:00 PM.

RACIAL EQUITY

➤ Strategy 4: Community Engagement

California Planning Group (CPG) Community Member Recruitment Announcement



CPG is looking for community members to join their committees! CPG is a statewide planning body that advises and partners with the OA and STD Control Branch (STDCB) to develop comprehensive plans and implement special projects to address community needs related to the HIV/STD/HCV syndemic. CPG has four committees, and information about their transformative work is detailed below. If you are interested in being a part of a committee, please email cpg@cdph.ca.gov for more information.

- **CPG Women’s Committee:**

The Women’s Committee’s mission is to address disparities in women, especially women of color, related to harm reduction, HIV, HCV, and STDs through education, representation, and advocacy. In March 2024, the committee hosted a 3-part webinar series on HIV prevention and care among women in the Central Valley. This series included topics such as an overview of the HIV epidemiologic and healthcare landscape of the Central Valley, key prevention strategies, and how to create responsive and compassionate HIV care systems for women. It uplifted the

stories of women with lived experience and created impactful change in around HIV prevention in the Central Valley.

The committee also uplifted the voices of women living with HIV by coordinating a presentation in recognition of National Women and Girls HIV/AIDS Awareness Day on March 10. The presentation included an overview of HIV and women in California and featured a presentation on the Dynamic Divas Program from Children's Hospital Oakland.

Currently, the Women's Committee is working on the creation of a client-focused and provider-focused infographic that highlights PrEP utilization among women. Additionally, their current advocacy efforts are focused on including cisgender women in doxyPEP guidance.

- **CPG Youth Committee:**

The Youth Committee's mission is to address disparities in HIV/STD/HCV prevention and care for adolescents and young adults up to 29 years of age, especially those who are often overlooked and marginalized. They believe in education, representation, and, most importantly, taking action! In 2024, the committee hosted a webinar in recognition of National Youth HIV/AIDS Awareness Day on April 10 featuring a training by Children's Hospital Los Angeles to unpack adultism and how we can disrupt it through multigenerational partnerships.

Currently, they are planning to recruit young people into their committee with the goal of uplifting their voices and equipping them with the tools to make informed choices about their health.

- **CPG HIV & Aging Committee:**

The HIV & Aging Committee's mission is to reduce disparities and improve health outcomes and quality of life for the aging community (aged 50 and more), those living with HIV, those who are HIV possible, and long-term survivors. In

2023, the committee published an infographic to education local health departments, service providers, and the community on the impact HIV has on people with HIV aged 50 or more ([HIV & Aging Infographic](#)). They also hosted a webinar in recognition of National HIV/AIDS and Aging Awareness Day on September 18 featuring a presentation about Medicare from the Health Insurance Counseling and Advocacy Program. Lastly, in 2024, they hosted another webinar about the CalFresh Program to learn more about resources that are important for the health of people aging with HIV and their families.

The committee is currently developing resource packets and capacity building presentations on various topics including insurance, housing, food, and care-giving.

- **CPG Drug User Health Committee:**

The Drug User Health Committee's mission is to address health and racial disparities in people who use drugs, especially men who have sex with men related to HIV, HCV, STIs, and fatal overdose, and inform and advise the CPG.

In 2024, the committee hosted a webinar in recognition of International Overdose Awareness Day on August 31. This webinar was facilitated by Damone Thomas, a CPG member, who created a safe space to share experiences and learn more about harm reduction.

Currently, they are recruiting community members into their group to plan next steps and projects for the upcoming year.

For more information on CPG, please [visit our CPG webpage](#).

- **Strategy 5: Racial and Social Justice Training**

The CDC offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with

HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so

much more! To [submit a CBA request](#), please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

For [questions regarding *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



Part A Only

EL DORADO COUNTY - November 2024	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
Oral Health	\$5,091	\$0	\$2,419		47.5%	\$2,672
Health Insurance Premium & Cost Sharing Asst.	\$1,883	\$101	\$706		37.5%	\$1,177
Mental Health Services	\$13,613	\$1,089	\$9,934		73.0%	\$3,679
Medical Case Management	\$139,603	\$11,926	\$103,624		74.2%	\$35,979
Medical Transportation Services	\$9,425	\$880	\$5,858		62.1%	\$3,568
Emergency Financial Assistance	\$31,548	\$1,639	\$18,360		58.2%	\$13,188
Sub-Total El Dorado Counties	\$201,163	\$15,635	\$140,900		70.0%	\$60,263

PLACER COUNTY - November 2024	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
Oral Health	\$3,191	\$0	\$0		0.0%	\$3,191
Health Insurance Premium & Cost Sharing Asst.	\$840	\$0	\$858		102.1%	-\$18
Mental Health Services	\$6,670	\$626	\$6,020		90.3%	\$650
Medical Case Management	\$149,385	\$9,994	\$100,700		67.4%	\$48,685
Medical Transportation Services	\$21,570	\$1,155	\$12,865		59.6%	\$8,706
Emergency Financial Assistance	\$34,679	\$2,784	\$30,397		87.7%	\$4,282
Sub-Total Placer County	\$216,335	\$14,558	\$150,839		69.7%	\$65,496

