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

Meeting Agenda

December 13, 2023, 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	
December Agenda*	Benavidez	
Minutes of October 2023*	Benavidez	

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State Office of AIDS November 2023 Update	Pulupa	As Needed
CPG/HIV/STI Prevention Updates	All	
Recipient Report: ➢ FY23 October Part A Monthly Fiscal Report* ➢ FY23 October Part B Monthly Fiscal Report ➢ SOA Ending the HIV Epidemic Update ➢ HRSA Ending the Epidemic Update	Gossett	
Committee/Work Group Updates ➢ Administrative Assessment Committee ➢ AdAC Findings 11/16/23 ➢ Next Meeting Thursday, June 13, 2024 ➢ Affected Communities Committee ➢ Community Presentations ➢ Reflectiveness ➢ Priorities and Allocations ➢ Executive Committee ➢ Quality Advisory Committee ➢ Needs Assessment Committee ➢ AdHoc WorkGroup ➢ Governance	Willett Zach B. Bradley-Rowe Benavidez Kendricks-Clark Miranda Basler Ungeheuer	
Council Chair Term Expiration Announcement	Gammell	

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

Attachments:

- Minutes of October 2023*
- November 2023 OA Voice Update
- FY23 October Part A Monthly Fiscal Report*
- FY23 October Part B Monthly Fiscal Report
- FY23 Q1 and Q2 Administrative Assessment Results
- Gov 10- Officer Elections- Approved 6.28.23
- Sacramento TGA Bylaws – Approved 6.22.22

NEXT MEETING: January 24, 2024
February 28, 2024

Sacramento County
Department of Health Services
HIV Health Services Planning Council
October 25, 2023

HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Minutes
October 25, 2023, 2023, 10:00 a.m. to 12:00 p.m.

Facilitator: Richard Benavidez, Council Chair

Scribe: Angelina Olweny, Council Staff

Council Member Attendees:

Austin Green, Brad Bartholomai, Chelle Gossett, David Contreras, Dennis Poupart, Jake Bradley-Rowe, Kelly Gluckman, Keshia Lynch, Lenore Gotelli, Melissa Willet, Melody Law, Richard Benavidez, Ronnie Miranda, Shy Brown, Steven Austin, Zach Basler, Troy Stermer, Tracy Thomas

Members Excused: Yingjia Huang, Michael Ungeheuer**,** Minerva Reid, Judy Vang, Beth Valentine, Kristina Kendricks-Clark, Kaye Pulupa.

Absent: Josh Kooman

Guests: Alexa Bunton, Arturo Jackson, Aaron Armer, Maureen Vu, Michael Gloria

County Staff: Danielle Caravella, Paula Gammell

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Topic	**Minutes**
Welcome, Introductions and, Announcements	Welcome and Introductions began at 10:02AM December 1 is World AIDS Day. Sunburst Projects will host an event in collaboration with the California State University Sacramento (CSUS) Pride Center. The event will be at the CSUS ballroom. The NorCal AIDS Cycle will have a 31-mile ride next week. There is an after-gathering Bike Dog Brewery meet-up at the end of the run. One Community Health is opening in two new locations. The new locations will be at 3540 Kings Way- Arden Arcade region off of Watt Ave next to Country Club Bowling Lanes and 1507 21st Street- Midtown across the street from One Community Health 1500 21st Street Building A. Sacramento County had a Racial Equity Summit. The discussion was based on the Sacramento County resolution that stated that racism is a public health crisis. The Board of Supervisor meeting adopted changes to the Public Health Advisory Board bylaws of which the HIV Health Services Planning Council is a standing committee.
Public Comments- Action Items	Richard Benavidez requested that public comments on agenda items should be limited to 3 minutes.
Agenda Review* Minutes Review*	The October agenda was presented for review and approval. Jake Bradley-Rowe motioned to accept the agenda as presented and Lenore Gotelli seconded the motion. The motion passed with a majority. See the vote sheet for details. September minutes were presented for review and approval. Ronnie Miranda motioned to accept the minutes as presented and Jake Bradley-Rowe seconded the motion. The following changes were made to the minutes. On Page 3, the last paragraph should read The CPG conducted an in-person meeting and will

	be presenting the implementation process. On page 3 under OA Voice, Pucci's Pharmacy should be included as one of the Pharmacies offering the new COVID Vaccine. On page 4 under the section CPG/HIV/STI Prevention, it should state that by 2030 70% of the HIV+ population will be aged 50 and above nationwide. On the voting sheet, Troy Stermer was not listed as having voted on the Council Overview and was present and approved the motion. Under the PAC Overview section. There was no amended motion documented for the changes to the minutes. Zach Basler motioned to accept the minutes with the changes made and Melissa Willett seconded the motion. The motion passed with a majority. See the vote sheet for details.
OA Voice October 2023 Update	The Office of AIDS is recruiting for a Health Program Specialist I position at the HIV Care Branch. It is a Policy Specialist position. The primary programs will be the Medi-Cal waiver program and the Minority AIDS initiative. The application period closes on November 9. Committee members were asked to reach out to Kaye Pulupa for more information.
Presentation: LGBT South Center	Health Services Outreach Manager Aaron Armer from the LGBT South Center gave a presentation on the program and services available to the LGBTQIA community. The LGBT Center provides HIV/HCV screening services onsite and throughout the region using the Mobile Testing Unit. Patients who need treatment are referred to the Sacramento County Clinic or One Community Health. The center conducted a community care survey to assess the need for sexual health testing and mental health testing. The LGBT Center has a mental health manager who provides linkage to mental health care services. The LGBT Center refers clients to Medical Assisted Treatment Services (MAT) facilities that are LGBT-affirming. These include Monarch Recovery Centers and BAART programs.

	Barrier distribution- The LGBT Center participates in community building by using the Mobile Unit to bring services to people. They have case managers who follow up with clients to help them get transportation to and from medical appointments. The LGBT Center is located in Midtown Sacramento near 20th and K Street. The Marsha P. Johnson Center is located in South Sacramento. The Center for Advocacy for the LGBT community has an Advocacy and Training Director. The Center has recently added a Harm Reduction Coordinator and an Advocacy and Training Lead. One of the initiatives includes onboarding interns who participated in the LGBT Advocacy Day at the Capitol to learn how to give presentations to lawmakers. The Harm Reduction Coordinator is involved in training such as Narcan distribution. The Q spot at the LGBT Center offers mental health respite and peer mentorship and support for LGBTQ+ youth ages 13-24. Other services include resume workshops and help with job applications. A question was raised about how to increase the reach of services offered by the LGBT Center given that some youth are unaware of the proximity to services. The LGBT Center has conducted outreach in community colleges such as Cosumnes River College where they have offered testing services to students. The LGBT Center also ensures that the community learns how to schedule online tests through their website at locations closest to them. LGBT Center also helps host the HIV Health Services Planning Council Community Conversations sessions.
CPG	The California Planning Group has a fall meeting on Nov 13-15 at the Holiday Inn downtown Sacramento. Day one is a closed meeting for training purposes only. Day two and 3 is open to the public for comment. On day two public comment will be from 1:20 PM-1:30 PM and on day

HIV/STI Prevention Updates	three, public comment will be from 1:15 PM -1:30 PM. Richard Benavidez stated that those interested in attending the public comment session should reach out to him so he can send them a copy of the agenda. ADAP has included diabetes treatment medication and glucose monitoring devices to ADAP formulary. Jack Bradley-Rowe encouraged council members to share this information with their peers. There are no new updates.
FY23 August Part A Monthly Fiscal Report* FY23 August Part B Monthly Fiscal Report SOA Ending the HIV Epidemic Update	Chelle Gossett presented the FY23 Part A August Monthly Report for review and approval. Expenditures should be at 50% through August 31. The current TGA spending for El Dorado County is at 44.6% and 49.3% for Placer County. The current TGA spending for Sacramento County is at 39.8%. The overall direct expenditure for the Sacramento Transitional Grant Area (TGA) is 40.66%. The 75/25 Expenditure Requirement for Core services is at 88.7% and 11.3% for Support Services. Dennis Poupart motioned to accept the Part A August Monthly Report as presented and Jake Bradley-Rowe seconded the motion. The motion passed by a majority. A copy of the FY23 Part B August Monthly Fiscal Report was presented for informational purposes. Expenditures should be at 42% through August 31. Yolo County spent 40.2% of their allocations. Sacramento County spent 37.7%. The overall expenditure was 38.01% for the Transitional Grant Area (TGA). The SOA Ending the Epidemic the mobile health service van is operating in more locations. The van is moving to various sites. The mobile health van services the unhoused population. The HIV AIDS practitioner is available on the van to meet with patients one day a week.

HRSA Ending the Epidemic	The carryover request was approved. The non-compete grant is due on December 1st. Chelle Gossett recommended that Council members read the FY23 2nd Quarter Narrative Report because it has valuable information.
AdAC	The next meeting is on November 16, 2023 by invitation only. Members have to sign a confidentiality agreement before attending the meeting.
Affected Communities Committee	The Affected Communities Committee is working on 2024 outreach efforts. The committee is identifying educational institutions where they can participate at their health fairs. The last Community Conversation Presentation focused on Latinx Community- The main topic of discussion was HIV and disclosure. The Latinx community faces challenges when disclosing their status to peers and family members given cultural constraints. Reflectiveness is at 35.7% - The committee is looking to fill the Native American seat and is also looking for trans representation.
Priorities and Allocations Committee FY23 Reallocation*	PAC met on October 11. Sub-recipients provided input based on their needs at the meeting. $112,256 was requested for reallocation. The recipient determined that $96,136 was justified for reallocation. PAC voted and approved FY23 reallocation funding recommendations with no changes. Richard Benavidez motioned to accept the FY23 Reallocations and Ronnie Miranda seconded the motion. The motion passed with a majority. See vote sheet for details.
Quality Advisory Committee	There are no updates as the committee did not meet due to lack of quorum. The next meeting is on December 5.
Needs Assessment Committee	There are no updates as the committee did not meet due to lack of quorum. The next meeting is on December 5.
Executive Committee	The next meeting is in January.
AdHoc	The group will be meeting in January. The workgroup is waiting to hear from the County and HRSA on the development of a new Sacramento TGA website.

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Governance	The Governance committee did not meet.
Binder Update	There will be updates once the Executive Committee meets in January.
Public Comments Non-Agenda Items	N/A The next Planning Council meeting is on December 13, 10 AM- 12 PM as it is the combined November/December meeting.
Tech Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	11:08 AM

the OA Voice
Issue: November 2023

INSIDE:

This newsletter is currently organized to align with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The Integrated Plan is available on the Office of AIDS' (OA) website.

