

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

Meeting Agenda

March 26, 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	
March Agenda*	Benavidez	
Minutes of February 2025*	Benavidez	
State Office of AIDS March 2025 Update	Pulupa	
Mechanics of the Planning Council	Caravella	

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Presentation		
CPG/HIV/STI Prevention Updates	All	
<p>Recipient Report:</p> <ul style="list-style-type: none"> ➤ FY24 January Part A Monthly Fiscal Report* ➤ FY24 January Part B Monthly Fiscal Report ➤ HRSA Ending the Epidemic Update 	Gossett	As Needed
<p>Committee/Work Group Updates</p> <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 <ul style="list-style-type: none"> ➤ FY25 PAC Work Plan* ➤ FY25 General Directive* ➤ FY25 Service Directive* ➤ Executive Committee <ul style="list-style-type: none"> ➤ Allocate \$1500 for the Sacramento TGA website in FY25 budget* ➤ Planning Council Self-Assessment ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ FY25 QAC Work Plan* ➤ Needs Assessment Committee <ul style="list-style-type: none"> ➤ FY25 NAC Work Plan* ➤ Governance 	<p>Willett</p> <p>Zach B.</p> <p>Bradley-Rowe</p> <p>Benavidez</p> <p>Gluckman</p> <p>Gotelli</p> <p>Bradley-Rowe</p>	

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Binder Updates	Caravella	
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	

Attachments:

- Minutes of February 2025*
- March 2025 OA Voice Update
- FY24 January Part A Monthly Fiscal Report*
- FY24 January Part B Monthly Fiscal Report
- FY25 PAC Work Plan*
- FY25 General Directive*
- FY25 Service Directive*
- Planning Council Self-Assessment
- FY25 QAC Work Plan*
- FY25 NAC Work Plan*

NEXT MEETING: April 23, 2025

Sacramento County
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HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes

February 26, 2025 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, Aaron Armer, Austin Green, Chelle Gossett, Christopher Kendrick-Stafford, Clarmundo Sullivan, Heather Orchard, Jake Bradley-Rowe, Jasmine Montes, Kelly Gluckman, Keshia Lynch, MacArthur Flournoy, Richard Benavidez, Ronnie Miranda, Zach Basler

Members Excused: Everardo Alvizo, Kaye Pulupa, Kristina Kendricks-Clark, Lenore Gotelli, Melissa Willett, Melody Law, Minerva Reid, Scott Fong, Steve Austin, Troy Stermer, Yingjia Huang, Carolyn Buck

Absent: Kane Ortega

Guests: Keri Morgan, Natalie Kuhner, Charlotte Marrs, Salvador Rea, Giovanny Gonzales, Roxane Gaedeke, Nitiye Orkl

County Staff: Danielle Caravella, Paula Gammell, Alexa Bunton

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<p>CPG/HIV/STI Prevention Updates CPG Elections</p>	<p>The California Planning Group has a Zoom call on January 23 to set goals for 2025.</p>
<p>FY24 Part A December Monthly Report</p>	<p>The FY24 Part A December monthly report was presented for review and approval. Expenditures should be at 83.3% through December 31. Total expenditures in El Dorado County are at 83.5.0% and 76.0% in Placer County. Total expenditures in Sacramento County are at 81.7%. Total direct service expenditures are at 81.46%. Ronnie Miranda motioned to accept the FY24 Part A December monthly report as presented and Austin Green seconded the motion. The motion passed with a majority. See the vote sheet for details.</p>
<p>FY24 Part B December Monthly Report</p>	<p>The FY24 Part B December Monthly Report was presented for informational purposes only. Expenditures should be at 75% through December 31. The total expenditures in Yolo County are at 71.9%. Expenditures in Sacramento are at 80.1%.</p>
<p>HRSA Ending the Epidemic</p>	<p>The Recipient received a partial Notice of Funding Award (NOFA) for Ending the HIV Epidemic and the Ryan White Part A grant. The Ryan White Part A application received a score of 100% and the Ending the HIV Epidemic application got a 94% score. Part B budget will be submitted to the state office of AIDS.</p> <p>The Recipient is working on submitting the Ryan White Service Report.</p>
<p>Committee Updates</p> <p>Administrative and Assessment Committee (AdAC)</p> <p>Affected Communities</p>	<p>The next AdAC meeting is on June, 10, 2025. Council members are required to sign a confidentiality agreement before attending the meeting.</p> <p>ACC met in February. ACC is working on updating the resource manual and scheduling</p>