Priority Number

SACRAMENTO COUNTY - November 2024		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$448,269	\$28,760	\$308,005		68.7%	\$140,264
	SS: Ambulatory/Outpatient Medical Care	\$396,375	\$28,760	\$279,772		70.6%	\$116,603
	SS: Vendor paid viral/load resistance lab test	\$51,894	\$0	\$28,233		54.4%	\$23,660
2	ADAP/Prescription Medications	Not Funded at This Time					
3	Health Insurance Premium & Cost Sharing Asst.	\$10,000	\$0	\$1,272		12.7%	\$8,728
4	Oral Health	\$226,683	\$30,823	\$219,890		97.0%	\$6,793
5	Medical Case Management	\$1,088,524	\$104,801	\$827,669		76.0%	\$260,855
	SS: MAI	\$198,967	\$21,863	\$159,596		80.2%	\$39,371
	SS: Office Based Services	\$465,073	\$51,646	\$383,855		82.5%	\$81,217
	SS: Field/In-Home Services	\$420,557	\$31,218	\$281,700		67.0%	\$138,858
	SS: Pediatric Treatment Adherence	\$802	\$74	\$578		72.1%	\$224
	SS: Case Mgmt Child Care	\$3,125	\$0	\$1,940		62.1%	\$1,185
6	Case Management (Non-Medical)	\$123,780	\$11,008	\$105,671		85.4%	\$18,109
7	Food Bank/Home Delivered Meals	\$47,306	\$4,840	\$36,300		76.7%	\$11,006
8	Mental Health Services	\$467,235	\$36,236	\$318,863		68.2%	\$148,372
9	Psychosocial Support	Not Funded at This Time					
10	Medical Transportation Services	\$110,898	\$7,537	\$69,463		62.6%	\$41,435
11	Substance Abuse Services - Outpatient	\$158,888	\$11,442	\$108,067		68.0%	\$50,821
12	Substance Abuse Services - Residential	\$15,000	\$0	\$0		0.0%	\$15,000
13	Housing Assistance	\$23,134	\$0	\$16,398		70.9%	\$6,736
14	Child Care Services	\$12,341	\$1,018	\$8,195		66.4%	\$4,146
15	Emergency Financial Assistance	\$22,716	\$1,642	\$10,036		44.2%	\$12,680
16	Medical Nutritional Therapy	\$40,296	\$1,142	\$22,871		56.8%	\$17,425
17	Health Education/Risk Reduction	Not Funded at This Time					
18	Outreach Services	Part B Funded Only					
19	Outreach Services MAI	Part B Funded Only					
20	Linguistic Services	Not Funded at This Time					
21	Home & Community Based Health Services	Not Funded at This Time					
22	Home Health Care	Not Funded at This Time					
23	Hospice	Not Funded at This Time					
24	Legal Services	Not Funded at This Time					
25	Permanency Planning	Not Funded at This Time					
26	Referral for Health Care 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		\$2,795,070	\$239,249	\$2,052,700		73.4%	\$742,370
Sub-Total TGA Direct Service Expenditures		\$3,212,568	\$269,442	\$2,344,440		72.98%	\$868,128
Recipient - Grantee Admin		\$373,901	\$0	\$252,463		67.52%	\$121,438
Recipient - Quality Mgmt		\$186,950	\$0	\$106,456		56.94%	\$80,494
Grand- Total Direct Services, Recipient		\$3,773,419	\$269,442	\$2,703,359		71.64%	\$1,070,060

Missing Invoices	
Recipient Bills Quarterly	

		October
Under 5%		0-69%
Within 5%		70-80%
Over 5%		81% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$3,013,601	\$247,579	\$2,184,844		72.50%	\$828,757
Part A MAI	\$198,967	\$21,863	\$159,596		80.21%	\$39,371

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Core Services (Does not include MAI MCM)	\$2,561,204	\$215,076	\$1,871,303	85.0%	86.9%	85.6%
Support Services	\$452,397	\$32,503	\$313,541	15.0%	13.1%	14.4%

Part B Only

YOLO COUNTY - November 2024	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Oral Health	\$2,463	\$0	\$2,463		100.0%	\$0
Medical Case Management	\$109,200	\$9,581	\$58,413		53.5%	\$50,788
Food Bank/Home Delivered Meals	\$12,800	\$1,757	\$10,040		78.4%	\$2,760
Medical Transportation Services	\$4,537	\$0	\$3,408		75.1%	\$1,128
Housing	\$1,000	\$0	\$0		0.0%	\$1,000
Emergency Financial Assistance	\$1,000	\$0	\$398		39.8%	\$602
Sub-Total YOLO County	\$131,000	\$11,338	\$74,722		57.0%	\$56,278