STAFF HIGHLIGHT

Glorietta Kundeti, Research Scientist Supervisor, of the Data Management Unit, in the Surveillance and Prevention Evaluation and Reporting Branch, had the opportunity to share insights into the 2021 epidemiological trends of HIV among the Latinx population in California. This presentation was hosted by The Pacific AIDS Education & Training Center (Pacific AETC), a vital part of a nationwide network dedicated to the enhancement of the healthcare workforce in providing equitable HIV care and related services. The session was a segment of an ongoing educational series examining HIV, stigma, and substance use within the Latinx community. Our audience was composed of healthcare providers and public health professionals from Northern California.

Glorietta's presentation focused on contrasting national and California-specific HIV trends with an emphasis on the state's Latinx population. This included a comparative analysis of demographic profiles, incidence rates, and the spectrum of care. Additionally, we benefited from contributions by a representative from the Substance and Addiction Prevention Branch, who shared critical data on the regional and demographic patterns of fatal drug overdoses. Moreover, a medical expert enriched our discussion by highlighting the risk factors for HIV linked to substance use. The links to the presentation are provided below. And a special

thanks to Stephanie Taylor, Triston Mosbacher, and Deanna Sykes for all their help and support.

Registration to access the recordings.

Direct YouTube link to the presentation.

COMMUNITY PARTNER SPOTLIGHT

Sonoma Spotlight

California Department of Public Health (CDPH) OA would like to recognize **Sonoma County's Department of Health Services** for excellence in the prevention of perinatal HIV transmission. Although perinatal HIV transmission is effectively prevented with antiretroviral therapy, consistent HIV treatment during pregnancy can be challenging for people experiencing homelessness, mental health problems, and substance use. Sonoma county's public health nurses and HIV prevention staff literally and figuratively go the extra mile to meet pregnant people with HIV where they are and address social determinants of health that are barriers to HIV care. They also provide leadership and direction to medical and social service providers in Sonoma to develop coordinated care plans that include offering housing, substance use treatment, harm reduction services, HIV and prenatal care, and a birth plan.

Great job Sonoma team! Your hard work has had a major HIV prevention impact and we are proud to be your colleagues.

Sonoma County Public Health Department HIV Prevention Team (L-R): Miranda Patrick, Mark O' Neil, and Fabiola Acosta Lora

HIV AWARENESS

Celebrating National Latinx Awareness Day and the Ending the HIV in the U.S. Initiative

Representatives from OA, the Office of Infectious Disease and HIV/AIDS Policy (OIDP), the Latino Commission on AIDS, VIDA (an HIV services provider), the Los Angeles Family Network and Gilead Sciences commemorated the National Latinx Awareness Day (NLADD) October 13th-15th in San Diego County.

This year's NLAAD theme, "Do it your way. Do it right." encourages people to take advantage of the many available options to protect themselves from HIV, highlighting that they can choose what is right for them. This year was the 20-year anniversary since NLAAD was created and it is the 10-year anniversary of the start of the HIV/AIDS services provider VIDA.

On October 13th, OA and community partners had a chance to visit San Ysidro Health, an Ending the HIV Epidemic in the U.S. Initiative (EHE) funding recipient. San Ysidro Health is using this funding to support HIV screening, linkage to PrEP, HIV treatment and other supportive services especially focused on the LGBTQ+ community in San Diego. San Diego County is making significant strides with the EHE Initiative and other prevention and care services funding. Other providers visited during this site visit included La Maestra Community Health Centers, Mama's Kitchen, the Mother, Child & Adolescent HIV Program at UC San Diego, and Christie's Place. Thank you to all these service providers for their important work to get to zero HIV infections, zero HIV deaths and zero HIV stigma in San Diego.

November is Transgender Awareness Month

During the month of November, the transgender and gender nonconforming (GNC) communities raise awareness for their community through education, advocacy actions and reflection.

With trans rights being rolled back across the United States and globally, including attempts in California, a historic number of anti-bills introduced and passed in state legislatures across the nation, many targeting transgender youth. Some school boards have passed policies outing trans and gender diverse students. California has seen a 55% increase in hate crimes motivated by anti-trans or anti-gender non-conforming bias between 2021 and 2022. It is more important than ever to uplift, support, and stand with our trans and gender diverse communities.

Trans Parent Day is observed November 5. Trans Parent Day is an annual event established in 2009 that honors transgender parents as well as parents who have trans children. It always falls on the first Sunday of the month. In the United States, around one in three trans people are parents. Beyond the common challenges of embarking on a parenting journey, there are additional challenges one might face when becoming a trans parent. The day is about providing a nongendered holiday instead of the traditional Mother's and Father's Day, which may not be inclusive for many trans people.

Transgender Awareness Week is observed November 13–19th. This weeklong observation is recognized by the transgender community, allies, and organizations around the world. It is meant to educate and bring awareness to the discrimination, intolerance, and acts of violence members of the community face. The observation also provides the opportunity to uplift and empower the lives of transgender and GNC communities.

To conclude Transgender Awareness Month, the annual **Transgender Day of Remembrance (TDOR) is observed on November 20th**. TDOR provides space to memorialize transgender victims whose lives were taken due to transphobia and anti-transgender violence. This day also highlights the disproportionate acts of violence against transwomen of color, predominately in Black and Latinx transgender women. For additional Trans data and resources please visit our OA Transgender Community Health website.

"Transgender Day of Remembrance seeks to highlight the losses we face due to anti-transgender bigotry and violence. I am no stranger to the need to fight for our rights, and the right to simply exist is first and foremost. With so many seeking to erase transgender people — sometimes in the most brutal ways possible — it is vitally important that those we lose are remembered, and that we continue to fight for justice."

– Transgender Day of Remembrance founder, Gwendolyn Ann Smith

November is Native American Heritage Month

Native American Heritage Month was originally established as a week-long observance, and over time it has evolved to a month-long celebration dedicated to honoring Native American peoples. The celebration is meant to honor, educate, and appreciate the various indigenous cultures and acknowledge the many contributions, to include agriculture and environmental stewardship, that has shaped our society.

Native American Heritage Day is celebrated on November 24th. There are many educational events, film screenings and cultural festivals to showcase traditional dance, music, and art, to honor the Native American Heritage.

Learn what Indigenous territories, treaties and languages you are on.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the ***Ending the Epidemics Strategic Plan***, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is continuing.

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

The *Implementation Blueprint* and a recording of the August 31st webinar can be found on Facente Consulting's webpage at https://facenteconsulting.com/cdph-technical-assistance-request-portal/.

This webpage also allows you to request any technical assistance regarding the ***Ending the Epidemics Strategic Plan***.

Thank you for all you do to end the syndemic of HIV, STIs and HCV in California!

GENERAL UPDATES

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our OA website to stay informed.

Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the DCDC website to stay informed.

Mpox digital assets are available for LHJs and CBOs.

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

HIV/STD/HCV Integration

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

Ending the HIV Epidemic (EHE)

The Ending the HIV Epidemic counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego completed their End of Year 3 Reports to the CDC. Thank you for another year of expanding services for HIV testing, PrEP and linkage to HIV medical care to EHE priority populations! More information about the EHE Initiative.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

PrEP-Assistance Program (AP)

As of October 31, 2023, there are 200 PrEP-AP enrollment sites and 189 clinical provider sites that currently make up the PrEP-AP Provider network.

A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2.

Data on active PrEP-AP clients can be found in the three tables displayed on page 7 of this newsletter.

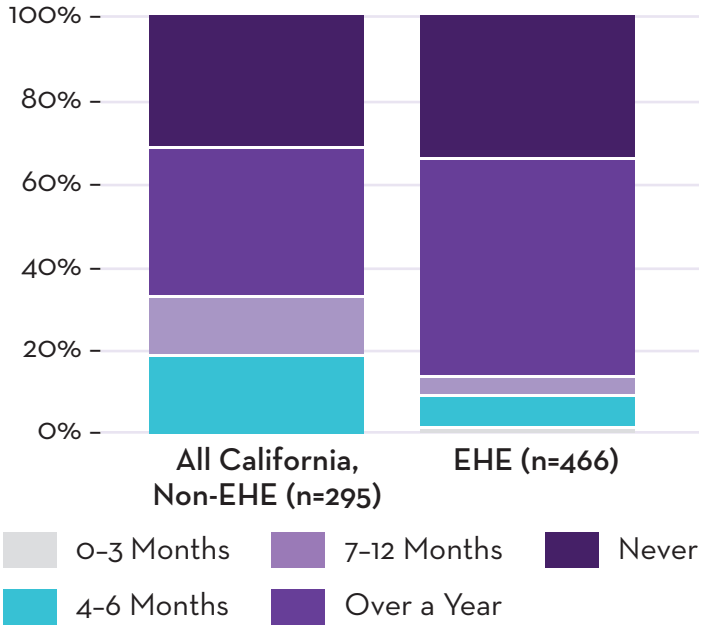
STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, TakeMeHome®, (https://takemehome.org/) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In September, 295 individuals in 31 counties ordered self-test kits, with 235 (79.7%) 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. In the first 37 months, between September 1, 2020, and September 30, 2023, 7459 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 311 (66.7%) of the 466 total tests distributed in EHE counties.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Sept. 2023



TAKEMEHOME

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	46.3%	52.2%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	36.1%	42.0%
Were 17-29 years old	49.6%	44.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.0%	43.2%

Since September 2020, 840 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 245 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	93.9%
Identify as a man who has sex with other men	63.1%	65.3%
Reported having been diagnosed with an STI in the past year	8.9%	9.8%

STRATEGY J

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

As of October 31, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page 8.

STRATEGY K

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

➢ WEBINAR - The Power of Collaboration: Success Stories of Harm Reduction and Public Safety Partnerships to Prevent Overdose

The National Council for Mental Wellbeing will host a webinar, November 9th to share successes and lessons learned from a pilot that integrated harm reduction strategies and public safety initiatives across the country.

Register to attend the webinar or receive a copy of the webinar recording.

