

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

Meeting Agenda

June 8, 2023, 3:00 p.m. to 5:00 p.m.

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:

- Richard Benavidez – Council Chair
- Kristina Kendricks-Clark – Vice Chair & QAC Chair
- Melissa Willett – AdAC Chair
- Zach B. - ACC Chair
- Chelle Gossett – Recipient
- Jake Bradley-Rowe – PAC Chair
- Ronnie Miranda - NAC Chair
- Michael Ungeheuer – Gov Chair

- 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 and Introductions	Benavidez	3:00 pm
Announcements	All	
Public Comments-Agenda Items	Benavidez	
June 2023 Agenda*	Benavidez	

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Minutes of May 2023*	Benavidez	
Recipient Report: <ul style="list-style-type: none"> ➤ FY23 March Part A Monthly Fiscal Report* ➤ FY23 March Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update 	Caravella	
Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee <ul style="list-style-type: none"> ➤ FY22 AdAC Year-End Review 6/15/2023 ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Community Outreach ➤ Reflectiveness ➤ Priorities and Allocations <ul style="list-style-type: none"> ➤ FY24 Priorities ➤ FY23 PAC Overview* ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ FY22 Post Card Survey Report Findings ➤ FY22 Client Satisfaction Survey Findings ➤ Needs Assessment Committee <ul style="list-style-type: none"> ➤ FY22 Final Needs Assessment Report ➤ Ad-Hoc Workgroup ➤ Governance <ul style="list-style-type: none"> ➤ GOV-01 Committee Development* ➤ GOV-10 Officer Elections* 	Willett Zach B. Bradley-Rowe Kendricks-Clark Miranda Zach B. Ungeheuer	As Needed
Set Planning Council Agenda for June 28, 2023*	All	
Public Comments-Non-Agenda Items	All	As Needed
Technical Assistance	Benavidez	
Adjournment	Benavidez	5:00 pm

Attachments:

- Minutes of May 2023*
- FY23 March Part A Monthly Fiscal Report*
- FY23 March Part B Monthly Fiscal Report

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- FY 24 Priorities – To be provided at the Meeting
- FY23 PAC Overview*
- FY22 Post Card Survey Report Findings
- FY22 Client Satisfaction Survey Findings
- FY22 Final Needs Assessment Report
- GOV -01 Committee Development*-Multiple Versions
- GOV-10 Officer Elections*-Multiple Versions
- Planning Council Agenda for June 28, 2023*

Next Meeting: September 14, 2023
January 11, 2024

HIV HEALTH SERVICES PLANNING COUNCIL Executive Committee

Meeting Minutes

May 11, 2023, 3:00 p.m. to 5:00 p.m.

Meeting Location:

Sacramento Sexual Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95820

Facilitator: Kristina Kendricks-Clark –Council Vice-Chair

Scribe: Paula Gammell – County Staff

Committee Member Attendees:

Zach B. – ACC Chair, Kristina Kendricks-Clark – Vice Chair, Ronnie Miranda – NAC Chair

Members Excused: Richard Benavidez – Council Chair, Jake Bradley-Rowe –PAC Chair, Melissa Willett – AdAC Chair, Michael Ungeheuer – Governance Chair, and Chelle Gossett - Recipient

Members Absent: N/A

Guests: Angelina Olweny – Valley Vision

Topic	Minutes
Welcome, Introductions, and Announcements	<p>The meeting began at 3:05 p.m.</p> <p>Sunburst Projects is holding its annual Golf tournament on May 13th. There will be an after-party for \$25 with food and an auction that starts at 3 pm.</p> <p>On May 17 from 6 p.m. to 7:30 p.m., there is a presentation by Gilead on <i>Taking Care of Your Sexual Health if you are LGBTQ+ and Under 30</i>.</p> <p>The NorCal AIDS Cycle (NCAC) cycling event fundraiser is being held May 20 and 21, 2023.</p> <p>The US Conference on HIV/AIDS is being held September 6 -9, 2023 in Washington DC. The website is: https://uscha.life/</p> <p>The 2024 National Ryan White Conference on HIV Care and Treatment is being held August 20-23, 2024. The event will be hybrid with both in-person and virtual sessions.</p>
Public Comments-Agenda Items	None noted.
April 2023 Agenda Review*	<p>A copy of the April 2023 Agenda was presented for review and approval. Motion to approve the Agenda as presented was made by Zach B with a second by Ronnie Miranda. Discussion resulted in the addition of Executive Committee June meeting being added to the agenda as well as a discussion on the Code of Conduct and Annual Acknowledgements. Motion to approve the agenda as amended was made by Zach B with a second by Ronnie Miranda.</p> <p>The motion passed unanimously.</p>

Topic	Minutes
<ul style="list-style-type: none"> ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update 	<p>The Wellness Without Walls van continues to provide sexual health services.</p> <p>The work plan and budget for year 4 for HRSA Part A ETE were submitted.</p>
<p>Committee/Work Group Updates</p> <ul style="list-style-type: none"> ➤ Administrative Assessment Committee ➤ Affected Communities Committee ➤ Priorities and Allocations ➤ Executive Committee 	<p>Melissa Willett shared that AdAC will next meet on June 15th for the FY22 year-end review. Participants must be seated Council Members and sign a Confidentiality Statement. It is a closed (not open to the public) meeting and will be hosted via Zoom.</p> <p>Zach B has coordinated with Gilead who will be hosting a Community Information Session on <i>Taking Care of Your Sexual Health if you are LGBTQ+ and Under 30</i> which will be held on May 17th.</p> <p>Reflectiveness is approximately at 28%.</p> <p>PAC met and discussed their upcoming meeting schedule. The schedule was previously set to include a PAC meeting in July. However, it was determined that the annual 4th of July holiday may create scheduling conflicts. It was determined by the Committee to change the meeting from July to June annually. This will allow the Committee to continue setting the annual Service Priorities and Allocations prior to the release of the annual grant application process.</p> <p>The Executive committee previously modified its monthly schedule as well.</p>

Topic	Minutes
<ul style="list-style-type: none"> ➤ Quality Advisory Committee ➤ Needs Assessment Committee ➤ Governance ➤ Governance Overview* 	<p>Given the nature of PAC’s work in June, a motion was made by Ronnie Miranda to change the annual July Executive Committee meeting to June. The motion was seconded by Kristina Kendricks-Clark and was unanimously approved.</p> <p style="padding-left: 40px;">Approved: Kendricks-Clark, Miranda, and Zach B. Opposed: None Abstained: None</p> <p>The Executive Committee noted that no Committees will be meeting in July and the Council may wish to discuss its July schedule as well.</p> <p>The QAC Committee will meet next on June 6, 2023.</p> <p>The NAC Committee will meet next on June 6, 2023.</p> <p>Governance discussed the following items: Governance Overview, Gov01, Gov10, Gov11, and the Acronyms and Roberts Rules of Order.</p> <p>The Governance Overview was presented with changes to the Council Staff contact information. The Committee was asked if there were any additional changes to the document suggested. There were none noted. Motion to approve the Governance Overview as presented was made by Zach B with a second by Kristina Kendricks-Clark. The motion was unanimously approved.</p> <p style="padding-left: 40px;">Approved: Kendricks-Clark, Miranda, and Zach B. Opposed: None</p>

Topic	Minutes
<ul style="list-style-type: none"> <li data-bbox="260 337 426 367">➤ Gov01* <li data-bbox="260 781 426 810">➤ Gov10* <li data-bbox="260 1227 405 1256">➤ Gov11 <li data-bbox="260 1304 562 1365">➤ Acronyms and Roberts Rules of 	<p data-bbox="688 266 957 295">Abstained: None</p> <p data-bbox="611 342 1871 570">Governance 01 was presented with changes on Page 4 of 6, under Quorum, eliminating "Attendance by a member via telephone conference call is allowable". The Committee was asked if there were any additional changes to the document suggested. There were none noted. Motion to approve Governance 01 as presented was made by Zach B with a second by Kristina Kendricks-Clark. The motion was unanimously approved.</p> <p data-bbox="688 613 1472 721">Approved: Kendricks-Clark, Miranda and Zach B. Opposed: None Abstained: None</p> <p data-bbox="611 769 1871 1032">Governance 10 was presented for discussion regarding the election process. As written, Governance 10 requires a Council vote for the appointment of the Vice Chair and/or Committee Chairs. After discussion, the Committee updated the document to permit Council Chair direct appointment if there is only one nominee/candidate for Vice Chair and/or a Committee Chair. Motion to approve the document as amended was made by Zach B with a second by Ronnie Miranda. The motion was unanimously approved.</p> <p data-bbox="688 1076 1482 1183">Approved: Kendricks-Clark, Miranda, and Zach B. Opposed: None Abstained: None</p> <p data-bbox="611 1232 1539 1261">Governance 11 was presented for informational purposes.</p> <p data-bbox="611 1308 1871 1377">The Acronyms and Roberts Rules of Order document was presented with changes to the Council Staff contact information and additional acronyms. The</p>

Topic	Minutes
Order*	<p>Committee was asked if there were any additional changes to the document suggested. There were none noted. Motion to approve the Acronyms and Roberts Rules of Order as presented was made by Zach B with a second by Ronnie Miranda. The motion was unanimously approved.</p> <p>Approved: Kendricks-Clark, Miranda, and Zach B. Opposed: None Abstained: None</p>
Attendance Discussion	<p>There was a discussion regarding attendance. As a matter of regular Council business, the Council Chair will be following up with any and all members who meet/exceed the absenteeism standards in the Bylaws. Likewise, Committee Chairs are encouraged to speak to their members regarding participation if members are experiencing absenteeism.</p>
Code of Conduct/Annual Acknowledgements	<p>Concern was expressed regarding the Code of Conduct and signing of Annual Acknowledgements. Several emails and reminders during meetings have been made. The Executive Committee may need to take direct action with those members failing to submit their annual acknowledgements as required.</p>
Planning Council Roster Changes	<p>Richard Benavidez, the Council Chair, requested this item on the agenda, however, he was unable to attend the meeting. Paula Gammell believes there was interest in revisiting the council seat categories and potentially changing them.</p>
May 24, 2023, HHSPC Agenda*	<p>A draft copy of the May 24, 2023, HHSPC Agenda was presented for review and approval. Motion to approve the Agenda as presented was made by Ronnie Miranda and seconded by Kristina Kendricks-Clark.</p> <p>After discussion, it was suggested to add the discussion of the Council's July meeting schedule and name the New Work Group the AdHoc Workgroup.</p>

Topic	Minutes
	<p>An amended motion to accept the agenda with the changes discussed was made by Zach B and Kristina Kendricks-Clark seconded the amended motion. The motion passed unanimously.</p> <p>Approved: Kendricks-Clark, Miranda, and Zach B. Opposed: None Abstained: None</p>
Technical Assistance	Please reach out to Richard Benavidez or Kristina Kendricks-Clark if you need technical assistance.
Public Comment	Zach B agreed to Chair the Council meeting as Richard Benavidez will be unavailable.
Adjournment	The meeting adjourned at 5:00 p.m.

HIV Health Services Planning Council
PRIORITIES AND ALLOCATIONS COMMITTEE

COMMITTEE OVERVIEW

Statement of Purpose:

The purpose of the Priorities and Allocations Committee (PAC) is to support the mission of the HIV Health Services Planning Council. To this end, PAC shall review and act on data and information to establish proposals for the annual funding priorities and service allocations for Ryan White CARE Act funds.

Statement of Values:

The PAC is dedicated to considering the following values in recommending service priorities and funding allocations:

- Compassion – Assisting those who cannot support themselves
- Equity – Relatively equal portions with attention paid to severe need
- Fairness – Similar cases treated in a similar fashion
- Utilitarianism – Greatest good for the greatest number
- Nuanced Inclusiveness – Since there are real differences among participants regarding both need and ability, a process for assessing these differences will be developed, thereby allowing for differential distribution.

Committee Responsibilities:

PAC is the body through which the HIV Health Services Planning Council receives recommendations on how best to utilize Ryan White funds throughout the TGA. To provide sensible recommendations, PAC is charged with:

- 1) Reviewing quantitative and qualitative information on service needs, use, costs, outcomes; and availability (internal and external to Ryan White);
- 2) Determining which services are most needed by people living with HIV (regardless of funding source) and establishing service category priorities;
- 3) Projecting annual need for essential services;
- 4) Calculating reasonable allocation allotments for essential services;
- 5) Developing annual funding request;
- 6) Sets directives for service delivery in order to increase access by special populations or otherwise ensure fair distribution of resources.
- 7) Revising annual allocations based upon actual award/changes in actual service cost or utilization patterns.

Desired Experience of Members:

Because PAC must assess and consider a wide range of inputs, desired membership qualities are broad. Desired experience includes:

- Understanding of issues impacting people living with HIV;
 - Service consumers
 - Service providers

- Budgeting expertise, or a willingness to learn the process;
- Familiarity with the health and human service delivery community;
- Recipient staff.

Expectations of Members:

PAC provides critical recommendations to the Council regarding the use of Ryan White funds. It is imperative that members


- 1) Commit to regularly attend and actively participate in PAC meetings;
- 2) Thoroughly review meeting materials prior to arriving at the meeting;
- 3) Abide by approved policies and procedures when discussing priorities and allocations;
- 4) Provide recommendations on how reviewed material should play into the priority setting and allocation processes;
- 5) Consider all data prior to making decisions and provide unbiased input;
- 6) Offer prioritization and allocation proposals justified by reviewed data/information;
- 7) Identify additional data needs;
- 8) Identify methods for improving processes;
- 9) Suggest ideas on how services could best be delivered;
- 10) Continually identify individuals who may be interested in membership on PAC.

Meetings:

Unless otherwise indicated, the Priorities and Allocations Committee meets on the first Wednesday of the months of March, May, ~~June~~ July, September, and January, from 9:00 a.m. – 11:00 a.m., at the Sacramento County Health Center, 4600 Broadway, Conference Room 2020, Sacramento, CA 95817.

Contact Information:

Staff support is provided by Angelina Olweny who can be reached at (916) 325-1630 or Angelina.olweny@valleyvision.org

Signed: 
Richard Benavidez, Chair

Date: [04/26/2023](#)

HIV Health Services Planning Council

Quality Advisory Committee

FY22 Performance Indicator Results from Client Survey Postcards

The Federal Government requires that all local Ryan White programs collect data regarding the performance of its funded service categories. In response, the HIV Health Services Planning Council, in coordination with the Ryan White Fiscal Agent, has developed a series of performance indicators for each funded service. The indicator data is collected through a variety of sources, including: The Sacramento TGA Client Database (SHARE); Fiscal Agent site visits of contracted agencies; and service surveys. The first two collection strategies will occur as part of existing, routine Ryan White Program operations. The service surveys require Provider participation. This report addresses the service survey which was conducted via postcards.

Methodology

- Survey postcards were distributed to providers during October 2022.
- Providers were given survey postcards for services provided at their respective agencies. The goal was to survey 25% of clients receiving any service, at any agency.
- Providers were to distribute the postage-paid postcard service surveys to clients from November 1 through January 31, 2022.
- Postcards were to be provided to clients upon the conclusion of a Ryan White client encounter.
- Clients were to be informed that:
 - The survey is anonymous and responses will not be connected to the individual.
 - Inform the client that the survey is being used to help determine how services could be better delivered and funded and that their response is very important to future planning and service delivery efforts.
 - Explain to the client that the survey is brief, and postage has been pre-paid, so all they have to do is answer the questions by checking the appropriate boxes and mail the survey at their convenience.
- Weighted responses used a 5-point rating scale of disagree to agree with 5 being the highest/agree and 1 being the lowest/disagree.

Outcomes:

There were 1,363 postcards distributed to providers to give to clients from November to February 2023 for consumer input on services received during FY2022. Of the 1,363 postcards given to providers to distribute, there was a response rate of 17.3% (236 postcards received), an increase from the 11.1% response rate in fiscal year 2021 (174 postcards returned out of 1,566 postcards distributed to providers).

Service Utilization and Survey Return Rates:

Below is a summary of the Postcard surveys rate of return based on the number distributed and percent of clients.

While Postcards are distributed to Providers, there is no mechanism to ensure they are appropriately distributed to clients. Unfortunately, even if appropriately distributed, there is no guarantee a client will take the time to complete and return the (postage paid) Postcard Survey.

Fiscal Year 2022						
Service Category	Postcards distributed	Postcards Returned	Return Rate	Number of Total Clients	Percent of Total Clients Surveyed	Percent of Total Clients Survey Return Rate
Child Care	9	1	11.1%	9	100.0%	11.1%
Emergency Financial Assistance	55	6	10.9%	147	37.4%	4.1%
Food Bank/Home Delivered Meals	55	14	25.5%	265	20.8%	5.3%
Health Education/Risk Reduction	51	0	0.0%	235	21.7%	0.0%
Health Insurance Premium Payment and Co-Pay Assistance	1	0	0.0%	11	9.1%	0.0%
Housing	11	9	81.8%	22	50%	40.9%
Medical Case Management	299	100	33.4%	1592	18.8%	6.3%
Medical Nutritional Therapy	50	0	0.0%	66	75.8%	0.0%
Medical Transportation	78	20	25.6%	525	14.9%	3.8%
Mental Health	83	10	12.0%	501	16.6%	2.0%
Non-Medical Case Management	151	12	7.9%	1158	13.0%	1.0%
Oral Health	102	2	2.0%	634	16.1%	0.3%
Outpatient Ambulatory Care	299	48	16.1%	1794	16.7%	2.7%
Outreach Services	63	1	1.6%	388	16.2%	0.3%
Substance Abuse Residential (Detox)	6	0	-	19	31.6%	0.0%
Substance Abuse Outpatient	50	13	26.0%	146	34.2%	8.9%

Fiscal Year 2021						
Service Category	Postcards distributed	Postcards Returned	Return Rate	Number of Total Clients	Percent of Total Clients Surveyed	Percent of Total Clients Survey Return Rate
Child Care	11	5	45.5%	12	91.7%	41.7%
Emergency Financial Assistance	25	4	16.0%	143	17.5%	2.8%
Food Bank/Home Delivered Meals	50	6	12.0%	405	12.3%	1.5%
Health Education/Risk Reduction	36	0	0.0%	191	18.8%	0.0%
Health Insurance Premium Payment and Co-Pay Assistance	3	2	66.7%	9	33.3%	22.2%
Housing	10	5	50%	41	24.4%	12.2%
Medical Case Management	373	81	21.7%	1547	24.1%	5.2%
Medical Nutritional Therapy	20	0	0.0%	114	17.5%	0.0%
Medical Transportation	90	28	31.1%	467	19.3%	6.0%
Mental Health	140	15	10.7%	433	32.3%	3.5%
Non-Medical Case Management	191	27	14.1%	1104	17.3%	2.4%
Oral Health	125	1	0.8%	613	20.4%	0.2%
Outpatient Ambulatory Care	360	0	0.0%	1750	20.6%	0.0%
Outreach Services	94	0	0.0%	379	24.8%	0.0%
Substance Abuse Residential (Detox)	2	0	-	9	22.2%	0.0%
Substance Abuse Outpatient	36	0	0.0%	152	23.7%	0.0%

Service Category	2022 Number of Total Clients	2021 Number of Total Clients	2020 Number of Total Clients	2019 Number of Total Clients
Child Care	9	12	17	19
Emergency Financial Assistance	147	143	273	185
Food Bank/Home Delivered Meals	265	405	391	197
Health Education/Risk Reduction	235	191	293	159
Health Insurance Premium Payment and Co-Pay Assistance	11	9	9	27
Housing	22	41	18	137
Medical Case Management	1593	1547	1724	1,516
Medical Nutritional Therapy	66	114	162	535
Medical Transportation	525	467	427	555
Mental Health	501	433	696	795
Non-Medical Case Management	1121	1104	752	1,161
Oral Health	634	613	481	602
Outpatient Ambulatory Care	1796	1754	1761	1,851
Outreach Services	388	379	962	906
Psychosocial Support				34
Substance Abuse Residential (Detox)	19	9	6	39
Substance Abuse Outpatient	146	152	220	307

SERVICE CATEGORY FINDINGS:

Child Care

9 total unduplicated clients served in FY22
12 total unduplicated clients served in FY21

There was only 1 response in FY22. There were 5 responses in FY21.

<u>Child Care Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	5.0	4.6
❖ Improved Quality of Life:	5.0	3.8
❖ Improved ability to remain in medical care:	5.0	4.6

Emergency Financial Assistance

147 total unduplicated clients served in FY22
143 total unduplicated clients served in FY21

Only 6 consumers of the 55 postcard recipients (10.9%) responded to this service in FY22. There were 4 responses (16%) in FY21.

Number of Emergency Financial Assistance Visits per year:

	2022	2021
1 appointment	16.7%	33.3
2 – 3 appointments	33.3%	33.3
4 or more appointments	50.0%	33.3

All the respondents in FY22 (100%) reported receiving referrals or financial assistance when requested.

<u>Emergency Financial Assistance Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	4.83	5.0
❖ Improved Quality of Life:	4.83	4.5
❖ Improved ability to remain in medical care:	4.83	4.25

Food Bank/Home Delivered Meals

265 total unduplicated clients served in FY22

405 total unduplicated clients served in FY21

In FY22, 14 consumers of the 55 postcard recipients (25.5%) responded to this service. This represents 5.2% of the total (265) Food Bank/Home Delivered Meals recipients. 42.9% of the clients responding received four or more food bank services during the reporting period.

In FY21, six consumers of the 50 postcard recipients (12%) responded to this service. This represents 12.3% of the total (405) Food Bank/Home Delivered Meals recipients.

Number of Food Bank/Home Delivered Meals Visits per year:

	2021	2021
1 appointment	21.4%	16.7%
2 – 3 appointments	35.7%	33.3%
4 or more appointments	42.9%	50.0%

Health Indicator: Food Bank/Home Delivered Meals services have improved my general health/quality of life.

In FY22, 79% of the respondents stated that Food Bank/Home Delivered Meals services had improved their general health/quality of life, and 21% responded it was not applicable.

In FY21, 100% of the respondents stated that Food Bank/Home Delivered Meals services had improved their general health/quality of life.

Health Indicator: My nutritional intake has improved through Food Bank/Home Delivered Meals.

In FY22, 85% of the respondents stated that Food Bank/Home Delivered Meals services had improved their nutritional intake, and 15% said it was not applicable.

In FY21, 100% of the respondents stated that Food Bank/Home Delivered Meals services had improved their nutritional intake.

<u>Food Bank/Home Delivered Meals Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	4.50	4.17
❖ Improved Quality of Life:	4.62	4.17
❖ Improved ability to remain in medical care:	4.38	3.83

Health Education and Risk Reduction Services

235 total unduplicated clients served in FY22

191 total unduplicated clients served in FY21

Similarly to FY21, there were no responses from clients receiving Health Education and Risk Reduction Services in FY22.

<u>Health Education and Risk Reduction Services Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	N/A	N/A
❖ Improved Quality of Life:	N/A	N/A
❖ Improved ability to remain in medical care:	N/A	N/A

Health Insurance Premium Payment and Cost-Sharing Assistance

11 total unduplicated client served in FY22

9 total unduplicated clients served in FY21

In FY21, two consumers of the 3 postcard recipients (67.7%) responded. Unfortunately, there were no responses in FY2022.

Number of Health Insurance Premium Payment and Cost-Sharing Assistance Visits per year:

	2022	2021
1 appointment	N/A	-0-
2 – 3 appointments	N/A	50%
4 or more appointments	N/A	50%

Health Insurance Premium Payment and Cost-Sharing Assistance Weighted responses:

	2022	2021
❖ Payments Processed Timely:	N/A	5.0
❖ Improved Quality of Life:	N/A	5.0
❖ Improved ability to remain in medical care:	N/A	5.0

Housing

22 total unduplicated clients served in FY21

41 total unduplicated clients served in FY21

In FY22, there were 9 responses (81.8%) from the 11 survey postcards distributed. This was a return rate of 39.1% of the total clients (23) receiving housing services in FY2022. All respondents in 2022 stated that their general health status/quality of life has improved with housing services. In FY22 37.5% of the respondents indicated their Housing Situation had improved or was stable, a decrease from FY21 where 80% of respondents indicated their Housing Situation had improved or was stable

In FY21, there were 5 responses (50%) from the 10 survey postcards distributed. This was a return rate of 12.2% of the total clients (41) receiving housing services in FY2021. All respondents in 2021 stated that their general health status/quality of life has improved with housing services.

<u>Housing Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	4.4	5.0
❖ Improved Quality of Life:	4.1	4.6
❖ Improved ability to remain in medical care:	4.3	5.0

Medical Case Management

1,592 total unduplicated clients served in FY22

1,547 total unduplicated clients served in FY21

In FY22, of the 299 postcards distributed for medical case management services, 100 consumers (33.4%) responded to this service category. This represented 6.3% of all consumers (1,592) who accessed medical case management in FY 2022. Of the 100 responses, 58.4% reported attending four or more medical case management visits during the reporting period.

Comparatively, in FY21, of the 373 postcards mailed for medical case management services, only 81 consumers (21.7%) responded to this service category. This represents 5.2% of all consumers (1,547) who accessed medical case management in FY 2021. Of the 81 responses, 44.4% reported attending four or more medical case management visits during the reporting period.

Health Indicator: 60% of clients receiving medical case management services will report adherence to their anti-retroviral drug treatment plans.

In FY22, 100 individuals completed the Medical Case Management Client Surveys. Of them, 94.1% of the respondents reported that Medical Case Management services help them adhere to their anti-retroviral drug treatment plans. 3 clients stated it was not-applicable.

In FY21, 81 individuals completed the Medical Case Management Client Surveys. Of them, 94.9% of the respondents reported that Medical Case Management services helped them adhere to their anti-retroviral drug treatment plans. 1 client stated it was not-applicable.

<u>Medical Case Management Weighted responses:</u>	2022	2021
❖ Improved Knowledge of Available Services:	4.7	4.6
❖ Better Manage Living with HIV/AIDS:	4.6	4.6
❖ Improved Quality of Life:	4.6	4.5
❖ Improved ability to remain in medical care:	4.7	4.6

Medical Nutritional Therapy

66 total unduplicated Medical Nutritional Therapy clients in FY22

114 total unduplicated Medical Nutritional Therapy clients in FY21

In FY22, there were 50 postcards distributed to the 66 unduplicated recipients. Unfortunately, no one responded.

In FY21, there were 20 postcards distributed to the 114 unduplicated recipients. Unfortunately, no one responded.

<u>Medical Nutritional Therapy Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	N/A	N/A
Improved Quality of Life:	N/A	N/A
Improved ability to remain in medical care:	N/A	N/A

Medical Transportation Services

525 total unduplicated clients served in FY22

467 total unduplicated clients served in FY21

In FY22, there were 78 postcards distributed to providers offering Medical Transportation Services. Of the 78 postcards distributed, 20 (25.6%) consumers responded to the Medical Transportation services postcard survey. This represented a response of 3.8% of the total consumers (525) receiving medical transportation services.