November		
Under 5%		0-60%
Within 5%		61-71%
Over 5%		72% - Over

Priority Number

SACRAMENTO COUNTY - November 2024		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$349,473	\$30,857	\$226,044		64.7%	\$123,429
	SS: Ambulatory/Outpatient Medical Care	\$349,473	\$30,857	\$226,044		64.7%	\$123,429
	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	\$177,711	\$15,470	\$163,449		92.0%	\$14,262
5	Medical Case Management	\$60,579	\$5,477	\$39,730		65.6%	\$20,849
	SS: MAI	Part A Funded					
	SS: Office Based Services	\$48,479	\$5,074	\$35,601		73.4%	\$12,878
	SS: Field/In-Home Services	\$12,100	\$402	\$4,129		34.1%	\$7,972
	SS: Pediatric Treatment Adherence	Part A Funded					
	SS: Case Mgmt Child Care	Part A Funded					
6	Case Management (Non-Medical)	\$120,450	\$7,697	\$88,641		73.6%	\$31,809
7	Food Bank/Home Delivered Meals	\$18,000	\$1,400	\$16,700		92.8%	\$1,300
8	Mental Health Services	\$104,500	\$5,443	\$66,402		63.5%	\$38,098
9	Psychosocial Support	Not Funded at This Time					
10	Medical Transportation Services	\$124,000	\$11,506	\$97,105		78.3%	\$26,895
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	Part A Funded					
17	Health Education/Risk Reduction	Not Funded at This Time					
18	Outreach Services	\$37,235	\$3,184	\$28,596		76.8%	\$8,639
19	Outreach Services MAI	Not Funded at This Time					
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	\$991,948	\$81,034	\$726,667		73.3%	\$265,281
	Sub-Total TGA Direct Service Expenditures	\$1,122,948	\$92,372	\$801,389		71.4%	\$321,559
	Recipient - Grantee Admin	\$132,112	\$4,646	\$71,039		53.8%	\$61,072
	Recipient - Quality Mgmt	\$66,056	\$2,893	\$39,201		59.3%	\$26,854
	Grand- Total Direct Services, Recipient	\$1,321,115	\$99,910	\$911,629		69.0%	\$409,486

Missing Invoices

November		
Under 5%		0-60%
Within 5%		61-71%
Over 5%		72% - Over

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Member Policy Acknowledgement

No.: GOV 12

Date Approved: 05/25/05

Date Revised: 03/23/22

Date Reviewed: 03/23/22

Purpose

The HIV Health Services Planning Council (Council) operates most efficiently when members are knowledgeable of all policies and have an understanding of basic operating procedure. The Member Policy Acknowledgement form is created to document a member's commitment to developing a basic understanding of the principles and information contained in the Council's Policy and Procedure Manual and receipt of these materials.

Policy

All members of the HIV Health Services Planning Council are required to read and sign the Policy Acknowledgement Declaration (Attached). Members whose signed Declaration is not on file with Council staff are suspended from voting until such time as the signed document is received.

Procedure

- A. All new members will be provided with a Policy Acknowledgement form at the time of initial orientation and receipt of the Policy and Procedure Manual. The orientation session will at minimum highlight member attendance, conflict of interest and confidentiality responsibilities. These principles will be reflected in the acknowledgement statement which the Member will be asked to sign at the conclusion of orientation.
- B. Annually, in January, all Council members will re-submit a signed Policy Acknowledgement form at an annual meeting of the Council's choosing. Ideally this activity will be timed with the general yearly review and updating of all existing operating procedure. Should a member take issue with a specific policy or operating procedure, the member may take up the issue through customary means (i.e. Council

agenda item). However, Declaration filing is required before voting privilege is granted.

- C. Council Support staff will maintain signed acknowledgement forms on file for a period of 2 years (current and last prior) after Member resignation or removal from the Council.
- D. Any member who does not submit a signed Acknowledgement form within 30 days from initial orientation or the annual review meeting date will be notified by the Chair that the Members' voting status is suspended until the Acknowledgement is received and filed by Council staff.



Signed: _____
Richard Benavidez, Chair

Date: 3/23/22

HIV Health Services Planning Council

**Acknowledgement of HIV Health Services Planning Council Policies
Including Attendance, Conflict of Interest and Confidentiality**

Please read and affirm your understanding and compliance with each of the following sections of the Planning Council Bylaws:

Article III

Section 3.10: “Regular meeting attendance is expected and it is the responsibility of all members to communicate unavoidable absences as specified in policy.”

Note: Members may be removed by a vote of the Planning Council for having three (3) consecutive unexcused absences or five (5) unexcused absences over a twelve (12) month period.

***I acknowledge an understanding of and a commitment to these statements, Signed _____**

Article VII

Section 7.1: “Conflict of interest is a breach of an obligation to the council that has the effect or intention of advancing one’s own interest or the interests of others in a way detrimental to the interests or potentially harmful to the fundamental mission of the Council.”

***I acknowledge an understanding of and a commitment to this statement, Signed _____**

Article VIII

Section 8.1: “No member of the Council or its committees shall disclose confidential information acquired in the course of his/her official duties.”

In addition, I understand that additional criminal or civil penalties may apply under existing local, state or federal law.

***I acknowledge an understanding of and a commitment to this statement, Signed _____**

Additionally, I acknowledge that it is my responsibility to follow all Planning Council approved policies, procedures and Bylaws not specifically referred to in this document, and to maintain my Policy and Procedure Manual with policy updates as provided by Council Staff.