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Committee (ACC)	<p>presenters for Planning Council meetings. They are also working on planning community conversation meetings.</p> <p>Reflectiveness is at 32.8%.</p>
Priorities and Allocations Committee (PAC)	<p>The next meeting is on March 5.</p>
Executive Committee	<p>The executive committee will meet on March 13th.</p>
Quality Advisory Committee (QAC)	<p>The next meeting is on March 4 at 2:00 PM. QAC continues to review the service standards.</p>
Needs Assessment Committee (NAC) Governance	<p>The next NAC meeting is on March 4 at 3:00 PM. The survey document was approved.</p>
Website Updates	<p>The contractor is working on updating the new website based on the recommended feedback.</p>
Governance Updates	<p>The governance committee will share information with the executive committee.</p>
Binder Updates	<p>The binder will be updated for the next fiscal year.</p>
Public Comments Non-Agenda Items	<p>Members inquired about any changes to services provided with the new federal Administration in place. At this time, providers should continue with business as normal unless told otherwise. The Council will keep members informed about any changes that</p>

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	occur in the future.
Technical Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	11:24 AM

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Meeting Date: 2/26/25									
Seated Members	Agenda			Minutes			December Part A Monthly Report		
	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain
Arturo Jackson III	X			X			X		
Austin Green	X			X			X		
Aaron Armer				X			X		
Chelle Gossett	X								X
Christopher Kendrick Stafford	X			X			X		
Clarmundo Sullivan	X			X			X		
Everardo Alvizo									
Heather Orchard	X			X			X		
Jake Bradley-Rowe	X			X			X		
Jasmine Montes	X			X			X		
Kaye Pulupa									
Kane Ortega									
Kelly Gluckman	X			X			X		
Keshia Lynch	X			X			X		
Kristina Kendricks-Clark									
Lenore Gotelli									
MacArthur Flournoy	X			X			X		
Melissa Willett									
Melody Law									
Minerva Reid									
Oscar Rea	X			X			X		
Richard Benavidez	X			X			X		
Ronnie Miranda	X			X			X		
Scott Fong									
Steve Austin									
Troy Stermer									
Yingjia Huang									
Zach Basler	X			X			X		
Motion	Flournoy			Bradley-Rowe			Miranda		
Second	Bradley-Rowe			Basler			Green		
Amended Motion	Basler								
Amended Second	Miranda								

INSIDE:

- Updates
- Health Access for All
- Strategic Plan

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](#).

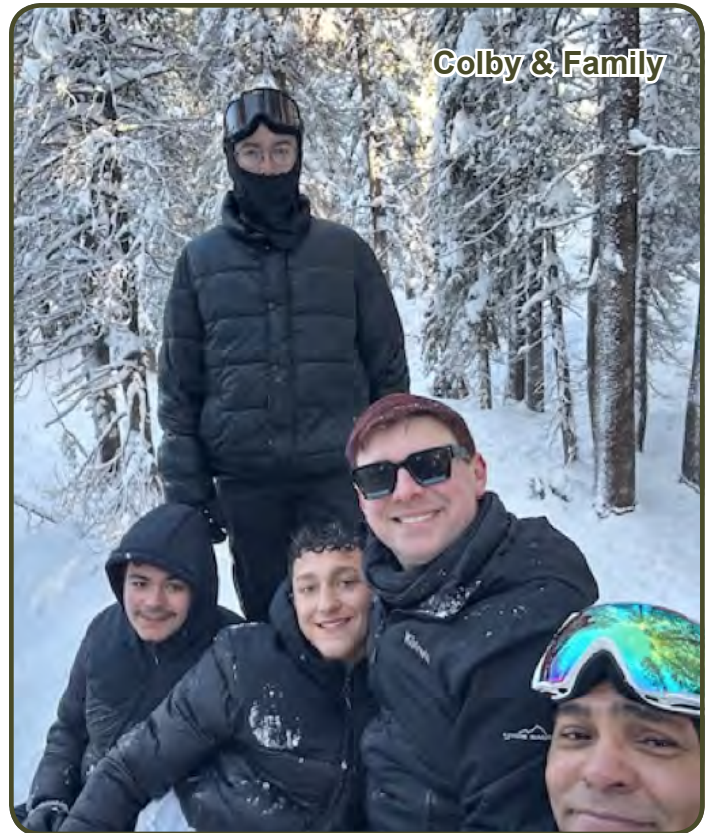
STAFF HIGHLIGHT

We are excited to introduce you to **Colby Middleton**, our new HIV Policy Analyst in the Special Programs Section within the HIV Care Branch. He will be working in the Ryan White HIV/AIDS Program (RWHAP), Housing Opportunities for Persons with AIDS (HOPWA) program, and the Medi-Cal Waiver Program (MCWP), supporting the branch in developing provider communication, engaging stakeholders, completing program data analysis and reporting, writing policy documents, and completing special projects.