In FY21, there were 90 postcards distributed to providers offering Medical Transportation Services. Of the 90 postcards distributed, 28 (31.1%) consumers responded to the Medical Transportation services postcard survey. This represented a response of 6% of the total consumers (467) receiving medical transportation services.

Health Indicator: 75% of clients showing evidence of need for medical transportation services will receive medical transportation for HIV/AIDS-related care appointments.

In FY22, 75% of clients, compared to 96% of respondents in FY21, reported ALWAYS being able to access Medical Transportation services.

<u>Medical Transportation Weighted responses:</u>	2021	2021
❖ Better Manage Living with HIV/AIDS:	4.9	4.7
❖ Improved Quality of Life:	4.8	4.7
❖ Improved ability to remain in medical care:	4.9	4.8

Mental Health

501 total unduplicated clients served in FY22

433 total unduplicated clients served in FY21

In FY22, there were 83 postcards distributed to providers, however, only 10 clients (12%) responded to the survey. This represents 2.0% of the consumers (501) who accessed the services.

In FY21, 140 postcards were distributed to providers, and only 10.7% (15 clients) responded to this service category.

Health Indicator: - 60% of clients receiving mental health counseling will report improved daily functionality.

	2022	2021
Yes	100%	100%
No	-	-
Not Applicable	-	-

Health Indicator: - Increase in the percent of unduplicated clients reporting a decrease in symptoms that initiated referral into mental health services.

	2022	2021
Yes	90%	100%
No	-	-
Not Applicable	10%	-

Mental Health Weighted responses:

	2022	2021
❖ Better Manage Living with HIV/AIDS:	4.3	4.5
❖ Improved Quality of Life:	4.5	4.9
❖ Improved ability to remain in medical care:	4.6	4.9

Non-Medical Case Management

1,158 total unduplicated clients served in FY22

1,104 total unduplicated clients served in FY21

In FY22, of the 151 postcards distributed for non-medical case management services, there was a response rate of 7.9% (12 consumers responded) to this service category. This represents 1.0% of the total (1,158) non-medical case management clients served in FY22. In FY21, there were 27 responses out of the 191 postcards distributed.

Number of Non-Medical Case Management Visits per year:

	2022	2021
1 appointment	8.3%	15.8%
2 – 3 appointments	16.7%	52.6%
4 or more appointments	75%	31.6%

Health Indicator: 60% of clients receiving non-medical case management services will report adherence to their anti-retroviral drug treatment plans.

In FY22, 83.3% of all respondents stated that Non-Medical Case Management helps them with adherence to anti-retroviral therapy and two clients stated it does not help them. Comparatively, in FY21, no respondents stated that Non-Medical Case Management does not help them with adherence to anti-retroviral therapy, but two responded it was not applicable.

Non-Medical Case Management Weighted responses:

	2021	2021
❖ Improved Knowledge of Available Services:	4.5	4.5
❖ Better Manage Living with HIV/AIDS:	4.4	4.3
❖ Improved Quality of Life:	4.3	4.4
❖ Improved ability to remain in medical care:	4.5	4.6

Oral Health Care

634 total unduplicated clients served in FY22

613 total unduplicated clients served in FY21

In FY22, of the 102 oral health care postcards distributed, 2 consumers responded (2%) to this service category. This represents 0.3% of the total consumers (634) who accessed dental care. This is a slight increase in the response rate compared to the 0.8% responding consumers (1 out of 613 total clients) who accessed the service in FY 2021.

Health Indicator: - 60% of clients receiving Oral Health Care will report improved oral health through self report.

Of individuals completing Client Surveys, 100% of the respondents reported improved oral health in FY22.

Oral Health Weighted responses:

	2022	2021
❖ Better Manage Living with HIV/AIDS:	5.0	5.0
❖ Improved Quality of Life:	5.0	5.0
❖ Improved ability to remain in medical care:	5.0	5.0

Outpatient Ambulatory Care

1,794 total unduplicated clients served in FY22

1,754 total unduplicated clients served in FY21

In FY22, there were 299 outpatient ambulatory care surveys distributed. Of the 299 surveys, there were 48 responses (16.1%). This is a large increase in the response rate compared to the 0% responding consumers (0 out of 360 surveyed clients) who accessed the service in FY 2021. This represents 2.7% of the total consumers (1,794) who accessed Ambulatory care services.

Number of Outpatient Ambulatory Care Visits per year:

	2022	2021
1 appointment	14.6%	N/A
2 – 3 appointments	43.9%	N/A
4 or more appointments	41.5%	N/A

<u>Outpatient Ambulatory Care Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	4.8	N/A
❖ Improved Quality of Life:	4.6	N/A
❖ Improved ability to remain in medical care:	4.8	N/A

Outreach Services

388 total unduplicated clients served in FY22

379 total unduplicated clients served in FY21

In FY22 there were 63 surveys distributed to clients who had received outreach services. Of the 63 surveys distributed, there was 1 response.

Similarly, in FY21, none of the 94 postcards distributed to providers were returned by consumers.

Learn HIV Status:

No relevant responses were received in FY21 or FY22.

If Positive, did you receive a medical referral:

No relevant responses were received in FY21 or FY22.

If Positive, did you receive a referral to a non-medical service provider for assistance with social services:

No relevant responses were received in FY21 or FY22.

If Negative, did you receive information on risk reduction services:

No relevant responses were received in FY21 or FY22.

Substance Abuse Treatment - Residential

In FY22, 19 total unduplicated clients received Residential Substance Abuse Services

In FY21, 9 total unduplicated clients received Residential Substance Abuse Services

In FY22, there were no responses from the 6 postcard recipients to this service category.

In FY21, there were no responses from the 2 postcard recipients from this service category.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for substance use.

There were no responses received in FY21 or FY22.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for transmission of HIV and other communicable diseases as measured by self-report.

There were no responses received in FY21 or FY22.

<u>Substance Abuse Residential Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	N/A	N/A
❖ Improved Quality of Life:	N/A	N/A
❖ Improved ability to remain in medical care:	N/A	N/A

Substance Abuse Treatment - Outpatient

In FY22, 146 total unduplicated clients received Outpatient Substance Abuse Services

In FY21, 152 total unduplicated clients received Outpatient Substance Abuse Services

In FY22, 26% (13) of the 50 postcard recipients responded to this service category. This represents 8.9% of the total consumers (146) accessing outpatient substance abuse treatment.

In FY21, there were no responses from the 36 postcards distributed in this service category.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for substance.

In FY22, 100% of the respondents reported risk reduction behavior for substance abuse. There were no responses in FY21.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for transmission of HIV and other communicable diseases as measured by self-report.

In FY22, 92.3% of the respondents (12 out of 13) reported risk reduction behavior for HIV/Communicable Disease Transmission. There were no responses in FY21.

<u>Substance Abuse Outpatient Weighted responses:</u>	2022	2021
❖ Better Manage Living with HIV/AIDS:	5.0	N/A
❖ Improved Quality of Life:	5.0	N/A
❖ Improved ability to remain in medical care:	5.0	N/A

Client Comments:

Substance Abuse Outpatient
Food Cards
Wonderful services here at OCH
Saved my life!
These are wonderful people and I appreciate all of the loving help.
The services and the community are superior, thank you.
Shalon is wonderful.
This program helps you.
Oral Health
Like a thumb, you never know how teeth affect everything until they are damaged or sick
My only complaint is extremely long wait times, but staff is excellent
EFA
Thanks for maintaining services
SHRA Advocacy Needed, Causing distress
Housing
I need to start eating healthier.
This is not only wanted but needed as well. This is greatly appreciated, thank you dearly.
Ambulatory Care
Extremely Long Wait times when you call the phone.
Dr. MK is the best, and very caring to the patients. She cares about us. Praying she is always here. She is one of the best.
Love One Community Health
I wish the doctors here spent more time with the patients like 5 to 10 min more.
OCH has helped me so much. Thank you.
Dr. Frank Molina is the best!
Amazing, good service 100/100
Always have trouble getting pills delivered
Thanks to these doctors I am alive
Thank you Ryan White
OCH is amazing
Keep up the good work
I get taken care of well here
Sac County has been very helpful to my needs and they check on me regularly
Best Medical Service There Is
Outreach
The staff have been very helpful and very nice.

Summary:

During Fiscal Year 2022, there were 2,315 clients receiving services in the Ryan White Transitional Grant Area (TGA) and Yolo County at the time the survey was initiated. In an attempt to collect outcome data, the Quality Advisory Committee initiated its annual postcard service survey. The goal was to survey at least 25% of the clients receiving service in any service category. Of the 1,363 surveys distributed, the TGA had a response rate of 17.3% (236 responding clients out of 1,363 possible service responses). It is unknown if all the postcards were distributed to clients or whether or not a client received surveys for more than one service received as there is no method to document the process.

Although the overall response rates differ between the two fiscal years making it difficult to draw solid conclusions, it should be noted that there were some significant differences in the number of clients served in each service category. The greatest *decrease* in services was in Housing Services which decreased by 46.3% from 41 clients in FY21 to 22 clients in FY22. This may be due in part to the loss of the additional COVID Care Act funding that was received in FY21.

The greatest *increase* was in the Residential Substance Abuse Services category where there was a 111.1% increase in clients from 9 in FY21 to 19 in FY22.

Service Category	2022 Number of Total Clients	2021 Number of Total Clients	Percent Different	Decrease or Increase
Substance Abuse Residential (Detox)	19	9	111.1%	Increase
Health Education/Risk Reduction	235	191	23.0%	Increase
Health Insurance Premium Payment and Co-Pay Assistance	11	9	22.2%	Increase
Mental Health	501	433	15.7%	Increase
Medical Transportation	525	467	12.4%	Increase
Non-Medical Case Management	1158	1104	4.9%	Increase
Oral Health	634	613	3.4%	Increase
Medical Case Management	1592	1547	2.9%	Increase
Emergency Financial Assistance	147	143	2.8%	Increase
Outpatient Ambulatory Care	1794	1750	2.5%	Increase
Outreach Services	388	379	2.4%	Increase
Substance Abuse Outpatient	146	152	-3.9%	Decrease
Child Care	9	12	-25%	Decrease
Food Bank/Home Delivered Meals	265	405	-34.6%	Decrease
Medical Nutritional Therapy	66	114	-42.1%	Decrease
Housing	22	41	-46.3%	Decrease

This is one of several performance measures utilized by the Sacramento Transitional Grant Area to measure the TGA’s quality of services. Other measures include an agency client satisfaction survey, chart reviews, site visits, needs assessments and alike. Overall, the TGA

exceeded the outcome indicators and the weighted responses indicate clients are satisfied with the services, in that, the services help manage their HIV/AIDS, maintain their quality of life and remain in medical care. The clients' comments were overwhelmingly positive with only a few recommendations, concerns, or issues.

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County Executive

Ann Edwards

Deputy County Executive

Chevon Kothari

Social Services



County of Sacramento

Department of Health Services

Timothy W. Lutz, Director

Divisions

Behavioral Health Services

Primary Health

Public Health

Departmental Administration

May 23, 2023

2022 Client Satisfaction Survey Results

The Ryan White CARE Program provides Ryan White funded Subrecipients with a Client Satisfaction Survey at periodic intervals throughout the fiscal year. The Ryan White Providers then distribute the surveys to clients who are requested to complete and return the surveys to the Ryan White CARE Program staff in a pre-addressed and postage-paid return envelope, which is stapled to the survey.

Surveys are then tallied to measure the client's impression of the overall performance of the entire program and not a particular agency itself. This offers a better understanding as to how the Ryan White program performs as a collaborative.

The following document will provide survey results. This report will cover the past fiscal year, from March 1, 2022, to February 28, 2023. There were 79 surveys returned this fiscal year from the Subrecipients in the Sacramento Ryan White CARE Program; compared to 34 in FY21.

EXECUTIVE SUMMARY

The FY22 Client Satisfaction Survey resulted in 79 returned surveys. There were 2,315 total clients served during FY22. This amounts to a 3.41% survey rate; an increase from the 1.41% survey rate in FY21. Not all clients received surveys and therefore, it denotes the percentage of clients that returned surveys and not a response rate as the number distributed to clients and not returned is unknown. Clients completed these surveys at their leisure and may or may not have completed all questions. As such, each question was averaged by the number of responses for that particular question. Unfortunately, there were some agencies where no responses were received, and the number of responses per agency varied.

Of the survey respondents, 46.8% of the clients reported on Question 5, being able to obtain an appointment the same day they made contact with the agency, which is an increase from 36.4% the prior fiscal year. Regardless of what day the appointment was scheduled, 70.5% reported having to wait under 10 minutes (Q4) for their appointment to begin, which is an improvement over 57.6% the prior year. All the clients, 100%, felt the respective agencies make them feel welcomed, comfortable, and respected (Q6), compared to 100% the prior fiscal year. 100% of clients reported receiving assistance from the agency with their questions about services at the agency (Q7). 98.7% reported the agency provided them information about services they may be eligible for at other agencies (Q8), which is a decrease compared to 100% the prior fiscal year.

Concerning childcare services (Q9), 67.5% of the clients stated childcare services were not applicable. This is a decrease from the prior year in which 73.5% of respondents indicated childcare was not applicable to their needs. Only 10.4% of the clients were made aware of childcare services while 22.1% stated they were unaware of childcare services. All clients should be informed that childcare services are available through the Ryan White system of care.

100% of clients reported that staff respects their privacy (Q10) compared to 97.1%, in the prior fiscal year. 20.5% of clients report not knowing how to file a complaint/grievance with an agency (Q11), which is a slight improvement from FY21 in which 23.5% of clients did not know how to file a grievance/complaint. 7.9% of clients reported that no one has discussed how to avoid infecting others with HIV (Q12), a slight increase from the prior year in which 5.9% of clients stated no one discussed how to avoid transmitting HIV to others.

Of those clients responding to the surveys, 28% have been clients at the agency they received the survey from for over 5 years (Q2). This is a slight decrease over the prior year where 33.3% of survey respondents reported retention at the agency for over five years. 77 respondents rated their overall satisfaction with the surveyed agency (Q15) for a combined satisfaction rate of 9.59 on a scale of 10 compared to 9.82 in FY21.

Client feedback can be found below in the responses to questions 13, 14, and 16.

**2022 SACRAMENTO REGIONAL
RYAN WHITE PROGRAM
CLIENT SATISFACTION SURVEY RESULTS**

Below is a summary of the performance of the Transitional Grant Area as a whole. The scores were obtained by totaling all agencies responses.

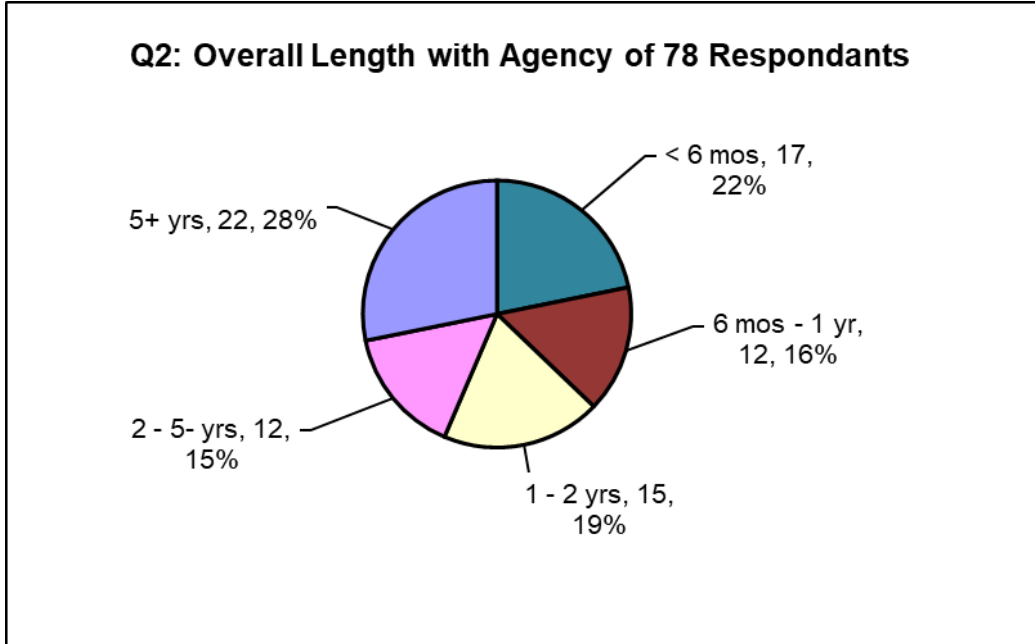
1. What service(s) do you receive at this agency?

0 Ambulatory Care	0 Residential Hospice	1 Food and Nutrition
0 Medical Case Mgmt	0 Substance Abuse	0 Health Insurance
1 Oral Health	0 Adult Care/Respite	3 Housing/Utilities
0 Home Health Care	0 Alternative/Complimentary	0 Outreach
2 Mental Health	0 Buddy/Companion	1 Transportation
1 Prescriptions	0 Childcare	72 Other Support
	1 Other Counseling	4 Other Critical Need

2. How long have you been a client at this agency? 78 of the 79 clients responded to this question. *Of the 78 clients responding:*

Agency	< 6 mos	6 mos - 1 yr	1 - 2 yrs	2 - 5 yrs	5+ yrs	Total Per Agency	Percent of Survey Respondents by Agency out of Total Respondents (78)	Percent of Respondents out of total TGA Clients (2,315)
3402	1	1	2	2	11	17	21.8%	0.73%
3414	0	0	0	0	1	1	1.3%	0.04%
0903	0	0	0	0	0	0	0.0%	0.00%
3415	7	5	5	2	3	22	28.2%	0.95%
3416	0	3	3	0	0	6	7.7%	0.26%
3411	0	0	0	2	2	4	5.1%	0.17%
5701	0	0	0	0	0	0	0.0%	0.00%
3417	6	0	0	1	0	7	9.0%	0.30%
0902	0	2	3	5	5	15	19.2%	0.65%
3418	3	1	2	0	0	6	7.7%	0.26%
3419	0	0	0	0	0	0	0.0%	0.00%
Totals	17	12	15	12	22	78	100.0%	3.37%

As seen in the pie chart below, approximately 28% of the 78 respondents have maintained working relationships with Ryan White funded providers for more than five years.



3. Overall, how would you rate the quality of the services you receive at this agency?

This question had a ranking between 0 and 10 with 10 being Excellent.

Number of Responses: **78**

Average of All Responses: **9.64%**

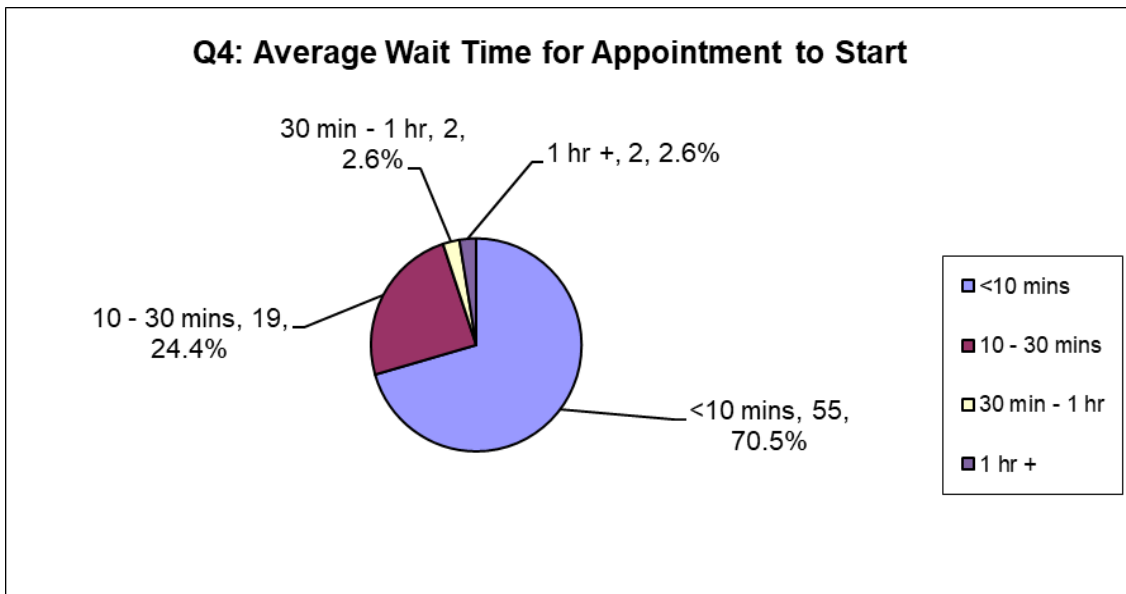
The average of all responses decreased to 9.64% in FY2022 compared to 9.91% in FY2021. There were 78 responses in FY2022 compared to 34 in FY2021. Despite an increase in the response rate for this question, the respondents reported a 0.27% decrease in the quality of services being received.

4. What is the average time that you wait for your appointment to start at this agency?

78 (98.7%) of the 79 clients answered the question. Their responses are below.

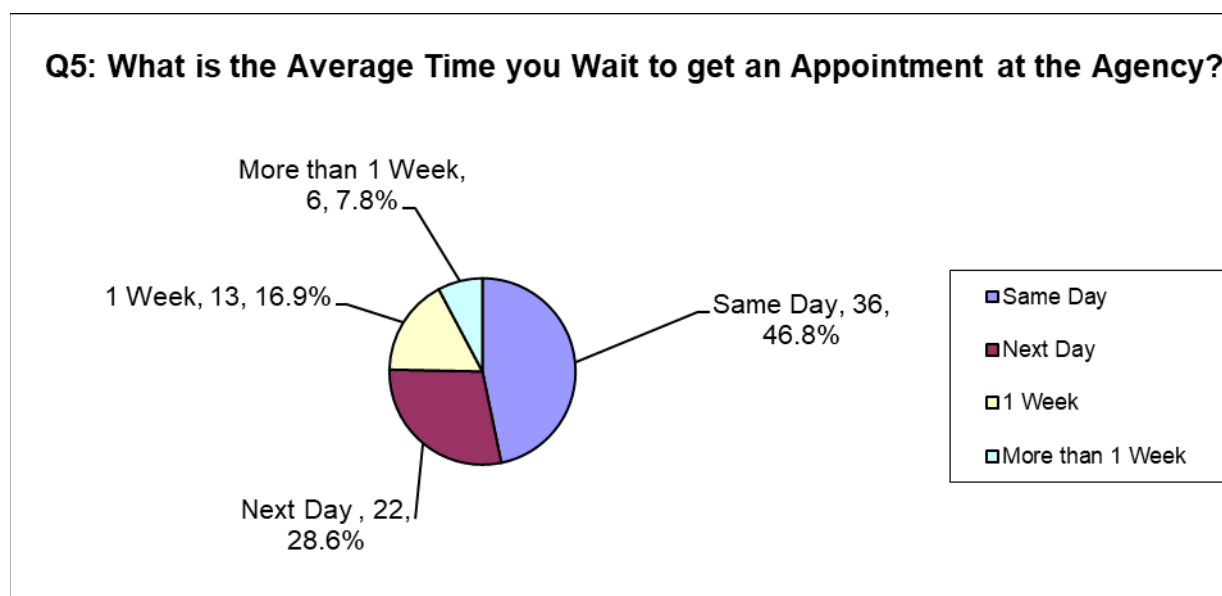
Regardless of what day the appointment was scheduled, 70.5% reported having to wait under 10 minutes for their appointment to begin. This is higher than in FY21 in which 57.6% waited under 10 minutes for their appointment to begin.

Agency	<10 mins	10 - 30 mins	30 min - 1 hr	1 hr +	Total Respondents	Percent of Total Respondents (78)	Percent of Total Clients in TGA (2315)
3402	7	7	2	1	17	21.8%	0.7%
3414	1	0	0	0	1	1.3%	0.0%
0903	0	0	0	0	0	0.0%	0.0%
3415	16	5	0	0	21	26.9%	1.0%
3416	5	1	0	0	6	7.7%	0.3%
3411	3	1	0	0	4	5.1%	0.2%
5701	1	0	0	0	1	1.3%	0.0%
3417	3	3	0	1	7	9.0%	0.3%
0902	14	1	0	0	15	19.2%	0.6%
3418	5	1	0	0	6	7.7%	0.3%
3419	0	0	0	0	0	0.0%	0.0%
Totals	55	19	2	2	78	100.0%	3.4%



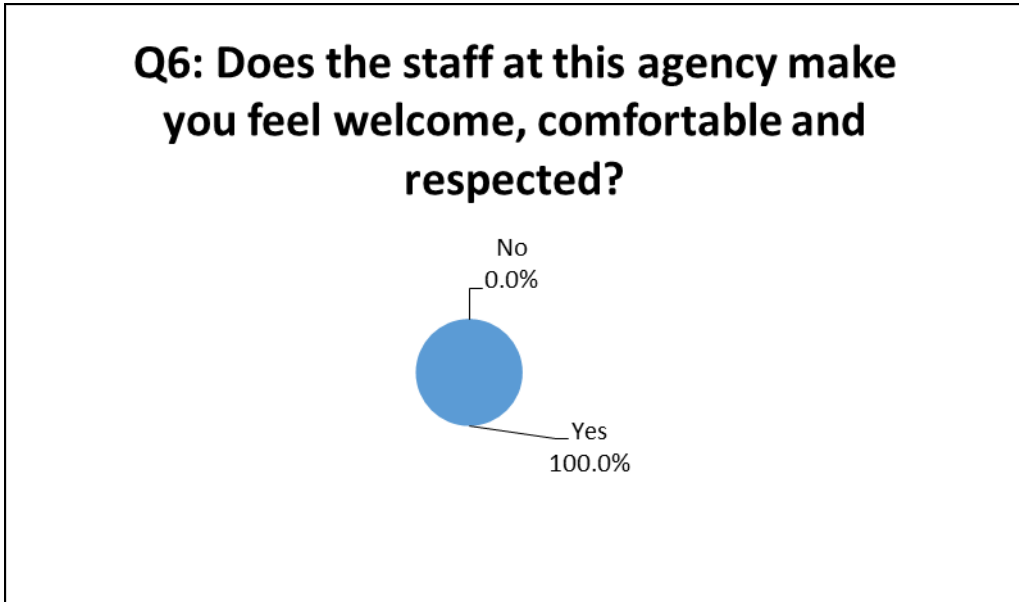
5. What is the average time you wait to get an appointment at this agency?
In Fiscal Year 2022, 77 (97.5%) of the 79 clients answered the question. Their responses are below. In FY22, only 46.8% indicated they received an appointment the same day which is an increase compared to 36.4% in Fiscal Year 21.