Signed _____ Date _____

Council Member: _____

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Code of Conduct

No: GOV 14

Date Approved: 02/26/14

Date Revised: 03/23/22

Date Reviewed: 03/23/22

CODE OF CONDUCT POLICY & PROCEDURES

NOTE: This Code of Conduct formulated and adopted by for the Sacramento Transitional Grant Area (TGA) is consistent with the “best practices” of Planning Councils serving EMA/TGA’s across the United States. Further, it is compliant with guidelines of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (“CARE Act”) and the most recent HRSA guidance. The Code is comprised of **two sections: (1)** one for **members of the Planning Council, its committees, ad-hoc, or subcommittees;** and **(2)** one for **members of the public** who attend Planning Council, committee, subcommittee or task force meetings as well as any other public events presented or supported by the Planning Council. Copies of this Code of Conduct are available to all meeting guests who, by their presence and participation, agree to respect and adhere to the terms of set forth herein.

Purpose and Scope

This Code of Conduct describes the behavior expected of all Planning Council members and other official meeting participants at all meetings and activities associated with the work of the Planning Council.

The Code of Conduct is designed to ensure appropriate behavior at Planning Council and committee meetings as well as other events conducted by the Planning Council. Provisions of the Code of Conduct are designed to ensure that the Council can be productive, open to community input, and respectful of its members and visitors. The Code helps to create a positive environment, and to protect all members and public participants from inappropriate and disruptive behavior.

Applicability

The Code of Conduct applies to Planning Council members and to non-members who serve on standing committees, subcommittees, or task forces.

Approval and Implementation

The Planning Council establishes, approves and secures member acceptance of the Code of Conduct.

1. The Code of Conduct is presented and reviewed at each New Member Orientation and at the Planning Council's Annual Meeting each January.
2. Non-Planning Council members of Standing Committees must sign and submit the Code of Conduct Affirmation and Pledge Form prior to joining a committee. Non-Planning Council committee members are to submit their completed forms to the Standing Committee Chair who will forward them to the Planning Council Staff.
3. Planning Council Staff will maintain a copy of the Code of Conduct Affirmation and Pledge Form for each Planning Council and/or Committee Member.

Expected Conduct by Planning Council and committee members at all Council Events

Code of Conduct during Meetings

Planning Council, committee, ad-hoc, and subcommittee members are expected to follow these rules of conduct in all meetings and other Planning Council-related events:

1. Conduct themselves in a professional and courteous manner at all times.
2. Follow the laws and regulations governing Sacramento County's Boards and Commissions, the agencies and jurisdictions in which they serve, and the Planning Council's Bylaws, Policies, and Procedures.
3. Follow the Council's Conflict of Interest Policies and Procedures, assist the chair of the meeting in ensuring that they are consistently followed, and conduct themselves in a manner that prevents perceived as well as actual conflicts of interest.

4. Address others with respect – as intelligent people with a right to be a part of discussions and decision making – so that everyone has the opportunity to speak and to be listened to, without interruption.
5. Follow any additional procedures for discussion that may be set by the meeting Chair, such as limiting the length of individual presentations and setting reasonable time limits on debate. The Council’s Vice Chair will be responsible for helping to ensure that the Code of Conduct is followed during Planning Council and Executive Committee meetings. The Chair or Vice Chair of a committee will play this role in committee meetings.
6. Recognize the authority and follow the direction of the meeting Chair. Do not disrupt a meeting or encourage or assist members of the public to do so.
7. Cooperate with the agreed-upon decision-making process – whether majority rule, some form of super majority (e.g., two-thirds vote) if specified in the Bylaws, or consensus, etc. Unless otherwise determined, decision-making will be done using *Robert’s Rules of Order*.
8. State disagreements about issues without engaging in personal attacks.
9. Follow and support decisions made by the body, regardless of their personal position.
10. Serve as both an advocate and a planner, recognizing a responsibility to both present the concerns of specific communities or population groups, and make decisions that are data-based and reflect the overall needs of people living with HIV disease in the TGA.
11. Follow the Council’s Confidentiality Policy (Bylaws Article VIII), as stated in the Confidentiality Pledge signed by each member. This means not disclosing personal information about any Planning Council or committee or subcommittee member – such as the HIV status of anyone who is not publicly disclosed, or medical or personal/personnel information that would constitute an invasion of privacy – that was obtained through their Planning Council relationships and activities.
12. Act on behalf of all PLWH in the TGA, not to benefit the member or any funded entity.
13. Refrain from asking questions, requesting information, or making comments about the performance or funding of individual provider agencies. Dealing with specific providers involves procurement and contract management and is the responsibility of the recipient.

Members may, however, request information about performance and expenditures related to a service category, regardless of the number of providers in that category.

14. If they feel they cannot support the mission, goals, strategies, programs, and/or leadership of the Council and committees as agreed upon by the members, resign or decline involvement in the affected matter.
15. Take responsibility not only for following by the Code of Conduct personally, but also for speaking out to ensure that all participants follow it.
16. Every Council member will participate and allow the participation of every other Council member and guest without discrimination with respect to race, gender, religious belief, color, national origin, ancestry, age, physical or mental disability status, or sexual or gender orientation.
17. No Council member shall use alcohol or illegal drugs, or be under the influence of such, at any Council meeting or community event.
18. Violation of this Code of Conduct may lead to corrective action up to and including removal from Council membership.

Representation/Communications

Except as stated otherwise in the Bylaws, the only authorized official representatives of the Planning Council are the Chair and the Vice Chair.