➢ WEBINAR - Exploring Value-Based Payment for Substance Use Disorder Services in the United States

Value-Based Payment (VBP) models pay health care providers based on the value of their services provided rather than the volume of services. Learn more about VBP and how the model is applied to substance use disorder services. SAMHSA's Center for Financing Reform and Innovation will host a webinar, November 13th featuring experts sharing the use

(continued on page 8)

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	369	10%	---	---	---	---	32	1%	401	11%
25 - 34	1,272	35%	1	0%	1	0%	211	6%	1,485	41%
35 - 44	872	24%	---	---	3	0%	165	5%	1,040	28%
45 - 64	387	11%	1	0%	21	1%	98	3%	507	14%
65+	23	1%	---	---	195	5%	10	0%	228	6%
TOTAL	**2,923**	**80%**	**2**	**0%**	**220**	**6%**	**516**	**14%**	**3,661**	**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	229	6%	---	---	42	1%	16	0%	2	0%	71	2%	2	0%	39	1%	401	11%
25 - 34	888	24%	1	0%	130	4%	93	3%	8	0%	279	8%	9	0%	77	2%	1,485	41%
35 - 44	629	17%	4	0%	99	3%	42	1%	5	0%	204	6%	7	0%	50	1%	1,040	28%
45 - 64	290	8%	---	---	40	1%	17	0%	2	0%	135	4%	2	0%	21	1%	507	14%
65+	21	1%	---	---	3	0%	3	0%	---	---	192	5%	1	0%	8	0%	228	6%
TOTAL	**2,057**	**56%**	**5**	**0%**	**314**	**9%**	**171**	**5%**	**17**	**0%**	**881**	**24%**	**21**	**1%**	**195**	**5%**	**3,661**	**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	81	2%	---	---	7	0%	8	0%	1	0%	15	0%	---	---	3	0%	115	3%
Male	1,773	48%	4	0%	285	8%	156	4%	16	0%	837	23%	21	1%	173	5%	3,265	89%
Trans	177	5%	---	---	18	0%	6	0%	---	---	16	0%	---	---	7	0%	224	6%
Unknown	26	1%	1	0%	4	0%	1	0%	---	---	13	0%	---	---	12	0%	57	2%
TOTAL	**2,057**	**56%**	**5**	**0%**	**314**	**9%**	**171**	**5%**	**17**	**0%**	**881**	**24%**	**21**	**1%**	**195**	**5%**	**3,661**	**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: 10/31/2023 at 12:02:00 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 September
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	500	- 0.19%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,254	- 1.40%
Medicare Part D Premium Payment (MDPP) Program	2,053	- 1.25%
Total	**7,807**	**- 1.28%**

Source: ADAP Enrollment System

of VBP and will include national experts in the behavioral health field

Register to attend the webinar and receive a copy of the webinar recording.

STRATEGY N

Enhance Collaborations and Community Involvement:

> STD and HIV Information and Support (SHIS) Community Engagement Announcement and Flyer

The STDCB and OA have collaborated to bring forth a community space for all local Disease Intervention Specialists (DIS) or public health workers conducting any case investigation or contact tracing for STIs and HIV. Our collaborative space is called the STD and HIV Information and Support (SHIS) Community Engagement Monthly calls! This is a space to share strategies for partner services, examine case studies, and celebrate the excellent work being done in California. We launched our first call in September and will continue our calls the last Wednesday of every month from 11am-12pm. If you are interested in coming to learn from the DIS community, share information, resources, provide support, or share case studies of cases you are proud, please join us!

For more information, reach out to SHISCommunity@cdph.ca.gov.

STRATEGY O

Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California:

In September, Health Resources & Services Administration (HRSA) Awarded nearly $18 million in FY 2023 Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) funding that will expand access to HIV prevention services that decrease the risk of HIV transmission in underserved communities in support of Ending the HIV Epidemic in the U.S.

Seven of the Federally Qualified Health Centers receiving awards under this funding cycle were in California. More information about the award recipients.

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

HIV Health Services Planning Council - FY23 Allocations
Sacramento TGA Monthly Fiscal Report
Expenditures should be at 66.7% through October 31st

Part A Only

March 1, 2023 - February 29, 2024

EL DORADO COUNTY - October 2023 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	$1,568	$0	$0		0.0%	$1,568
Oral Health	$5,285	$0	$2,070		39.2%	$3,215
Health Insurance Premium & Cost Sharing Asst.	$1,955	$0	$428		21.9%	$1,527
Mental Health Services	$14,131	$0	$0		0.0%	$14,131
Medical Case Management	$133,642	$0	$75,332		56.4%	$58,310
Medical Transportation Services	$9,284	$0	$7,370		79.4%	$1,914
Emergency Financial Assistance	$30,750	$0	$18,675		60.7%	$12,075
Sub-Total El Dorado Counties	$196,615	$0	$103,875		52.8%	$92,740

PLACER COUNTY - October 2023 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	$1,540	$0	$0		0.0%	$1,540
Oral Health	$2,530	$0	$0		0.0%	$2,530
Health Insurance Premium & Cost Sharing Asst.	$115	$0	$323		281.1%	-$208
Mental Health Services	$6,925	$0	$0		0.0%	$6,925
Medical Case Management	$137,654	$0	$77,251		56.1%	$60,403
Medical Transportation Services	$20,891	$1,238	$11,336		54.3%	$9,556
Emergency Financial Assistance	$30,000	$2,653	$28,945		96.5%	$1,055
Sub-Total Placer County	$199,655	$3,891	$117,855		59.0%	$81,800

Missing Invoices
October Medical Case Management: EDC and Placer
August Ambulatory Care: EDC
September: EDC: EFA, Dental,
October EDC: Transportation, EFA

HIV Health Services Planning Council - FY23 Allocations
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Expenditures should be at 66.7% through October 31st

Part A Only

March 1, 2023 - February 29, 2024

Priority Number

	SACRAMENTO COUNTY - October 2023 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	**Ambulatory/Outpatient Care**	**$465,341**	**$24,081**	**$240,328**		**98.4%**	**$225,013**
	SS: Ambulatory/Outpatient Medical Care	$405,903	$24,081	$213,016		52.5%	$192,887
	SS: Vendor paid viral/load resistance lab test	$59,438	$0	$27,312		46.0%	$32,126
2	**ADAP/Prescription Medications**	**Not Funded at This Time**					
3	**Health Insurance Premium & Cost Sharing Asst.**	**$7,154**	**$0**	**$2,877**		**40.2%**	**$4,277**
4	**Oral Health**	**$275,801**	**$0**	**$51,948**		**18.8%**	**$223,853**
5	**Medical Case Management**	**$1,040,785**	**$66,405**	**$602,351**		**57.9%**	**$438,434**
	SS: MAI	$188,634	$12,184	$131,818		69.9%	$56,816
	SS: Office Based Services	$417,094	$34,863	$261,067		62.6%	$156,027
	SS: Field/In-Home Services	$412,375	$18,926	$205,852		49.9%	$206,523
	SS: Pediatric Treatment Adherence	$1,070	$41	$515		48.1%	$555
	SS: Case Mgmt Child Care	$21,612	$391	$3,099		14.3%	$18,513
6	**Case Management (Non-Medical)**	**$61,504**	**$6,717**	**$42,920**		**69.8%**	**$18,584**
7	**Food Bank/Home Delivered Meals**	**$34,654**	**$2,993**	**$13,349**		**38.5%**	**$21,305**
8	**Mental Health Services**	**$441,683**	**$35,282**	**$299,853**		**67.9%**	**$141,830**
9	**Psychosocial Support**	**Not Funded at This Time**					
10	**Medical Transportation Services**	**$80,487**	**$6,593**	**$43,002**		**53.4%**	**$37,485**
11	**Substance Abuse Services - Outpatient**	**$188,815**	**$15,283**	**$99,302**		**52.6%**	**$89,513**
12	**Substance Abuse Services - Residential**	**$65,562**	**$0**	**$0**		**0.0%**	**$65,562**
13	**Housing Assistance**	**$24,015**	**$0**	**$9,620**		**40.1%**	**$14,396**
14	**Child Care Services**	**$22,154**	**$1,018**	**$7,306**		**33.0%**	**$14,848**
15	**Emergency Financial Assistance**	**$22,543**	**$0**	**$2,963**		**13.1%**	**$19,580**
16	**Medical Nutritional Therapy**	**$12,374**	**$0**	**$10,466**		**84.6%**	**$1,908**
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	**$2,742,872**	**$158,370**	**$1,426,283**		**52.0%**	**$1,316,589**
	Sub-Total TGA Direct Service Expenditures	**$3,139,142**	**$162,261**	**$1,648,014**		**52.50%**	**$1,491,128**
	Recipient - Grantee Admin	**$369,311**	**$27,036**	**$133,925**		**36.26%**	**$235,386**
	Recipient - Quality Mgmt	**$184,654**	**$13,545**	**$59,731**		**32.35%**	**$124,923**
	Grand- Total Direct Services, Recipient	**$3,693,107**	**$202,842**	**$1,841,670**		**49.87%**	**$1,851,437**

Missing Invoices
Vendor Dental: March through Oct.; **Insurance**: Mar; **Housing**: Sept.
Transportation: July - Oct; **MAI MCM**: Sept & Oct; **Dental**: Aug;
Nutrition: Oct; **Labs**: Sept & Oct.