Agency	Same Day	Next Day	1 Week	More than 1 Week	Total Per Agency	Total Respondents by Agency out of Total Respondents (77)	Percent of Total TGA Clients (2315)
3402	3	5	7	2	17	22.1%	0.73%
3414	1	0	0	0	1	1.3%	0.04%
0903	0	0	0	0	0	0.0%	0.00%
3415	10	8	2	1	21	27.3%	0.91%
3416	3	2	1	0	6	7.8%	0.26%
3411	3	0	1	0	4	5.2%	0.17%
5701	1	0	0	0	1	1.3%	0.04%
3417	3	1	2	0	6	7.8%	0.26%
0902	9	6	0	0	15	19.5%	0.65%
3418	3	0	0	3	6	7.8%	0.26%
3419	0	0	0	0	0	0.0%	0.00%
Totals	36	22	13	6	77	100.0%	3.3%



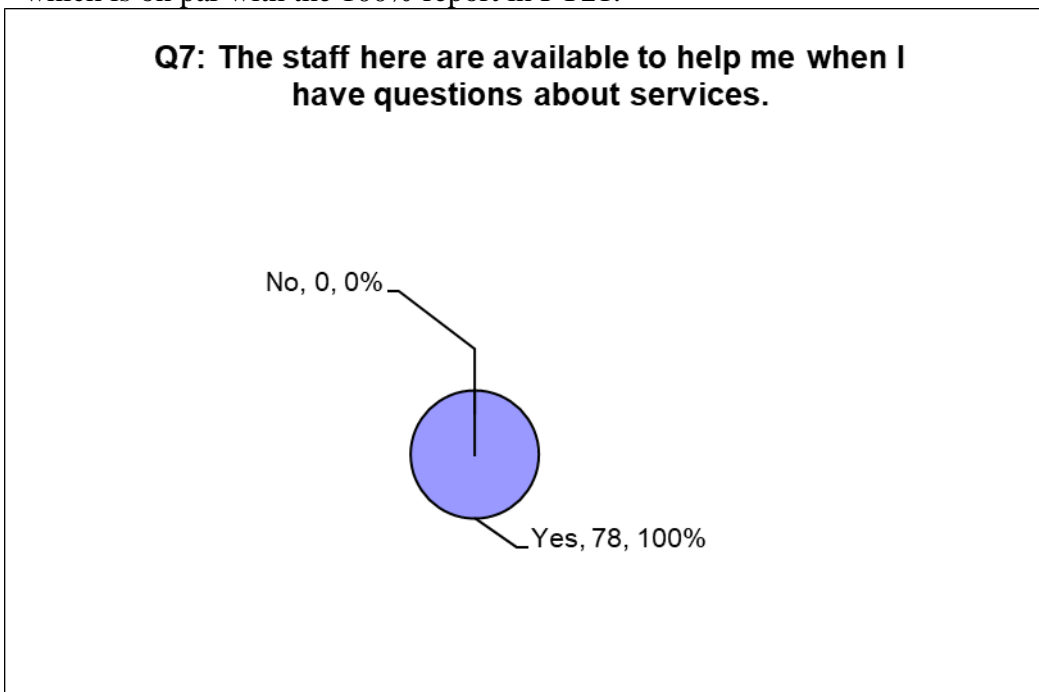
6. Does the staff at this agency make you feel welcome, comfortable, and respected?

Of the 78 clients responding to the question, 100% reported that staff made them feel welcomed, comfortable, and respected compared to 100% the prior fiscal year.



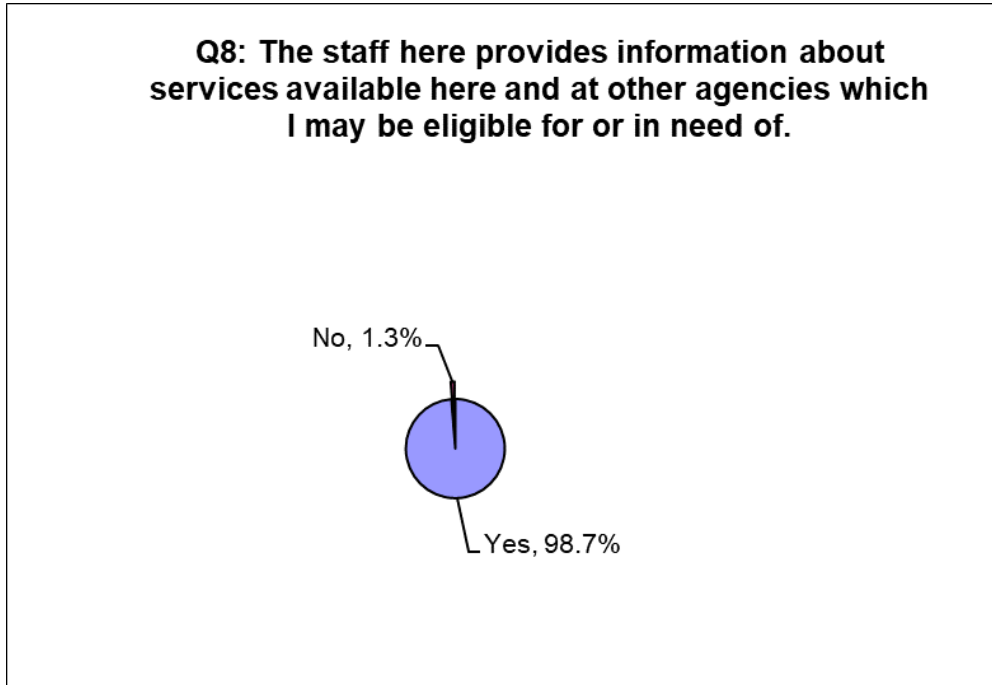
7. The staff here is available to help me when I have questions about services:

78 clients answered the question. Of the 78 clients responding to the question, 100% indicated the staff is available to assist when the client has questions about services which is on par with the 100% report in FY21.



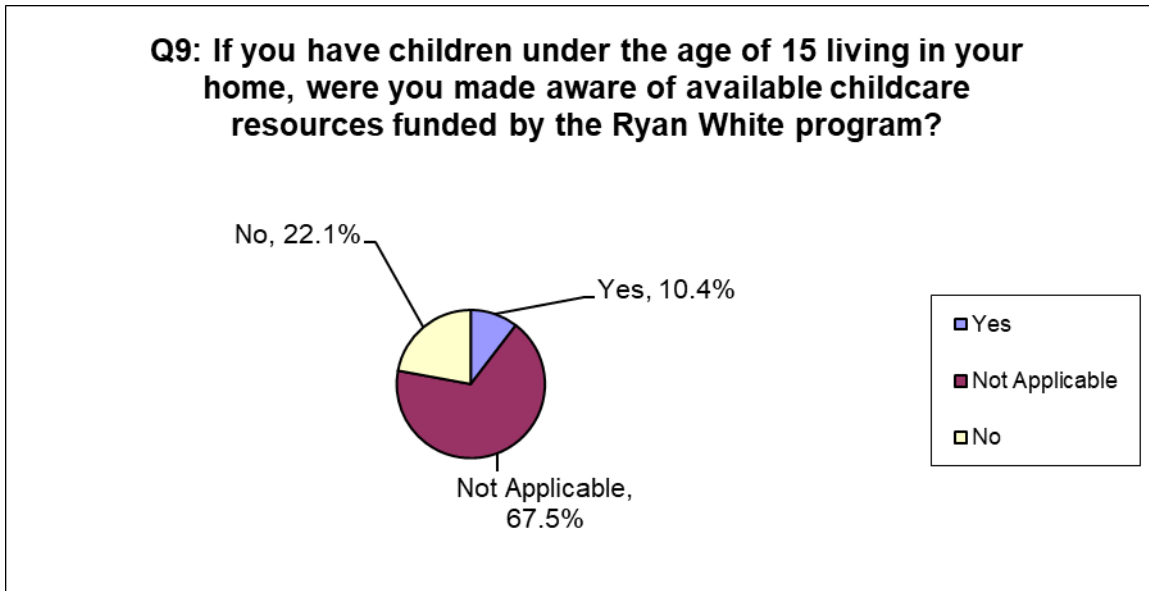
8. The staff here provides information about my eligibility for services available here and at other agencies which I may need.

98.7% of respondents (78 of 79) answered the question. Of the 78 clients responding to the question, 98.7 (77) indicated the staff did inform them about services. This is a slight decrease compared to 100% in Fiscal Year 2021.



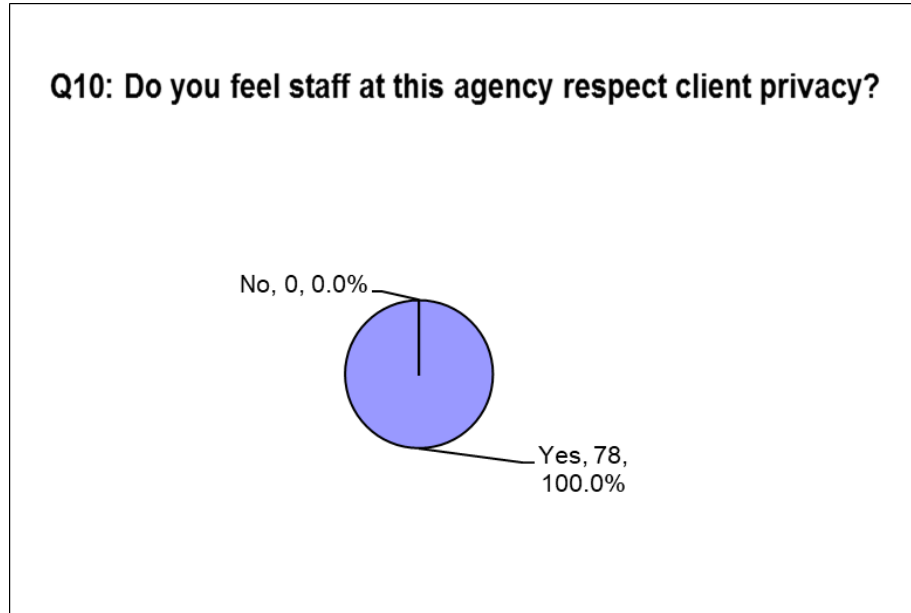
9. If you have children under the age of 15 living in your home, were you made aware of available childcare resources funded by the Ryan White program?

In Fiscal Year 2022, 77 out of 79 respondents answered the question. 67.5% (52 clients) responded that the question was not applicable to them. Of the 25 clients responding either “yes” or “no”, 32% (8 clients) responded yes they were made aware of child care services; while 68% (17 clients) stated that they were not made aware of child care services.



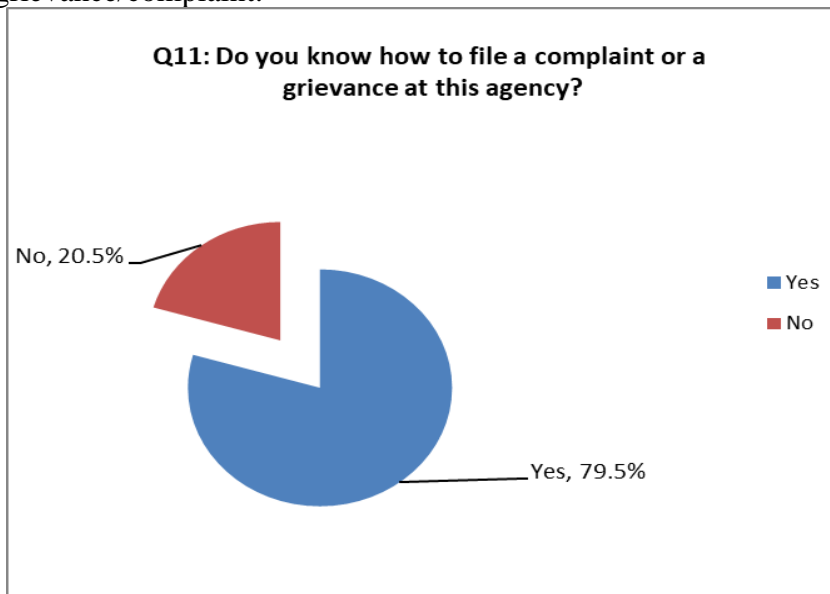
10. Do you feel that the Staff at this agency respect client privacy?

In this fiscal year, 100% of respondents (78 out of 79), indicated agency staff respect client privacy. In the prior fiscal year, 97.1% of respondents indicated that agency staff respect client privacy.



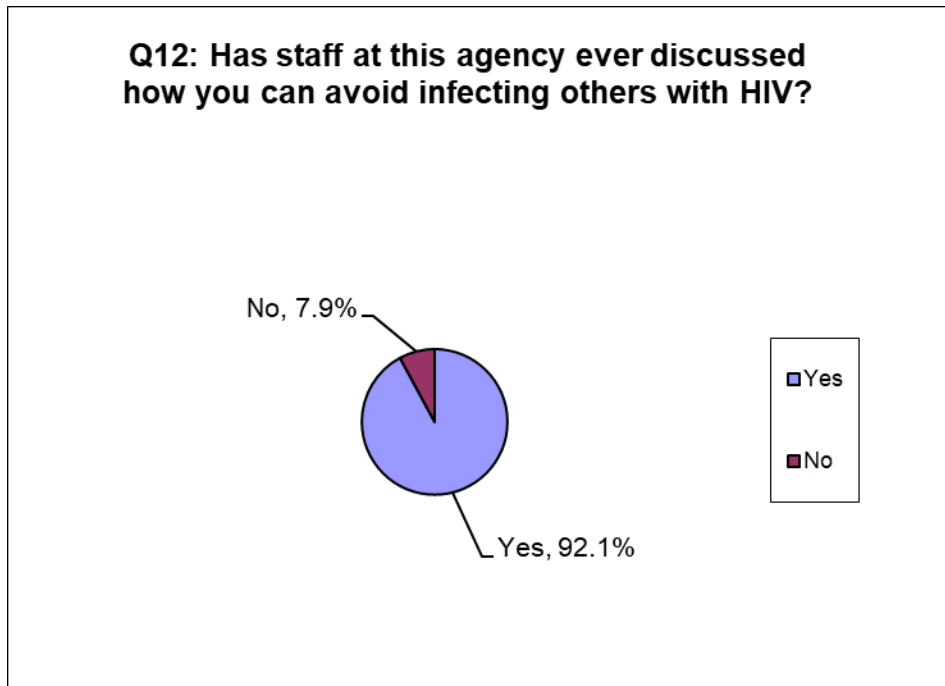
11. Do you know how to file a complaint or a grievance at this agency?

78 of 79 clients answered the question. Of the clients answering the question, 62 (79.5%), indicate they know how to file a grievance/complaint while 20.5% did not know how. This is a slight increase from FY21 in which 76.5% of clients knew how to file a grievance/complaint.



12. Has staff at this agency ever discussed how you can avoid infecting others with HIV?

In 2022, 76 out of 79 clients responded to the question, compared to 34 clients responding to the question in FY21. In 2022, the TGA saw a decrease in clients reporting that staff *discussed how to avoid* infecting others with HIV compared to fiscal year 2021. In 2022, 92.1% reported being informed about how to avoid infecting others compared to 94.1% in fiscal year 2021. Conversely, there has been a slight increase in clients reporting agencies have not discussed how to avoid infecting others. In 2022, 7.9% of clients reported *not discussing how to avoid* infecting others compared to 5.9% in 2021.



13. Please list any services provided at this agency that you needed but did not receive at this agency:

1	Gas
2	Housing
3	Housing Programs
4	Scholarship for cert. Program
5	I need vision, dental, and 1 on 1 therapy.
6	I don't know
7	More food and gas cards
8	More funds for food and gas
9	Extra food and gas
10	Not that I can think of
11	None that I can think of, but if I had to say anything it would be in regard to housing

12	Housing/Grocery Gift Cards
13	Legal Services
14	Primary Care
15	Not that I can think of
16	Housing and Career Search
17	All good
18	Every Service is Covered
19	Services ART
20	None apply, I get all the services I need
21	Computer Classes
22	Hotel Voucher
23	Free Food Coupons

14. Please list any ideas that you have for improving or adding services at this agency:

1	I don't think so
2	Everything is okay
3	More gift cards/bus passes
4	There is nothing to improve with SFAF
5	Bus passes
6	Gas Cards and Apartment Referrals
7	Bus passes
8	Pharmacy needs to keep medication confidential and not categorize it. Please be kind and respectful.
9	None
10	I would need to receive better food in bags. Can't eat can goods
11	Needs to increase the budget to increase for food and gas.
12	Foodbank
13	Need peer counseling, food bank, and transportation driver
14	Foodbank
15	Foodbank
16	Foodbank
17	More programs like this
18	None

19	Network with other sponsors and agencies to ensure the completion of the program with perm housing and resources.
20	Screen door and Gate Buzzer
21	More Money for services
22	More gas and more food
23	No
24	Housing/grocery gift cards
25	No ideas
26	They were perfect
27	Wish it was easier to find the clinic, need better signage
28	No ideas at the moment
29	The way referrals are done, the process needs to be sped up
30	An all women's HIV group
31	Everything is so far so good
32	None at this time
33	Please make it so that people that are in need of rental assistance do so anonymous forms so that they do not have to disclose or worry about disclosing to their landlords.
34	None
35	No ideas at the moment
36	Support groups
37	Poetry and a computer class
38	More things like bus tickets
39	Housing services, rental services
40	When possible would like to resume a women's group

15. Please rate your overall satisfaction with the services at this program:

This question had a ranking between 0 and 10 with 10 being Very Satisfied.

In Fiscal Year 2022:

Number of Responses: 77 out of 79 = 97.5% of all Respondents answered the question.

The Average of All Responses: **9.59% FY22 satisfaction rate.**

In Fiscal Year 2021:

Number of Responses: 33 out of 34 = 97.1% of all Respondents answered the question.

The Average of All Responses: **9.82% FY21 satisfaction rate.**

16. Please provide additional comments about your satisfaction rating below:

1	I've always had good results with the clinic insofar as my AOD, my case manager, and various staff members.
2	I don't have a car and transportation to my mental health is essential.
3	Thank you very much for all your services
4	Very helpful with helping and making sure that clients are very well taken care of.
5	No
6	Golden Rule services are excellent. Anytime I need them they are always available and positive. Also very prompt.
7	I gave it a nine because there is always room for improvement.
8	I'm satisfied.
9	Golden Rule is a great organization that helps our community, understand how HIV works and gives us info on how to live better lives and tell us how to live longer.
10	Need food bank
11	There's a counselor there that rocks.
12	A certain counselor works hard for me and helps me out
13	They are doing a good job
14	The program works if you work it
15	A counselor at the company is top notch
16	Would like more housing options
17	Thank you for everything
18	I always feel comfortable and safe being seen there
19	No changes are needed.
20	I feel the staff here are very effective and help with any extra they can. I've always felt that they do their best with what they have to work with.
21	Very good
22	Greater services.
23	Nice people
24	My case worker always answers my call or texts. She treats me with the utmost respect. Always lets me know of anything I can benefit from. My case worker is wonderful.
25	All medical staff has been wonderful to me.
26	I love my case manager
27	This agency has by far met all of my expectations.
28	10 so far because it is very helpful.
29	I'm safer being a client at sunburst
30	Sunburst has an amazing vibe. Instead of feeling like a place where I can receive mental health services, which can sometimes feel a bit demoralizing. The energy and comfortable pace of the staff remind
31	I love sunburst as it is.
32	None at the moment
33	Thank you
34	They have helped very much

35	Excellent agency and staff members, very little wait time, they respect your time.
36	I enjoy the people at the Sunburst office. I love the people who come to Sunburst. I ADORE MY CASE MANAGER.
37	The best thing I have seen yet
38	Golden rule services is by far the best agency in all of Sacramento that I have dealt with so far.
39	I need mental help and I get it at Sunburst.
40	The staff is very supportive
41	The assistance I receive from Sunburst is amazing.
42	I am very proud that we met. I love the services. Thank you.
43	My case manager and Executive Director are very professional and make sure all my needs are met.
44	The agency is better than any agency I ever had and I love the way my worker treats me. I think they're a perfect 10.
45	**** Four stars.
46	Wonderful.
47	Enjoy being a recipient.
48	The agency has been very supportive and kind. I appreciate them very much.
49	Everyone has been a treat. No complaints. The counselor is amazing.
50	I Have been a patient for many years, I am happy with the services. I am proud of my recovery and stable housing. I recommend my family and friend to come here.
51	My Doctors are courteous and friendly.
52	Felt great speaking with the staff. Always helpful.
53	Excellent.
54	The signs at the front show No Privacy. Coming in for either clinic.
55	Thankful.
56	The staff is always very friendly and helpful.

####

Sacramento Transitional Grant Area 2022

RYAN WHITE (RW) PROGRAM

HIV NEEDS ASSESSMENT

Improving services through direct input from People Living With HIV.



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The Sacramento HIV Health Services Planning Council

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**SACRAMENTO REGION RYAN WHITE PROGRAM
2022 HIV NEEDS ASSESSMENT**

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APPENDIX

ACKNOWLEDGMENTS

The 2022 Sacramento TGA's HIV Needs Assessment has been a collaborative effort among Ryan White (RW) Comprehensive AIDS Resources Emergency (CARE) Program, RW service providers, consumers of RW services, and the HIV Health Services Planning Council (the Council). The Council would like to recognize the following individuals and organizations for their dedication to plan, coordinate, implement and evaluate a community HIV Needs Assessment of RW clients:

Members of the HIV Health Services Planning Council

Members of the Planning Council Needs Assessment Committee:

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Ryan White Service Providers in Sacramento Region:

CommuniCare Health Centers	Sacramento Sexual Health Clinic
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Most importantly, the Planning Council would like to thank each Person Living with HIV/AIDS (PLWH) who took the time and effort to participate in the needs assessment process by completing the comprehensive survey. Without each of these people, the needs assessment would not have been possible.

Appreciation is extended to every survey respondent for their openness to the survey process and truthful responses to detailed questions. The results presented in this HIV Needs Assessment represent their individual and cumulative input about a vast array of issues related to HIV prevention and treatment. By learning more about PLWH, their unmet service needs and barriers to care, the Sacramento TGA can more effectively focus its resources to further meet the service needs of people living with HIV and at increased risk of HIV transmission.

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SACRAMENTO REGION RYAN WHITE PROGRAM 2022 HIV NEEDS ASSESSMENT

EXECUTIVE SUMMARY

A. BACKGROUND

The Ryan White (RW) HIV Health Services Planning Council (HHSPC) is required by the federal Health Services Resource Administration (HRSA) to conduct a tri-annual survey of PLWH served by the RW Program as part of its RW Part A funding for the Sacramento Transitional Grant Area (TGA) of Sacramento, El Dorado, and Placer Counties. The goal of the HIV Needs Assessment is to collect and analyze input provided directly by RW clients through a standardized survey tool. The detailed analysis of RW client input assists the Council to strategically allocate funding resources to meet the service needs of clients across all demographic groups, and to reduce barriers to care through tailored delivery methods.

In 2020, due to the challenges of COVID-19, HRSA allowed each TGA to conduct a smaller survey process targeting a specific subpopulation once it could safely do so according to CDC guidelines. Given the trends of the HIV epidemic over time, the Council voted to survey young adults ages 19-29 in 2020-21. Of the 190 youth and young adult RW clients served in FY20, 18 PLWH completed the survey, which was 9.5% of the target population.

Thankfully, the Council was able to return to a full RW Client Needs Assessment in 2022. Of the 2,408 RW clients served in FY2021/22, 7.9% (191) completed the survey. This response rate is higher than the 7.3% of RW clients who completed the most recent comprehensive survey of all ages of RW clients which was conducted in 2018, prior to the COVID-19 pandemic. The current 2022 HIV Needs Assessment of RW clients uses the 2018 Needs Assessment survey as the baseline for comparative analysis, along with findings from the 2020 Youth and Young Adult HIV Needs Assessment as applicable.

B. DEMOGRAPHICS, HIV EPIDEMIOLOGY AND CO-OCCURRING CONDITIONS

B-1. Demographics of Need Assessment Respondents

The 2022 survey respondents were representative of the TGA's HIV/AIDS epidemiology and 2021 RW client caseload in terms of race, gender, mode of HIV transmission, county of residence, housing status and poverty level with few exceptions.

Race. Racial representation among Latinx increased between the 2018 and 2022 Needs Assessment, from 18% to 24%. African Americans, whose representation among RW clients in 2021 was close to 4 times greater than their representation in the TGA's general population (26% vs. 7%), were 28% of the 2022-23 Needs Assessment survey respondents. Whites were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (37% vs. 43%).

Gender. Males were underrepresented among 2022 survey respondents as compared to their representation among 2021 RW clients (68% vs. 79%), while female RW clients were overrepresented among survey respondents (24% vs. 19%). Transgender Male to Female and Non-Binary were each 2% of 2022 survey respondents and 4% did not specify gender.

Age. RW clients ages 20-44 were underrepresented among survey respondents (25% vs. 37%) while RW clients ages 45 and older were overrepresented (72% vs. 63%).

Mode of HIV transmission. Men who have Sex with Men (MSM) were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (47% vs. 58%) while those who did not specify were overrepresented (14% vs. 4%).

Housing Status. The 2022 survey asked RW clients which places they had lived over the prior 12-months. A large percentage (26.2%) reported they had been homeless (car, camping, street), or in temporary housing (shelter, motel). This extreme rate of homelessness/temporary housing among RW clients continues to be disproportionately high when compared to the TGA's general population, which was 0.48% based on the 2022 Point-in-Time homeless count coordinated by the US Department of Housing and Urban Development (HUD). It must be noted that HUD's count includes those who report being unsheltered, in emergency shelter or in temporary shelter on the day of being surveyed, rather than anytime during the prior 12-months as in the RW survey.

County of residence. 85% of 2022 survey respondents were from Sacramento County, 8% from Placer, 1% from El Dorado, 9% from Yolo and 2% unspecified. RW clients from all counties in the TGA were well represented in the 2022 survey with the exception of El Dorado, which were 4% of 2021 RW clients.

