

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

**Meeting Agenda**

May 7, 2024, 3:00 PM – 4:30 PM

**Meeting Location**

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

**Facilitator:** Ronnie Miranda – Chair

**Scribe:** Angelina Olweny – Council Staff

**Meeting Invitees:**

- NAC Members
- Open to the Public

Public Comment: This provides opportunities for the public to address the Council as a whole in order to listen to opinions regarding matters within the jurisdiction of the Council during Regular meetings and regarding items on the Agenda at all other meetings. Public Comment time limit is three (3) minutes.

\*Action items

<b>Topic</b>	<b>Presenter</b>	<b>Start Time</b>	<b>Length</b>
Welcome and Introductions	Miranda	3:00 PM	As Needed
Announcements	All		
Public Comments-Agenda Items- 3-Minute Time Limit	Miranda		
May Agenda Review*	Miranda	As Needed	
Minutes Review of March 2024*	Miranda	As Needed	

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Needs Assessment Final Draft*	Joy		
FY24 Needs Assessment Workplan-Draft*	Gammell		
Public Comments-Non-Agenda Items	Miranda		
Technical Assistance	Miranda		
Adjournment	Miranda	4:30 PM	

\*Action Items

Attachments:

Minutes of March 2024\*

FY24 NAC Workplan – Draft\*

Next Meeting: **June 4, 2024**

**September 3, 2024**

Sacramento County  
Department of Health Services  
HIV Health Services Planning Council  
Needs Assessment Committee  
March 5, 2024

**HIV HEALTH SERVICES PLANNING COUNCIL – Needs Assessment Committee (NAC)**

**Meeting Minutes**

March 5, 2024, 3:00 p.m. to 4:30 p.m.

**Meeting Location:**

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

**Facilitator:** Ronnie Miranda – NAC Chair

**Scribe:** Angelina Olweny, Council Staff

**Committee Member Attendees:** Richard Benavidez, Ronnie Miranda, Kelly Gluckman, Melissa Willett

**Members Excused:** Jake Bradley-Rowe

**Members Absent:** Josh Kooman

**County Staff:** Danielle Caravella, Paula Gammell, Chelle Gossett

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<b>Topic</b>	<b>Minutes</b>
Welcome, Introductions and, Announcements	Welcome, and introductions began at 3:03 PM
Public Comments- Action Items	No announcements
Agenda Review*	<p>The March agenda was presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Melissa Willett seconded the motion. The agenda should reflect that Lily Joy was not available to provide an update on the Needs Assessment. Paula Gammell will give the update instead. One of the agenda items needs to be listed as NAC and not QAC. Melissa Willett motioned to accept the agenda with the changes made and Richard Benavidez seconded the motion. The motion passed with a majority.</p> <p>Approve: Kelly Gluckman, Melissa Willett, Richard Benavidez, Ronnie Miranda          Oppose: N/A          Abstain: N/A</p>
Minutes Review*	<p>The December minutes were presented for review and approval. Kelly Gluckman motioned to accept the agenda as present and Richard Benavidez seconded the motion. The motion passed with a majority.</p> <p>Approve: Kelly Gluckman, Melissa Willett, Richard Benavidez, Ronnie Miranda.          Oppose: N/A          Abstain: N/A</p>

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Topic	Minutes
FY23 Needs Assessment	The draft Needs Assessment report was shared at the meeting. Committee members were asked to review the Needs Assessment Draft and provide feedback on the draft report. Committee members can provide feedback by email. NAC needs to review the full report before the Planning Council can review and vote on the report.
Vote on May Meeting	<p>Melissa Willett motioned to have a NAC meeting in May to continue the discussion on the Needs Assessment Report and Kelly Gluckman seconded the motion. The motion passed with a majority.</p> <p>Approve: Kelly Gluckman, Melissa Willett, Richard Benavidez, Ronnie Miranda.          Oppose: N/A          Abstain: N/A</p>
FY24 Work Plan	<p>The FY24 Work Plan will be tabled until the meeting in May. Melissa Willett motioned to table the FY24 work plan discussion until the May meeting and Richard Benavidez seconded the motion. The motion passed with a majority.</p> <p>Approve: Kelly Gluckman, Melissa Willett, Richard Benavidez, Ronnie Miranda.          Oppose: N/A          Abstain: N/A</p>
Public Comments- Non-agenda items	The roster will be finalized after reaching out Jake Bradley-Rowe and Josh Kooman want to confirm if they want to continue to be NAC seated members.
Technical Assistance	For technical assistance reach out to Ronnie Miranda
Adjournment	3:29PM