	October
Under 5%	**0-60%**
Within 5%	**61-71%**
Over 5%	**72% - Over**

TGA Direct Service Expenditures by $ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	**$2,950,508**	**$150,076**	**$1,516,196**		**51.39%**	**$1,434,312**
Part A MAI	**$188,634**	**$12,184**	**$131,818**		**69.88%**	**$56,816**

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Core Services (Does not include MAI MCM)	$2,548,664	$128,866	$1,330,711	86.4%	85.9%	87.8%
Support Services	$401,844	$21,211	$185,485	13.6%	14.1%	12.2%

HIV Health Services Planning Council - FY23 Allocations
Sacramento Part B Monthly Fiscal Report
Expenditures should be at 62% through October 31st

Part B Only

March 1, 2023 - March 31, 2024

YOLO COUNTY - October 2023 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Oral Health	$7,500	$0	$2,540		33.9%	$4,960
Medical Case Management	$108,802	$5,605	$54,053		49.7%	$54,749
Foodbank/Home Delivered Meals	$11,549	$372	$6,372		55.2%	$5,177
Medical Transportation Services	$2,676	$230	$581		21.7%	$2,095
Housing	$1,000	$0	$0		0.0%	$1,000
Emergency Financial Assistance	$1,546	$0	$342		22.1%	$1,204
Sub-Total YOLO County	$133,073	$6,207	$63,888		48.0%	$69,185

HIV Health Services Planning Council - FY23 Allocations
Sacramento Part B Monthly Fiscal Report
Expenditures should be at 62% through October 31st

Part B Only

March 1, 2023 - March 31, 2024

Priority Number

	SACRAMENTO COUNTY - October 2023 Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	% Used	Remaining Balance
1	**Ambulatory/Outpatient Care**	**$355,000**	**$0**	**$150,567**		**42.4%**	**$204,433**
	Ambulatory/Outpatient Medical Care	$355,000	$0	$150,567		42.4%	$204,433
	Vendor paid viral/load resistance lab test	**Part A Funded**					
2	**ADAP/Prescription Medications**	**Not Funded at This Time**					
3	**Health Insurance Premium & Cost Sharing Asst.**	**Part A Funded**					
4	**Oral Health**	**$221,000**	**$25,568**	**$126,931**		**57.4%**	**$94,069**
5	**Medical Case Management**	**$59,311**	**$5,641**	**$43,206**		**72.8%**	**$16,105**
	MAI	**Part A Funded**					
	Office Based Services	10699	$2,985	$2,985		27.9%	$7,714
	Field/In-Home Services	48612	$2,656	$40,221		82.7%	$8,391
	Pediatric Treatment Adherence	**Part A Funded**					
	Case Mgmt Child Care	**Part A Funded**					
6	**Case Management (Non-Medical)**	**$86,000**	**$8,436**	**$45,596**		**53.0%**	**$40,404**
7	**Food Bank/Home Delivered Meals**	**$18,000**	**$0**	**$1,790**		**9.9%**	**$16,210**
8	**Mental Health Services**	**$98,460**	**$9,289**	**$66,075**		**67.1%**	**$32,385**
9	**Psychosocial Support**	**Not Funded at This Time**					
10	**Medical Transportation Services**	**118406**	**$12,209**	**$81,950**		**69.2%**	**$36,456**
11	**Substance Abuse Services - Outpatient**	**Part A Funded**					
12	**Substance Abuse Services - Residential**	**Part A Funded**					
13	**Housing Assistance**	**Part A Funded**					
14	**Child Care Services**	**Part A Funded**					
15	**Emergency Financial Assistance**	**Part A Funded**					
16	**Medical Nutritional Therapy**	**$3,450**	**$0**	**$3,390**		**98.3%**	**$60**
17	**Health Education/Risk Reduction**	**Not Funded at This Time**					
18	**Outreach Services**	**$21,000**	**$1,931.16**	**$9,044.20**		**43.1%**	**$11,956**
19	**Outreach Services MAI**	**$37,192**	**$3,179.10**	**$18,656.28**		**50.2%**	**$18,536**
20	**Linguistic Services**	**Not Funded at This Time**					
21	**Home & Community Based Health Services**	**Not Funded at This Time**					
22	**Home Health Care**	**Not Funded at This Time**					
23	**Hospice**	**Not Funded at This Time**					
24	**Legal Services**	**Not Funded at This Time**					
25	**Permanency Planning**	**Not Funded at This Time**					
26	**Referral for Health Care and Support Services**	**Not Funded at This Time**					
27	**Rehabilitation Services**	**Not Funded at This Time**					
28	**Respite Care**	**Not Funded at This Time**					
29	**ADAP/Prescription Medications**	**Not Funded at This Time**					
30	**Early Intervention Services**	**Not Funded at This Time**					
	Sub-Total Sacramento County	**$1,017,819**	**$66,253**	**$547,205**		**53.8%**	**$470,614**
	Expenditures	**$1,150,892**	**$72,460**	**$611,093**		**53.10%**	**$539,799**
	Recipient - Grantee Admin	**$131,841**	**$7,178**	**$63,373**		**48.07%**	**$68,468**
	Recipient - Quality Mgmt	**$63,853**	**$4,741**	**$28,302**		**44.32%**	**$35,551**
	Grand- Total Direct Services, Recipient	**$1,346,586**	**$84,379**	**$702,768**		**52.19%**	**$643,818**

Missing Invoices
Oct: Ambulatory Care
Sept: Non-Medical Case Mgmt & Food,
Aug: Non-Medical Case Mgmt & Dental

		October
Under		**0-56%**
5%		**57-67%**
Over 5%		**68% - Over**

SACRAMENTO TGA
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM: FY 2023-2024

RECIPIENT REPRESENTATIVE: Paula Gammell, Alexa Bunton, Danielle Caravella

COMMITTEE MEMBERS / OTHER STAFF / CONSULTANTS INVOLVED: Angelina Olweny, Richard Benavidez, Melissa Willett, Lenore Gotelli

DATE OF ASSESSMENT: 11/16/23

QUARTER/FISCAL YEAR REVIEWED: FY23 1st and 2nd Quarter

SCORING TOOL COMPLETED BY: Danielle Caravella

SACRAMENTO TGA
FY23 ADMINISTRATIVE MECHANISM ASSESSMENT TOOL

Following is a summary of the rating scale for assessing the efficiency and effectiveness of the administrative mechanisms for the Sacramento Ryan White CARE Act (RWCA) Program. The assessment will determine the proportion of standards met and exceeded, the proportion of standards met at minimum, and the proportion of standards met and not met for each rating category, and determine an overall assessment based upon the proportion of standards met and exceeded, the proportion of standards met at minimum, and the proportion of standards not met across all categories.

Several standards on the following pages are followed by a number in brackets. This number denotes the weight that the standard carries in relation to the other standards in that category. For example, if a standard is followed by [2], the rating for that standard will be counted twice when determining the proportion of standards met and exceeded, met at minimum, or not met. If there is no number following the standard, the standard carries a weight of 1. The weight of each standard applies when determining the proportion of standards met and exceeded, met at minimum, met or not met.

QUANTITATIVE ANALYSIS

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?" Recipient compliance with each standard is assessed using the following rating scale:

Rating	Compliance Measure	Description of Rating
+	*Standard Met and Exceeded*	*The intent of the standard is consistently met and exceeded, and the processes are not in need of significant improvement.*
√	*Standard Met at Minimum*	*The intent of the standard is primarily met, but the processes could still be improved. Recommendations should be provided.*
=	*Standard Met*	*The standard is met and processes are in place to ensure continued achievement. This rating indicates that the panel considered the standard as measurable solely on accomplishment or failure.*
-	*Standard Not Met*	*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.*

QUALITATIVE ANALYSIS

In addition to the quantitative analysis of outcome measures, a narrative summary will be included in the assessment report to provide a qualitative analysis of the processes used to address each standard. This qualitative analysis will answer 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?" The qualitative analysis will be summarized in the narrative report under the following sections for each Rating Category: (a) strengths, (b) weaknesses, (c) external factors, and (d) comments/recommendations for improvement.

#	*Rating Category*	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd & 4th Quarter Scores*	***Overall FY23 Final Score***
1	**PROCUREMENT PROCESS**	A. Procurement process consists of standardized steps and format across all potential applicants.	Scored in FY22		
		B. Dissemination of information regarding availability of funds and request for proposal (RFP) process includes multiple media sources across TGA to solicit new applicants.	Scored in FY22		
		C. Proposed procurement start and end dates are adhered to.	Scored in FY22		
		D. Appropriate vendors for each priority are targeted and provided notice regarding the availability of funds and RFP process.	Scored in FY22		
		E. All requirements for HRSA Policies and Procedures, Council Directives, Standards of Care, Outcome Measures, and Performance Indicators are included in the RFP and discussed at the Bidders Conference.	Scored in FY22		
		F. A standardized process with timeframes is in place for the renewal of contracts.	Scored in FY22		
		G. Contract renewal is completed in accordance with the written, standardized contract renewal process.	Scored in FY22		
		H. The contract renewal process includes an analysis of each provider's ongoing compliance with contractual obligations, including review of quantitative and fiscal issues.	Scored in FY22		
		I. The annual contract renewal process includes an analysis of each provider's ongoing compliance with quality management plans.	Scored in FY22		
		J. The Recipient completes and submits the grant application, in coordination with the Planning Council, for the procurement of Part A funds by the applicable deadline.	+		
		K. Weaknesses identified by HRSA in the prior year's Part A application are specifically addressed by the Recipient in developing the Part A application for the current year.	N/A		
		L. The Recipient completes and submits the grant application, in coordination with the Planning Council, for the procurement of State RW Part B funds by the applicable deadline.	N/A		
		M. The Recipient completes and submits the application for carryover funds, in coordination with the Planning Council, by the applicable deadline.	+		
		N. In an RFP year, the Recipient provides monthly RFP status updates to the Council.	Scored in FY22		

FY23 Recipient – AdAC Monitoring

Comments: Procurement for A- I, N, was scored in FY22. Those scores have been pre-populated.

#	Rating Category	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
2	**FISCAL MONITORING**	A. Monthly invoices and other fiscal information is tracked through a standardized system.	=		
		B. Contractual requirements define the various types of corrective action that can be implemented by the Recipient if invoices are not submitted on time.	=		
		C. Ongoing fiscal reviews are conducted and completed for all Contractors and include the following: ▪ Monthly contract analysis reports ▪ Monthly claim reports ▪ Monthly invoice summary reports ▪ Individual client analysis reports, as needed ▪ Review of agency audits.	+		
		D. On-site fiscal reviews are conducted and completed annually for all Contractors.	Tabled to 4th Quarter		
		E. A written report is provided to each Contractor no later than 90 days from the date of the site visit.	Tabled to 4th Quarter		
		F. Standardized On-Site Fiscal Monitoring Tool is used consistently and comprehensively across all contracted service providers.	Tabled to 4th Quarter		
		G. The person(s) conducting fiscal site visits have documented training and/or experience in fiscal evaluation and use of the on-site fiscal monitoring tool.	+		
		H. Technical assistance is provided to each contractor as requested and as deemed necessary from fiscal review.	Tabled to 4th Quarter		
		I. Recipient implements Corrective action for each contractor as deemed necessary from fiscal review, on-site fiscal monitoring and as defined by contractual requirements.	Tabled to 4th Quarter		
		J. Fiscal audits are conducted for each contractor as deemed necessary from fiscal review and as defined by HRSA and /or Sacramento County DHS policies and procedures.	+		

Comments:

#	*Rating Category*	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
3	**PROGRAM MONITORING**	A. Formal program monitoring site visits to assess overall quality and components of service delivery are conducted and completed in accordance with HRSA's RW National Monitoring Standards for all Contractors, and written results are forwarded to contractors.	Tabled to Q4		
		B. Formal Quality Management monitoring site visits to assess continuous quality improvement efforts are conducted and completed in accordance with HRSA's RW National Monitoring Standards for all contractors, and written results are forwarded to contractors.	Tabled to Q4		
		C. Standardized On-Site Program Monitoring Tool is used consistently and comprehensively across all contracted service providers.	Tabled to Q4		
		D. The person(s) conducting program monitoring site visits have documented training and/or experience in program evaluation and use of the on-site program monitoring tool.	+		
		E. Contractual requirements define the various types of potential corrective action that can be implemented by the Recipient.	+		
		F. Technical assistance is provided to each contractor as requested and as deemed necessary from program monitoring site visits and/or Providers Caucus meetings.	+		
		G. Written site visit reports will be completed within 90 days of a site visit	Tabled to Q4		
		H. Recipient monitors that corrective action is conducted by contractors, as deemed necessary from program monitoring site visits and as defined by contractual requirements.	Tabled to Q4		
		I. Contractor compliance with Standards of Care is monitored through site visits, client satisfaction surveys, grievance requests, and outcome measures.	Tabled to Q4		
		J. Contractor compliance with outcome measures and performance indicators are monitored through site visits and annual outcome indicators applicable to each service provided.	Tabled to Q4		
		K. Contractors are monitored for compliance with service utilization objectives on an ongoing basis through monthly contract analysis reports.	+		
		L. Assessment of client satisfaction at all service sites is conducted annually.	Tabled to Q4		

Comments:

#	*Rating Category*	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
4	**TRACKING SYSTEMS**	A. HRSA Conditions of Award are in compliance on an ongoing basis.	+		
		B. Service utilization, demographics and contract compliance are tracked through a standardized system.	+		
		C. Requests for and response to technical assistance from Contractors are tracked with dates included.	=		
		D. Outcomes of technical assistance are tracked.	=		
		E. Unspent and unobligated funds, inclusive of Direct Services, Recipient Administrative Agent, and Quality Management funding categories, are tracked and reported to the Council on a quarterly basis and included in a year-end report.	+		

Comments:

	Rating Category	***Standards***	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
5	**CONTRACT DEVELOPMENT**	A. Contracts include requirements that service providers must comply with all HAB/HRSA and CARE Act policies and procedures, including all changes to such requirements that may occur during contract year.	+		
		B. Contracts include clauses to ensure compliance with any established and approved "directives" from the Council, including service delivery models on how to best meet the needs of the EMA/TGA.	+		
		C. Contracts include requirements for contractor compliance with Ryan White program web-based data collection system.	+		
		D. Contracts include clauses to ensure compliance with Council adopted Standards of Care.	+		
		E. Contracts include language, which holds subcontractors accountable to the same contractual requirements of the lead agency.	+		
		F. Contracts include language, which holds the lead agency liable for subcontractor compliance with contractual obligations.	+		
		G. Outcome measures and performance indicators are included in all service contracts for those categories with adopted outcome measures and performance indicators.	+		
		H. Contract language defines and assures the Recipient's method and ability to terminate any contract when Contractor performance is unsatisfactory.	+		
		I. Service contracts between the Recipient and contracting agencies are initiated for each Contractor within 90 days of "notice of grant award" from the Federal Government.	+		
		J. Service contracts between the Recipient and contracting agencies are signed by the Recipient and Contractor and implemented within 120 days of "notice of grant award" from the Federal Government. *(Signed Memorandum of Agreements between county governments may serve as operational contracts for the purposes of compliance with this standard.)*	+		

Comments:

#	*Rating Category*	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
6	**ALLOCATION, PRIORITY SETTING, REALLOCATION AND CARRYOVER**	A. The Recipient disseminates in accordance with the Planning Council's PAC 01, Priority Setting and Resource Allocation Process for each Council approved service priority allocation amount including Direct Services, Planning Council Support, Recipient Administrative and Quality Management.	+		
		B. The Recipient provides the Council with a summary of approved service category allocations compared to actual contracted funds, including identification of the Recipient use of the 10% margin for Recipient adjustments.	+		
		C. Summary of priorities and allocations is available at each Council meeting and is adjusted to reflect changes due to reallocations or carryover funds.	+		
		D. The Recipient ensures that all direct service contractors, Recipient Administrative and Quality Management funding categories submit a budget justification detailing utilization projections and plans to spend the balance of their contract within the remaining program year.	+		
		E. The Recipient ensures that all direct service contractors, Recipient Administrative and Quality Management funding categories contractors submit revised Scopes of Work and revised budgets when contracts are reduced or increased during the budget year.	+		
		F. Summaries of budget justifications for all direct service categories, Recipient Administrative and Quality Management funding categories are reported to the Council as part of the reallocation process.	+		
		G. The Recipient assesses contractor spending patterns, analyzes trends by agency, summarizes contractor requests and budget justifications, and prepares recommendations to the PAC for the use of reallocation funds.	+		
		H. All stages of the reallocation process are completed as required by the Council approved PAC 002 Policies and Procedures.	+		
		I. Request for carryover funds is developed in coordination with the PAC, and the request is submitted in advance of the deadline announced by HRSA.	+		

Comments:

#	*Rating Category*	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
7	**COMMUNICATION AND REPORTING**	A. Standardized expenditure reports are provided to the Council monthly, quarterly and at year-end.	+		
		B. Standardized reports with descriptive narrative of aggregate client demographics and service utilization by service category are provided to the Council quarterly.	+		
		C. Standardized expenditure, demographics and service utilization reports as provided by the Recipient are accurate.	+		
		D. Reports are provided by the Recipient to the Council on a quarterly basis regarding contractor Technical Assistance requests, follow-up and outcomes.	+		
		E. Recipient will develop a timeline identifying site visit scheduling, occurrences, and completion of corrective action reports.	+		
		F Summary reports regarding site visits and required follow up are provided to the Council through the Administrative Assessment Committee (AdAC).	+		
		G The findings of the assessment of client satisfaction surveys are provided to the Council annually.	+		
		H Contact information for Contractors is provided to the Council.	+		
		I. The Recipient follows the procedures adopted by the Council and Recipient regarding information requests from the Council to the Recipient.	N/A		

Comments:

#	Rating Category	Standards	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
8	**BARRIERS AND CONCERNS**	A. The Recipient provides comprehensive written reports regarding concerns or barriers to accomplishing Recipient tasks, and possible solutions or action steps taken to overcome those concerns, augmented by verbal reports as needed, to the Executive Committee of the Council, which forwards the Recipient reports to the full Council.	+		
		B. The Recipient provides reports regarding any sanctions on Contractors to the Executive Committee of the Council, which forwards the Recipient reports to the full Council.	N/A		
		C. The Recipient attends Council, Executive Committee and Priorities and Allocations Committee meetings.	+		
		D. Requested Recipient reports are provided at Council, Executive Committee and PAC meetings when Recipient staff is unable to attend meeting in person.	+		
		E. The Recipient attends any additional Council Committee meetings where Recipient representation is necessary for completion of Committee business.	+		
		F. Recipient makes recommendations for changes to directives when directives cause observed barriers to care for the client population or have been deemed to violate state or federal laws or regulatory policies.	+		

Comments:

#	Rating Category	Standards	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
9	**TIMELINESS**	A. Payment for services is initiated to each Contractor within 30 days of receiving an accurate and complete invoice once contracts are executed.	+		
		B. Notification of potential corrective action is provided to Contractors within 30 days of monthly invoice becoming overdue.	+		
		C. Corrective action is provided to Contractors within 45 days of monthly invoices becoming overdue.	+		
		D. Notification of spending trends is provided to the Council in the Recipient's monthly reports.	+		
		E. Standardized Recipient financial and data reports are provided to the Council within 30 days of Council requests.	+		
		F The Recipient provides monthly and quarterly reports to the Executive Committee for review, which forwards the Recipient reports to the full Council for approval.	+		
		G. Recipient reports are sent in pre-meeting packets to Committee and Workgroups when a minimum of 3 weeks notice of an information request is provided to Recipient.	N/A		
		H. A standardized system is in place to require Contractors to submit accurate and complete invoices, client intake forms and narrative reports in a timely manner.	+		
		I. Notification to the Council of the amount of funds projected to be available for carryover is reported as outlined in PAC 002 timeline.	+		

Comments:

#	*Rating Category*	*Standards*	*FY23 1st & 2ND Quarter Score (Unless Otherwise Noted)*	*FY23 3rd and 4th Quarter Scores*	***Overall FY23 Final Score***
10	**FLEXIBILITY**	A. Recipient modifies existing systems as necessary to ensure continuous delivery of service to clients using CARE Act funds.	+		
		B. Recipient considers advances to Contractors of up to 10% of each individual total contract award.	+		
		C. Recipient implements, monitors, and enforces Council directives.	+		

Comments:

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Officer Elections

No.: GOV 10
Date Approved: 01/26/05
Date Revised: 06/08/23
Date Reviewed: 06/28/23

Background:
As stipulated in Section 4.4 of the Bylaws of the HIV Health Services Planning Council, "Officers are nominated and elected by the members of the Council to serve for three years. Officers will be elected within the three months following the annual appointment of members." "Vacancies which occur prior to the end of a term of office shall be filled by an election at the next regular or special meeting of the Council and will serve until the next regular election of officers."

Policy:
Officers of the HIV Health Services Planning Council will be nominated and elected whenever a vacancy exists by term expiration and removal or resignation from office.

Elections will be acknowledged and publicized one month prior to a meeting of the Planning Council in anticipation of an election to fill the officer vacancy. A vacancy notice will be issued identifying the office along with a description of role and responsibilities of the officer.

Inclusive in the announcement of vacancy will be an overview of the nomination and election process sent to all seated Council members.

A Council member may be nominated for more than one officer position vacancy.

A council member can serve only one office simultaneously.

Election Procedure:

General officer elections will take place as follows:

1) Nominations for Chair will be taken from the floor, including self-nominations
2) Nominees will accept or decline nomination for the Chair
3) Administrative staff will record all nominations provided from the floor
4) Each nominee will be allowed a chance to speak to their qualifications/intentions for the position
5) A question and answer session will follow the nominee speeches
6) Each nominee will cast his or her vote and step out of the room
7) Staff will moderate a brief open comment period for voting members
8) A currently seated officer of the council will call the question of the election
9) By a show of hands, voting members will choose the new officer
10) Staff will record and announce the vote to members
11) Nominees will be called back in to the room for the formal announcement of the vote
12) The process will be repeated for the officer of vice chair*

* If there is only one nominee, the Council Chair may choose to make a direct appointment. This applies to Committee Chairs as well.