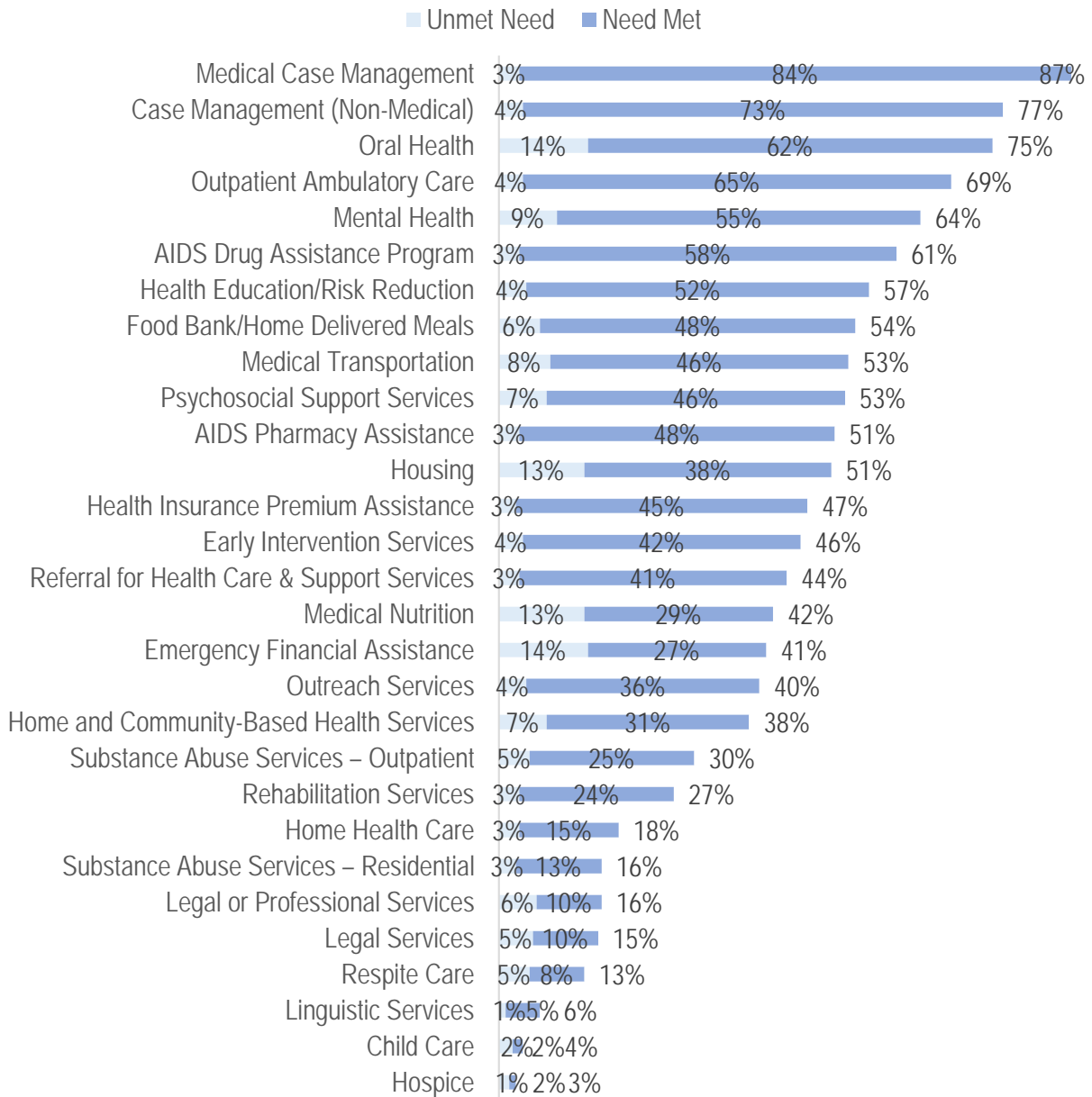
Poverty level. RW funded services are used as "payer of last resort" and each RW client must have no other means of paying for services. 70.2% of 2021 RW clients and 60.7% of 2022 survey respondents and were living below the Federal Poverty Level (e.g., <\$13,590 for an individual) as compared to 11.1% of the TGA general population in 2021.

C: SERVICE DEMAND AND UNMET NEED

C-1. Service Demand: Need Met plus Unmet Need

Service Demand (Total Need) includes the percent of survey respondents who reported that they needed and received the service (Need Met) **plus** the percent who needed the service but could not receive it due to at least one barrier to care (Unmet Need). For example, as shown in the following bar graph, Medical Case Management has the highest Total Need (87%) which is a sum of Unmet Need (3%) + Need Met (84%). Non-Medical Case Management had the second highest service demand (77%) with 73% need met and 4% unmet need.

Service Demand (Unmet Need plus Need Met) by Service Category 2022 Needs Assessment



a. Service Demand: Demographic Disparities

Demographic Disparities in service demand are provided in this section with overall demand noted for each service category in parentheses. Highlighted disparities are those that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

Gender

- Women reported at least 10% greater need than men for the following services: Mental Health, Medical Transportation, Housing, Medical Nutrition, Emergency Financial Assistance, and Home/Community Based Health Services.
- Men reported at least 20% greater need than women for ADAP and Health Insurance Premium Assistance.

Race

- Whites reported at least 10% greater need for Ambulatory Care than Blacks and Hispanics.
- Blacks reported at least 10% greater need for Home/Community-Based Health Services and Housing than Whites and Hispanics.

Mode of HIV Transmission

- Compared to Heterosexuals and MSMs, IDUs reported at least 10% greater need for Medical Case Management, ADAP, Psychosocial Support Services, AIDS Pharmacy Assistance, Housing, Early Intervention Services, Referral for Health Care and Support Services, Home/Community-Based Health Services, Substance Abuse Services (both Outpatient and Residential), and Legal or Professional Services
- Heterosexuals reported at least 10% greater need for Medical Nutrition than IDUs or MSMs.

Age

- Compared to those aged 45+, respondents ages 20-44 reported at least 10% greater need for Health Insurance Premium Assistance, Early Intervention Services, Referral for Health Care and Support Services, Emergency Financial Assistance, Outreach Services, and Legal or Professional Services.
- Respondents aged 45+ reported at least 10% greater need for Medical Case Management, Medical Nutrition, and Home/Community Based Health Services compared to those aged 20-44.

Housing Status

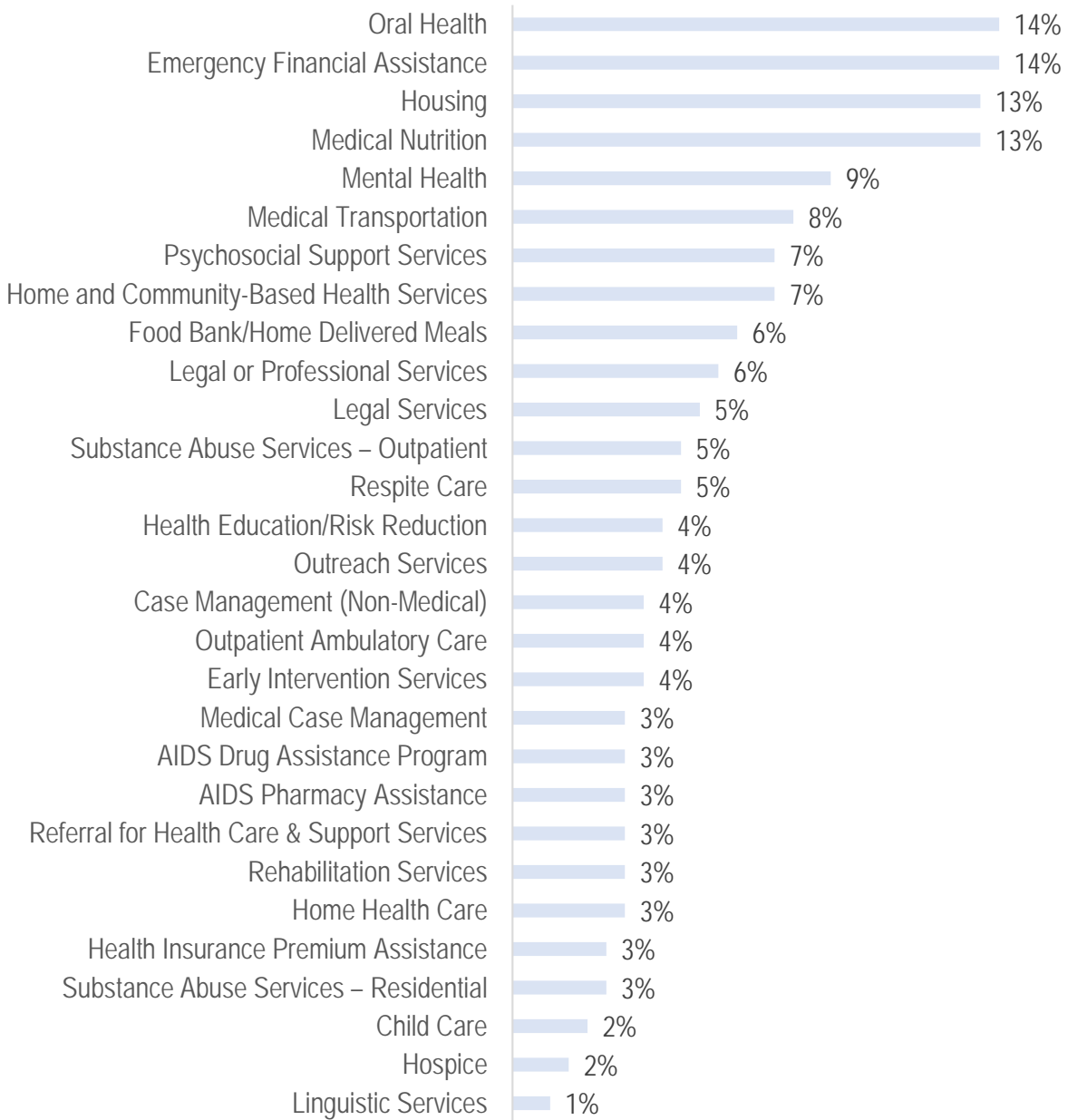
- Respondents with stable housing reported at least 10% greater need for Ambulatory Care and Home/Community Based Health Services than those with unstable housing.
- Compared to respondents with stable housing, those with unstable housing reported at least 10% higher need in many categories, with 20% greater need for Food Bank / Home Delivered Meals, Housing, Referral for Health Care and Support Services, Emergency Financial Assistance, Outpatient Substance Abuse Treatment, and Legal or Professional Services.

C-2. Unmet Need by Service Category

Unmet Need by service category is the percentage of respondents who needed but did not receive the service due to at least one Barrier to Care for that service. As can be noted from the definition above, Unmet Need is a subset of Service Demand. Unmet Need is a critical factor to analyze in determining which services RW clients are having the greatest difficulty obtaining due to barriers to care.

The following bar graph ranks the services with unmet need from highest to lowest. The five services with the highest unmet need include: Oral Health, Emergency Financial Assistance, Housing, Medical Nutrition and Mental Health Services.

Unmet Need by Service Category 2022 Needs Assessment



a. Unmet Need: Demographic Disparities

Demographic Disparities in unmet need are provided in this section and highlight disparities that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

Gender

- Women reported at least 10% greater unmet need than men for Medical Transportation and Medical Nutrition.

Race

- African Americans have at least a 10% higher unmet need for Medical Nutrition than Whites and Hispanics

Mode of HIV Transmission

- IDU's have at least a 10% greater unmet need for Psychosocial Support Services and Legal or Professional Services compared to Heterosexuals or MSMs.

Age

- Compared to those aged 45+, respondents ages 20-44 reported a 10% greater unmet need for Emergency Financial Assistance.

Housing Status

- Respondents experiencing unstable housing report a 12% greater unmet need for Emergency Financial Assistance compared to those in stable housing.

D. BARRIERS TO CARE

D-1. Barriers to Care

The primary goal of the Needs Assessment survey process is to identify strategies to reduce barriers to care so that service demand and unmet need can be met for the majority of service categories across all demographic groups. As described above, Barriers to Care assessed in the survey are organized under five types of barriers: Knowledge, Access, Financial, Personal and Health.

a. Barriers to Care Categories

In the 2021 Young Adult HIV Needs Assessment survey tool, the barriers to care section was improved by specifying that the section only needed to be completed for those services that had an unmet need (client checked box that they needed the service but did not receive it due to a barrier to care). To add further depth to the survey tool in 2022, barriers to care were asked separately by each service category to learn what barriers were more likely to decrease access to which services.

To help the TGA gain a better understanding about which level of the service system the barriers to care exist, they were classified into five categories of "Knowledge", "Access," "Financial," "Personal" and "Health". The barrier to care categories go from examining broad-based TGA-wide "Access" and "Knowledge" issues to more specific client-based "Financial", "Health" and "Personal" issues. The following provides a description of barriers to care categories covered in the 2022 Needs Assessment:

- **Knowledge Barriers** include facts not known by the client that limit access to services, such as: "Didn't know service was available", "Didn't know I was eligible for service", "Didn't know how to get service", "Didn't know where to receive service".
- **Access Barriers** include factors that limit a client's ability to access a service when they need it and include barriers such as: "Appointments not soon enough", "Times not convenient,", "No childcare", "Language barriers" and "No cell phone".

- **Financial Barriers** include issues such as: “Co-pay was too high”, “Service costs too much” and “No insurance coverage”.
- **Personal Barriers** include issues that create challenges to accessing services, such as: “Treated with disrespect,” “Jail/Prison history”: and “Wanted privacy of HIV status, mental health or substance use”.
- **Health Barriers** include medical issues such as: “Didn’t want to take medications”; “Hard to navigate system due to physical, mental or substance use issues”; “Thought viral load was undetectable”.

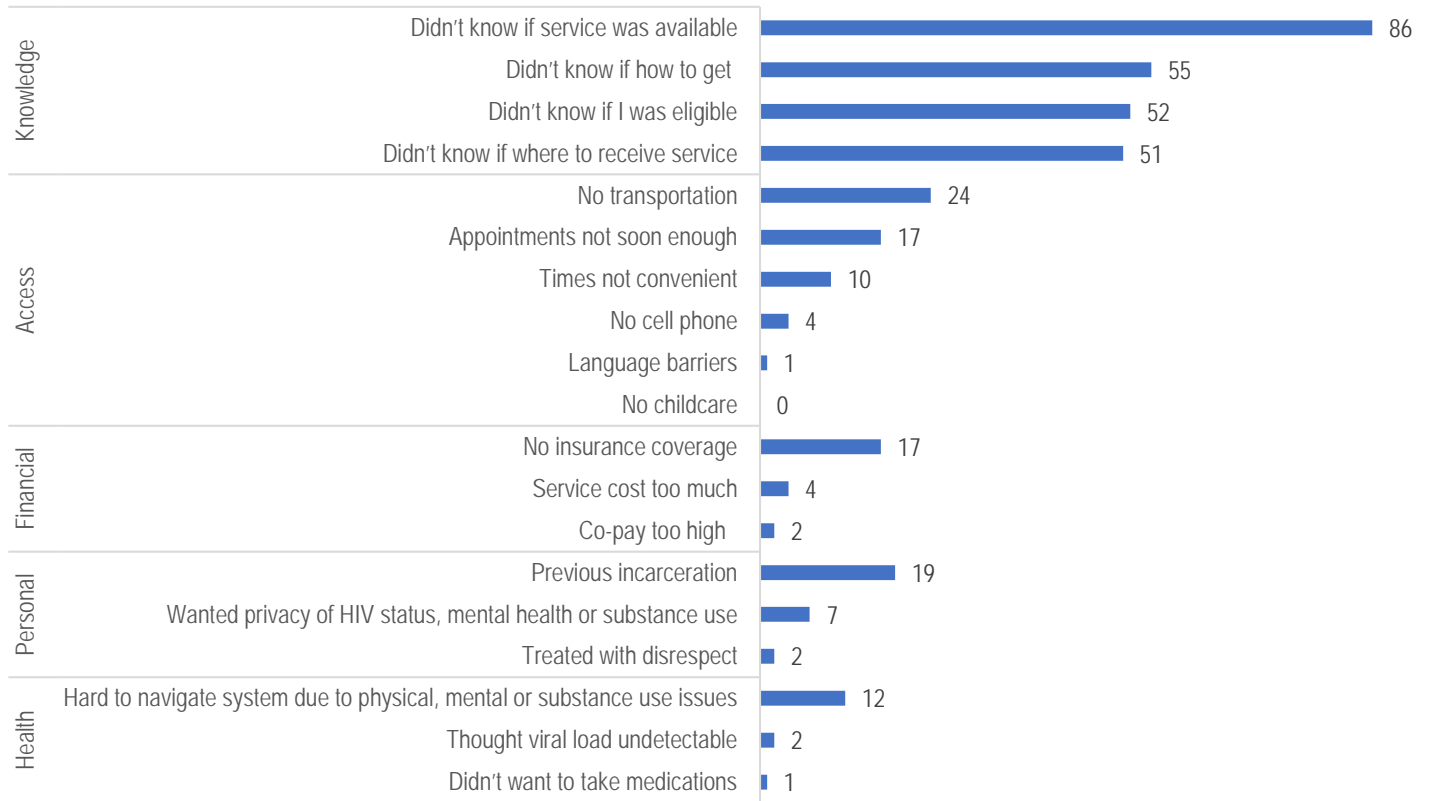
b. Barriers to Care Category Rankings

The primary goal of the Needs Assessment survey process is to identify strategies to reduce barriers to care so that service demand and unmet need can be met for the majority of service categories across all demographic groups. As described above, Barriers to Care assessed in the survey are organized under five types of barriers: Knowledge, Access, Financial, Personal and Health.

Respondents with unmet needs most commonly reported barriers to care in the following two areas: Knowledge Barriers (31%) and Access Barriers (15%). The least commonly reported barriers to care for respondents with unmet need were related to the respondents’ Health (4%).

At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
31%	15%	8%	6%	4%

Several respondents that indicated at least one barrier to care in a barrier category (e.g., Knowledge Barrier) may not have selected a specific sub-barrier to care (e.g., didn’t know how to get).



c. Barriers to Care by Service Category

Follows is a graphical display of the barriers to care reported by service category by 2022 survey respondents. This table shows the type and frequency of barriers to care by service category, with services having the highest unmet need at the top. For example, 14% of respondents indicated an unmet need for Emergency Financial Assistance. Of these respondents, 77% indicated they had a knowledge barrier to receiving that service.

BARRIERS TO CARE BY SERVICE CATEGORY AND BARRIER CATEGORY
Ranked by Unmet Need

Category	% with Unmet Need	% with Knowledge Barrier	% with Access Barrier	% with Financial Barrier	% with Personal Barrier	% with Health Barrier
Emergency Financial Assistance	14%	77%	8%	8%	8%	4%
Oral Health	14%	42%	31%	19%	0%	4%
Housing	13%	56%	20%	8%	20%	8%
Medical Nutrition	13%	76%	20%	4%	12%	0%
Mental Health	9%	35%	18%	6%	12%	6%
Medical Transportation	8%	80%	27%	13%	7%	13%
Home and Community-based Health Services	7%	79%	14%	7%	7%	7%
Psychosocial Support Services	7%	50%	36%	21%	7%	14%
Food Bank/Home Delivered Meals	6%	92%	17%	0%	17%	0%
Legal or Professional Services	6%	91%	9%	9%	9%	9%
Legal Services	5%	100%	10%	10%	10%	0%
Respite Care	5%	78%	11%	11%	0%	0%
Substance Abuse Services – Outpatient	5%	44%	33%	0%	22%	11%
Health Education/Risk Reduction	4%	63%	13%	0%	13%	0%
Outreach Services	4%	75%	13%	13%	13%	13%
Case Management (Non-Medical)	4%	57%	14%	0%	29%	0%
Early Intervention Services	4%	71%	14%	14%	14%	0%
Outpatient Ambulatory Care	4%	43%	43%	14%	14%	0%
AIDS Drug Assistance Program	3%	83%	0%	0%	0%	0%
AIDS Pharmacy Assistance	3%	100%	0%	0%	0%	0%
Home Health Care	3%	83%	0%	0%	0%	0%
Medical Case Management	3%	50%	0%	0%	17%	17%
Referral for Health Care & Support Services	3%	83%	17%	17%	17%	17%
Rehabilitation Services	3%	100%	33%	0%	17%	17%
Health Insurance Premium Assistance	3%	20%	20%	80%	0%	0%
Substance Abuse Services – Residential	3%	60%	0%	0%	0%	0%
Child Care	2%	25%	25%	0%	25%	0%
Hospice	2%	33%	0%	0%	33%	33%
Linguistic Services	1%	50%	0%	0%	0%	0%

d. Sub-Barrier Categories by Service Category
Knowledge Barriers

- Emergency Financial Assistance, Medical Nutrition and Housing were among the services with the most respondents indicating at least one knowledge barrier to care.

- Among the more commonly reported knowledge barriers to services were respondents a) not knowing Emergency Financial Assistance and Medical Nutrition were available and b) not knowing how to get Housing services.

Access Barriers

- Oral Health, Housing, Medical Nutrition and Psychosocial Support Services were among the categories with the most respondents indicating at least one access barrier to care.
- Among the more commonly reported access barriers to services were respondents indicating oral health appointments were not soon enough.

Financial Barriers

- Oral Health, Health Insurance Assistance and Psychosocial Support Services were among the categories with the most respondents indicating at least one financial barrier to care.
- Among the more commonly reported financial barriers to services were respondents indicating they did not have insurance coverage for Oral Health, Health Insurance Assistance and Psychosocial Support Services.

Personal Barriers

- Housing and Medical Nutrition were among the categories with the most respondents indicating at least one personal barrier to care.
- Among the more commonly reported personal barriers to services were respondents indicating previous incarceration contributed to unmet Housing needs.

Health Barriers

- Housing and Medical Transportation were among the categories with the most respondents indicating at least one health barrier to care.
- Among the more commonly reported health barriers to services were respondents indicating their own health issues made it hard to navigate the system, resulting in unmet Housing needs.

e. Barriers to Care: Demographic Disparities

This following table shows the percentage of respondents in each demographic group indicating at least one barrier resulting in an unmet need in one or more service categories.

- IDUs were at least 10% more likely to report at least one access or personal barrier to care than Heterosexuals or MSMs.
- Respondents experiencing unstable housing were 13% more likely to report at least one knowledge barrier compared to respondents in stable housing.

**BARRIERS TO CARE
CLIENT DEMOGRAPHICS**

Demographic		At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
Overall		31%	15%	8%	6%	4%
Gender	Female	36%	16%	7%	4%	7%
	Male	28%	16%	8%	6%	3%
Race	African American	31%	15%	6%	7%	6%
	Hispanic / Latinx	26%	13%	9%	9%	2%
	White	32%	17%	10%	3%	3%
Transmission	Heterosexual	35%	13%	6%	2%	4%
	IDU	39%	33%	11%	17%	11%
	MSM	26%	13%	9%	7%	3%
Age	20-44	29%	10%	8%	6%	6%
	45+	31%	17%	8%	6%	4%
Housing	Stable Housing	27%	15%	8%	4%	2%
	Unstable Housing	40%	15%	8%	10%	8%

Note: RW survey asked “over last 12-months, have you lived in any of following places: stable (housed); unstable (homeless, car, camping, street, shelter, motel couch surfing).

E. HIV PREVENTION PRACTICES AND PARTNER SERVICES

E-1. HIV Prevention Practices

Pre-Exposure Prophylaxis (PrEP)

The last two HIV Needs Assessments, the 2021 survey of young adults ages 19-29, as well as the current 2022 survey of all ages of RW clients, have included questions about HIV prevention practices, including PrEP. PrEP is the use of anti-retroviral medications (ART) to help keep HIV negative people from becoming infected with HIV. 2022 RW clients living with HIV reported that only 23% of them had ever heard of PrEP prior to completing the Needs Assessment Survey. This finding is concerning given the effort that has been made in the Sacramento TGA over the last several years to increase the use of PrEP.

- 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.

Condom Use

- 15% of RW clients surveyed in the 2022 Needs Assessment reported use of a condom when they have vaginal or anal sex
- 12% of RW clients living with HIV reported they don't use condoms because their viral load is undetectable

HIV Disclosure

RW clients' disclosure of their HIV status to sexual partners needs improvement to effectively decrease the spread of HIV and other STIs and to decrease stigma associated with HIV/STIs. Overall, young adult RW clients ages 19-29 surveyed in 2021 disclosed their HIV status at higher rates than all ages of RW clients surveyed in 2022, as follows:

- 58% of RW clients surveyed in 2022 reported they always disclose their HIV status to every sex partner.
- 6% reported that they sometimes disclose their HIV status with some partners.
- 36% reported they never report their HIV status because they don't have sex (21%); viral load is undetectable (5%); always use condoms (3%); partners are HIV+ (3%), don't feel comfortable disclosing (3%); or most of partners are on PrEP (1%).

E-2. Partner Services

The last two Needs Assessments of PLWH in the TGA's RW Program, the 2021 survey of young adults ages 19-29, as well as the current 2022 survey of all ages of RW clients, have included questions about Partner Services. These services, which are free to all RW clients, assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV. As can be seen below, there clearly is more work that needs to be done to educate all RW clients and PLWH in the TGA about Partner Services and to facilitate their use of these important services to prevent new HIV transmissions.

- Less than half of RW clients surveyed in 2022 (41%) reported that they had been informed of Partner Services before completing the Needs Assessment survey tool.
- Only 12% of RW clients surveyed in 2022 had ever used Partner Services, which was only slightly higher than the 6% of young adult clients surveyed in 2021.
- Although prior use of Partner Services is extremely low, it's encouraging that 43% of all RW clients surveyed in 2022 reported that they would be willing to use Partner Services.