Colby comes to us from the State Controller's Office (SCO) where he spent over four years serving as a Staff Services Analyst handling a large workload in the complex Property Tax Postponement program. He stands out in his ability to understand, explain, and apply complicated compliance requirements, his outstanding customer service skills, and his passion for both program policy work and HIV programs. Prior to SCO, Colby worked as an Associate Banker for JPMorgan Chase and has a B.A. in Political Science from Chico State. Colby brings a rich background to OA, and we are so excited that he has joined our team.

Colby enjoys spending time with his husband, Anthony, and their kids: Zach, Franco, and Chris. When time allows, they often enjoy simple entertainment, such as going to the movies or to concerts. They recently took a family trip to

Colby & Family



Tahoe for a much-needed getaway, filled with snowy fun and snowboarding lessons for the boys.

HIV AWARENESS

March 10th is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD). This day raises awareness about the impact HIV has on women and girls. Initially observed in 2005, NWGHAAD is meant to educate and highlight

prevention, treatment, and care strategies specific to women and girls and support those at risk or living with HIV. NWGHAADs goal is to increase HIV prevention and testing for women and girls, Improve HIV-related health outcomes, reduce disparities, and ensure equity in HIV care and treatment. The theme for 2025 is “Prevention and Testing at Every Age. Care and Treatment at Every Stage”.

In California, one in six new HIV diagnoses are among women, with 78% of cases attributed to sexual contact. Despite this, PrEP remains underutilized in 2023, with women making up just 6% of PrEP users, even though they represented at least 13% of new HIV diagnoses in 2022. To provide awareness and education around this issue, the California Planning Group Women’s committee has developed two Women and PrEP infographics, one [for the community](#) and another [for healthcare providers](#).

Help spread the word and support HIV prevention for women and girls!

March 20th is National Native HIV/AIDS Awareness Day (NNHAAD). NNHAAD is purposely observed on the first day of Spring, a symbolism of new beginnings in Native communities. Native communities are disproportionately a high-risk group due to societal stigmas surrounding homosexuality, high rates of drug and alcohol use and lack of various HIV/AIDS prevention strategies. This day is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives, and Native Hawaiian communities.

March 31st is International Transgender Day of Visibility (TDOV). This day is meant to celebrate the resilience and bravery of transgender and non-binary people. TDOV also acknowledges the many contributions made by transgender and non-binary people and celebrate the beauty and courage of living authentically.

TDOV is also meant to bring awareness of the discrimination, stigma, and anti-trans violence

this community faces every day, especially against Black and Brown trans women. In our current climate, it is imperative that we combat disinformation and discrimination, transgender and non-binary people are increasingly experiencing.

Educate yourself and help support our transgender and non-binary community. Visit our [OA Transgender Community Health in California webpage](#) for information about transgender health and resources.

GENERAL UPDATES

➤ Mpx

OA is committed to providing updated information related to mpx. 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.