Immediately following each vote, the newly elected officers will assume the responsibilities of their position.

Approved:

Date: 06/28/2023

Richard Benavidez, Chair

Sacramento TGA Bylaws

Article I
Name of Organization and Area of Service

Section 1.1. Name: The name of this body shall be the HIV Health Services Planning Council (herein after referred to as the Council).

Section I.2. Area of Service: The transitional grant area (TGA) to be served by the Council will be Sacramento County, El Dorado County and Placer County (herein after referred to as the TGA). For the purposes of service delivery under State Office of AIDS funding, Yolo County is included.

Article II
Authority, Purpose and Duties

Section 2.1, Legal Authority: The Council was created by, and functions pursuant to, the requirements established in the Ryan White Comprehensive AIDS Resources and Emergency Act of 1990 (CARE Act), any amendments to that Act, and policies and procedures set by the United States Department of Health Services (DHS) through the Health Resources Services Administration (HRSA). In accordance with the CARE Act, the Council is appointed by the Sacramento County Board of Supervisors, designated as the Chief Elected Official (CEO) for the TGA. In 1997, a policy change by the State Office of AIDS established the Council as the entity responsible for the State Office of AIDS funds planning and allocation processes for the TGA.

Section 2.2. Purpose: The purpose of the Council is to provide effective and efficient planning for the TGA to promote development of HIV/AIDS health care and support services that meet regional needs. The Council seeks to address these needs in a cost-effective manner in ways that reduce inefficiencies and redundancies. Emphasis is placed on the identification and engagement of the uninsured, underinsured, emerging afflicted population and all disenfranchised groups living with HIV.

Section 2.3, Responsible Entities: The process of applying for, receiving, and administering Parts *A/B* funding necessitates a collaborative relationship between three parties: the Sacramento County Board of Supervisors as CEO, the Council, and the Sacramento County Department of Health Services (DHS) as the Recipient, each with complementary duties as described in the remainder of this section.

Section 2.4. Duties of Chief Elected Official: The CEO shall:

(a) Receive Parts A and State Office of AIDS grant funds awarded to the TGA;

(b) Select the Recipient;
(c) Appoint members to the Council for the TGA; and,
(d) Ensure that all terms and conditions of the Memorandum of Understanding (MOU) between Sacramento County, El Dorado County, Placer County and Yolo County are adhered to.

Section 2.5, Duties of Council: The duties of the Council shall be to:
(a) Establish priorities for the allocation of Part A and State Office of AIDS funds within the TGA including how best to meet each such priority and any additional factors to be considered in the fund allocation process;
(b) Develop a comprehensive plan for organizing, delivering, evaluating and monitoring HIV related health and support services that seek to be innovative and interactive with existing California State and/or local plans relative to the provision of health services to individuals with HIV;
(c) Assess the efficiency, effectiveness and expediency of the administrative mechanism for allocating funds to areas of greatest need within the TGA;
(d) Participate in the development of the Statewide coordinated statement of need; and,
(e) Establish methods for engaging with the community to determine and prioritize needed support and care.

Section 2.6, Duties of the Recipient: The Recipient shall:
(a) Develop and maintain contractual agreements with Sacramento, El Dorado, and Placer Counties and the State Office of AIDS specific to the distribution of Part A and State Office of AIDS funds;
(b) Write and assemble the Part A and State Office of AIDS applications;
(c) Select contractors and set contract award levels based on an established process in accordance with priorities set by the Council and under the terms of the MOU. The contractor award process shall include an appeals procedure;
(d) Disseminate notice of contract awards inclusive of the appeals procedure;
(e) Develop and execute contracts in a manner consistent with Part A requirements for rapid allocation of funds;
(f) File reports required by HRSA and the State Office of AIDS;
(g) Develop and implement a fund reallocation process under parameters set forth by the Council to insure the rapid and appropriate redistribution of any funds for which the established anticipated rates of service expenditures are greater or less than projected at the time of original funding; and,
(h) Monitor and assess the quality, effectiveness and economy of the services supported with Part A and State Office of AIDS grant funds.

Article III
Council Membership

Section 3.1, Nominations: The ultimate selection and appointment of Council members is the responsibility of the Sacramento County Board of Supervisors upon recommendation by the Public Health Advisory Board (PHAB). Nominations for membership on the Council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Nomination Policies and Procedures established by the Council, in conjunction with the PHAB, shall guide the process of recruitment, application, selection and recommendation to the Board of Supervisors.

Section 3.2. Number: The membership of the Council shall be comprised of a maximum of 44 individuals who shall be appointed by the Sacramento County Board of Supervisors.

Section 3.3. Representation: Council membership must reflect in its composition the demographics of the epidemic in the TGA with emphasis given to the disproportionately affected and historically under-served groups and sub-populations.

(a) The proportion of Council members living with HIV shall meet or exceed the minimum level defined by HRSA regulations; and,
(b) The Council shall include any federally mandated categorical representatives mandated by the HRSA and any additional categorically representatives designated locally and as outlined in the council's policies and procedures, which may be updated from time to time.

Section 3.4, Voting: All members shall have voting privileges on the Council.

Section 3.5, Terms: A full term as a member of the Council is three (3) years. A regular term begins on January 1. Candidates for reappointment, including those filling mandated positions, will be selected following the same policies and procedures used for new members. If a member is unable to complete a term for any reason a new member may be selected, as outlined in Section 3.9, to serve the remainder of the term.

Planning Council seats are set by the Board of Supervisors for a term of three years. Terms begin January 1 and end three years later on December 31. Example. January 1, 2005 – December 31, 2007.

Members can serve no more than three consecutive three-year terms. The exceptions are the Health Officers, the state Part B and Medi-Cal representatives or a designated member for a service provider, who shall serve by virtue of their office, with no fixed term.

A member who is selected to fill an unexpired term will serve for the remainder of that term, and if eligible to serve two additional three-year terms if his/her membership is renewed.

Upon completion of the maximum terms outlined above, an individual is eligible to immediately re-apply for Planning Council membership for additional three-year term and subsequently must re-apply every three years.

Section 3.6, Alternative Representation of Members:

(a) Under certain circumstances as defined by policy and procedure, members living with HIV may have an alternate assigned to represent him or her during any absence due to illness related to their HIV status. Alternates will be selected according to the established policies and procedures for nomination and appointment to the Council and by any other policies and procedures that define and govern the roles and responsibilities of Council members and/or Alternate. Alternates shall participate fully in activities and meetings of the Council but vote only at those meetings which they are replacing an official Council member.
(b) Seated members who represent a category mandated by federal or local authority for which there is only one possible source for appointment will be allowed to send a designated non-voting representative according to the policies and procedures established by the Council.
(c) Other Council members do not qualify to have alternates or designated representatives assigned or appointed during absences for any reason.

Section 3.7, Resignations: Any Council member may resign at any time by giving written notice to an officer of the Council. Such resignation shall take effect as indicated in the notice or, if no date is given, on the date of receipt of notice.

Section 3.8, Termination: Members may be terminated from the Council for the following reasons:

(a) Unexcused and/or excessive absence from regular council meetings;
(b) Loss of the member's qualifying status for continued appointment;
(c) Habitual behavior that disrupts the Council's ability to conduct business in a timely and efficient manner; and,
(d) Conduct that negatively impacts community confidence in the Council, such as a violation of conflict of interest or breach of confidentiality.

Recommendation of terminations for any reason will be reviewed and submitted to the Council by the Executive Committee or any committee created by the Council for such a purpose. An officer, co-chairperson, or any other member may be removed from the Planning Council by a two-thirds

majority vote of the Council if it is the judgment of the membership that the member in question is not serving the best interests of the Council. Notice of and the reasons will be sent to the member, submitted to the Public Health Advisory Board and provided to the Board of Supervisors as appropriate.

Section 3.9, Vacancies: If there are vacancies that occur prior to the annual nomination process, new members shall be appointed in accordance with policies and procedures created by the Council, and subject to approval by the Board of Supervisors. To the fullest extent possible, appointments will be made that maintain or augment the representation and reflect goals as mandated by HRSA or established by the Council. Vacancies may be filled at any time.

Section 3.10 Attendance:
Regular meeting attendance, physically or via teleconference, is expected and it is the responsibility of all members to communicate barriers to attendance and unanticipated absences as specified in policy.

In the absence of HRSA specific criteria for physically conducting Council business, members of the Council generally hold to the following principles:

- Traditional in-person meetings are the preferred forum for general Council and committee meetings.

- Tele/video conferencing is appropriate if the following criteria apply:

    - The Executive Committee finds that tele/video conferencing for business necessity is more expedient, conducive to ensuring a quorum, facilitates accessibility to the public or is necessary to protect attendees from imminent risks to the health or safety, or to accommodate any state of emergency declared by the California Governor.

- Recommendation for conducting a tele/video meeting will be presented by the Executive Committee at each regular council meeting for consensus determination.

- The Council will post meeting notices in the usual manner including how to access virtual meetings.

- In the event that there is a disruption in the public broadcast of the call-in or internet-based meeting service, there will be no further action on agenda items until public access is restored.

Subsection (A) Absence Assessment:
The Chair or Chair delegate will contact each member with two (2) consecutive unexcused absences regardless of the medium used to conduct Council general membership meeting to determine barriers for member continued participation.

The Chair or Chair delegate will contact each member with four (4) absences in a 12-month period regardless of the medium used to conduct Council general membership meeting to determine barriers for member continued participation.

After contacting the member the Chair may, using discretion, request the Executive Committee to waive the attendance requirements or put before the Council a motion to remove the member under Article III Section 3.8. A majority vote of Executive Committee members is required to put forth the motion to the Council at large.

Members mandated by federal or local authority who are unable to attend a Council meeting because of mandated travel designated by HRSA, the appointing authority for their particular jurisdiction (i.e., El Dorado, Placer, Sacramento or Yolo County), or critical public health issue shall be considered excused.

General members who are unable to attend a Council meeting due to Board sanctioned travel and/or meeting attendance as the official representative of the Council shall be excused. Individual Council members who are absent as the result of civic responsibility (i.e., jury duty) or other third party legal obligation (i.e., subpoena, summons) shall be considered excused.