F. IMPLICATIONS OF NEEDS ASSESSMENT FINDINGS

F-1. Implications for RW Priority Setting and Allocations

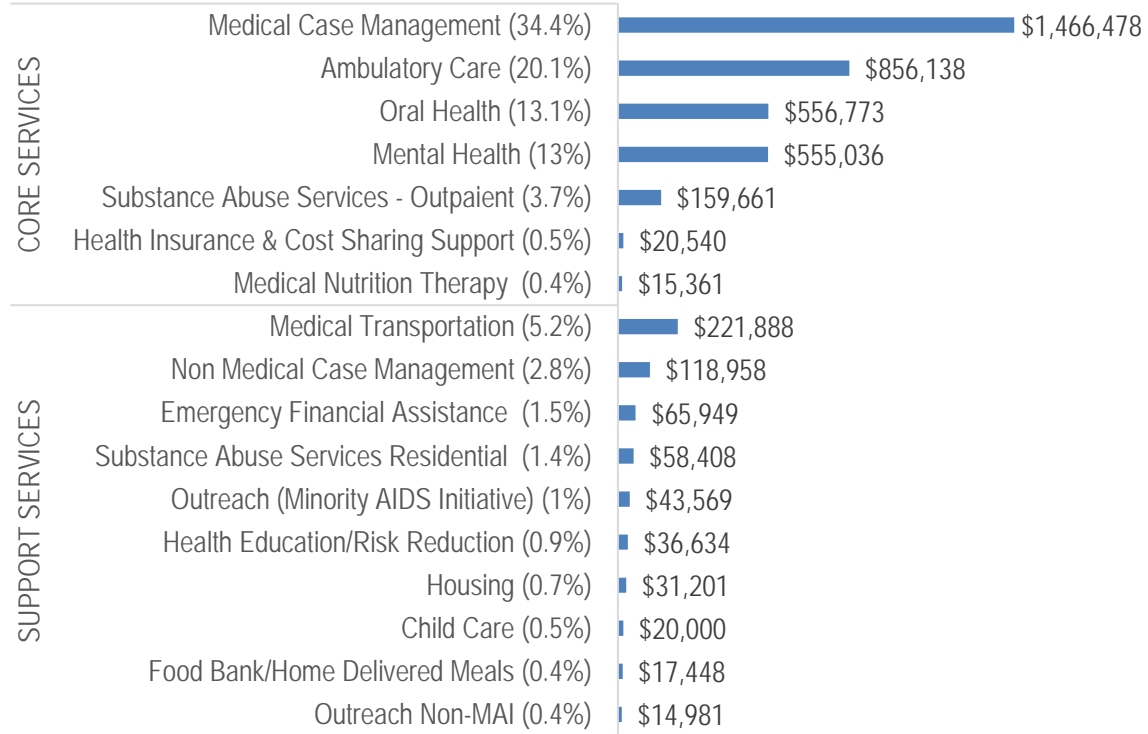
a. FY22 RW Program Direct Service Allocations

To use the data from the Needs Assessment Survey to assist the Planning Council in Setting Priorities and Allocations, it is important to understand Ryan White funding in the context of other TGA funding sources for PLWH. The RW CARE Act strives for 100% access to care for all persons living with HIV/AIDS, regardless of their ability to pay, and is required to use its funds as a "payer of last resort" by maximizing resources from other funding sources prior to using RW CARE Act funds.

Within the Sacramento TGA, FY22 expenditures for each direct service category of the Ryan White Part A, RW Part A Minority AIDS Initiative (MAI), and California State RW Part B and Part B MAI programs, for each service category, are shown in the following bar graph. Medical Case Management was the largest direct service

expenditure at 34.4%; Ambulatory/Outpatient Medical Care was the second largest expenditure at 20.1% and Oral Health Services was the third highest expenditure at 13.1%.

**FY22 RW CARE Program (Part A, Part A MAI, Part B, and Part B MAI Funds)
Direct Service Allocations**



a. Direct Service Allocations 2020 Compared to 2022

The following table displays allocations by service category for FY20 compared to FY22, including absolute and percentage changes. Overall funding increased by \$633,635, a 17% change. Medical Case Management and Oral Health had the largest absolute increases, \$278,419 and \$202,855 respectively. Also, Health Insurance Cost Sharing and Residential Substance Use Treatment increased by 162% and 402% respectively. There were some categories with significantly reduced allocations, notably Non-Minority AIDS Initiative (MAI) outreach (-77%), Medical Nutrition Therapy (-69%), Child Care, (-21%), and Outpatient Substance Use Treatment (-21%).

**CHANGE IN RW DIRECT SERVICE ALLOCATIONS
FY2020 AND FY2022**

Core/Support	Service Category	2020	2022	Δ	%Δ
CORE SERVICES	Medical Case Management	\$1,188,059	\$1,466,478	+\$278,419	+23%
	Ambulatory Care	\$854,758	\$856,138	+\$1,380	+0%
	Oral Health	\$353,918	\$556,773	+\$202,855	+57%
	Mental Health	\$452,030	\$555,036	+\$103,006	+23%
	Substance Abuse Services - Outpatient	\$200,981	\$159,661	-\$41,320	-21%
	Health Insurance & Cost Sharing Support	\$7,803	\$20,540	+\$12,737	+163%
	Medical Nutrition Therapy	\$48,865	\$15,361	-\$33,504	-69%
SUPPORT SERVICES	Medical Transportation	\$155,382	\$221,888	+\$66,506	+43%
	Non-Medical Case Management	\$85,412	\$118,958	+\$33,546	+39%
	Emergency Financial Assistance	\$78,457	\$65,949	-\$12,508	-16%
	Substance Abuse Services Residential	\$11,642	\$58,408	+\$46,766	+402%
	Outreach (Minority AIDS Initiative)	\$35,169	\$43,569	+\$8,400	+24%
	Health Education/Risk Reduction	\$29,048	\$36,634	+\$7,586	+26%
	Housing	\$16,296	\$31,201	+\$14,905	+91%
	Child Care	\$25,200	\$20,000	-\$5,200	-21%
	Food Bank/Home Delivered Meals	\$18,178	\$17,448	-\$730	-4%
	Outreach Non-MAI	\$64,192	\$14,981	-\$49,211	-77%
TOTAL		\$3,627,410	\$4,261,045	+\$633,635	+17%

b. Implications for Priority Setting

The 2022 HIV Needs Assessment provides input from RW clients who are living with HIV. The analysis of client input regarding service demand, unmet need and barriers to care for treatment services, as well as prevention and support services, provides the HIV Planning Council with important information for making priority setting decisions for the Sacramento TGA.

There were several services that were ranked with both a high service demand *and* a high unmet need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of barriers to care.

The following 7 services - out of 29 services - ranked the highest for combined service demand and unmet need in the 2022 HIV Needs Assessment with "High" defined as a ranking in the top half of service categories for both demand and unmet need. These disparities are imperative to address while establishing priorities for the RW Program.

**HIGHEST RANKED SERVICES
TOP HALF FOR BOTH SERVICE DEMAND AND UNMET NEED
2022 Needs Assessment**

Service Category	2022 Unmet Need	2022 Unmet Need Rank	2022 Total Demand	2022 Total Demand Rank
Oral Health	14%	1	75%	3
Mental Health	13%	3	51%	12
Food Bank / Home Delivered Meals	9%	5	64%	5
Housing	8%	6	53%	9
Medical Transportation	7%	7	53%	10
Psychosocial Support Services	6%	9	54%	8
Health Education/Risk Reduction	4%	14	57%	7

- **Oral Health.** Despite a recent increase in funding between FY20 and FY22. Oral Health has the highest unmet need and is the third highest in overall demand. This input clarifies that additional funding for and access to Oral Health continues to be of primary importance to RW clients.
- **Mental Health.** There was a lower percent increase in funding for Mental Health than Oral Health over the last two years; but Mental Health still ranks highly in both unmet need (#3) and service demand (#12).

Food Bank and Home Delivered Meals receive the second lowest RW FY22 funding level, however, this category has the fifth highest overall demand and fifth highest unmet need compared to other service categories.

- **Housing Services.** FY22 funding for Housing services is among the lowest levels compared to other service categories, however, it is the ninth highest in service demand and is the sixth highest in unmet need.
- **Medical Transportation.** Despite a recent increase in funding for FY22, Medical Transportation is among those services with the highest unmet need and service demand.
- **Psychosocial Support Services** are among those services with the highest unmet need and service demand; however, these services are not part of the FY22 budget.
- **Health Education and Risk Reduction.** FY22 funding is among the lowest levels compared to other service categories, however, it is among the highest in demand and unmet need.
- **Partner Services,** which assist PLWH in notifying sexual and/or needle sharing partners of possible HIV exposure, was significantly underutilized by 2022 respondents. 59% reported they hadn't been informed of Partner Services before this survey. 56% reported they would use Partner Services but only 12% had used them before. There is more funding needed to educate PLWH about Partner Services and to facilitate their use.
- **Pre-Exposure Prophylaxis (PrEP),** the use of medications to reduce HIV transmission was significantly underutilized by 2022 survey respondents. 23% had never heard of PrEP. Of those who had heard about PrEP, 9% were not sure how PrEP would affect their sex life; 77% reported that they don't feel comfortable

talking to their HIV negative partner(s) about PrEP; and 83% reported they wouldn't use condoms for sex if their partner was on PrEP. Education about PrEP and referrals to PrEP navigation services need to be an integral part of the HIV Continuum of Care.

- 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.

a. **Implications for Allocations**

- ***Oral Health, Housing, Emergency Financial Assistance, and Medical Nutrition*** had much higher unmet needs than other categories: 13-14% of respondents had unmet needs in these four categories vs 9% or fewer for all other categories. Of these, Oral Health and Housing also were in the top half in total demand, with more than half of respondents indicating a need for these two services, a large proportion of which went unmet.
- ***Oral Health and Housing.*** These gaps between supply and demand for Oral Health and Housing persist despite recent significant increases in allocations (+57% and +91% respectively between 2020 and 2022). Given these persistent gaps, allocations for these services should be revisited.
- ***Oral Health, Outpatient Medical Care and Mental Health.*** The FY22 allocation for Oral Health of \$556,773 was similar to or less than the allocations for Outpatient Care and Mental Health, although client demand and unmet need for the latter two were lower than for Oral Health. These three categories comprised 56% of the total FY22 allocations, and because of their magnitude, they demand extra scrutiny to ensure client needs are being appropriately prioritized. The primary barrier unique to Oral Health that should be addressed when revisiting allocations is appointment availability.
- ***Housing.*** The \$31,201 RW allocation in FY22 for Housing was among the lowest for all service categories and was less than 1% of total allocated for the fiscal year. 2022 COVID funds also were used for housing to supplement RW funding. The magnitude of funding for Housing services should be revisited given the high demand and unmet need. Greater attention and outreach also should be afforded to communities for which housing needs appear to be greater, including women, IDUs, and clients who have a history of experiencing unstable housing.
- ***Emergency Financial Assistance and Medical Nutrition.*** While demand may not be high, unmet needs for these services are among the most prominent. Despite this gap, the cumulative allocations for these two services are less than 2% of the \$4.3 million total for FY22. In addition to revisiting the magnitude of allocations for these services, special attention should be paid to communities in greatest need, including women and blacks for Medical Nutrition; and clients experiencing unstable housing along with those age 20-44 for Emergency Financial Assistance.
- ***Food- and Meal-related Services*** were the fifth highest in overall demand and unmet need, however the category is the second lowest among all allocations at \$17,448, or 0.4% of total. Notably, allocations in this

category were reduced since FY20 even though the allocations increased overall by 17%. Considering the level of demand and unmet need for food and meals, the magnitude of funding for these services should likely continue to be revisited in future years. In 2023, for example, the Council allocated an additional \$32,500 to this service category.

F-2. IMPLICATIONS FOR SERVICE SYSTEM IMPROVEMENTS

Although not meant to be an exhaustive list of strategies, follows are examples of improvements for the HIV Health Services Planning Council to consider by focusing on services with the highest reported unmet need and barriers to care among survey respondents. In addition, these systemic improvements should be targeted to subpopulations with disproportionate unmet need and barriers to care.

- Knowledge barriers for RW clients were the top four most commonly reported barriers to care, as follows: 1) didn't know service was available, 2) didn't know how to get the service, 3) didn't know if I was eligible and 4) didn't know where to receive the service. Improved outreach and case management for PLWH should continue to be prioritized and models of care should continue to be enhanced. Service providers should work to improve awareness of available services through direct client contact at all levels of care, including targeted outreach, case management and educational campaigns.
- The RW Program should continue to use its sophisticated database, Sacramento HIV/AIDS Reporting Engine (SHARE), to keep RW service providers informed about clients who are not retained in outpatient medical care. For example, SHARE generates a monthly laboratory report which tracks the date of each client's most recent CD4 and HIV viral load tests and distributes analysis to each RW service provider. This report, among others, should continue to be distributed to RW service providers to assist them in identifying clients who are out of HIV medical care; to resolve data issues; to track progress of CQI projects; to identify areas for program improvement; and to assist with retaining clients in all aspects of medical care.
- To support retention in ongoing medical care, Case Managers and other support staff could increase efforts to contact patients directly to inquire about needs and encourage re-entry into medical care. All RW service agencies should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining "no-show" tracking and follow up protocols including contacting patients within 24 hours of any missed appointment.
- RW service agencies should be encouraged to increase use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.
- The Council could consider increased technical assistance, capacity building and networking with current RW service organizations throughout the TGA to educate them about findings and implications of the Needs Assessments to work towards a collaborative approach to improving the overall HIV system of care in the TGA.
- The Council should continue to network with other organizations throughout the Sacramento Region to maximize additional funding opportunities and services for PLWH.
- The Planning Council's Quality Advisory Committee should continue to involve RW consumers in quality improvement efforts by collecting feedback through the annual postcard survey to evaluate services. Expanded efforts to solicit input from PLWH and service providers should be explored as part of the RW Program's

Continuous Quality Improvement (CQI) efforts. For example, facilitated focus groups should be conducted to evaluate the RW program delivery system, including coordination of care and collaboration between service providers.

F-3. IMPLICATIONS FOR FUTURE NEEDS ASSESSMENTS

The HIV Needs Assessment Survey Tool was revised for 2022 to streamline the questions of Service Need, Need Met, and Unmet Need by RW service category. In addition, the survey collected data on Barriers to Care, and Sub-Barriers by service category. This format resulted in more consistent answers from survey respondents as compared to the TGA's past needs assessments. The survey was able to be completed in less time and with less confusion among survey respondents than in previous surveys.

Based on the responses from the new survey format in 2022, there are several potential improvements to both the survey format and content that could help improve the reliability and utility of survey responses for the next survey. There are several questions that the Council, through its Needs Assessment Committee (NAC), may consider making adjustments to for future Needs Assessment Survey Tool and survey process. These recommendations are made at the conclusion of this report (see Section F-4).

SECTION A: METHODOLOGY

A-1. BACKGROUND

The Sacramento HIV Health Services Planning Council (Council) is responsible for the prioritization and allocation of funding under the Ryan White (RW) Treatment Extension Act of 2009 - formerly the RW Comprehensive AIDS Resources Emergency (CARE) Act. A unique characteristic of the RW CARE Act is its inclusion of local control of funding decisions and, very importantly, input from People Living with HIV (PLWH) into those decisions.

The RW HIV Health Services Planning Council (HHSPC) is required by the federal Health Services Resource Administration (HRSA) to conduct a tri-annual survey of PLWH as part of its RW Part A funding for the Sacramento Transitional Grant Area (TGA) of Sacramento, El Dorado, and Placer Counties. The goal of the RW Client HIV PLWH Needs Assessment is to collect and analyze client input on Service Needs, Unmet Needs, and Barriers to Care to assist the Planning Council (the Council) with effective planning for service funding and delivery.

In 2020, due to the challenges of COVID-19, HRSA allowed each TGA to conduct a smaller survey process targeting a specific subpopulation once it could be safely conducted according to CDC guidelines. Given the trends of the HIV epidemic over time, the Council voted to survey young adults ages 19-29 in 2020-21. Of the 190 youth and young adult RW clients served in FY20, 18 PLWH completed the survey, which was 9.5% of the target population.

The most recent comprehensive HIV Needs Assessment of all ages of RW clients was conducted in 2018 and is used as the basis for the comparative analysis of this 2022 Needs Assessment which also targeted all ages of RW clients. Of the 2,408 FY21 RW clients, 7.9% completed the 2022 PLWH Needs Assessment survey. This reflects a higher response rate than the 7.3% of RW clients who completed the 2018 HIV Needs Assessment survey.

A-2. NEEDS ASSESSMENT PROCESS

a. Consumer Survey Process

RW Planning Council and RW service provider agency staff conducted survey sessions, both in group and one-on-one settings. The 2022 PLWH Needs Assessment survey tool was created in English but was administered in Spanish during survey sessions as needed. All surveys were completed anonymously.

In total, of the 2,408 clients in the target population of clients served by the RW Program in FY21, 191 PLWH completed the needs assessment survey. Surveys were conducted at several RW Service Providers in the TGA, including the following: CommuniCare Health Centers, Golden Rule Services, Harm Reduction Services, One Community Health, RX Healthcare, Sacramento Sexual Health Clinic, Sierra Foothills AIDS Foundation, Sunburst Projects, UC Davis Pediatric Infectious Disease, and Volunteers of America.

Participants of the time-consuming survey process received a \$20 grocery food voucher. Surveys with incentives are vulnerable to duplicate respondents seeking an additional incentive. To address the issue of potential duplicative surveys, staff maintained a list of each unique confidential identifier created for each survey participant to ensure that it was not used twice. Those several duplicate surveys that did occur were caught during the data entry phase of the survey process and those duplicate entries were not considered in the analyzed data set.

Additional quality control issues include the accuracy of information provided by survey respondents and the consistency of respondents' interpretation of the survey questions. While every effort was made to ensure that individuals completing the surveys fully understood the intent of each question, responses are ultimately based on each respondent's individual interpretation of each question.

Data for all survey respondents have been analyzed and are presented in the charts and graphs throughout this narrative report. In addition, to provide as complete a data set as needed for readers of this HIV Needs Assessment, the complete anonymous data set can be requested by contacting Danielle Caravella, MPH, Health Educator, RW CARE Program, at (916) 875-6021.

b. Revised Needs Assessment Survey Tool

The original HIV Needs Assessment survey instrument for the Sacramento TGA was designed and approved in 2003. The survey tool has been periodically modified over the years to clarify questions without changing the overall intent and structure of the original survey. In 2016, the Planning Council, through its Needs Assessment Committee, conducted a more extensive revision to address survey participant feedback that the tool was lengthy with several duplicative and extraneous questions that were sometimes confusing to PLWH.

The survey tool was revised and streamlined further for the 2020 Young Adult Targeted Survey Tool to increase the clarity of the Service Need / Service Received section. These improvements decreased the length of the survey tool while increasing usability. Questions were revised to get a specific understanding of which RW services had an "Unmet Need", which means that the client needed the service but was not able to receive it due to Barriers to Care. Survey respondents were asked to check one of the following boxes for each RW service:

- I did not need the service (Not Needed)
- I needed the service and received it (Need Met)
- I needed the service but did not receive it (Unmet Need)

Analysis of Total Service Demand and Unmet Need for each service category allows for a clear picture of what services are needed most by RW clients, and which services they are having the most difficulty obtaining due to confronting Barriers to Care. Total Service Demand includes Need Met (the percent of respondents who needed and received the service) plus Unmet Need (the percent who needed but did not receive the service).

The 2022 Needs Assessment Survey Tool was improved further based on feedback from the Planning Council and Needs Assessment Committee. The Barriers to Care section was improved by noting it only needed to be completed for those services that had an Unmet Need (client checked box that they needed the service but did not receive it due to a Barrier to Care). In addition, to help assess which levels of the service system the Barriers to Care exist, they were classified into five barrier categories spanning from broad-based TGA-wide "Access" issues to more specific client-based "Financial", "Personal", "Knowledge" and "Health" issues.

The Barriers to Care section was further improved by expanding it to assess barriers to care by each Service Category. Although this added a couple of pages to the survey, it was determined it would allow for more complete information that could assist with improving access to care across all service categories.

To allow for trending of findings over time, survey tool questions have remained consistent for demographics (i.e., age, race, gender, mode of HIV transmission, health insurance, and educational level); co-morbidities (i.e.,

substance use, other medical diagnoses, homelessness); and medical care history (i.e., stage of HIV infection, level of care, viral load, medication adherence, other STIs, mental health care, and other co-occurring conditions).

c. Data Analysis

2022 Needs Assessment data from each completed survey was entered by staff of the HIV Health Services Planning Council using Microsoft Excel. All open-ended questions and survey comments were compiled. Data were checked for consistency and skip patterns. Survey data were analyzed by Lili Carbone Joy, MPH, Community Health Impact, using Microsoft Excel. Data were analyzed to identify meaningful findings in distributions of PLWH demographics, co-morbidities, services needed, services with unmet need, and barriers to care (including personal, access, and financial barriers).

The 2022 PLWH Needs Assessment respondents are a sample of RW clients within the target population of all RW clients in the Sacramento TGA. The data are analyzed to find disparities both within the 2022 Needs Assessment respondents and, to the extent possible, between the 2022 and 2018 survey respondents. The 2018 Needs Assessment surveyed 177 RW clients of all ages (7.3% of RW clients). Because the focus of the most recent 2021 Needs Assessment was targeted to young adults and the sample size was 18 (9.5% of RW clients ages 19-29), the comparative analysis between the current 2022 survey of all ages of RW clients with the young adult findings was limited and is not included in this report.

The data and analytic findings are presented throughout this report through graphs and tables, as well as in narrative form. Numbers are rounded to the nearest integer (e.g., 16.7% is rounded to 17%). In cases where multiple rounded numbers are added together, the total may not appear to equal the sum of the parts.

SECTION B: DEMOGRAPHICS, HIV EPIDEMIOLOGY, AND CO-OCCURRING CONDITIONS

B-1. DEMOGRAPHICS AND HIV EPIDEMIOLOGY

a. TGA Geography and HIV Epidemiology

The Sacramento Transitional Grant Area (TGA) is a large three-county area of 4,287 square miles, with a geography that includes the primarily urban and suburban County of Sacramento, and the primarily rural El Dorado and Placer Counties. Sacramento County is geographically the smallest of the three counties, but the most populous, accounting for 72% of the TGA's population in 2021 and 88.2% of the PLWH in the TGA as of 12/31/21. El Dorado County accounted for 9.0% of the TGA's population and 4.2% of the PLWH, while Placer accounted for 19% of the population and 7.1% of the PLWH.

The impact of the HIV epidemic on the Sacramento TGA continues to grow. Just over the last seven years, between 12/31/14 and 12/31/21, the number of Persons Living with HIV/AIDS (PLWH) in the TGA grew 26.9%, from 4,299 to 5,457. The growth in HIV/AIDS cases in the TGA was 3 times the growth of the TGA's general population during the same time period, from 2,025,283 to 2,194,442, or 8.7%.

This growth in the region's HIV epidemic continues to impact the RW Part A Comprehensive AIDS Resources Emergency (CARE) Act Program. During FY2021, the RW Program saw 195 new clients in the Part A TGA (164 in Sacramento County, 21 in Placer County, and 10 in El Dorado County). In addition, there were 15 new RW clients in Yolo County, a non-TGA RW Part B-funded county in the Sacramento Region.

Although Yolo County is not part of the RW Part A TGA, it receives RW Part B funds and many of its recipients receive medical care and other services from providers that receive RW Part A and Part B funding in Sacramento County. Therefore, the inclusion of RW clients from Yolo County is relevant to the HIV Needs Assessment process. The increase in new clients to the RW system of care in the TGA and Yolo County reflects a 22% increase in new RW clients over FY 2021.

b. Demographic Analysis

The 2022 HIV Needs Assessment Survey was completed by 191 PLWH, which represents 7.9% of the 2,408 RW clients in FY2021. This number of survey respondents reflects a slightly higher response rate than the 7.3% of RW clients who completed the 2018 PLWH Needs Assessment survey.

It is important to the HIV Health Services Planning Council (HHSPC or "the Council") that the needs assessment survey respondents are representative of RW Program clients living with HIV in terms of race, age, gender and mode of HIV/AIDS transmission. In addition, efforts are made to survey RW clients from all areas of the TGA. In the 2022 Needs Assessment, 85% of survey respondents were from Sacramento County, 8% from Placer, 1% from El Dorado, 9% from Yolo and 2% unspecified. RW clients from all counties in the TGA were well represented in the 2022 survey with the exception of El Dorado, which were 4% of 2021 RW clients.

The following table provides detailed demographic data across various entities as comparative benchmarks for the 2022 PLWH Needs Assessment survey respondents:

- 2021 TGA Census: General population data
- 2021 TGA: People Living with HIV in the TGA, including RW clients and PLWH not in RW care (5,457)
- 2021 RW: Ryan White clients (2,408)
- 2018 Needs Assessment: RW client survey respondents (177)

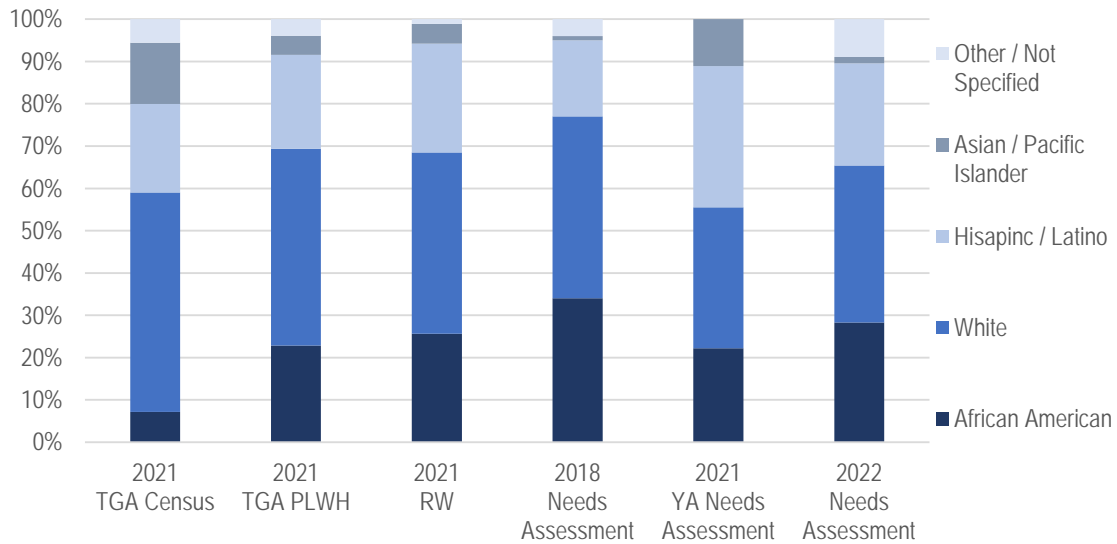
- 2022 Needs Assessment: RW client survey respondents (191)

As can be seen in the table below, the 2022 PLWH Needs Assessment survey respondents were representative of the TGA's HIV/AIDS epidemiology, RW client caseload, and 2018 Needs Assessment in terms of race, gender, and mode of HIV transmission, with several exceptions.