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March 5, 2024

## HIV Health Services Planning Council NEEDS ASSESSMENT COMMITTEE 2024-25 WORK PLAN

Note: Committee meets quarterly

MEETING DATE	ACTIVITY	MATERIALS
March 2024	<ul style="list-style-type: none"> <li>• Review/Update Survey Tool</li> <li>• Needs Assessment Survey Discussion/Progress</li> <li>• Prepare work plan for 2024</li> </ul>	<ul style="list-style-type: none"> <li>• Survey Update</li> <li>• FY23 Work Plan</li> <li>• FY24 Draft Work Plan</li> </ul>
June 2024	<ul style="list-style-type: none"> <li>• Review/Update/Finalize Survey Tool if applicable</li> <li>• Needs Assessment Survey Discussion/Progress</li> </ul>	<ul style="list-style-type: none"> <li>• Needs Assessment Tool if applicable</li> </ul>
September 2024	<ul style="list-style-type: none"> <li>• Review/Update/Finalize Survey Tool if applicable</li> <li>• Needs Assessment Survey Discussion/Progress</li> </ul>	<ul style="list-style-type: none"> <li>• Needs Assessment Tool if applicable</li> </ul>
December 2024	<ul style="list-style-type: none"> <li>• Finalize strategies for Targeted or full NA</li> <li>• Conduct Committee Self-Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Committee Self-Assessment Tool</li> </ul>

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

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

~~Strategy D: Improve Linkage to Care~~

- ~~▪ Activity D4: Identify Barriers to Linkage to Care and Develop Strategies to Address Them~~

2022-2026 Goals and Objectives

Impact Area 1: Racial Equity

- *Strategy 1b. Racial/Ethnic Data Collection and Stratification: Identify, collect, analyze, and publicly share data that reflect the specific trends, needs, and outcomes*

of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.

- Strategy 1c. Equitable Distribution of Funding and Resources: Review all CDPH OA and STD Control Branch contracts, budgets, guiding service formulas, policies, and program decisions with a racial justice lens, to advance equitable delivery of resources and opportunities to BIPOC.
- Strategy 1d. Community Engagement: Forge strategic partnerships to ensure more diverse public outreach, involvement, and engagement processes to reframe the structure, funding, and policies of HIV, HCV, and/or STI services and messaging to all Californians.
- Strategy 1e. Racial and Social Justice Training: Implement capacity building and training opportunities and requirements for all CDPH-funded HIV, HCV, and STI service providers, to strengthen our movement towards achieving cultural humility, equity, and racial justice in our prevention, testing, treatment, and care services.

#### Impact Area 2: Housing first

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

#### Impact Area 3: Health Access for All

- Strategy 3a. Redesigned Care Delivery: Work with health care providers, local health departments, public and private insurers, and private industry to increase access to care statewide through telemedicine, mobile healthcare, and at-home testing programs.



- Strategy 3b. Trauma-Informed and Responsive Services: Train medical and public health service providers in trauma-informed approaches to create trauma responsive care to minimize re-traumatization of patients, clients, and providers.
- Strategy 3c. Fewer Hurdles to Healthcare Coverage: Train more community-based organizations to support benefits enrollment in communities with high numbers of uninsured people; change policies so that all Californians can access Medi-Cal when in need, regardless of immigration or housing status.
- Strategy 3d. Culturally and Linguistically Relevant Services: Improve capacity of public health and health care providers to offer HIV, HCV, and STI services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Strategy 3d. Collaboration and Streamlining: Develop secure ways for clinical providers, local health jurisdictions, homeless services programs, and other community-based organizations to share information and resources to coordinate people's care while protecting their right to privacy.

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

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

#### Impact Area 5: Economic Justice

- Strategy 5a. Workforce Development: Create pathways to employment in public health for people from communities most affected by HIV, HCV, and STIs, including but not limited to offering paid internships and entry level positions with clear opportunities for professional advancement.
- Strategy 5b. Employment for People with Lived Experience: Give extra points when scoring grant applications to programs that employ people with lived experience in the communities the program serves, programs that can demonstrate frontline staff are paid a living wage, and/or programs that have BIPOC people serving in meaningful leadership positions.
- Strategy 5c. Equitable Hiring Practices and Fair Pay: Examine state and local health jurisdiction hiring practices to promote equity and inclusion; look to remove barriers such as college and advanced degree requirements; offer extra pay to people who speak languages other than English or who have lived experience with HIV, HCV, STDs, substance use, mental health challenges, or homelessness.
- Strategy 5d. Leadership Development: Fund and support pilot training programs for development of leadership and management skills among frontline and mid-level workers in HIV, HCV, and STI programs.
- Strategy 5e. Universal Hiring and Housing Policies: Work with community partners and other State agencies to move toward universal “ban the box” hiring and housing policies in California, which remove questions about criminal history from the job application process until after a candidate has been given a chance to show whether they qualify for the position.

#### Impact Area 6: Stigma Free

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

peer engagement by people from the communities being served to educate, support, advocate, and link to care people who have historically been mistreated by public health services and the health care system.