Article IV
Officers

Section 4.1, Officers: The officers of the Council shall be the Chair, and Vice Chair. The Council may or through authority vested in the Chair to appoint, such other officers as the business of the Council may require, each of whom shall have such authority and perform such duties as the Council determines necessary.

Section 4.2, Duties of the Chair:

(a) Call the session to order at the specified time for both Council and Executive Committee;
(b) Ensure that there is a quorum;
(c) Announce the business and the order in which it will be considered
(d) Appoint any standing or special committee or workgroup; as designated by the Council;

(e) Suspend or terminate any special committee or work group, as determined necessary by a majority vote of the Executive Committee;
(f) Serve as a liaison and represent the interests of the Council to the Board of Supervisors, the Department of Health and Human Services, to any agency, group or individual of the public having business with the Council;
(g) Perform all other duties as instructed by the Council directly, or through policy and procedure as may be necessary or incidental to the position;
(h) Act as the primary liaison between Council and Recipient to establish service priorities, financial integrity, quality assurance and Council evaluation; and,
(i) Act as the primary contact/representative for the Council in business matters including but not limited to correspondence, complaints, information release, policy position and advocacy.

Section 4.3, Duties of the Vice-Chairs:
The Vice Chair shall perform the duties of the Chair in the absence of the Chair and as delegated by the Chair or otherwise directed by the Council including but not limited to:

(a) Facilitate the effective implementation, coordination and maintenance of general business operation for the Council;
(b) Act as primary liaison between council and staff to establish membership recruitment/maintenance, marketing activities, branding activities, event planning and community outreach;
(c) Facilitate/coordinate the effective establishment/maintenance of committee structure as defined by the Council; and,
(d) Give or cause to be given, all notices of regular and special meetings of the Council or any other Committee needing to conduct business.

Any officer or council member may call for a special session as appropriate to the business at hand and within the requirements of the Brown Act as appropriate.

Any officer may attend committee as an *ex officio* member.

Section 4.4, Election and Term of Office: Officers are nominated and elected by the members of the Council to serve for three years. Officers will be elected within the three months following the annual appointment of members.

Section 4.5, Terms: No officer shall be eligible to serve more than two consecutive terms in the same office. In such cases where there is no nomination or interested candidate for the office vacancy, the term of the

existing officer may be extended for three years by a two-thirds majority vote of the Council membership.

Section 4.6, Vacancies: Vacancies which occur prior to the end of a term of office shall be filled by an election at the next regular or special meeting of the Council and will serve until the next regular election of officers.

Article V
Committee Structure

Section 5.1, Committees: The Council may designate one or more committees on a standing, ad hoc or advisory basis. Each committee shall consist of at least two (2) or more members of the Council and may, as desired by the Council, include nonmembers. The Chair of any committee shall be a member of the Council. The Council may assign to the committee any authority of the Council, except that no committee may:

(a) Fill vacancies on the Council or on any committee that has the authority of the Council;
(b) Amend or repeal the bylaws or adopt new bylaws;
(c) Amend or repeal any resolution of the Council that by its expressed terms is not amendable or subject to repeal; and,
(d) Appoint any other committees of the Council or the members of such committees.

Section 5.2, Meetings and Actions of Committees: Meetings and actions of all committees shall be governed by, and held and taken in accordance with all other provisions of these Bylaws and any other policies or procedures set by the Council which governs meetings and voting. Minutes will be taken at each meeting of any committee and shall be filed in a manner designated by Council policies and procedures.

Section 5.3, Standing Committees: The Standing Committees of the Council shall be the Executive Committee and the Governance Committee at a minimum. The current Standing Committees are as follows: the Executive Committee, the Governance Committee, the Administrative Assessment Committee, the Affected Communities Committee, the Quality Advisory Committee, the Priorities and Allocations Committee, and the Needs Assessment Committee.

(a) For a description of standing committees, refer to Policy and Procedure Manual document GOV 02.

Section 5.4, Executive Committee: The purpose of the Executive Committee is to act for the Council between Council regular meeting to ensure the timely execution of routine business matters and to provide guidance and leadership to

the general membership in fulfillment of the Council responsibilities as prescribed by the Health Resources and Services Agency (HRSA) Ryan White HIV/AIDS Program and established Council activities and objectives.

Criteria for Executive Committee:

All members of the Executive Committee shall be Council members

- Composition:
  - Council Chair
  - Council Vice Chair
  - Recipient Designate (nonvoting)
  - Governance Committee Chair
  - Priorities/Allocations Committee Chair
  - Affected Communities Committee Chair
  - Quality Advisory Committee Chair

The Committee Chairs for Needs Assessment and Administrative Assessment should present to the Executive Committee no less than twice yearly.

In the absence of regional representation on the Executive Committee through Committee Chair structure the Council may appoint 2 Council members at large to represent El Dorado and Placer Counties.

The Council may form Ad Hoc committees as deemed necessary in which case Ad hoc Committee chairs may participate in Executive Committee proceedings as determined appropriate by the Council Chair.

The Chair of the Executive Committee shall be the Council Chair;

Activities of the Executive Committee shall include, but are not limited to:

i. Assessment of the efficiency and effectiveness of the administrative mechanism for rapidly and appropriately allocating the funds within TGA;
ii. Review and act upon grievances according to policies and procedures established by the Council;
iii. Instituting procedures for Council record keeping and other administrative functions;
iv. Review and comment on reports and recommendations from committees, but not making decisions except issues that may be delegated by the Council or that are urgent and time-sensitive;
v. Acting as a coordinating mechanism for the Committees, workgroups and a sounding board and problem-solving mechanism for complex or controversial issues;

vi. Review and recommend disciplinary action against members, in accordance with criteria established by Council bylaws;
vii. Conduct an annual assessment of the efficiency and effectiveness of Council support services and recommending changes as needed;
viii. Review, prioritize and recommend parameters for the Council's regular meetings;
ix. In general, advise and provide leadership to the Council; and,
x. Report any actions or recommendations from the Executive Committee at the next regular Council meeting.

Article VI
Meetings and Operating Procedures

Section 6.1, Regular Meetings: A regular meeting schedule for the Council will be set by the Council and can be temporarily amended as the need arises by the Chair or the Executive Committee. There will be at least six (6) regular meetings during the year. Additional meetings may be scheduled, as needed. Whenever possible, at each Council meeting the date and time of the next Council meeting shall be established.

Section 6.2, Special Meetings: Special meetings may be held on the call of any two (2) officers or four (4) Council members. Should such a meeting be called, all members shall be notified by telephone, facsimile or other reasonable alternative at least forty-eight (48) hours prior to the specified meeting time. The call or notice for a special meeting must state specifically the subject matter of the meeting. No other subject matter may be introduced or considered at the meeting.

Section 6.3, Quorum: One-third of the number of seated Council members constitutes a quorum for the transaction of business for which there is no dissenting vote. Members present representing at least one-third of the total seated members but not more than a majority of the total, may conduct any business with a 3/4 vote of those present. When a majority of the seated members are present any business can be transacted with a simple majority vote of those present. A majority must be determined based on all those present excluding those who cannot vote due to a conflict of interest as described in Article VII. Proxies are not permitted, with the exception of voting by alternates for affected community members as described under Article III Section 5. Members present at a duly called or held meeting at which a quorum is present may continue to do business until adjournment, notwithstanding the withdrawal of enough members to have less than a quorum.

Section 6.4, Open Meetings: Council meetings shall be open to the public except under circumstances and procedures as prescribed by applicable

county and state policies which allow for particularly sensitive information to be discussed in an executive session of a policy body. Written minutes shall be kept of all meetings and considered for approval at the next scheduled meeting. Members of the public may speak on issues related to Council business or consistent with the Council purpose under general guidelines set by the Council.

Section 6.5. Parliamentary Procedure: Robert's Rules of Order (latest edition) shall govern all meetings of the Council and its committees except as otherwise provided in these Bylaws.

Article VII
Conflict of Interest

Section 7.1, Definitions: 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.

Section 7.2, Member's Responsibilities: The Council maintains a Conflict of interest and Ethics Code that calls for the members to conduct themselves in such a way as not to convey the impression on any person that they can be influenced into actions that conflict with their personal duties. It is expected that all Council members conduct themselves with the highest ethical standards in a manner that will bear the closest scrutiny.

Section 7.3, Disclosure Forms: All Council members will file an annual Statement of Economic Interest (Form 700) as provided in the Conflict of Interest and Ethics Code.

Section 7.4, Disputes: Challenge by any Council member relative to a perceived conflict of interest shall be pursued through Parliamentary procedure including but not limited to a motion of Personal Privilege.

Section 7.5, Removal: Any member may be removed from the Council and all committees when it is determined that the member knowingly attempted to influence the Council in an area of interest conflict.

Article VIII
Confidentiality

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

Section 8.2, Definition: Confidential information shall include, but is not limited to:

(a) Information concerning the medical condition, substance abuse history, or sexual orientation of any individual, whether a member of the Council, a member of a committee, or the recipient of a service provided with Part *A/B* funds;

(b) Any other confidential information, official in nature that is not suitable for public disclosure.

Article IX
Grievances

Section 9.1, Grievances: Persons or agencies who have a grievance regarding a decision made directly by the Council or regarding services provided by Ryan White CARE Act funds must follow the policies and procedures established by the Council. The authorized policies and procedures are available from the Council, its officers or designated agent upon request.

Article X
Amendments

Section 10.1 Revisions: These Bylaws maybe amended by a three-fourths vote of the Council members present at a properly constituted meeting.

Section 10.2, Notice of Proposed Revisions: Copies of all proposed amendments to the Bylaws shall be sent to all members of the Council at least seven (7) working days prior to the meeting at which such amendments are to be considered for adoption.

Section 10.3, Scope of Authority for Revisions: At a meeting to amend bylaws, decisions can only be made on those bylaws contained in the prior notice as described in Section 10.2.