DEMOGRAPHICS		2021 TGA Census	2021 TGA PLWH 5,457	2021 RW 2,408	2018 Needs Assessment 171	2022 Needs Assessment 191
Race	African American	7%	23%	26%	34%	28%
	White	52%	46%	43%	43%	37%
	Asian / Pacific Islander	14%	5%	5%	1%	2%
	Hispanic / Latinx	21%	22%	26%	18%	24%
	Other / Not Specified	6%	4%	1%	4%	9%
Gender	Male	51%	82%	79%	71%	68%
	Female	49%	16%	19%	26%	24%
	Transgender / Nonbinary / Unspecified	0%	1%	2%	3%	8%
Age	≤19	25%	4%	1%	2%	2%
	20-44	34%	77%	37%	26%	25%
	45+	41%	20%	63%	66%	72%
	Not specified	0%	0%	0%	7%	1%
Mode of Transmission	MSM	NA	56%	58%	51%	47%
	IDU	NA	8%	10%	10%	9%
	MSM/IDU	NA	8%	0%	1%	1%
	Heterosexual	NA	23%	28%	16%	28%
	Other / Undetermined	NA	5%	4%	22%	14%

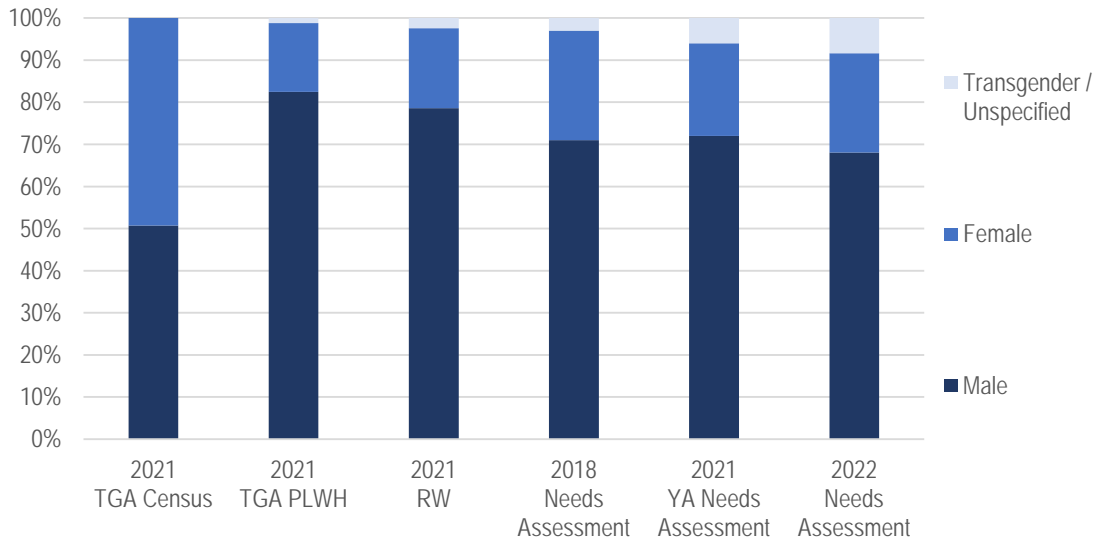
Racial Disparities in Representation

- Latinx increased between the 2018 and 2022 Needs Assessments, from 18% to 24%, which is more closely aligned with the percentage of Latinx RW clients in 2021 (26%).
- African Americans, whose representation among RW clients in 2021 was close to 4 times greater than their representation in the TGA's general population (26% vs. 7%), were overrepresented among 2021 RW clients (23%) and well represented among 2022 Needs Assessment survey respondents (28%).
- Whites were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (37% vs. 43%).



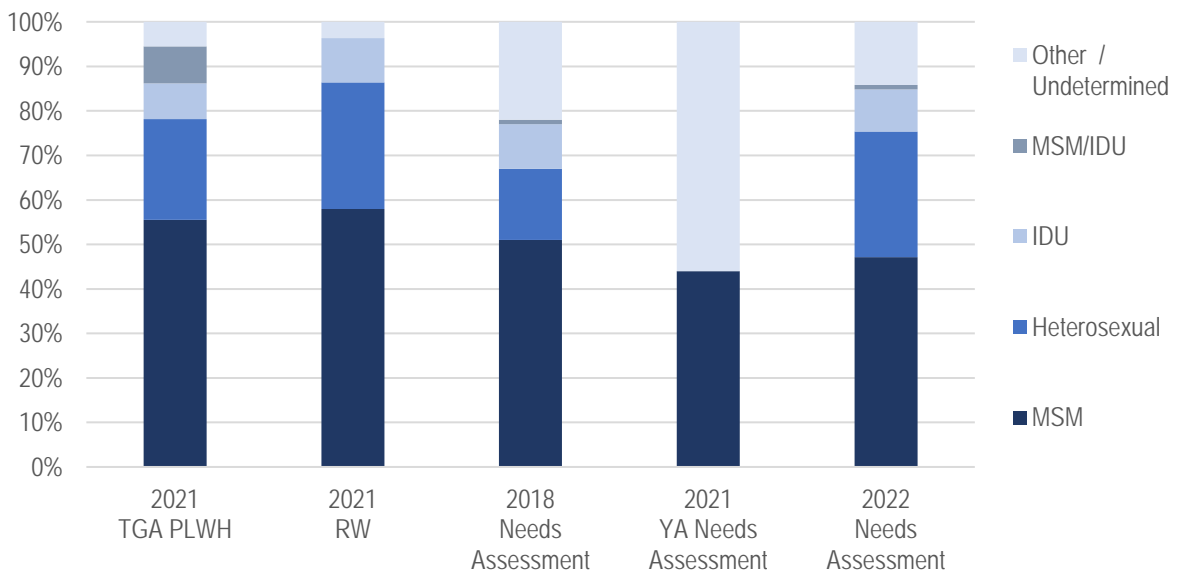
Gender Disparities in Representation

- Males were underrepresented among 2022 survey respondents as compared to their representation among 2021 RW clients (68% vs. 79%)
- Female RW clients were overrepresented among survey respondents (24% vs. 19%).
- Transgender Male to Female and Non-Binary were each 2% of 2022 survey respondents and 4% did not specify gender.



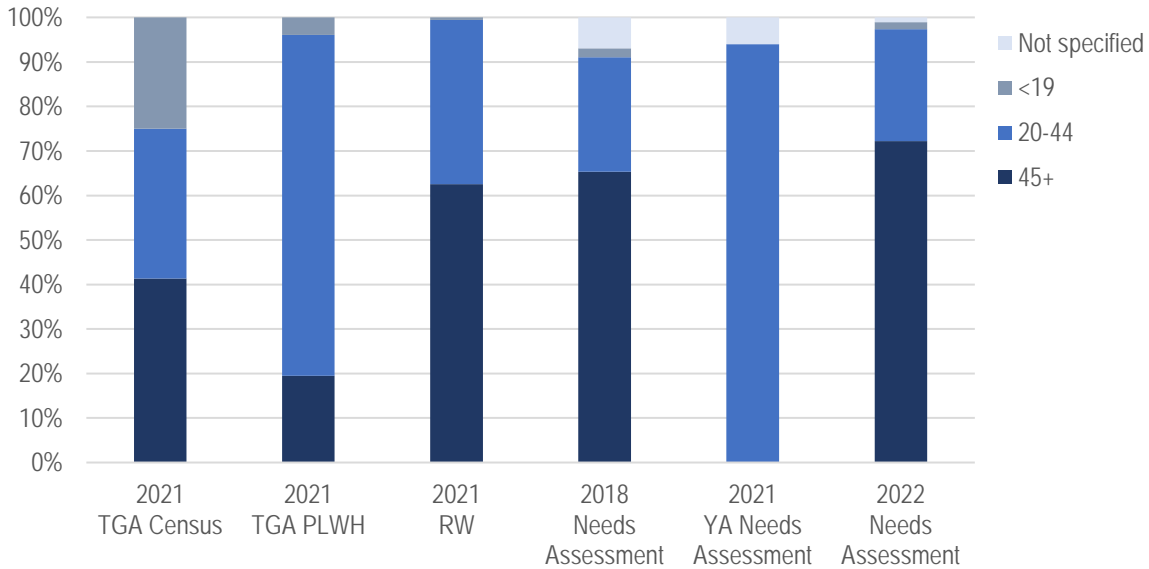
Mode of HIV Transmission Disparities in Representation

- Men who have Sex with Men (MSM) were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (47% vs. 58%)
- "Other/Undetermined" were overrepresented (14%) among 2022 survey respondents compared to their representation among 2021 RW clients (4%)



Age Disparities in Representation

- RW clients ages 20-44 were underrepresented among survey respondents (25% vs. 37%)
- RW clients ages 45 years and older were overrepresented (72% vs. 63%)



B-2. HIV HEALTHCARE STATUS

a. Knowledge of HIV Status

2022 PLWH Needs Assessment survey respondents were asked how long they had known they were HIV positive. The highest percentage of PLWH had known their status for over 20 years (36%) and only 5% reported they had known for less than a year.

Knowledge of HIV+ Status	
Less than 1 year	5%
1-5 years	13%
6-10 years	14%
11-15 years	16%
15-20 years	16%
20+ years	36%

b. HIV Medical Care Engagement

2022 survey respondents were asked what HIV medical care they had received over the last 12 months. They reported high levels of engagement in meeting their HIV medical care needs as noted in the following table.

HIV Medical Care Engagement	
Seen a doctor	97%
Taken HIV medication (HAART)	96%
Had a test for Viral Load	93%
Had a test for CD4	93%

- 47% reported seeing their HIV doctor every 3 months; 40% every 6 months; and 6% saw them only once in the last year.
- 79% reported that they had never stopped seeing an HIV doctor for 12 months or more.
- 21% noted that had previously stopped seeing their HIV doctor for 12 months or more for the following reasons: felt fine / wasn't sick (2%); wanted a break (4%); didn't want to take medications (4%), viral load was undetectable (4%) couldn't afford it (2%); lost health insurance (1%); lost RW support services (1%); drinking/doing drugs (4%), had a mental health issue (4%); no transportation (3%), bad experience at clinic (3%), overwhelmed / forgetful (10%), inconvenient appointment times (1%), and other priorities (2%).

c. Factors Affecting HIV Medical Care Engagement

The most highly reported factor that helps to keep PLWH in care was wanting to stay healthy and live longer (70%); reducing the risk of transmission to others (61%); and being afraid of getting sick (56%). Additional factors reported to keep PLWH in care included the following:

Factors Increasing HIV Medical Care Engagement					
What kinds of things help you keep up with your HIV medical care?					
I want to stay healthy and live longer	70%	My HIV case manager or social worker	59%	The support of my family and friends	47%
My HIV doctor, nurse or clinician	54%	Seeing the benefits of treatment	39%	To reduce the risk of transmission to others	35%
I'm afraid of getting sick	34%	My faith, religion, or spirituality	28%	Staying sober	24%
A mentor at my clinic/agency	21%	An HIV group or program	18%	Other: advocate and self determination	4%

d. Health Status Self Rating

Although the goal is to see the RW clients rate their health status even higher, 62% of 2022 survey respondents reported that their physical health was either "much better" (47%) or "a little better" (15%) now than when they first sought treatment for their HIV infection. 20% reported it was about the same. 15% reported that their physical health was either "a little worse" (9%) or "much worse" (6%). These 2022 findings are very similar to the 2018 health status self ratings as noted below.

Health Status Self Rating		
How do you rate your physical health now as compared to when you first sought treatment for your HIV infection?		
	2018	2022
Much Better	54%	47%
About the Same	12%%	20%
A Little Better	15%	15%
A little Worse	9%	9%
Much Worse	7%	6%

B-3. CO-OCCURRING CONDITIONS

The table below provides data on a range of issues and comorbidities that add to the complexity of care for PLWH across the TGA. Complicating factors such as homelessness, incarceration, STIs, other HIV-related comorbidities, poverty, insurance status, and income level are analyzed to determine where young adult PLWH surveyed in 2021 were over or underrepresented compared to all ages of PLWH in 2018.

Condition	2021 TGA Census	2019 RW	2018 Needs Assessment	2022 Needs Assessment	Notes / Sources for General Population Numerator
HCV	0.7%	1.9%	16.9%	19.9%	2016 CDC National Prevalence Estimate
Homeless /Temporary Housing	0.5%*	8.5%	18.7%	Total 26.2%** Homeless Temporary	2022 Placer, 2019 El Dorado and 2019 Sacramento County Homeless Point in Time Counts**
Uninsured	5.4%	6.0%	4.0%	3.7%	2019 U.S. Census Bureau American Community Survey 1-Year Estimates
Recently Incarcerated	0.6%	4.0%	8.5%	2.6%	2019 California Board of State and Community Corrections
Under 100% FPL	11.1%	70.2%	68.5%	60.7%	2019 U.S. Census Bureau American Community Survey 1-Year Estimates

*"Homeless / Temporary Housing" for 2022 NA is defined as the percentage of respondents indicating any of the following in the prior 12 months: Homeless / car / camping / street; or Temporary housing / shelter / motel.

**2022 point-in-time homeless counts include those who are unsheltered or in emergency or temporary shelter on the day of survey.

a. Hepatitis C

The Hepatitis C (HCV) infection rate among 2022 RW Needs Assessment survey respondents was reported at over 20 times the HCV infection rate in the TGA's general population (20% vs. 0.7%). The 2022 Needs Assessment reported HCV rate also was higher than the 2018 Needs Assessment (16.9%).

b. Uninsured

The percent of Needs Assessment respondents without health insurance was the same in both the 2022 and 2018 RW Needs Assessment (4.0%). This percentage is lower than among 2021 RW clients (6.0%) as well as the TGA's 2021 general population (5.4%).

As seen in the table below, of the 2022 survey respondents who reported a known source of health insurance coverage, only a small minority (7%) had insurance through work or a private source, and the vast majority were on Medi-Cal (66%) and/or Medicare (43%).

Health Insurance Coverage 2022 Needs Assessment Respondents	
Health Insurance Type	Percent*
Medi-Cal	66%
Covered California / ACA	5%
Employer-Based	4%
No Insurance	4%
Medicare	43%
Veterans Administration	2%
COBRA or OBRA	0%
Private Insurance	3%
Other	5%

* Each respondent may have multiple insurance sources.

c. Under 100% Federal Poverty Level

Ryan White funded services are to be used as a “payer of last resort” and the client must have no other means of paying for RW services. Results from the 2018 and 2022 Needs Assessments, as well as 2021 RW clients, show increased rates of living below the Federal Poverty Level (FPL) than the TGA’s general population as follows:

INCOME STATUS	2021 TGA Census	2021 RW Clients	2018 Needs Assessment	2022 Needs Assessment
Under 100% of FPL (\$13,590 for an individual in 2022)	11.1%	70.2%	68.5%	60.7%

d. Income Sources

Employment Income. A greater percentage of 2022 RW survey respondents were employed, both full and part time, as compared to 2018 respondents. 12% of 2022 respondents were employed full-time (33-40 hours per week) as compared to 5.1% of 2018 respondents. 11% were employed part time in 2022 vs. 10.2% in 2018.

Supplementary Income. Income sources other than through employment were reported by 2018 and 2022 Needs Assessment respondents at similar rates, although more respondents were not eligible for benefits in 2022 (12%) compared to 2018 (7%). As noted in the table below, the following supplementary income sources were reported at higher levels for 2022 respondents as compared to 2018: Food Stamps (28% vs. 60%); and Rent Supplement / Subsidized Housing (21% vs. 13%).

SUPPLEMENTARY INCOME*	2018	2022
Social Security Income (SSI)	40%	28%
Social Security Disability Income (SSDI)	31%	27%
CalFresh (Food Stamps)	28%	60%
Long Term Disability	16%	4%
Rent Supplement or Subsidized Housing	13%	21%
Not Eligible for Benefits	7%	12%
Short Term Disability	.6%	1%
State Disability Insurance (SDI)	11%	7%

SUPPLEMENTARY INCOME*	2018	2022
Veteran's Benefits (VA)	2%	2%
Worker's Compensation	0.6%	1%
Annuity/Life Insurance	0.6%	0%
Retirement	6%	4%
General Assistance	5%	4%
Women's Infants and Children (WIC)	3%	0%
TANF/Cal WORKS	1%	2%
RW Emergency Financial Assistance (EFA)**	1%	1%
Other (food/gas vouchers and other Social Security)	1.1%	6%

*Respondents report all supplementary income sources therefore total is greater than 100%.

** In Sac Co., EFA paid by RW doesn't cover rental assistance, utilities, and food but provides medication reimbursements. In rural counties, EFA may be used for all these needs when there are no other sources.

e. Homeless / Unstable / Temporary Housing

The 2022 survey asked PLWH which places they had lived over the prior 12-months. A large percentage, 26.2%, reported that they had been homeless (car, camping, street), or temporarily housed (shelter or motel).

This extreme rate of homelessness/temporary housing among PLWH continues to be disproportionately high when compared to the TGA's general population, which was 0.48% based on the 2012 Point-In-Time homeless count coordinated by the US Department of Housing and Urban Development (HUD). It must be noted that HUD's count includes those who report being unsheltered, in emergency shelter or in temporary shelter on the day of being surveyed, rather than anytime during the prior 12-months as in the RW survey.

Trying to adhere to a complex medical regimen is made even more challenging by the lack of stable housing many RW clients are faced with. Living in shelters, cars, motels and being homeless with inconsistent access to food and proper nutrition compounds the difficulties of adhering to medications, getting adequate sleep, and accessing healthcare.

f. Recently Incarcerated

The recently incarcerated rate among Needs Assessment survey respondents dropped significantly between 2018 and 2022, from 8.5% to 2.6%. Even with this improvement, however, the percent of PLWH surveyed in the Needs Assessments who were recently incarcerated is much higher than the 4% of 2019 RW clients and 0.6% of the TGA's 2021 general population who were recently incarcerated.

SECTION C: SERVICE DEMAND AND UNMET NEED

C-1. SERVICE DEMAND

a. Service Demand by Service Category

Service Demand (Total Need) is defined by the total number of survey respondents who needed each Ryan White service category. This includes both those who needed the service and received it (Need Met) plus those who needed the service but did not receive it due to Barriers to Care (Unmet Need).

Total Service Demand (Total Need) = Need Met + Unmet Need

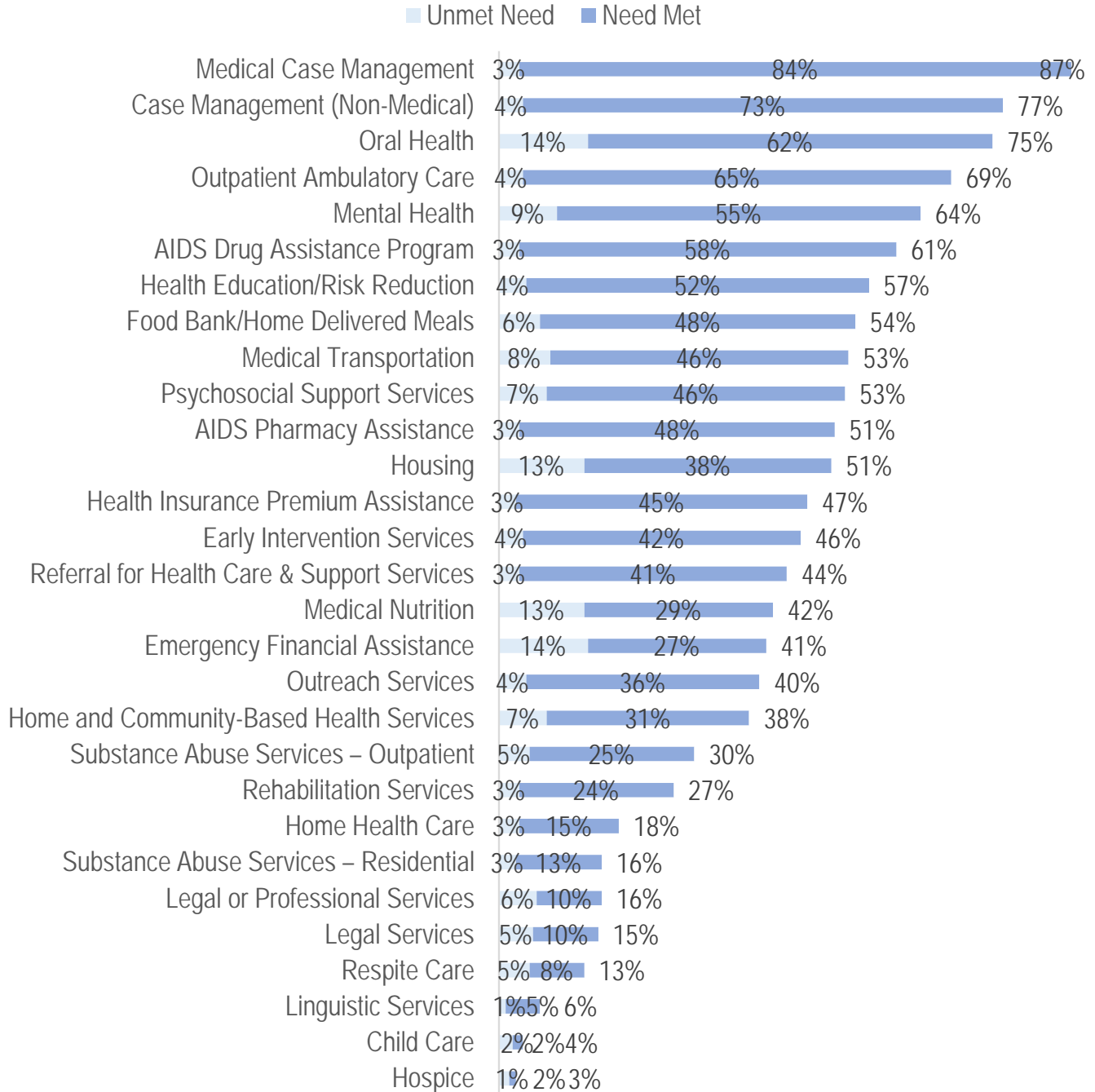
To gather data for each of these components of service demand, survey respondents were asked to check one of the following three boxes for each RW service:

- I did not need the service.
- I needed the service and received it (Need Met).
- I needed the service but did not receive it due to Barriers to Care (Unmet Need).

Given these improvements in the survey tool over time, a deeper analysis of Service Demand and Unmet Need for each service category allows for a clearer picture of what services are needed most by RW clients, and which services they are having the most difficulty obtaining due to barriers to care that they confront.

As can be seen in the graph below, Medical Case Management had the highest Service Demand (Total Need) at 87%. This total consists of the 84% that reported they needed and received Medical Case Management (Need Met) plus the 3% of who reported they needed the service but did not receive it due to barriers to care (Unmet Need). Non-Medical Case Management had the second highest service demand (77%) with 73% need met and 4% unmet need.

Service Demand by Service Category
2022 Needs Assessment Respondents
Service Demand (Total Need) = Unmet Need + Need Met



A further analysis of Service Demand is provided in the next section through a comparative analysis of 2022 and 2018 Needs Assessment Findings across service categories included in both surveys.

b. Trends in Service Demand

A notable finding overall is that the 2022 Needs Assessment of all ages of RW clients and 2021 Needs Assessment of young adult RW clients both reported service demands at a lower average percentage than the 2018 survey respondents of all ages (84% in 2018 and 41% in 2022). Only one service category, Medical Case Management, had a service demand that was higher among 2022 survey respondents (87%) than 2018 (82%).

The finding that service demand, which includes unmet need plus need met, was reported, on average, at lower rates in 2022 and 2021 compared to the 2018 Needs Assessment is likely due to a combination of factors, including but not limited to:

- **Changes in the survey format.** After the 2018 Needs Assessment, the survey tool was revamped to increase the clarity of the service demand, need met, and unmet need section of the survey by asking specific questions about each component. These improvements resulted in a significant decrease in the length of the survey tool and increased the usability and clarity of questions for the survey respondents.
- **Covid-19 Pandemic.** It is uncertain what role the pandemic has had on decreasing overall service demand, but it is likely that PLWH, due to their immunocompromised condition, often were more cautious over the last couple of years to reach out for and participate in services due to fear of exposure to Covid-19.

The following services had a decline in service demand of more than 30 percentage points between 2018 and 2022 survey respondents: Linguistic Services (-47%); Residential Substance Abuse Services (-40%); Emergency Financial Assistance (-40%); Medical Nutrition, Early Intervention Services, and AIDS Pharmacy Assistance (-36%); Home / Community-Based Health Services (-34%); Health Insurance Premium Assistance (-32%) and Referral for Health Care and Support Services (-31%).

A comparison of findings between the 2022 and 2018 PLWH Needs Assessments provides valuable input for program planning, implementation, and allocation of resources for the Sacramento Region’s RW Program. The following table is ranked by 2022 service demand, which includes need met plus unmet need. The service categories with the highest service demand require a corresponding allocation of resources to meet client needs and address barriers to care which can limit clients’ abilities to get their needs met.

Service Demand (Total Need) Need Met + Unmet Need 2018 and 2022 Needs Assessment					
Category	2018 Service Demand	2018 Rank	2022 Service Demand	2022 Rank	%Δ
Medical Case Management	82%	7	87%	1	6%
Non-Medical Case Management	90%	2	77%	2	-13%
Oral Health	82%	5	75%	3	-7%
Outpatient Medical Care	92%	1	69%	4	-22%
Mental Health	81%	8	64%	5	-17%
AIDS Drug Assistance Program	88%	3	61%	6	-27%
Health Education/Risk Reduction	78%	12	57%	7	-21%
Food Bank / Home Delivered Meals*	75%	15	54%	8	-20%

Service Demand (Total Need) Need Met + Unmet Need 2018 and 2022 Needs Assessment					
Category	2018 Service Demand	2018 Rank	2022 Service Demand	2022 Rank	%Δ
Medical Transportation	73%	16	53%	9	-19%
Psychosocial Support Services	73%	16	53%	10	-20%
AIDS Pharmacy Assistance	88%	4	51%	11	-36%
Housing	80%	10	51%	12	-29%
Health Insurance Premium Assistance	79%	11	47%	13	-32%
Early Intervention Services	82%	5	46%	14	-36%
Referral for Health Care & Support Services	75%	14	44%	15	-31%
Medical Nutrition	78%	12	42%	16	-36%
Emergency Financial Assistance	81%	9	41%	17	-40%
Outreach Services	NA		40%	18	
Home and Community-Based Health Services	72%	18	38%	19	-34%
Substance Abuse Services – Outpatient	58%	19	30%	20	-28%
Rehabilitation Services	NA		27%	21	
Home Health Care	NA		18%	22	
Substance Abuse Services – Residential	56%	20	16%	23	-40%
Legal or Professional Services	NA		16%	23	
Legal Services	NA		15%	25	
Respite Care	NA		13%	26	
Linguistic Services	53%	21	6%	27	-47%
Child Care	NA		4%	28	
Hospice	NA		3%	29	
Average Service Demand	84%		41%		-43%

As can be noted below, the following services were among the top ten services with the highest service demand in both the 2018 and 2022 Needs Assessments. Notably, the top six services with the highest service demand in 2022 were all in the top ten in 2018, as follows: 1) Medical Case Management, 2) Non-Medical Case Management, 3) Oral Health, 4) Outpatient Medical Care, 5) Mental Health, and 6) AIDS Drug Assistance Program.