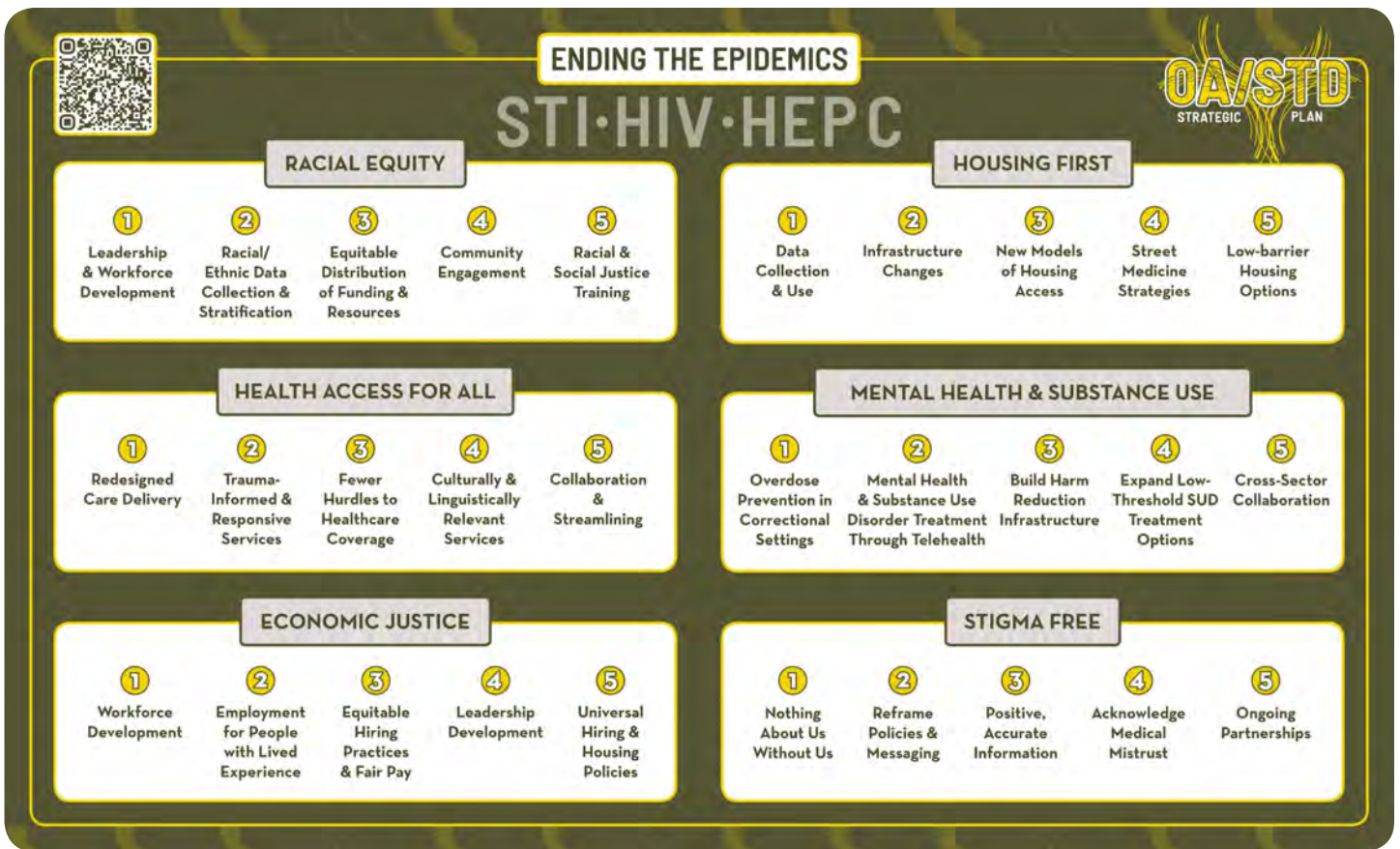
Digital assets continue to be available for LHJs and CBOs on DCDC’s [Campaign Toolkits](#) website.

➤ 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

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.

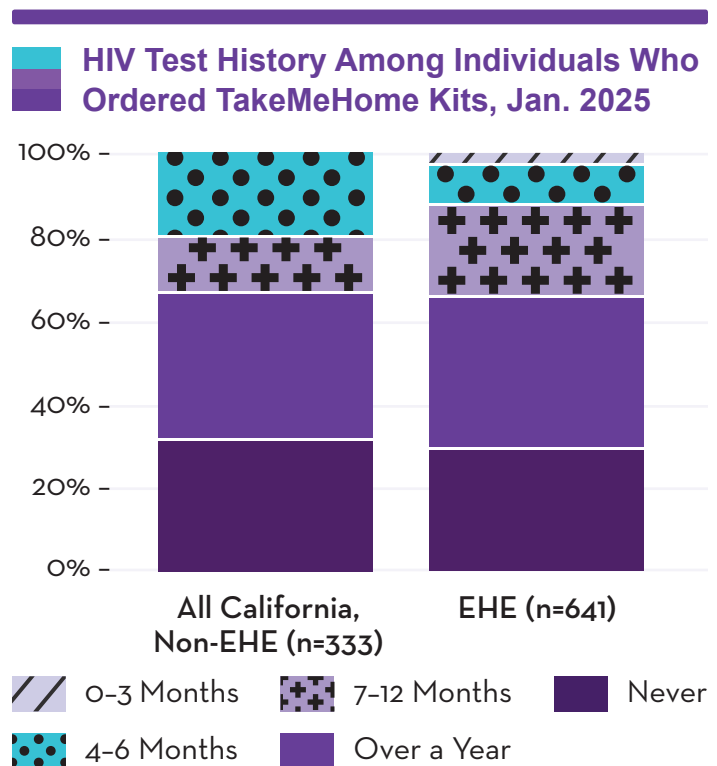
For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

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.



TAKEMEHOME

In January, 333 individuals in 38 counties ordered self-test kits, with 245 (73.6%) 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 January 31, 2025, 15,901 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 292 (45.6%) of the 641 total tests distributed in EHE counties. Of those ordering rapid tests, 253 (72.5%) ordered 2 tests.

Since September 2020, 1,778 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 749 responses from the California expansion since January 2023.

