

**Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 Quality Advisory Committee
www.sacramento-tga.com**

Meeting Agenda:

May 7, 2024, 2:00 PM – 3:00 PM

Meeting Location:

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

Facilitator: Kelly Gluckman - Chair

Scribe: Angelina Olweny – Council Staff

Meeting Invitees:

- Committee Members: Richard Benavidez, Jake Bradley-Rowe, Kelly Gluckman, Lenore Gotelli, Melissa Willett
- 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	Length
Welcome and Introductions	Gluckman	2:00 PM	As Needed
Announcements	All	As Need	
Public Comments - Agenda Items 3-minute time limit	Gluckman		

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Agenda Review*	Gluckman		
Minutes Review of March 2024*	Gluckman		
FY24 Quality Advisory Workplan – Draft*	Caravella		
Service Standard Update Discussion	Gammell		
Post-card Survey Discussion	Caravella		
Public Comments	Gluckman		
Technical Assistance	Gluckman		
Adjournment	Gluckman	3:00 PM	

*Action Items

Attachments:

Minutes of March 2024*

FY24 QAC Workplan – Draft*

Next Meeting: **June 4, 2024**
September 3, 2024

Sacramento County
Department of Health Services
HIV Health Services Planning Council
QAC Communities Committee
March 5, 2024

HIV HEALTH SERVICES PLANNING COUNCIL – Quality Advisory Committee (QAC)

Meeting Minutes

March 5, 2024, 2:00 p.m. to 3:00 p.m.

Meeting Location:

4600 Broadway, Sacramento, CA 95820
Community/Conference Room 2020

Facilitator: Kelly Gluckman, Chair

Scribe: Angelina Olweny, Council Staff

Committee Member Attendees:

- Kelly Gluckman, Melissa Willett, Richard Benavidez,

Members Absent/Excused: Jake Bradley-Rowe

County Staff: Danielle Caravella, Paula Gammell, Chelle Gossett

Guests:

Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 QAC Communities Committee
 March 5, 2024

Topic	Minutes
Welcome, Introductions and, Announcements	Welcome, and introductions began at 2:04 PM N/A
Public Comments- Action Items	No announcements.
Agenda Review*	The March agenda was presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Melissa Willett seconded the motion. Kristina Kendrick-Clark resigned as the QAC chair. Her name is to be removed from future agenda and minutes. Melissa motioned to accept the agenda with the changes made and Richard Benavidez seconded the motion. The motion passed with a majority. Accept: Kelly Gluckman, Melissa Willett, Richard Benavidez Oppose: N/A Abstain: N/A
December Minutes Review*	The December minutes were presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Melissa Willett seconded the motion. The motion passed with a majority. Accept: Kelly Gluckman, Melissa Willett, Richard Benavidez Oppose: N/A Abstain: N/A
FY24 QAC Work Plan Draft	The FY24 Work Plan was presented for review and approval. A revised workplan draft will be presented at the June meeting for final approval.

Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 QAC Communities Committee
 March 5, 2024

Topic	Minutes
	<p>Melissa Willett motioned to accept the draft work plan and Richard Benavidez seconded the motion. The motion passed with a majority.</p> <p>Accept: Kelly Gluckman, Melissa Willett, Richard Benavidez Oppose: N/A Abstain: N/A</p>
Self-Assessment	<p>Committee members were encouraged to complete the self-assessment document to provide feedback on whether the committee achieved the goals set at the beginning of the year. The feedback can be submitted anonymously.</p>
Oral Healthcare Service Standard Discussion	<p>The language in the Oral Healthcare Service standards needs to be revised to state what services can be covered by Ryan White Services. QAC will also need to determine service caps per client. The Priorities and Allocation Committee (PAC) has a reference manual with information about the service categories, a demographic breakdown of who utilizes the services, and the average cost per client. The reference manual can help QAC determine the cap per client for the services provided.</p>
Housing Service Standard Discussion	<p>The discussion on Housing Assistance highlighted that housing is ranked seventh on the priority list of service categories and Ryan White funding is not the primary funding source for housing in the Sacramento TGA. Further discussion is needed to clarify language in Housing Service standards related to how clients can qualify for housing financial assistance.</p>
Vote for a meeting in May	<p>Richard Benavidez motioned to have a QAC meeting in May to continue the discussion on service standard and Melissa Willett seconded the motion. The motion passed with a majority.</p> <p>Accept: Kelly Gluckman, Melissa Willett, Richard Benavidez Oppose: N/A</p>

Sacramento County
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QAC Communities Committee
March 5, 2024

Topic	Minutes
	Abstain: N/A
Postcard Survey Discussion	The postcard survey return rate is 32%.
Public Comments	The QAC roster was confirmed at the meeting.
Technical Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	3:05PM

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

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

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

The following Strategies from the ~~California Integrated HIV Surveillance, Prevention, and Care Plan, known as, Laying a Foundation for Getting to Zero~~ California Integrated HIV Prevention and Care Plan CY 2022-2026, apply to the ongoing work conducted by the Quality Advisory Committee in the Sacramento Transitional Grant Area:

~~Strategy E: Improve Retention in Care~~

- ~~• Activity E1: Expand Provider Education to Improve Capacity to Retain Clients~~
- ~~• Activity E3: Increase the Number of California Living with HIV Who Are Enrolled in Health~~

~~Insurance Coverage~~

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

~~Strategy F: Improve Overall Quality of HIV Related Care~~

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

~~Strategy I: Improve Case Management for PLWH with High Need~~

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

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

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

~~Strategy N: Enhance Collaborations and Community Involvement~~

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

2022-2026 Goals and Objectives

Impact Area 1: Racial Equity

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

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

Impact Area 2: Housing first

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

Impact Area 3: Health Access for All

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

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

Impact Area 4: Mental Health and substance Use

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

Impact Area 5: Economic Justice

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

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

Impact Area 6: Stigma Free

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