1. The Chair and/or the Vice Chair may represent the Planning Council in public. This includes representation to the press, public, and in any situation where the official input of the Planning Council is needed.
2. Committee Chairs may represent their committee only, and only to other members of the Planning Council, except when authorized by the Planning Council to represent it.
3. Other members shall represent only themselves, unless properly authorized by the Planning Council or a committee to represent the Planning Council or the Committee, respectively.

Sanctions

The following measures may be taken if a Planning Council or committee member fails to comply with the Code of Conduct stipulated above.

1. When a Planning Council or committee member violates this Code of Conduct in a meeting, the meeting Chair is expected to inform him/her that the behavior is unacceptable. Others in attendance are expected to support the Chair in ensuring that everyone follows the Code of Conduct. If inappropriate behavior continues and the Chair feels it will disrupt the process, s/he may ask the individual to leave the meeting. Prior to removing the individual, the Chair of the meeting shall publicly state the reason for removal.
2. If a member of the Planning Council repeatedly violates the Code of Conduct, the Confidentiality Policy or other Council policies during committee meetings, the Committee Chair may request that the Planning Council Chair remove this individual as a committee member subject to the approval of the Executive Committee. The member will be suspended from Committee attendance and participation while the request for removal is pending.
3. If a Planning Council member continually violates the Code of Conduct in Planning Council meetings or other events, s/he may be recommended to the County Board of Supervisors Office of Boards and Commissions for "removal for cause" as stated in the Bylaws. Such a recommendation requires a two-thirds vote of the Council members, meeting in executive session, at any regular or special meeting that is held after provision of no fewer than ten business day's prior notice. If the member is recommended by the Planning Council for removal, s/he will be suspended from participation until action by the County Board of Supervisors Office of Boards and Commissions.
4. If a committee or subcommittee member who is not a Planning Council member repeatedly violates the Code of Conduct, the Planning Council Chair may remove this individual as a committee member with the approval of the Executive Committee.
5. If the individual feels that s/he has been treated unfairly, s/he may express this concern to the Executive Committee, which will attempt to resolve the situation informally. If unable to do so, the Executive Committee will inform the individual of his/her right to pursue his/her complaint using the Planning Council's Grievance Policy and Procedures process.

Expected Conduct by Members of the Public at Planning Council Events

Code of Conduct

The following is expected conduct by members of the public who attend Council or committee meetings or other Planning Council-sponsored events:

1. Members of the public are encouraged to attend and participate in meetings of the Planning Council as well as community events organized or supported by the Planning Council.
2. People living with HIV/AIDS (PLWHA) community members are strongly encouraged to attend and actively participate in the monthly Affected Communities Committee meeting. The Affected Communities Committee is an integral part of the Planning Council process. The Affected Communities Committee Chair is a member of the Executive Committee. As a result, the Affected Communities Committee is the best means of providing input and raising concerns of the PLWHA community.
3. Members of the public are encouraged to attend and participate in committee meetings and to become regular, active members of committees that include non-Planning Council membership. This allows maximum opportunities for public input at an early stage in discussions.
4. Opportunity for public comment and contribution will be included in Planning Council meetings and events. Members of the public are expected to comply with the times and means for comment and input established by the Planning Council.
5. The Agenda for each monthly Planning Council Meeting including specific issues to be considered will be posted on the Council website.
6. Members of the public may submit written comments that will be distributed to all Planning Council members and meeting attendees. In order for such written comments to be included in the Meeting Materials for a specific meeting, the comments must be provided to the Planning Council Staff no less than ten (10) calendar days before the meeting date.
7. A Public Comment Period with a firm time limit will be provided at every regular monthly meeting of the full Planning Council. Members of the public wishing to offer comments at a given meeting must submit a written or email request to the Planning Council's Vice Chair or Planning Council Staff no later than close of business on the Monday before the monthly Planning Council meeting held on Wednesday. Priority for use of available public comment time will be assigned based upon the order in which requests were received. If requests for use of public comment time exceed the pre-set period, the Chair shall have sole and final discretion of whether additional meeting time will be allocated for public comments. The Chair's decision will consider the time demands imposed by the remainder of

the agenda requiring Planning Council consideration and action at the particular meeting.

8. Time constraints prevent having members of the public participate in Planning Council debate.
9. Members of the public are expected to treat members and other guests with courtesy and respect at all times.
10. When speaking, members of the public are expected to follow any specified time limitations and to recognize the authority and follow the direction of the Chair of the meeting.
11. Members of the public may speak during the meeting only during Public Comment periods or when recognized and requested to do so by the Chair.
12. Members of the public should recognize that the Planning Council has no role in procurement or in monitoring the performance of specific providers, and that concerns related to services provided by specific agencies should be addressed to the recipient, not the Planning Council. Such concerns or questions can also be raised at the monthly Affected Communities Committee meetings.

Sanctions

The following measures may be taken if a member of the public fails to comply with the Code of Conduct stipulated above.