➤ Strategy 1: Redesigned Care Delivery

The **ADAP Annual Reports** for both FY 2022–2023 and FY 2023–2024 are now available on the [ADAP Reports webpage](#).

The reports, produced by the **ADAP Evaluation & Monitoring (AEM) team**, provide a detailed review of the program through tables and figures using data from the ADAP Enrollment System (AES).

The AEM team has been addressing a backlog of reports caused by staffing shortages during the COVID-19 pandemic and is working to publish reports from previous fiscal years going back to FY 2019–2020, starting with the most recent years. Continue to check the webpage as more reports are added.

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of February 28, 2025, 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 February 28, 2025, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the chart at the top of page six.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	63.2%	64.3%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	44.2%	42.2%
Were 17-29 years old	43.8%	38.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.8%	46.7%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.5%	94.4%
Identify as a man who has sex with other men	49.3%	52.6%
Reported having been diagnosed with an STI in the past year	8.7%	9.9%

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	303	10%	---	---	---	---	11	0%	314	10%
25 - 34	1,050	33%	---	---	---	---	137	4%	1,187	37%
35 - 44	789	25%	---	---	1	0%	133	4%	923	29%
45 - 64	450	14%	---	---	9	0%	84	3%	543	17%
65+	35	1%	---	---	162	5%	6	0%	203	6%
TOTAL	2,627	83%	0	0%	172	5%	371	12%	3,170	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	169	5%	3	0%	38	1%	17	1%	1	0%	43	1%	3	0%	40	1%	314	10%
25 - 34	644	20%	3	0%	119	4%	90	3%	6	0%	239	8%	6	0%	80	3%	1,187	37%
35 - 44	528	17%	3	0%	83	3%	53	2%	3	0%	193	6%	6	0%	54	2%	923	29%
45 - 64	302	10%	---	---	44	1%	14	0%	1	0%	134	4%	1	0%	47	1%	543	17%
65+	20	1%	---	---	4	0%	5	0%	---	---	164	5%	---	---	10	0%	203	6%
TOTAL	1,663	52%	9	0%	288	9%	179	6%	11	0%	773	24%	16	1%	231	7%	3,170	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	60	2%	---	---	5	0%	9	0%	1	0%	8	0%	---	---	7	0%	90	3%
Male	1,500	47%	8	0%	263	8%	167	5%	10	0%	735	23%	15	0%	203	6%	2,901	92%
Trans	84	3%	---	---	15	0%	2	0%	---	---	14	0%	1	0%	5	0%	121	4%
Unknown	19	1%	1	0%	5	0%	1	0%	---	---	16	1%	---	---	16	1%	58	2%
TOTAL	1,663	52%	9	0%	288	9%	179	6%	11	0%	773	24%	16	1%	231	7%	3,170	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 02/28/2025 at 12:01:18 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 January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	578	4.33%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,906	9.29%
Medicare Premium Payment Program (MPPP)	2,234	1.36%
Total	8,718	6.81%

Source: ADAP Enrollment System

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



Part A Only

EL DORADO COUNTY - January 2025 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
Oral Health	\$5,963	\$0	\$6,033		101.2%	-\$70
Health Insurance Premium & Cost Sharing Asst.	\$2,208	\$913	\$1,720		77.9%	\$488
Mental Health Services	\$13,613	\$371	\$11,144		81.9%	\$2,469
Medical Case Management	\$139,603	\$10,013	\$127,864		91.6%	\$11,739
Medical Transportation Services	\$9,425	\$660	\$8,140		86.4%	\$1,285
Emergency Financial Assistance	\$26,351	\$3,318	\$25,188		95.6%	\$1,163
Sub-Total El Dorado Counties	\$197,163	\$15,276	\$180,089		91.3%	\$17,074

PLACER COUNTY - January 2025 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
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.	\$858	\$0	\$858		100.0%	\$0
Mental Health Services	\$10,670	\$404	\$6,997		65.6%	\$3,673
Medical Case Management	\$149,385	\$15,543	\$126,974		85.0%	\$22,411
Medical Transportation Services	\$17,552	\$2,338	\$16,990		96.8%	\$563
Emergency Financial Assistance	\$38,679	\$3,796	\$37,881		97.9%	\$798
Sub-Total Placer County	\$220,335	\$22,080	\$189,700		86.1%	\$30,635