Signed: _____ Date: 6/22/22

Richard Benavidez, Chair

Meeting Date: 10/25/23

Seated Members	Agenda			Minutes			August Part A Report*			FY23 Reallocations*											
	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Oppose	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Oppose	Abstain
Beth Valentine																					
Austin Green	X					X	X														
Brad Bartholomai	X			X			X														
Chelle Gossett	X			X					X												
Christopher Kendrick Stafford																					
David Contreras	X			X			X														
Dennis Poupart	X			X			X														
Jake Bradley-Rowe	X			X			X														
Josh Kooman																					
Judy Vang																					
Kaye Pulupa																					
Kane Ortega																					
Kelly Gluckman	X			X			X														
Keshia Lynch			X			X	X														
Kristina Kendricks-Clark																					
Lenore Gotelli	X			X			X														
Melissa Willet	X			X			X														
Melody Law	X			X			X														
Michael Ungeheuer																					
Minerva Reid																					
Richard Benavidez	X			X			X														
Ronnie Miranda	X			X			X														
Shy Brown	X					X	X														
Steve Austin	X			X			X														
Tracy Thomas	X			X			X														
Troy Stermer	X			X			X														
Yingjia Huang																					
Zach Basler	X			X			X														

Motion	Jake Bradley-Rowe	Ronnie Miranda	Dennis Poupart	Richard Benavidez		
Second	Lennore Gotelli	Jake Bradley-Rowe	Jake Bradley-Rowe	Ronnie Miranda		
Amended Motion		Zach Basler				
Amended Second		Melissa Willett				

Service Category			FY23 Part A Reallocation		Beth Valentine			Austin Green			Brad Bartholomai			Chelle Gossett			Christopher Kendrick-Stafford			David Contreras			Jake Bradley-Rowe			Dennis Poupart			Judy Vang			Kane Ortega			Kaye Pulupa			Kelly Gluckman			Keshia Lynch			Kristina Kendricks-Clark			Lennore Gotelli			Melissa Willet			Melody Law		
FY23 Priority		Core Service	Amount	Percent of Direct Service Dollars	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	Appro	Oppos	Absta	Appro	Oppos	Absta	Appro	Oppos	Absta	Appro	Oppos	Absta
	EL DORADO COUNTY			**#DIV/0!**																																																		
	Ambulatory Care	Y		#DIV/0!																																																	
	Oral Health	Y		#DIV/0!																																																	
	Health Insurance	Y		#DIV/0!																																																
	Medical Case Management	Y		#DIV/0!																																																
	Medical Transportation			#DIV/0!																																																
	Mental Health Services	Y																																																
	Emergency Financial Assistance			#DIV/0!																																															
	PLACER COUNTY			**#DIV/0!**																																															
	Ambulatory Care	Y		#DIV/0!																																															
	Oral Health	Y		#DIV/0!																																															
	Health Insurance	Y		#DIV/0!																																															
	Medical Case Management	Y		#DIV/0!																																															
	Medical Transportation			#DIV/0!																																															
	Mental Health Services	Y																																															
	Emergency Financial Assistance			#DIV/0!																																														
	YOLO COUNTY		**PART B ONLY**																																															
	(Sacramento County Breakdown ONLY)		**$0**	**#DIV/0!**																																													
1	**Ambulatory/Outpatient Medical Care**	Y	**$ (21,194)**	**#DIV/0!**																																													
	1.a.Ambulatory Care	Y	$ (21,194)	#DIV/0!				X			X									X			X			X												X			X						X			X					
	1.b.Viral Load/ Resistance Testing	Y		#DIV/0!																																													
2	**AIDS Pharmaceutical Assistance**	Y																																															
3	**Health Insurance Premiums**	**Y**	**10600**	**#DIV/0!**						X	X									X			X			X												X			X						X	X						
4	**Oral Health Care**	Y	**$ (30,558)**	**#DIV/0!**				X			X									X			X			X												X			X						X			X					
	Medical Case Management Services	Y	**$ 24,937**	**#DIV/0!**				X			X									X					X	X												X			X						X	X						
	5.a. Child Care Medical Case Management	Y		#DIV/0!																																													
	5.b. Office-based Medical CM Services including Pediatric Treatment Adherence	Y		#DIV/0!																																													
	5.c. Field/In-Home Medical CM Services	Y		#DIV/0!																																												
	5.d. Minority AIDS Initiative Medical CM																																															
6	**Non-Medical Case Management (Benefits Counseling)**		**$ 11,890**	**#DIV/0!**				X			X									X					X	X												X			X						X			X					
7	**Food Bank/Home Delivered Meals**			**#DIV/0!**																																													
8	**Mental Health Services**	Y	**$ 27,796**	**#DIV/0!**				X			X									X					X	X												X			X						X	X						
9	**Psychosocial Support**		**$ -**	**#DIV/0!**																																													
10	**Medical Transportation Services**		**$ 7,965**	**#DIV/0!**				X			X									X					X	X												X			X						X	X						
11	**Substance Abuse Services - Outpatient**	Y		**#DIV/0!**																																													
12	**Substance Abuse Services – Residential**		**$ (28,500)**	**#DIV/0!**				X			X									X			X			X												X			X						X			X					
13	**Housing Assistance**			**#DIV/0!**																																												
14	**Child Care Services**		**$ (6,785)**	**#DIV/0!**				X			X									X					X	X												X			X						X			X					
15	**Emergency Financial Assistance**		**$ 3,849**	**#DIV/0!**				X			X									X					X	X												X	X								X			X					
16	**Medical Nutritional Therapy**	Y		**#DIV/0!**																																													
17	**Health Education Risk Reduction**			**#DIV/0!**																																												
18	**MAI Outreach**			**#DIV/0!**																																												
19	**Outreach Non-MAI**			**#DIV/0!**																																												
20	**Linguistic Services**		**$ -**	**#DIV/0!**																																											
21	**Home and Community Based Health Services**		**$ -**	**#DIV/0!**																																											
22	**Home Health Care**	Y	**$ -**	**#DIV/0!**																																											
23	**Hospice**	Y	**$ -**	**#DIV/0!**																																											
24	**Legal Services**		**$ -**	**#DIV/0!**																																											
25	**Permanency Planning**		**$ -**	**#DIV/0!**																																											
26	**Referral for Health Care and Support Services**		**$ -**	**#DIV/0!**																																											
27	**Rehabilitation Services**		**$ -**	**#DIV/0!**																																											
28	**Respite Care**																																														
29	**ADAP**	Y																																												
30	**Early Intervention Services**	Y	**$ -**	**#DIV/0!**																																											
GRAND TOTAL DIRECT SERVICES			**$ -**	**#DIV/0!**																																										
	Direct Services Target			**Target**																																											
	Recipient Admin			0.00%																																											
	Recipient QM			0.00%																																											
	Grand Total																																													
				0.00%																																											
				0.00%																																											

Service Category			FY23 Part A Reallocation		Michael Ungeheuer			Minerva Reid			Richard Benavidez			Ronnie Miranda			Shy Brown			Steve Austin			Tracy Thomas			Troy Stermer			Yingjia Huang			Zach Basler		
FY23 Priority		Core Service	Amount	Percent of Direct Service Dollars	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs	App	Opp	Abs
	EL DORADO COUNTY			**#DIV/0!**																														
	Ambulatory Care	Y		#DIV/0!																														
	Oral Health	Y		#DIV/0!																														
	Health Insurance	Y		#DIV/0!																														
	Medical Case Management	Y		#DIV/0!																														
	Medical Transportation			#DIV/0!																														
	Mental Health Services	Y																																
	Emergency Financial Assistance			#DIV/0!																														
	PLACER COUNTY			**#DIV/0!**																														
	Ambulatory Care	Y		#DIV/0!																														
	Oral Health	Y		#DIV/0!																														
	Health Insurance	Y		#DIV/0!																														
	Medical Case Management	Y		#DIV/0!																														
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	Mental Health Services	Y																																
	Emergency Financial Assistance			#DIV/0!																														
	YOLO COUNTY		**PART B ONLY**																															
	(Sacramento County Breakdown ONLY)		**$0**	**#DIV/0!**																														
1	**Ambulatory/Outpatient Medical Care**	Y	**$ (21,194)**	**#DIV/0!**																														
	1.a.Ambulatory Care	Y	$ (21,194)	#DIV/0!							X			X			X			X					X	X					X			
	1.b.Viral Load/ Resistance Testing	Y		#DIV/0!																														
2	**AIDS Pharmaceutical Assistance**	Y																																
3	**Health Insurance Premiums**	**Y**	**10600**	**#DIV/0!**									X	X			X			X					X			X			X			
4	**Oral Health Care**	Y	**$ (30,558)**	**#DIV/0!**							X			X			X			X					X	X					X			
	Medical Case Management Services	Y	**$ 24,937**	**#DIV/0!**									X	X			X			X					X			X			X			
	5.a. Child Care Medical Case Management	Y		#DIV/0!																														
	5.b. Office-based Medical CM Services including Pediatric Treatment Adherence	Y		#DIV/0!																														
	5.c. Field/In-Home Medical CM Services	Y		#DIV/0!																														
	5.d. Minority AIDS Initiative Medical CM																																	
6	***Non-Medical Case Management (Benefits Counseling)***		**$ 11,890**	**#DIV/0!**									X	X			X			X					X	X					X			
7	**Food Bank/Home Delivered Meals**			**#DIV/0!**																														
8	**Mental Health Services**	Y	**$ 27,796**	**#DIV/0!**									X	X			X			X					X			X			X			
9	**Psychosocial Support**		**$ -**	**#DIV/0!**																														
10	**Medical Transportation Services**		**$ 7,965**	**#DIV/0!**									X	X			X			X					X			X			X			
11	**Substance Abuse Services - Outpatient**	Y		**#DIV/0!**																														
12	**Substance Abuse Services – Residential**		**$ (28,500)**	**#DIV/0!**							X			X			X			X					X	X					X			
13	**Housing Assistance**			**#DIV/0!**																														
14	**Child Care Services**		**$ (6,785)**	**#DIV/0!**							X			X			X			X					X	X					X			
15	**Emergency Financial Assistance**		**$ 3,849**	**#DIV/0!**									X	X			X			X					X			X			X			
16	**Medical Nutritional Therapy**	Y		**#DIV/0!**																														
17	**Health Education Risk Reduction**			**#DIV/0!**																														
18	**MAI Outreach**			**#DIV/0!**																														
19	**Outreach Non-MAI**			**#DIV/0!**																														
20	**Linguistic Services**		**$ -**	**#DIV/0!**																														
21	**Home and Community Based Health Services**		**$ -**	**#DIV/0!**																														
22	**Home Health Care**	Y	**$ -**	**#DIV/0!**																														
23	**Hospice**	Y	**$ -**	**#DIV/0!**																														
24	**Legal Services**		**$ -**	**#DIV/0!**																														
25	**Permanency Planning**		**$ -**	**#DIV/0!**																														
26	**Referral for Health Care and Support Services**		**$ -**	**#DIV/0!**																														
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GRAND TOTAL DIRECT SERVICES			**$ -**	**#DIV/0!**																														
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