SERVICE DEMAND (NEED MET + UNMET NEED) TOP TEN SERVICES 2018 AND 2022 NEEDS ASSESSMENT					
2018 All Ages			2022 All Ages		
1	Outpatient Medical Care		1	Medical Case Management	
2	Non-medical Case Management		2	Non-Medical Case Management	
3	AIDS Drug Assistance Program		3	Oral Health	
4	AIDS Pharmacy Assistance		4	Outpatient Medical Care	
5	Oral Health		5	Mental Health	

SERVICE DEMAND (NEED MET + UNMET NEED) TOP TEN SERVICES 2018 AND 2022 NEEDS ASSESSMENT			
2018 All Ages		2022 All Ages	
6	Early Intervention Services	6	AIDS Drug Assistance Program
7	Medical Case Management	7	Health Education/Risk Reduction
8	Mental Health	8	Food Bank / Home Delivered Meals
9	Emergency Financial Assistance	9	Medical Transportation
10	Housing	10	Psychosocial Support Services

c. Service Demand: Demographic Disparities

Demographic Disparities in service demand are provided in this section with the overall demand noted for each service category in parentheses. Demographic disparities by service category are highlighted by ***bold italic*** and thick borders. Highlighted disparities are those that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

GENDER
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Women reported at least 10% greater need than men for the following services: Mental Health, Medical Transportation, Housing, Medical Nutrition, Emergency Financial Assistance, and Home/Community Based Health Services.
- Men reported at least 10% greater need than women for ADAP and Health Insurance Premium Assistance.

Category	Female	Male
Medical Case Management (87%)	87%	88%
Case Management (Non-Medical) (77%)	78%	75%
Oral Health (75%)	71%	76%
Outpatient Ambulatory Care (69%)	69%	72%
Mental Health (64%)	73%	61%
AIDS Drug Assistance Program (61%)	51%	62%
Health Education/Risk Reduction (57%)	56%	56%
Food Bank/Home Delivered Meals (54%)	51%	54%
Medical Transportation (53%)	62%	49%
Psychosocial Support Services (53%)	51%	52%
AIDS Pharmacy Assistance (51%)	49%	50%
Housing (51%)	58%	47%
Health Insurance Premium Assistance (47%)	31%	52%
Early Intervention Services (46%)	49%	42%
Referral for Health Care & Support Services (44%)	40%	44%
Medical Nutrition (42%)	53%	36%
Emergency Financial Assistance (41%)	47%	35%
Outreach Services (40%)	36%	38%
Home/Community-Based Health Services (38%)	51%	35%
Substance Abuse Services – Outpatient (30%)	33%	28%
Rehabilitation Services (27%)	27%	25%
Home Health Care (18%)	18%	18%
Legal or Professional Services (16%)	13%	14%
Substance Abuse Services – Residential (16%)	9%	17%
Legal Services (15%)	11%	15%
Respite Care (13%)	9%	15%
Linguistic Services (6%)	7%	5%
Child Care (4%)	4%	3%
Hospice (3%)	2%	2%

RACE
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Whites reported at least a 10% greater need for Ambulatory Care than Blacks and Hispanics.
- Blacks reported at least a 10% greater need for Home/Community-Based Health Services and Housing than Whites and Hispanics.

Category	African American	White	Hispanic / Latinx
Medical Case Management (87%)	89%	94%	78%
Case Management (Non-Medical) (77%)	76%	73%	85%
Oral Health (75%)	78%	79%	72%
Outpatient Ambulatory Care (69%)	67%	82%	59%
Mental Health (64%)	63%	69%	54%
AIDS Drug Assistance Program (61%)	59%	61%	63%
Health Education/Risk Reduction (57%)	57%	54%	61%
Food Bank/Home Delivered Meals (54%)	56%	52%	57%
Medical Transportation (53%)	57%	56%	41%
Psychosocial Support Services (53%)	52%	56%	50%
AIDS Pharmacy Assistance (51%)	52%	48%	57%
Housing (51%)	61%	48%	41%
Health Insurance Premium Assistance (47%)	39%	46%	54%
Early Intervention Services (46%)	44%	45%	48%
Referral for Health Care & Support Services (44%)	43%	44%	46%
Medical Nutrition (42%)	44%	46%	30%
Emergency Financial Assistance (41%)	41%	39%	39%
Outreach Services (40%)	37%	39%	46%
Home/Community-Based Health Services (38%)	52%	38%	26%
Substance Abuse Services – Outpatient (30%)	26%	30%	35%
Rehabilitation Services (27%)	30%	31%	17%
Home Health Care (18%)	17%	18%	15%
Legal or Professional Services (16%)	15%	15%	15%
Substance Abuse Services – Residential (16%)	20%	18%	11%
Legal Services (15%)	19%	17%	11%
Respite Care (13%)	17%	11%	13%
Linguistic Services (6%)	2%	4%	13%
Child Care (4%)	4%	1%	4%
Hospice (3%)	4%	1%	2%

**MODE OF HIV TRANSMISSION
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022**

- Compared to Heterosexuals and MSMs, IDUs reported at least a 10% greater need for Medical Case Management, ADAP, Psychosocial Support Services, AIDS Pharmacy Assistance, Housing, Early Intervention Services, Referral for Health Care and Support Services, Home/Community-Based Health Services, Substance Abuse Services (both Outpatient and Residential), and Legal or Professional Services
- Heterosexuals reported at least a 10% greater need for Medical Nutrition than IDUs or MSMs.

Category	Heterosexual	IDU	MSM
Medical Case Management (87%)	89%	100%	83%
Case Management (Non-Medical) (77%)	78%	72%	79%
Oral Health (75%)	76%	83%	77%
Outpatient Ambulatory Care (69%)	72%	78%	64%
Mental Health (64%)	69%	67%	67%
AIDS Drug Assistance Program (61%)	54%	78%	67%
Health Education/Risk Reduction (57%)	57%	67%	58%
Food Bank/Home Delivered Meals (54%)	63%	67%	48%
Medical Transportation (53%)	63%	72%	48%
Psychosocial Support Services (53%)	56%	67%	54%
AIDS Pharmacy Assistance (51%)	48%	67%	51%
Housing (51%)	54%	72%	43%
Health Insurance Premium Assistance (47%)	39%	50%	52%
Early Intervention Services (46%)	56%	72%	38%
Referral for Health Care & Support Services (44%)	41%	67%	44%
Medical Nutrition (42%)	54%	39%	38%
Emergency Financial Assistance (41%)	44%	50%	39%
Outreach Services (40%)	33%	39%	43%
Home/Community-Based Health Services (38%)	46%	67%	36%
Substance Abuse Services – Outpatient (30%)	31%	56%	29%
Rehabilitation Services (27%)	28%	33%	27%
Home Health Care (18%)	20%	28%	18%
Legal or Professional Services (16%)	19%	33%	13%
Substance Abuse Services – Residential (16%)	15%	33%	14%
Legal Services (15%)	11%	22%	18%
Respite Care (13%)	17%	22%	11%
Linguistic Services (6%)	11%	6%	3%
Child Care (4%)	6%	6%	2%
Hospice (3%)	6%	0%	2%

AGE
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Compared to those aged 45+, respondents aged 20-44 reported at least a 10% greater need for Health Insurance Premium Assistance, Early Intervention Services, Referral for Health Care and Support Services, Emergency Financial Assistance, Outreach Services, and Legal or Professional Services.
- Respondents aged 45+ reported at least a 10% greater need for Medical Case Management, Medical Nutrition, and Home/Community Based Health Services compared to those aged 20-44.

Category	20-44	45+
Medical Case Management (87%)	79%	90%
Case Management (Non-Medical) (77%)	77%	77%
Oral Health (75%)	73%	78%
Outpatient Ambulatory Care (69%)	65%	72%
Mental Health (64%)	58%	67%
AIDS Drug Assistance Program (61%)	60%	62%
Health Education/Risk Reduction (57%)	58%	56%
Food Bank/Home Delivered Meals (54%)	54%	55%
Medical Transportation (53%)	50%	56%
Psychosocial Support Services (53%)	56%	53%
AIDS Pharmacy Assistance (51%)	56%	49%
Housing (51%)	56%	49%
Health Insurance Premium Assistance (47%)	58%	44%
Early Intervention Services (46%)	56%	43%
Referral for Health Care & Support Services (44%)	54%	42%
Medical Nutrition (42%)	31%	44%
Emergency Financial Assistance (41%)	54%	37%
Outreach Services (40%)	48%	38%
Home/Community-Based Health Services (38%)	23%	44%
Substance Abuse Services – Outpatient (30%)	35%	29%
Rehabilitation Services (27%)	25%	28%
Home Health Care (18%)	19%	18%
Legal or Professional Services (16%)	23%	13%
Substance Abuse Services – Residential (16%)	15%	17%
Legal Services (15%)	13%	16%
Respite Care (13%)	13%	14%
Linguistic Services (6%)	8%	5%
Child Care (4%)	6%	3%
Hospice (3%)	6%	1%

HOUSING STATUS
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

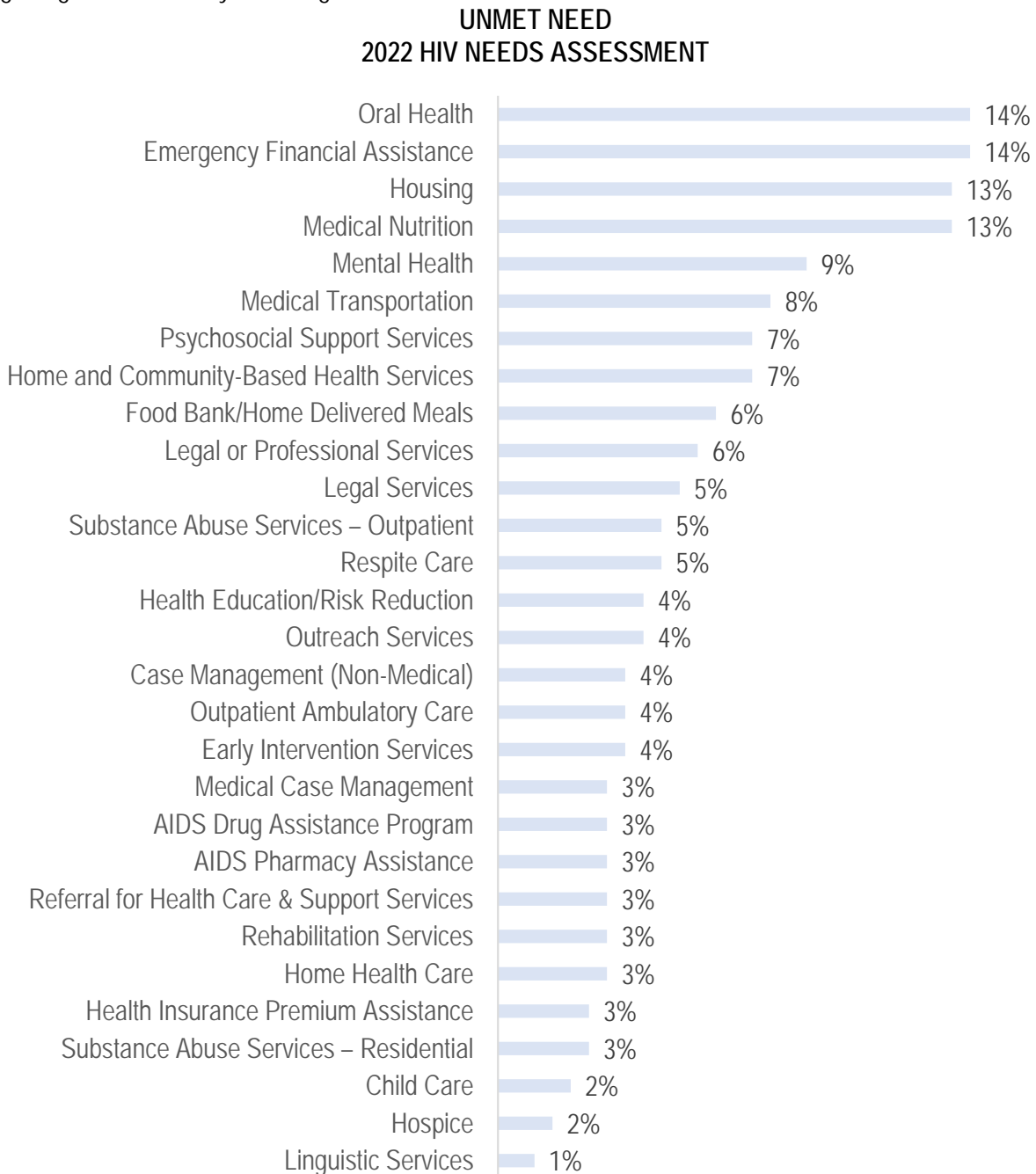
- Respondents reporting stable housing during the prior 12-months of survey reported at least a 10% greater need for Ambulatory Care and Home/Community Based Health Services than those reporting unstable housing (homelessness, unstable/couch surfing, or temporary housing/shelter/motel).
- Compared to respondents with stable housing, those with unstable housing reported at least a 10% greater need in many categories, with a 20% greater need for Food Bank / Home Delivered Meals, Housing, Referral for Health Care and Support Services, Emergency Financial Assistance, Outpatient Substance Abuse Treatment, and Legal or Professional Services.

Category	Stable Housing	Unstable Housing
Medical Case Management (87%)	88%	87%
Case Management (Non-Medical) (77%)	77%	77%
Oral Health (75%)	74%	78%
Outpatient Ambulatory Care (69%)	73%	60%
Mental Health (64%)	63%	67%
AIDS Drug Assistance Program (61%)	59%	65%
Health Education/Risk Reduction (57%)	53%	65%
Food Bank/Home Delivered Meals (54%)	48%	68%
Medical Transportation (53%)	49%	63%
Psychosocial Support Services (53%)	50%	60%
AIDS Pharmacy Assistance (51%)	47%	60%
Housing (51%)	37%	82%
Health Insurance Premium Assistance (47%)	44%	55%
Early Intervention Services (46%)	42%	55%
Referral for Health Care & Support Services (44%)	37%	60%
Medical Nutrition (42%)	42%	42%
Emergency Financial Assistance (41%)	34%	55%
Outreach Services (40%)	35%	50%
Home/Community-Based Health Services (38%)	43%	28%
Substance Abuse Services – Outpatient (30%)	21%	50%
Rehabilitation Services (27%)	24%	33%
Home Health Care (18%)	20%	15%
Legal or Professional Services (16%)	9%	30%
Substance Abuse Services – Residential (16%)	11%	25%
Legal Services (15%)	15%	15%
Respite Care (13%)	10%	20%
Linguistic Services (6%)	8%	3%
Child Care (4%)	3%	5%
Hospice (3%)	2%	3%

C-2. UNMET NEED

a. Unmet Need by Service Category

Unmet Need is the percentage of clients who needed a service but were unable to receive it due to confronting one or more Barriers to Care. Unmet Need is a critical factor to analyze to determine the services RW clients are having the greatest difficulty obtaining.



As shown in the graph above, 2022 survey respondents reported the following services categories in the top 10 services they needed but were unable to receive: Oral Health and Emergency Financial Assistance (14%); Housing

and Medical Nutrition (13%); Mental Health (9%); Medical Transportation (8%); Psychosocial Support and Home/Community-Based Health Services (7%); Food Bank / Home-Delivered Meals and Legal Services (6%).

b. Trends in Unmet Need

The most notable finding is that the 2022 HIV Needs Assessment respondents reported unmet needs at a much lower percentage, on average, than 2018 respondents (5.5% in 2022 and 30% in 2018).

The following services had a decline in unmet need of more than 30% between 2018 and 2022 surveys: Home and Community-Based Services (-42%); Linguistic Services (-40%); Housing (-35%); Food Bank / Home Delivered Meals (-34%); and AIDS Pharmacy Assistance (-32%) (see shaded rows below). These findings demonstrate that there have been decreases in barriers to care and improvements in access to these services over the last several years.

Unmet Need 2018 and 2022 Needs Assessment Surveys Comparative Analysis					
Category	2018 Unmet Need	2018 Rank	2022 Unmet Need	2022 Rank	%Δ
Oral Health	27%	12	14%	1	-14%
Emergency Financial Assistance	42%	3	14%	1	-28%
Housing	48%	2	13%	3	-35%
Medical Nutrition	41%	4	13%	3	-28%
Mental Health	18%	18	9%	5	-9%
Medical Transportation	37%	7	8%	6	-29%
Psychosocial Support Services	24%	14	7%	7	-17%
Home and Community-Based Health Services	50%	1	7%	7	-42%
Food Bank / Home Delivered Meals*	40%	6	6%	9	-34%
Legal or Professional Services	NA		6%	10	
Legal Services	NA		5%	11	
Substance Abuse Services – Outpatient	31%	9	5%	12	-26%
Respite Care	NA		5%	12	
Health Education/Risk Reduction	18%	18	4%	14	-13%
Outreach Services	NA		4%	14	
Case Management (Non-Medical)	16%	20	4%	16	-13%
Outpatient Ambulatory Care	15%	21	4%	16	-12%
Early Intervention Services	24%	15	4%	16	-20%
Medical Case Management	29%	11	3%	19	-26%
AIDS Drug Assistance Program	21%	17	3%	19	-18%
AIDS Pharmacy Assistance	36%	8	3%	19	-32%
Referral for Health Care & Support Services	21%	16	3%	19	-18%
Rehabilitation Services	NA		3%	19	
Home Health Care	NA		3%	19	

Unmet Need 2018 and 2022 Needs Assessment Surveys Comparative Analysis					
Category	2018 Unmet Need	2018 Rank	2022 Unmet Need	2022 Rank	%Δ
Health Insurance Premium Assistance	30%	10	3%	25	-27%
Substance Abuse Services – Residential	27%	12	3%	25	-25%
Child Care	NA		2%	27	
Hospice	NA		2%	28	
Linguistic Services	41%	4	1%	29	-40%
Average Unmet Need	30%		5.6%		

* Shaded rows had 30% or greater decline in Unmet Need between 2018 and 2022 surveys.

Further analysis of unmet need trends between 2018 and 2022 shows that, of the service categories that ranked in the top ten for highest unmet needs, half (50%) were in the top rankings both years. This shows that clients were having the most difficulty obtaining these services in both 2018 and 2022: Emergency Financial Assistance, Housing, Medical Nutrition, Medical Transportation, and Home and Community-Based Services.

UNMET NEED TOP TEN SERVICES 2018 AND 2022 NEEDS ASSESSMENTS			
2018 All Ages		2022 All Ages	
1	Home and Community-Based Health Services	1	Oral Health
2	Housing	1	Emergency Financial Assistance
3	Emergency Financial Assistance	3	Housing
4	Medical Nutrition	3	Medical Nutrition
5	Linguistic Services	5	Mental Health
6	Food Bank / Home Delivered Meals	6	Medical Transportation
7	Medical Transportation	7	Psychosocial Support Services
8	AIDS Pharmacy Assistance	7	Home and Community-Based Health Services
9	Substance Abuse Services – Outpatient	9	Food Bank / Home Delivered Meals*
10	Health Insurance Premium Assistance	10	Legal or Professional Services

c. Unmet Need: Demographic Disparities

Demographic Disparities in unmet need are provided below and highlight disparities that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

**GENDER
UNMET NEED DEMOGRAPHIC DISPARITIES 2022**

- Women reported at least a 10% greater unmet need than men for Medical Transportation and Medical Nutrition.

Category	Female	Male
Oral Health (14%)	11%	12%
Emergency Financial Assistance (14%)	18%	11%
Housing (13%)	13%	12%
Medical Nutrition (13%)	20%	9%
Mental Health (9%)	7%	8%
Medical Transportation (8%)	16%	4%
Home and Community-Based Health Services (7%)	11%	5%
Psychosocial Support Services (7%)	7%	6%
Food Bank/Home Delivered Meals (6%)	4%	5%
Legal or Professional Services (6%)	7%	5%
Legal Services (5%)	2%	6%
Substance Abuse Services – Outpatient (5%)	9%	4%
Respite Care (5%)	2%	5%
Health Education/Risk Reduction (4%)	4%	3%
Outreach Services (4%)	2%	3%
Outpatient Ambulatory Care (4%)	0%	5%
Case Management (Non-Medical) (4%)	2%	3%
Early Intervention Services (4%)	2%	2%
Medical Case Management (3%)	2%	3%
AIDS Drug Assistance Program (3%)	2%	2%
AIDS Pharmacy Assistance (3%)	4%	2%
Home Health Care (3%)	2%	2%
Referral for Health Care & Support Services (3%)	2%	4%
Rehabilitation Services (3%)	4%	3%
Health Insurance Premium Assistance (3%)	2%	2%
Substance Abuse Services – Residential (3%)	4%	2%
Child Care (2%)	4%	1%
Hospice (2%)	2%	1%
Linguistic Services (1%)	0%	1%

RACE
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- African Americans have at least a 10% higher unmet need for Medical Nutrition than Whites and Hispanics

Category	African American	White	Hispanic / Latinx
Oral Health (14%)	6%	14%	15%
Emergency Financial Assistance (14%)	19%	10%	11%
Housing (13%)	15%	14%	9%
Medical Nutrition (13%)	19%	8%	9%
Mental Health (9%)	6%	6%	13%
Medical Transportation (8%)	9%	7%	2%
Home and Community-Based Health Services (7%)	7%	6%	7%
Psychosocial Support Services (7%)	6%	7%	9%
Food Bank/Home Delivered Meals (6%)	7%	6%	7%
Legal or Professional Services (6%)	4%	8%	4%
Legal Services (5%)	2%	8%	4%
Substance Abuse Services – Outpatient (5%)	7%	3%	7%
Respite Care (5%)	9%	1%	2%
Health Education/Risk Reduction (4%)	2%	3%	7%
Outreach Services (4%)	2%	4%	4%
Outpatient Ambulatory Care (4%)	2%	3%	7%
Case Management (Non-Medical) (4%)	2%	1%	7%
Early Intervention Services (4%)	4%	1%	4%
Medical Case Management (3%)	2%	3%	2%
AIDS Drug Assistance Program (3%)	4%	0%	4%
AIDS Pharmacy Assistance (3%)	6%	1%	2%
Home Health Care (3%)	2%	3%	0%
Referral for Health Care & Support Services (3%)	6%	3%	2%
Rehabilitation Services (3%)	4%	4%	2%
Health Insurance Premium Assistance (3%)	0%	3%	7%
Substance Abuse Services – Residential (3%)	2%	1%	2%
Child Care (2%)	2%	1%	2%
Hospice (2%)	2%	1%	0%
Linguistic Services (1%)	0%	1%	0%

**MODE OF TRANSMISSION
UNMET NEED DEMOGRAPHIC DISPARITIES 2022**

- IDU's have at least a 10% greater unmet need for Psychosocial Support Services and Legal or Professional Services compared to Heterosexuals or MSMs.

Category	Heterosexual	IDU	MSM
Oral Health (14%)	11%	11%	13%
Emergency Financial Assistance (14%)	17%	17%	11%
Housing (13%)	20%	22%	8%
Medical Nutrition (13%)	22%	17%	9%
Mental Health (9%)	7%	6%	10%
Medical Transportation (8%)	13%	11%	6%
Home and Community-Based Health Services (7%)	13%	11%	4%
Psychosocial Support Services (7%)	6%	17%	7%
Food Bank/Home Delivered Meals (6%)	6%	6%	8%
Legal or Professional Services (6%)	7%	17%	3%
Legal Services (5%)	2%	11%	7%
Substance Abuse Services – Outpatient (5%)	6%	11%	3%
Respite Care (5%)	9%	0%	4%
Health Education/Risk Reduction (4%)	9%	6%	1%
Outreach Services (4%)	6%	6%	4%
Outpatient Ambulatory Care (4%)	2%	6%	4%
Case Management (Non-Medical) (4%)	4%	6%	3%
Early Intervention Services (4%)	6%	6%	2%
Medical Case Management (3%)	4%	6%	3%
AIDS Drug Assistance Program (3%)	4%	0%	3%
AIDS Pharmacy Assistance (3%)	6%	0%	2%
Home Health Care (3%)	6%	0%	2%
Referral for Health Care & Support Services (3%)	6%	6%	2%
Rehabilitation Services (3%)	6%	6%	1%
Health Insurance Premium Assistance (3%)	0%	0%	4%
Substance Abuse Services – Residential (3%)	6%	0%	1%
Child Care (2%)	4%	6%	0%
Hospice (2%)	6%	0%	0%
Linguistic Services (1%)	4%	0%	0%

AGE
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- Compared to those aged 45+, respondents aged 20-44 reported a 10% greater unmet need for Emergency Financial Assistance.
- Compared to those aged 20-44, respondents aged 45+ reported a 6% greater need for Medical Nutrition and Mental Health.

Category	20-44	45+
Oral Health (14%)	17%	12%
Emergency Financial Assistance (14%)	21%	11%
Housing (13%)	13%	13%
Medical Nutrition (13%)	8%	14%
Mental Health (9%)	4%	10%
Medical Transportation (8%)	4%	9%
Home and Community-Based Health Services (7%)	6%	7%
Psychosocial Support Services (7%)	6%	8%
Food Bank/Home Delivered Meals (6%)	8%	5%
Legal or Professional Services (6%)	6%	6%
Legal Services (5%)	4%	5%
Substance Abuse Services – Outpatient (5%)	4%	5%
Respite Care (5%)	6%	4%
Health Education/Risk Reduction (4%)	4%	4%
Outreach Services (4%)	8%	3%
Outpatient Ambulatory Care (4%)	6%	3%
Case Management (Non-Medical) (4%)	8%	1%
Early Intervention Services (4%)	2%	4%
Medical Case Management (3%)	6%	2%
AIDS Drug Assistance Program (3%)	0%	4%
AIDS Pharmacy Assistance (3%)	2%	3%
Home Health Care (3%)	2%	3%
Referral for Health Care & Support Services (3%)	4%	3%
Rehabilitation Services (3%)	4%	3%
Health Insurance Premium Assistance (3%)	4%	2%
Substance Abuse Services – Residential (3%)	6%	1%
Child Care (2%)	2%	2%
Hospice (2%)	4%	1%
Linguistic Services (1%)	2%	1%

HOUSING STATUS
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- Respondents experiencing homelessness/unstable/temporary housing within the prior 12-months reported a 12% greater unmet need for Emergency Financial Assistance compared to those in stable housing.