Priority Number

SACRAMENTO COUNTY - January 2025		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$438,269	\$22,763	\$385,015		87.8%	\$53,254
	SS: Ambulatory/Outpatient Medical Care	\$386,375	\$22,763	\$333,121		86.2%	\$53,254
	SS: Vendor paid viral/load resistance lab test	\$51,894	\$0	\$51,893		100.0%	\$0
2	ADAP/Prescription Medications	Not Funded at This Time					
3	Health Insurance Premium & Cost Sharing Asst.	\$2,000	\$0	\$1,272		63.6%	\$728
4	Oral Health	\$226,683	\$6,271	\$226,683		100.0%	\$0
5	Medical Case Management	\$1,088,524	\$80,956	\$998,150		91.7%	\$90,374
	SS: MAI	\$198,967	\$9,552	\$189,621		95.3%	\$9,346
	SS: Office Based Services	\$465,073	\$32,284	\$450,381		96.8%	\$14,691
	SS: Field/In-Home Services	\$420,557	\$39,120	\$355,384		84.5%	\$65,173
	SS: Pediatric Treatment Adherence	\$802	\$0	\$627		78.2%	\$175
	SS: Case Mgmt Child Care	\$3,125	\$0	\$2,136		68.3%	\$989
6	Case Management (Non-Medical)	\$138,520	\$18,026	\$133,852		96.6%	\$4,668
7	Food Bank/Home Delivered Meals	\$57,934	\$7,434	\$49,784		85.9%	\$8,150
8	Mental Health Services	\$467,235	\$55,303	\$411,795		88.1%	\$55,440
9	Psychosocial Support	Not Funded at This Time					
10	Medical Transportation Services	\$126,058	\$13,839	\$108,123		85.8%	\$17,935
11	Substance Abuse Services - Outpatient	\$158,888	\$10,066	\$133,845		84.2%	\$25,043
12	Substance Abuse Services - Residential	Not Funded at This Time					
13	Housing Assistance	\$23,134	\$0	\$20,602		89.1%	\$2,532
14	Child Care Services	\$10,841	\$942	\$10,127		93.4%	\$714
15	Emergency Financial Assistance	\$16,688	\$2,027	\$16,533		99.1%	\$155
16	Medical Nutritional Therapy	\$40,296	\$3,949	\$34,676		86.1%	\$5,620
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	\$221,575	\$2,530,457		90.5%	\$264,613
	Sub-Total TGA Direct Service Expenditures	\$3,212,568	\$258,931	\$2,900,246		90.3%	\$312,322

Recipient - Grantee Admin	\$373,901	\$37,173	\$333,995		89.3%	\$39,906
Recipient - Quality Mgmt	\$186,950	\$13,684	\$138,879		74.3%	\$48,071
Grand- Total Direct Services, Recipient	\$3,773,419	\$309,788	\$3,373,120		89.4%	\$400,299

Missing Invoices

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

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$3,013,601	\$249,379	\$2,710,625		89.9%	\$302,976
Part A MAI	\$198,967	\$9,552	\$189,621		95.3%	\$9,346

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Core Services (Does not include MAI MCM)	\$2,548,419	\$196,999	\$2,283,405	84.6%	79.0%	84.2%
Support Services	\$465,182	\$52,379	\$427,220	15.4%	21.0%	15.8%

Part B Only

YOLO COUNTY - January 2025	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	\$104,200	\$12,872	\$86,755		83.3%	\$17,445
Food Bank/Home Delivered Meals	\$13,600	\$834	\$11,847		87.1%	\$1,753
Medical Transportation Services	\$4,537	\$115	\$3,523		77.7%	\$1,014
Housing	\$1,000	\$0	\$0		0.0%	\$1,000
Emergency Financial Assistance	\$1,000	\$0	\$398		39.8%	\$602
Sub-Total YOLO County	\$126,800	\$13,820	\$104,986		82.8%	\$21,814

January		
Under 5%		0-77%
Within 5%		78-88%
Over 5%		89% - Over

Priority Number

SACRAMENTO COUNTY - January 2025		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$349,473	\$30,233	\$287,224		82.2%	\$62,249
	SS: Ambulatory/Outpatient Medical Care	\$349,473	\$30,233	\$287,224		82.2%	\$62,249
	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	\$4,525	\$177,711		100.0%	\$0
5	Medical Case Management	\$60,579	\$7,893	\$53,802		88.8%	\$6,777
	SS: MAI						
Part A Funded							
	SS: Office Based Services	\$48,479	\$7,750	\$49,067		101.2%	-\$588
	SS: Field/In-Home Services	\$12,100	\$143	\$4,735		39.1%	\$7,366
	SS: Pediatric Treatment Adherence						
Part A Funded							
	SS: Case Mgmt Child Care						
Part A Funded							
6	Case Management (Non-Medical)	\$124,650	\$6,173	\$104,937		84.2%	\$19,713
7	Food Bank/Home Delivered Meals	\$18,000	\$0	\$17,720		98.4%	\$280
8	Mental Health Services	\$104,500	\$12,613	\$84,398		80.8%	\$20,102
9	Psychosocial Support						
Not Funded at This Time							
10	Medical Transportation Services	\$124,000	\$7,103	\$112,241		90.5%	\$11,759
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	\$2,584	\$33,198		89.2%	\$4,037
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		\$996,148	\$71,124	\$871,232		87.5%	\$124,916
Sub-Total TGA Direct Service Expenditures		\$1,122,948	\$84,943	\$976,218		86.9%	\$146,730
Recipient - Grantee Admin		\$132,112	\$10,529	\$96,175		72.8%	\$35,936
Recipient - Quality Mgmt		\$66,056	\$7,938	\$52,855		80.0%	\$13,201
Grand- Total Direct Services, Recipient		\$1,321,115	\$103,411	\$1,125,248		85.2%	\$195,867