1. At any given meeting, a member of the public who repeatedly fails to follow these guidelines, uses disrespectful language or otherwise disrupts meetings or events will be warned and, then if the behavior persists, will be asked by the Chair to leave the meeting. Prior to removing the individual, the Chair of the meeting shall state on the record the reason for removal. Other members will behave in a manner that supports the decision and action by the Chair.
2. If a member of the public repeatedly behaves disrespectfully or disruptively at multiple meetings, the Executive Committee may vote to recommend that the individual be excluded from future meetings. If the member of the public wishes to protest this decision, s/he may file a complaint using the same process stated in the Planning Council's Grievance Policy and Procedures.

Signed: _____



Richard Benavidez, Chair

Date: 3/23/22

**SACRAMENTO TRANSITIONAL GRANT AREA
HIV HEALTH SERVICES PLANNING COUNCIL**

CODE OF CONDUCT AFFIRMATION & PLEDGE

Purpose and Scope

This Code of Conduct describes the behavior expected of all Planning Council members and other official meeting participants at all meetings and activities associated with the work of the Planning Council.

The Code of Conduct is designed to ensure appropriate behavior at Planning Council and committee meetings as well as other events conducted by the Planning Council. Provisions of the Code of Conduct are designed to ensure that the Council can be productive, open to community input, and respectful of its members and visitors. The Code helps to create a positive environment, and to protect all members and public participants from inappropriate and disruptive behavior.

Applicability

The Code of Conduct applies to Planning Council members and to non-members who serve on standing committees, subcommittees, or ad-hoc committees.

Understanding and Acceptance

By signing this Code of Conduct Pledge, I acknowledge receiving a copy of the full Code of Conduct and being afforded the opportunity to discuss it with the Planning Council Chair or Vice Chair or a member of the Executive Committee. I affirm that I understand the statement and the reasons for it.

Enforcement

I realize that violation of any provision of this agreement may result in disciplinary measure/s up to and including removal from the Planning Council being taken against me.

Any perceived violation of the Code of Conduct is to be addressed by the Council Chair, Vice Chair, Committee Chair and/or Executive Committee as prescribed in the full Code of Conduct Policy and Procedures. Any issue not resolved by those means is to be addressed and resolved using the Planning Council's Grievance Policy and Procedures

Pledge

By signing below, I agree to abide by the expectations set forth in the Code of Conduct for the Sacramento TGA's HIV Health Services Planning Council and its Committees.

Print Name

Signature

Date

**HIV Health Services Planning Council
Sacramento TGA**

Policy and Procedure Manual

Subject: Policy & Procedures Conflict of Interest

No: GOV 15

Date Approved: 02/26/14

Date Revised: 03/23/22

Date Reviewed: 03/23/22

POLICY & PROCEDURES - CONFLICT OF INTEREST

"The Planning Council is bound by the Legislative requirements of Ryan White HIV/AIDS Treatment Extension Act of 2009 ("CARE Act") Part A which expressly prohibits Planning Council participation in the selection of specific entities to receive Part A funding, or in the management of provider contracts."

Conflict of interest is defined by the Planning Council Bylaws as *"an interest by a planning council member in an action that may result in personal, organizational, or professional gain."* The conflict of interest may be actual or perceived. Therefore, any council member who is affiliated with or who has a family member affiliated with an agency receiving or competing for Ryan White funds in a specific service category may not participate in decisions involving that service category. The affiliated member may not initiate discussion, introduce a motion or vote on the setting of service priorities, allocation of resources, or development of directives related to that service category.

- **"Affiliated"** is defined as being an employee, paid consultant, contractor, officer or board member, or a volunteer (20 or more hours per week) for an agency receiving or competing for Ryan White funds in a specific service category.
- **"Family member"** is defined as spouse, partner, mother, father, child, or sibling. Being a client of a provider is not considered a conflict of interest.

Management of Conflict of Interest: The Planning Council manages conflict of interest by requiring members to abide by the conflict of interest standards described in the Bylaws and to the guidelines for the management of conflict of interest described below.

1. Each Planning Council member must file a new or updated Conflict of Interest Disclosure Form by January 1st of each year. Those with no conflict of interest must prepare a form with the notation "NONE", sign, date and submit said form. Planning Council members will be able to submit the required form at the February Planning Council meeting immediately before the January 1st deadline. Members absent from that meeting will be responsible for completing and filing a form on or before the deadline.
2. Forms are to be submitted to the Planning Council Staff. Council Staff will ensure copies of the member's declaration(s) are to be retained in the Council files.
3. If the member's affiliation changes, the member must submit a revised declaration form within 30 days of the effective date of the change.
4. Conflict of interest is to be addressed at new member orientation and as part of any ongoing member development. New members are to complete, sign and submit Conflict of Interest Disclosure Form during their orientation session.
5. At the beginning of each meeting of the Planning Council, the Chair or Vice Chair presiding shall direct each member to (1) state his/her name; (2) identify his/her Planning Council membership category and position, if any; (3) and state whether he/she does or does not have a conflict of interest.
6. Any affiliated member with a potential conflict of interest must verbally disclose such at the beginning of any affected discussion.
7. Upon disclosure of his/her affiliation and conflict of interest(s), the Planning Council member may engage in discussion of issues pertinent to the types of services provided by his/her agency but must comply with the limitations imposed and specified below.
8. An affiliated Planning Council member may not make or second a motion on issues directly related to services provided by the agency with which he/she is affiliated.
9. An affiliated Planning Council member may not vote on issues directly related to services provided by the agency with which he/she is affiliated.
10. During priority setting, resource allocation, directive formulation, or reallocation of funds, an affiliated Planning Council member may not

initiate discussion about service category(ies) in which they have a conflict of interest.

11. During priority setting, resource allocation, directive formulation, or reallocation of funds, an affiliated Planning Council member may not vote on a motions involving a service category(ies) in which they have a conflict of interest.
12. During priority setting or resource allocation, an affiliated Planning Council member may vote on a slate of priorities or allocations that includes multiple service categories even if they have a conflict of interest with one or more, but not all, of the grouped categories.
13. The obligations of Planning Council members under the Conflict of Interest Policy shall extend to any discussions with other Planning Council Members regardless of location.
14. Any perceived violation of the Planning Council's Conflict of Interest Policy and Procedures is to be addressed and resolved using the Planning Council's Grievance Policy and Procedures.



Signed: _____
Richard Benavidez, Chair

Date: 3/23/22

SACRAMENTO TGA HIV HEALTH SERVICES PLANNING COUNCIL

2022 MEMBERSHIP CONFLICT OF INTEREST DECLARATION

CONFLICT OF INTEREST

Conflict of Interest is of particular significance in the operations of the Council and its committees. The Sacramento Region HIV Health Services Planning Council recognizes the potential for conflict of interest. The following guidelines are intended to identify circumstances in which members should disqualify themselves from acting, so that conflicts of interest may be avoided. Conflict of interest rules are as follows:

1. The Council, as a body, may not designate or otherwise be involved in the selection of particular entities as recipients of any of the amounts provided in the grant.
2. In general, a person has a conflict of interest if that person stands to benefit personally, professionally or financially from the outcomes of a particular decision. More specifically, the following people have a potential conflict of interest:
 - a. An employee or paid contractor of an agency which does, or may, receive funds allocated through the Sacramento Region Ryan White CARE Program;
 - b. A person in a decision making role of an agency or who has other responsibilities for the fiscal management of an agency or organization;
 - c. A person who is related or has a close personal relationship to any person(s) described in (a) or (b) above;
 - d. A person who has a financial interest in the operations of an agency; i.e. landlord, supplier, subcontractor, etc.;
3. Consumers of HIV/AIDS services who are not affiliated with an agency as described in Section 2, are generally not considered to have a conflict of interest;
4. Government officials who do not otherwise have a relationship with an agency as described above in Section 2 and are acting officially for the public agency which they represent, generally do not have a conflict of interest.

A potential conflict of interest does not exclude a person from membership on the Council, its Committees or Work Groups. Given the expertise and experience needed to perform the functions mandated to the Council by the national

legislation, conflicts of interest are inevitable. The Council does seek to maintain a reasonable balance of interests, and may need to limit the total number of persons with a conflict of interest who are selected to participate in certain capacities.

If you believe that you may have a conflict of interest, please respond to one of the statements below:

- a. I, and/or a family member, or person with whom I am closely related, personally serve (have served within the last twelve months) as an employee, or contractor, or other similar capacity, with the following organization(s) that has/have received, or may seek funding from the Sacramento Region Ryan White CARE Program. (Please list.)

1. _____

2. _____

3. _____

- b. I am not sure whether I have an official conflict of interest, but I think the following information may be important:

By checking this box, I am stating that I do not have any conflicts of interest.

Signature of Applicant: _____ **Date:** _____

Name: _____

HIV Health Services Planning Council
Sacramento TGA
Part A and Part B
Policy and Procedure Manual

Subject: Medical Transportation Services

No.: **SSC 11**

Date Effective: 07/23/03

Date Revised: ~~06/22/22~~

Date Reviewed: ~~06/22/22~~

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Medical Transportation Services Standard will apply to all Ryan White contracted vendors that provide medical transportation services regardless of funding source (Part A or Part B).

(1) Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. As such, any medical transportation services which are provided by agencies which receive Ryan White CARE Act funding ("RW Agencies") shall be related to healthcare or other critical needs i.e., taking a client to a Social Security Administration (SSA) appointment to maintain medical benefits.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner which is based upon verified client need and encourages self-empowerment of clients. Medical Transportation services which are paid for with Ryan White CARE Act funds shall be administered through medical case management services which are provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council"), or through an alternative assessment process administered by a RW Agency.

3. Established Standards:

A. Ryan White medical transportation funds must be prioritized by purpose:

(1) medical appointments

(2) Ryan White funded Core or Support Services

~~(2)~~(3) alternative healthcare appointments

~~(3)~~(4) other critical needs as related to medical care needs, i.e., taking a client to an SSA appointment to maintain medical benefits

B. Ryan White medical transportation funds must be prioritized by means of transport so as to preserve the most cost-effective means: Clients should utilize insurance coordinated rides before requesting Ryan White-funded bus passes and ridesharing, Ryan White is the payer of last resort.

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

C. Ride Share Services

- Understand that Uber and Lyft are not the default option for transportation unless there's physical mobility problems or a patient's insurance doesn't provide coordinated rides through insurance.
- Clients who no-show their coordinated Lyft or Uber rides more than five times in the program year will be restricted from using Lyft Uber that program year unless prior authorization is made by the agency's management
- Rideshare service providers have the right to refuse service.