Missing Invoices

January		
Under 5%		0-77%
Within 5%		78-88%
Over 5%		89% - Over

**HIV Health Services Planning Council
 Priorities and Allocations Committee
 FY 2025-26 WORK PLAN**

MEETING DATE	ACTIVITY	MATERIALS
March 2025	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY25 Allocation Updates If Needed • Update PAC Work Plan • FY25 General Directives • FY25 Service Directives 	<ul style="list-style-type: none"> • Grant Award Notice • Allocation and Reduction Scenarios • FY25 PAC Work Plan • FY25 Service Directives • FY25 General Directives
May 2025	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY25 Allocation Updates If Needed • Begin Work on FY26 Grant Application and Reduction Scenarios • PAC Process Training • Work on FY26 Service Priorities 	<ul style="list-style-type: none"> • Grant Award Notice • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios • Service Priority Ranking Historical Data • Service Priorities Worksheet
June 2025	<ul style="list-style-type: none"> • Continue/ Finalize Work on FY26 Grant Application and Reduction Scenarios • Work on FY26 Service Allocations • FY24 to FY25 Carryover 	<ul style="list-style-type: none"> • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios Worksheet
September 2025	<ul style="list-style-type: none"> • FY25 Reallocation 	<ul style="list-style-type: none"> • FY25 Recipient Reallocation Recommendations
January 2026	<ul style="list-style-type: none"> • Second Re-allocation (if needed) • FY26 General Directives • FY26 Service Directives • PAC Training 	<ul style="list-style-type: none"> • FY25 Recipient Reallocation Recommendations

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

The following Strategies from the California Integrated HIV Prevention and Care Plan CY 2022-2026, apply to the ongoing work conducted by the Priorities and Allocations Committee in the Sacramento Transitional Grant Area:

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.

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.

HIV Health Services Planning Council
General Directives Fiscal Year 20254-20265
(Here after, known as Current Fiscal Year)

General Directive 1

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

General Directive 2

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

General Directive 3

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

General Directive 4

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

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

- If the grant award is within 5% higher or lower of the **application requested amount**, the Recipient will pro-rate the increases/decreases pro-rated across all service categories.
- If the award is 1% to 5% less than the prior fiscal year **actual award**, the Council approved prior fiscal year Flat Funding scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence which will remain at the prior fiscal year Allocation.
- If the award is 6% - 13% less than the prior fiscal year **actual award**, the 10% Council approved reduction scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence, which will remain at the prior fiscal year Allocation.
- If the award is 14% or more less than the prior fiscal year **actual award**, the Recipient will consult the HIV Health Services Planning

Council's Priorities and Allocation Committee to develop a final Current Fiscal Year Allocation plan.

- If the award is within 5% higher than the prior fiscal year **actual award**, the 5% increase scenario shall be used and pro-rated across all service categories.

General Directive 5

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

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

General Directive 6

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

The California State Department of Public Health, under ~~MM 25-01~~~~the Budget Act of 2019~~, shall apply the same financial eligibility requirements for its various HIV Care Programs, which is formulated by using the Modified Adjusted Gross Income (MAGI) that does not exceed ~~6500%~~ of the Federal Poverty Level per year, based on family size and household income.

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

General Directive 7

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

General Directive 8

Any HIV Care Services Program Service Standards with an annual "cap" limiting expenditures shall be reviewed annually by the Quality Advisory Committee for any applicable updates.

Adopted: _____ Date: ~~06/26/2024~~
~~Richard Benavidez Kristina Kendrick Clark~~, Vice Chair

Sacramento TGA

Service Category Directives, FY 2025-2026

Medical Transportation Services Directive 1

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

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

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

Monthly bus passes are acceptable if there is documented need in the client's file that the cost of daily bus passes would exceed the cost of a monthly bus pass, in any given month.