~~C.D.~~ Taxi services shall only be authorized under the following criteria:

- The client is experiencing a health condition which is incompatible with public transit, AND
- other means of transportation is not immediately available for an unanticipated or changed appointment date with a provider of healthcare or supportive services, OR
- The client is experiencing a time-related, unavoidable emergency, OR
- The client requires an escort for transportation for medical necessity.

D. Medical Transportation services may be provided through:

- **Contracts with providers** of transportation services: Transportation services may be provided via contract or other local procurement mechanism that directly compensates the provider, including ride share, taxi, or van services.

- **Voucher or token** systems for ride-limited vouchers (i.e. not monthly unlimited passes) except in cases where it can be demonstrated that a monthly pass would be more cost-effective to enable access to medical and support services. Transportation services may be provided via contract or other local procurement mechanism that directly compensates the provider, including ride share, taxi, or van services.
- **Purchase or lease of organizational vehicles** for client transportation programs
 - The recipient must receive prior approval from OA and HRSA for the purchase of a vehicle
- **Organization and use of volunteer drivers**
 - Programs must specifically address insurance and other liability issues

Costs for transportation for providers or case managers to provide care should be categorized under the service being provided.

E. Agency Staff/Volunteer Licensure and Liability:

- **Licensure:** All agency staff, contractors, consultants, and volunteers who provide transportation, shall be properly licensed by the State of California.
- **Insurance:** All agency staff, contractors, consultants, and volunteers who provide transportation shall use registered and insured vehicles.
- **Liability:** Volunteers who transport clients are informed of their responsibilities and obligations in the event of an accident, including the extent of their liability.
 - Signed and dated confirmation form on file with provider.

F. Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle:
 - The following expenses are not eligible for reimbursement:
 - Parking
 - Tires, vehicle maintenance, or repairs
 - Lease or loan payments
 - Insurance
 - License or registration fees
 - Motor vehicle violations

- Monthly unlimited public transportation passes, except in cases where it can be demonstrated and a necessary and more cost-effective option
 - Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees
 - Reimbursement to staff using personal vehicle to transport clients for Part B-funded medical transportation services.
4. RW Agencies which provide Non-Medical and/or Medical Case Management services shall develop and adhere to budgets for medical transportation services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients who rely on RW funded transportation services for critical needs. Agencies shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

Fiscal Management

There are additional requirements when utilizing vouchers, gas cards, taxi tokens, or bus tickets or passes.

- Providers must ensure that vouchers or store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services.
- General-use prepaid cards are considered equivalent to cash and are therefore unallowable. Such cards generally bear the logo of a payment network (e.g., Visa, MasterCard, or American Express) and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranding with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
- Providers must have systems in place to account for disbursed vouchers. The systems must track client's name, staff person who distributed the voucher, date of the disbursement, voucher dollar amount, voucher serial number, and confirmation that the client went to their medical or support services appointment.
- Providers should only buy vouchers in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to monies being held over to future contract years.

5. Medical Case Managers and Non-Medical Case Managers at RW Agencies may at any time submit to the RW Recipient HIV Care Services Program Coordinator requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

RW Agencies shall provide a means by which Non-Medical and Medical Case Managers can obtain in-servicing and on-call advice related to interpreting client medical needs.

Provider Qualifications

Medical Transportation Services may be provided directly by provider staff or volunteers, by staff of an outside company/agency (i.e., taxi service, ride share such as Lyft, paratransit), or by individuals such as family or friends.

Education/Experience/Supervision

There are no minimum educational standards. Agency staff providing medical transportation must:

- Have a valid California Driver's License with any endorsements required by California law (e.g., passenger endorsement if driving vehicles designed for >10 passengers)
- A copy of the driver's license must be retained on file at the provider agency
- Hold the minimum required amount of automobile insurance as required by law, and be enrolled in the Employer Pull Notice program and affiliated with the agency's requester code
- A copy of the driver's insurance must be retained on file at the provider agency

Staff Orientation and Training

Initial: All Ryan White-funded staff providing Medical Transportation Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, including HIV transmission
- Universal precautions
- Privacy requirements

Additional: Staff who directly provide Medical Transportation Services must also receive initial and ongoing safety training as appropriate for their position and required by federal, state, or local regulations.

Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes. Topics must include:

- Emergency equipment
- Defensive driving
- Cardiopulmonary Resuscitation (CPR) and first aid (renewed every two years)
- Pre-trip inspections

Vehicles

Any agency or staff vehicles used for client transportation must be registered, insured, and in safe operating condition. They must be equipped with seat belts and other safety equipment as appropriate.

- **Children:** If children are transported, child safety seats must be provided and installed by the child's parent or guardian. Seat type, installation, and use must comply with California state law.
- **Disabled clients:** Disabled clients must be transported in Americans with Disability Act (ADA)-compliant vehicles, and all staff and volunteers transporting clients with disabilities must be trained on how to properly and safely transport these clients.

7. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies and procedures for the RW Agency shall be made available to each client upon intake. Such policies and procedures shall include an explanation of the criteria and process for accessing the Planning Council's Client Advocacy Program.

Adopted: 
Richard Benavidez, Chair

Date: 06/22/22