Medical Case Management Directive 1

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

Adopted: _____ Date: _____
Richard Benavidez, ~~Kristina Kendrick-Clark~~, ~~Vice~~ Chair

**SACRAMENTO TGA
PLANNING COUNCIL ASSESSMENT TOOL**

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

Each standard on the scoring tool is written to measure compliance with an outcome that can be measured in quantifiable terms. These standards are written to answer the following questions: “was the task accomplished; to what extent was the task accomplished?” Planning Council compliance with each standard is assessed using the following rating scale:

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

In addition to providing quantitative ratings described above, members are encouraged to include comments that detail or explain ratings, or that offers suggestions for improvement. When preparing comments, members might want to consider the following questions: “how was the task accomplished; were the processes used efficient, were the processes fair, were the processes comprehensive, what were the barriers or external factors to accomplishing the standard, could the processes be improved?” For the purpose of ongoing improvement, the most productive comments are ones that identify (a) strengths, (b) weaknesses, (c) external factors, and (d) comments/recommendations for improvement for each rating standard or category.

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

HIV Health Services Planning Council - Planning Council Assessment Tool

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

HIV Health Services Planning Council - Planning Council Assessment Tool

I am a member or regular participant of the following:

___ Planning Council

___ Governance Committee

___ Administrative Assessment Committee

___ Needs Assessment Committee

___ Affected Communities Committee

___ Priorities and Allocations Committee

___ Executive Committee

___ Quality Assurance Committee

Additional Comments:	

HIV Health Services Planning Council
 QUALITY ADVISORY COMMITTEE
 FY 2025-2026 WORK PLAN

MEETING DATE	ACTIVITY	MATERIALS
March 2025	<ul style="list-style-type: none"> • Data Entry Update for Post Card Survey • Conduct Committee Self-Assessment • Approve 2025-2026 Work Plan 	<ul style="list-style-type: none"> • Committee Self-Assessment
June 2025	<ul style="list-style-type: none"> • Review 2024 Performance Outcomes from the Recipient • Continue updating Service Standards • FY24 Client Satisfaction Survey Results Report • FY24 Service Post Card Survey Results Report 	<ul style="list-style-type: none"> • 2024 Performance Outcomes • Draft Service Standards • FY24 Client Satisfaction Survey Results Report • FY24 Service Post Card Survey Results Report
September 2025	<ul style="list-style-type: none"> • Quality Management Program Update from the Recipient • Continue Updating Service Standards • Distribute FY25 Post Card Survey 	<ul style="list-style-type: none"> • Draft Service Standards • Service Survey letter and Post Card Services Worksheet
December 2025	<ul style="list-style-type: none"> • Prepare FY 2025 Work Plan • Review & Identify All Service Standards needing updates • Continue Updating Service Standards • Plan for Service Survey 	<ul style="list-style-type: none"> • Draft 2025 Work Plan • Service Standards Service Survey
STRATEGIES (from the California Integrated HIV Surveillance, Prevention, and Care Plan)		
<p>The following Strategies from the California Integrated HIV Prevention and Care Plan CY 2022-2026, apply to the ongoing work conducted by the Quality Advisory Committee in the Sacramento Transitional Grant Area:</p> <p>2022-2026 Goals and Objectives Impact Area 1: Racial Equity</p> <ul style="list-style-type: none"> • <i>Strategy 1b. Racial/Ethnic Data Collection and Stratification:</i> 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 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.

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 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.

Impact Area 4: Mental Health and substance Use

- *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 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 6: Stigma Free

- *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.

HIV Health Services Planning Council NEEDS ASSESSMENT COMMITTEE 2025-26 WORK PLAN

Note: Committee meets quarterly

MEETING DATE	ACTIVITY	MATERIALS
March 2025	<ul style="list-style-type: none"> • Review/Update Survey Tool • Needs Assessment Survey Discussion/Progress • Prepare work plan for 2025 	<ul style="list-style-type: none"> • Survey Update • FY25 Draft Work Plan
June 2025	<ul style="list-style-type: none"> • Review/Update/Finalize Survey Tool if applicable • Needs Assessment Survey Discussion/Progress 	<ul style="list-style-type: none"> • Needs Assessment Tool if applicable
September 2025	<ul style="list-style-type: none"> • Review/Update/Finalize Survey Tool if applicable • Needs Assessment Survey Discussion/Progress 	<ul style="list-style-type: none"> • Needs Assessment Tool if applicable
December 2025	<ul style="list-style-type: none"> • Finalize strategies for Targeted or full NA • Conduct Committee Self-Assessment 	<ul style="list-style-type: none"> • Committee Self-Assessment Tool

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

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.

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.