Category	Stable Housing	Unstable Housing
Oral Health (14%)	14%	13%
Emergency Financial Assistance (14%)	10%	22%
Housing (13%)	11%	18%
Medical Nutrition (13%)	11%	17%
Mental Health (9%)	8%	10%
Medical Transportation (8%)	8%	8%
Home and Community-Based Health Services (7%)	6%	10%
Psychosocial Support Services (7%)	8%	7%
Food Bank/Home Delivered Meals (6%)	4%	12%
Legal or Professional Services (6%)	4%	10%
Legal Services (5%)	5%	7%
Substance Abuse Services – Outpatient (5%)	4%	7%
Respite Care (5%)	5%	5%
Health Education/Risk Reduction (4%)	2%	8%
Outreach Services (4%)	3%	7%
Outpatient Ambulatory Care (4%)	4%	3%
Case Management (Non-Medical) (4%)	3%	5%
Early Intervention Services (4%)	3%	5%
Medical Case Management (3%)	2%	5%
AIDS Drug Assistance Program (3%)	3%	3%
AIDS Pharmacy Assistance (3%)	2%	5%
Home Health Care (3%)	4%	2%
Referral for Health Care & Support Services (3%)	3%	3%
Rehabilitation Services (3%)	2%	5%
Health Insurance Premium Assistance (3%)	4%	0%
Substance Abuse Services – Residential (3%)	1%	7%
Child Care (2%)	2%	3%
Hospice (2%)	1%	3%
Linguistic Services (1%)	1%	2%

C-3. HIGHEST RANKED SERVICES: SERVICE DEMAND AND UNMET NEED

There were several services that were ranked with both a high service demand *and* a high unmet need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of barriers to care.

The following seven services ranked the highest for combined service demand and unmet need in the 2022 HIV Needs Assessment with “High” defined as a ranking in the top half of service categories for both service demand and unmet need.

HIGHEST RANKED SERVICES TOP HALF OF SERVICE DEMAND AND UNMET NEED 2022 Needs Assessment

Service Category	2022 Unmet Need	2022 Unmet Need Rank	2022 Total Demand	2022 Total Demand Rank
Oral Health	14%	1	75%	3
Mental Health	13%	3	51%	12
Food Bank / Home Delivered Meals	9%	5	64%	5
Housing	8%	6	53%	9
Medical Transportation	7%	7	53%	10
Psychosocial Support Services	6%	9	54%	8
Health Education/Risk Reduction	4%	14	57%	7

SECTION D: BARRIERS TO CARE

D-1. BARRIERS TO CARE OVERVIEW

a. Barriers to Care Categories

In the 2021 Young Adult Needs Assessment survey tool, the barriers to care section was improved by specifying that the section only needed to be completed for those services that had an unmet need (client checked box that they needed the service but did not receive it due to a barrier to care). To add further depth to the survey tool in 2022, barriers to care were asked separately by each service category to learn what barriers were more likely to decrease access to which services.

To help the TGA gain a better understanding about which level of the service system the barriers to care exist, they were classified into five categories of “Knowledge”, “Access,” “Financial,” “Personal”, and “Health”. The barrier to care categories go from examining broad-based TGA-wide “Access” and “Knowledge” issues to more specific client-based “Financial”, “Health”, and “Personal” issues. The following provides a description of barriers to care categories covered in the 2022 Needs Assessment:

- **Knowledge Barriers** include facts not known by the client that limit access to services, such as: “Didn’t know service was available”, “Didn’t know I was eligible for service”, “Didn’t know how to get service”, and “Didn’t know where to receive service”.

- **Access Barriers** include factors that limit a client’s ability to access a service when they need it and include barriers such as: “Appointments not soon enough”, “Times not convenient”, “No childcare”, “Language barriers”, and “No cell phone”.
- **Financial Barriers** include issues such as: “Co-pay was too high”, “Service costs too much”, and “No insurance coverage”.
- **Personal Barriers** include issues that create challenges to accessing services, such as: “Treated with disrespect”, “Jail/Prison history”, and “Wanted privacy of HIV status, mental health or substance use”.
- **Health Barriers** include medical issues such as: “Didn’t want to take medications”; “Hard to navigate system due to physical, mental or substance use issues”, and “Thought viral load was undetectable”.

b. Barriers to Care Category Rankings

The primary goal of the Needs Assessment survey process is to identify strategies to reduce barriers to care so that service demand and unmet need can be met for the majority of service categories across all demographic groups. As described above, Barriers to Care assessed in the survey are organized under five types of barriers: Knowledge, Access, Financial, Personal, and Health.

Respondents with unmet needs most commonly reported barriers to care in the following two areas: Knowledge Barriers (31%) and Access Barriers (15%). The least commonly reported barriers to care for respondents with unmet need were related to the respondents’ Health (4%).

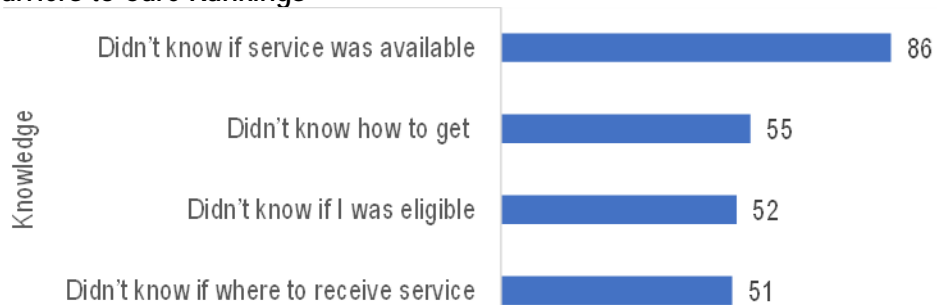
At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
31%	15%	8%	6%	4%

Among the detailed sub-barriers, the four most commonly reported were each of the four included in the Knowledge category (51-86 respondents), i.e., didn’t know the service was available, didn’t know how to get it, didn’t know whether they were eligible, and didn’t know where to receive the service. The next most common sub-barriers were a combination of access, personal, and financial barriers: lack of transportation (24), previous incarceration (19), appointments not soon enough (17), and no insurance coverage (17).

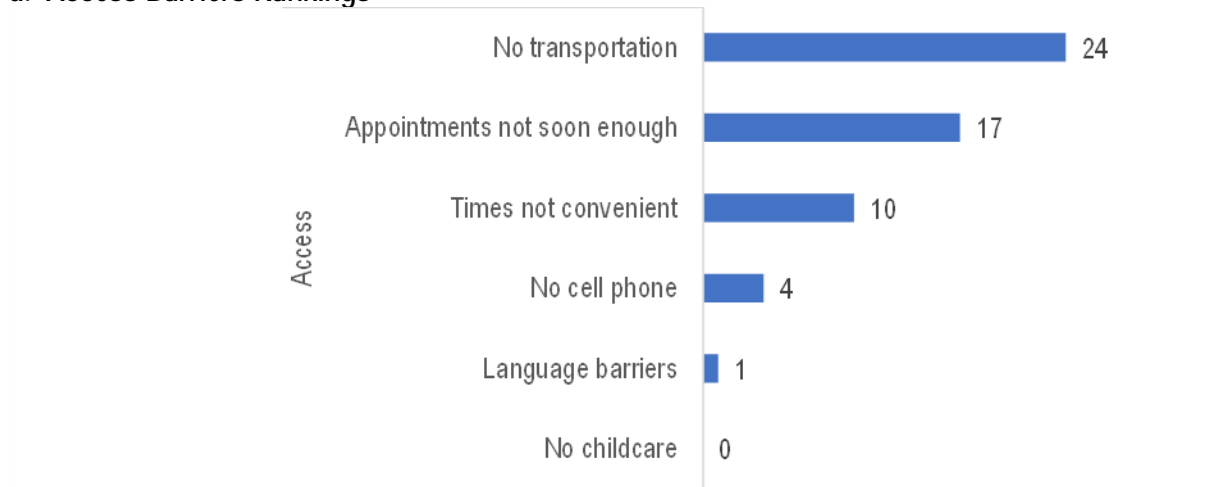
Notably, several respondents who indicated at least one barrier to care in a barrier category (e.g., Knowledge Barrier) may not have selected a specific sub-barrier to care (e.g., didn’t know how to get).

2022 BARRIERS TO CARE RANKINGS			
RANK	BARRIER TO CARE	CATEGORY	# Reported
1	Didn't know if service was available	Knowledge	86
2	Didn't know how to get	Knowledge	55
3	Didn't know if I was eligible	Knowledge	52
4	Didn't know if where to receive service	Knowledge	51
5	No transportation	Access	24
6	Previous incarceration	Personal	19
7	Appointments not soon enough	Access	17
7	No insurance coverage	Financial	17
9	Hard to navigate system due to physical, mental or substance use issues	Health	12
10	Times not convenient	Access	10
11	Wanted privacy of HIV status, mental health or substance use	Personal	7
12	No cell phone	Access	4
12	Service cost too much	Financial	4
14	Co-pay too high	Financial	2
14	Treated with disrespect	Personal	2
14	Thought viral load undetectable	Health	2
17	Language barriers	Access	1
17	Didn't want to take medications	Health	1
19	No childcare	Access	0

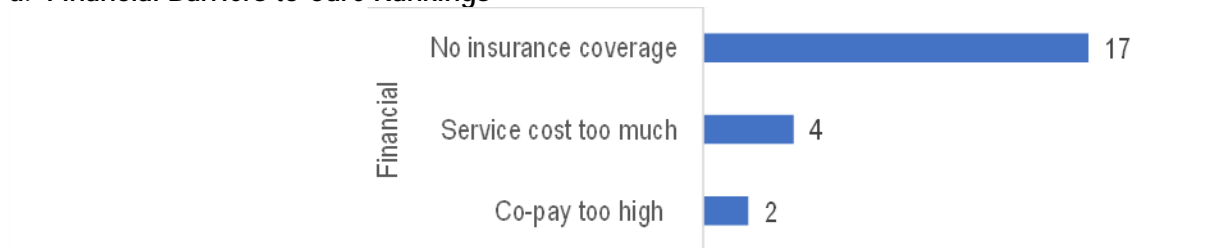
c. Knowledge Barriers to Care Rankings



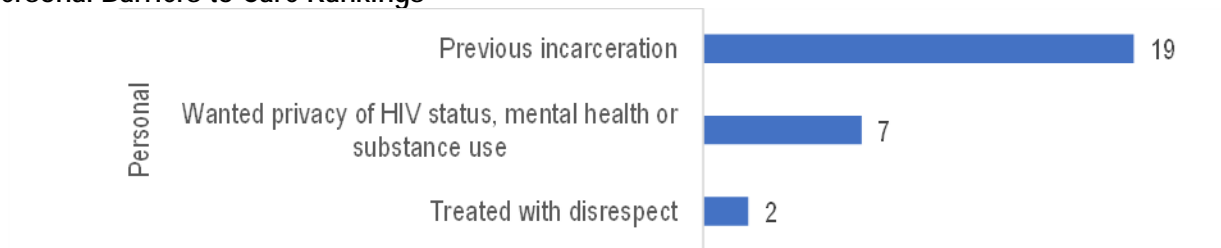
d. Access Barriers Rankings



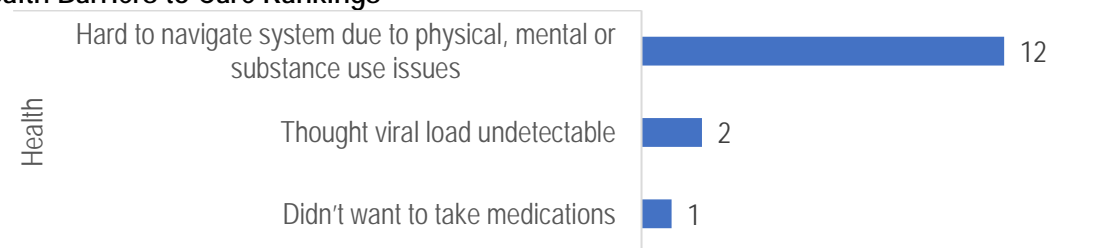
d. Financial Barriers to Care Rankings



e. Personal Barriers to Care Rankings



f. Health Barriers to Care Rankings



D-2. BARRIERS TO CARE BY SERVICE CATEGORY

Follows is a graphical display of the barriers to care reported by service category by 2022 survey respondents. This table shows the type and frequency of barriers to care by service category, with services having the highest

unmet need at the top. For example, 14% of respondents indicated an unmet need for Emergency Financial Assistance. Of these respondents, 77% indicated they had a knowledge barrier to receiving that service.

With few exceptions, Knowledge barriers were the greatest contributors to unmet need for most service categories. Further in this section are graphs that analyze client's reporting of sub-barriers in each barrier to care category.

BARRIERS TO CARE BY SERVICE CATEGORY AND BARRIER CATEGORY
Ranked by Unmet Need

Category	% with Unmet Need	% with Knowledge Barrier	% with Access Barrier	% with Financial Barrier	% with Personal Barrier	% with Health Barrier
Emergency Financial Assistance	14%	77%	8%	8%	8%	4%
Oral Health	14%	42%	31%	19%	0%	4%
Housing	13%	56%	20%	8%	20%	8%
Medical Nutrition	13%	76%	20%	4%	12%	0%
Mental Health	9%	35%	18%	6%	12%	6%
Medical Transportation	8%	80%	27%	13%	7%	13%
Home and Community-based Health Services	7%	79%	14%	7%	7%	7%
Psychosocial Support Services	7%	50%	36%	21%	7%	14%
Food Bank/Home Delivered Meals	6%	92%	17%	0%	17%	0%
Legal or Professional Services	6%	91%	9%	9%	9%	9%
Legal Services	5%	100%	10%	10%	10%	0%
Respite Care	5%	78%	11%	11%	0%	0%
Substance Abuse Services – Outpatient	5%	44%	33%	0%	22%	11%
Health Education/Risk Reduction	4%	63%	13%	0%	13%	0%
Outreach Services	4%	75%	13%	13%	13%	13%
Case Management (Non-Medical)	4%	57%	14%	0%	29%	0%
Early Intervention Services	4%	71%	14%	14%	14%	0%
Outpatient Ambulatory Care	4%	43%	43%	14%	14%	0%
AIDS Drug Assistance Program	3%	83%	0%	0%	0%	0%
AIDS Pharmacy Assistance	3%	100%	0%	0%	0%	0%
Home Health Care	3%	83%	0%	0%	0%	0%
Medical Case Management	3%	50%	0%	0%	17%	17%
Referral for Health Care & Support Services	3%	83%	17%	17%	17%	17%
Rehabilitation Services	3%	100%	33%	0%	17%	17%
Health Insurance Premium Assistance	3%	20%	20%	80%	0%	0%
Substance Abuse Services – Residential	3%	60%	0%	0%	0%	0%
Child Care	2%	25%	25%	0%	25%	0%
Hospice	2%	33%	0%	0%	33%	33%
Linguistic Services	1%	50%	0%	0%	0%	0%

Knowledge Barriers

- Emergency Financial Assistance, Medical Nutrition, and Housing were among the services with the most respondents indicating at least one knowledge barrier to care.
- Among the more commonly reported knowledge barriers to services were respondents a) not knowing Emergency Financial Assistance and Medical Nutrition were available and b) not knowing how to get Housing services.

KNOWLEDGE BARRIERS					
Service Category	Didn't know if service was available	Didn't know if I was eligible	Didn't know how to get	where to receive service	At least one barrier
Emergency Financial Assistance	9	6	3	4	20
Medical Nutrition	7	4	6	5	19
Housing	4	4	7	5	14
Medical Transportation	3	1	4	1	12
Food Bank/Home Delivered Meals	3	1	1	5	11
Home/Community-Based Care	5	3	3	4	11
Oral Health	6	5	2	3	11
Legal or Professional Services	6	1	2	4	10
Legal Services	5	2	3	3	10
Psychosocial Support Services	3	1	2	2	7
Respite Care	5	4	4	3	7
AIDS Pharmacy Assistance	3	2	1	1	6
Mental Health	3	3	3	1	6
Outreach Services	3	1	0	1	6
Rehabilitation Services	2	0	3	3	6
AIDS Drug Assistance Program	3	3	2	2	5
Early Intervention Services	2	1	0	1	5
Health Education/Risk Reduction	2	1	2	0	5
Home Health Care	3	2	1	1	5
Referral for Health & Support Svcs	0	0	2	1	5
Case Management (Non-Medical)	2	1	0	0	4
Substance Use Svcs - Outpatient	2	2	2	0	4
Medical Case Management	2	1	0	0	3
Outpatient Ambulatory Care	1	2	0	0	3
Substance Use Svcs- Residential	1	0	1	0	3
Child Care	0	0	0	0	1
Health Insurance Assistance	1	1	1	1	1
Hospice	0	0	0	0	1
Linguistic Services	0	0	0	0	1

Access Barriers

- Oral Health, Housing, Medical Nutrition, and Psychosocial Support Services were among the categories with the most respondents indicating at least one access barrier to care.
- Among the more commonly reported access barriers to services were respondents indicating oral health appointments were not soon enough.

ACCESS BARRIERS							
Service Category	Appoint-ments not soon	Times not conven-ient	No transpor-tation	No childcare	Language barriers	No cell phone	At least one barrier
Oral Health	6	1	1	0	0	0	8
Housing	0	0	2	0	0	1	5
Medical Nutrition	1	3	2	0	0	0	5
Psychosocial Support Services	1	2	2	0	0	1	5
Medical Transportation	0	1	2	0	0	1	4
Mental Health	2	0	0	0	1	0	3
Outpatient Ambulatory Care	4	1	0	0	0	0	3
Substance Use Svcs - Outpatient	0	1	2	0	0	0	3
Emergency Financial Assistance	0	0	2	0	0	0	2
Food Bank/Home Delivered Meals	0	1	1	0	0	0	2
Home/Community-Based Care	0	0	1	0	0	1	2
Rehabilitation Services	1	0	1	0	0	0	2
Case Management (Non-Medical)	1	0	1	0	0	0	1
Child Care	0	0	1	0	0	0	1
Early Intervention Services	0	0	1	0	0	0	1
Health Education/Risk Reduction	0	0	1	0	0	0	1
Health Insurance Assistance	0	0	0	0	0	0	1
Legal or Professional Services	0	0	1	0	0	0	1
Legal Services	0	0	1	0	0	0	1
Outreach Services	0	0	1	0	0	0	1
Referral for Health & Support Svcs	0	0	1	0	0	0	1
Respite Care	1	0	0	0	0	0	1

Financial Barriers

- Oral Health, Health Insurance Assistance, and Psychosocial Support Services were among the categories with the most respondents indicating at least one financial barrier to care.
- Among the more commonly reported financial barriers to services were respondents indicating they did not have insurance coverage for Oral Health, Health Insurance Assistance, and Psychosocial Support Services.

FINANCIAL BARRIERS				
Service Category	Co-pay too high	Service cost too much	No insurance coverage	At least one barrier
Oral Health	0	0	3	5
Health Insurance Assistance	1	0	3	4
Psychosocial Support Services	0	0	3	3
Emergency Financial Assistance	0	0	0	2
Housing	0	2	0	2
Medical Transportation	0	0	1	2
Early Intervention Services	0	0	1	1
Home/Community-Based Care	0	0	1	1
Legal or Professional Services	0	0	1	1
Legal Services	0	1	0	1
Medical Nutrition	0	0	0	1
Mental Health	0	0	1	1
Outpatient Ambulatory Care	0	0	1	1
Outreach Services	0	0	1	1
Referral for Health & Support Svcs	0	1	1	1
Respite Care	1	0	0	1

Personal Barriers

- Housing and Medical Nutrition were among the categories with the most respondents indicating at least one personal barrier to care.
- Among the more commonly reported personal barriers to services were respondents indicating previous incarceration contributed to unmet Housing needs.

PERSONAL BARRIERS				
Service Category	Treated with disrespect	Previous incarceration	Wanted privacy of health status	At least one barrier
Housing	1	3	2	5
Medical Nutrition	0	1	0	3
Case Management (Non-Medical)	1	1	0	2
Emergency Financial Assistance	0	1	0	2
Food Bank/Home Delivered Meals	0	1	0	2
Mental Health	0	1	1	2
Substance Use Svcs - Outpatient	0	0	2	2
Child Care	0	1	0	1
Early Intervention Services	0	1	0	1
Health Education/Risk Reduction	0	1	0	1
Home/Community-Based Care	0	1	0	1
Hospice	0	0	1	1
Legal or Professional Services	0	1	0	1
Legal Services	0	1	0	1
Medical Case Management	0	1	0	1
Medical Transportation	0	0	0	1
Outpatient Ambulatory Care	0	0	0	1
Outreach Services	0	1	0	1
Psychosocial Support Services	0	1	0	1
Referral for Health & Support Svcs	0	1	0	1
Rehabilitation Services	0	1	0	1

Health Barriers

- Housing and Medical Transportation were among the categories with the most respondents indicating at least one health barrier to care.
- Among the more commonly reported health barriers to services were respondents indicating their own health issues made it hard to navigate the system, resulting in unmet Housing needs.

HEALTH BARRIERS				
Service Category	Didn't want to take medications	Hard to navigate system due to health issues	Thought viral load undetectable	At least one barrier
Housing	0	2	0	2
Medical Transportation	0	1	0	2
Psychosocial Support Services	0	1	1	2
Emergency Financial Assistance	0	1	0	1
Home/Community-Based Care	0	1	0	1
Hospice	0	1	0	1
Legal or Professional Services	0	0	1	1
Medical Case Management	0	1	0	1
Mental Health	0	1	0	1
Oral Health	0	0	0	1
Outreach Services	1	0	0	1
Referral for Health & Support Svcs	0	1	0	1
Rehabilitation Services	0	1	0	1
Substance Use Svcs - Outpatient	0	1	0	1

D-3. BARRIERS TO CARE: DEMOGRAPHIC DISPARITIES

This table shows the percentage of respondents in each demographic group indicating at least one barrier resulting in an unmet need in one or more service categories.

- IDUs were at least 10% more likely to report at least one access or personal barrier to care than Heterosexuals or MSMs.
- Respondents experiencing unstable housing were 13% more likely to report at least one knowledge barrier compared to respondents in stable housing.

BARRIERS TO CARE CLIENT DEMOGRAPHICS

Demographic		At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
Overall		31%	15%	8%	6%	4%
Gender	Female	36%	16%	7%	4%	7%
	Male	28%	16%	8%	6%	3%
Race	African American	31%	15%	6%	7%	6%
	Hispanic / Latinx	26%	13%	9%	9%	2%
	White	32%	17%	10%	3%	3%
Transmission	Heterosexual	35%	13%	6%	2%	4%
	IDU	39%	33%	11%	17%	11%
	MSM	26%	13%	9%	7%	3%
Age	20-44	29%	10%	8%	6%	6%
	45+	31%	17%	8%	6%	4%
Housing	Stable Housing	27%	15%	8%	4%	2%
	Unstable Housing	40%	15%	8%	10%	8%

Note: RW survey asked "over last 12-months, have you lived in any of following places: stable (housed); unstable (homeless, car, camping, street, shelter, motel couch surfing).

SECTION E: HIV PREVENTION PRACTICES AND PARTNER SERVICES

E-1 HIV PREVENTION PRACTICES

The 2021 Young Adult Needs Assessment of RW clients ages 19-29 was the first RW Needs Assessment to include a series of questions regarding HIV prevention practices and partner services. Although these services are not directly funded by the RW Part A Program, client input about their knowledge and use of HIV prevention strategies is imperative to improving outcomes along the full HIV Continuum of Care. Due to the usefulness of gathering feedback from RW clients about these HIV prevention issues, the 2022 HIV Needs Assessment included questions about HIV Prevention and Partner Services and are compared to the 2021 Young Adult Needs Assessment findings throughout.

a. Pre-Exposure Prophylaxis (PrEP)

PrEP is the use of anti-retroviral medications (ART) to keep HIV negative people from becoming infected with HIV. The table below shows the percentage of Needs Assessment respondents in 2021 (RW clients ages 19-29 only) and 2022 (RW clients of all ages) answering either yes or no to whether each of the following statements about PrEP was true for them:

Pre-Exposure Prophylaxis (PrEP) 2021 Young Adult and 2022 All Ages Needs Assessments		
Which of the following statements about PrEP are true for you?	2021 Ages 19-29 % Yes	2022 All Ages % Yes
I have never heard of PrEP.	22%	23%
I have heard of PrEP, but I am not sure how it will affect my sex life.	11%	9%
If my partner is on PrEP, I do not need to disclose that I am HIV positive.	6%	3%
If my partner is on PrEP, I would be less likely to use a condom.	22%	10%
Even with partner(s) on PrEP, I would disclose that I am HIV positive.	44%	37%
Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex.	17%	20%
I feel comfortable talking to my HIV negative partner(s) about PrEP.	33%	23%

There is much more work to do in the Sacramento TGA regarding PrEP education and navigation based on both the 2021 Needs Assessment responses from young adults, as well as the 2022 Needs Assessment of all ages of RW clients. For example,

- 22% of Young Adults and 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.
- 17% of young adults and 20% of all ages reported that they would use condoms for anal or vaginal sex if their partner was on PrEP. This decreased use of condoms increases the risk for additional STIs such as Chlamydia, Gonorrhea, and Syphilis.

b. Condom Use and Sexual Health Practices

There is much more education and advocacy work to be done regarding low reported condom use in the TGA based on responses from both the young adult RW clients surveyed in the 2021 HIV Needs Assessment and all ages of RW clients surveyed in 2022. Overall, young adult RW clients surveyed in 2021 reported using condoms at a higher rate than all ages of RW clients surveyed in 2022. However, only 44% of young adults and 18% of all ages of clients surveyed reported the use of a condom when they have anal sex; and only 24% and 13% reported condom use when they have vaginal sex. 22% of young adults and 12% of all ages reported they don't use condoms because their viral load is undetectable.

Condom Use and Sexual Health Practices 2021 Young Adult Needs Assessment		
Which of the following statements about condom use are true for you?	2021 Ages 19-29 % Yes	2022 All Ages % Yes
I use a condom when I have anal sex.	44%	18%
I use a condom when I have vaginal sex.	24%	13%
I only have sex with one person, and we choose not to use condoms.	11%	10%
My sex partner is HIV+ so we don't use condoms.	0%	5%
My partner is on PrEP so condoms aren't needed.	0%	3%
My viral load is undetectable, so condoms aren't needed anymore.	22%	12%
I don't use condoms because my partner doesn't like them.	0%	1%
I don't use condoms because they cost too much.	0%	0%
I don't use condoms because I don't like them.	11%	7%
Other Sexual Health Practices:		
I have had sex to get money, drugs, housing, etc.	17%	5%

c. HIV Disclosure

RW clients' disclosure of their HIV status to sexual partners needs improvement to effectively decrease the spread of HIV and other STIs and to decrease the stigma associated with HIV/STIs. Overall, RW clients surveyed in the 2022 Needs Assessment reported disclosing their HIV status as follows:

- 58% of RW clients surveyed in 2022 reported they always disclose their HIV status to every sex partner.
- 6% reported that they sometimes disclose their HIV status with some partners.
- 36% reported they never report their HIV status because they don't have sex (21%); viral load is undetectable (5%); always use condoms (3%); partners are HIV+ (3%); don't feel comfortable disclosing (3%); or most of partners are on PrEP (1%).

HIV Disclosure 2021 Young Adult and 2022 All Ages Needs Assessments		
When do you disclose your HIV status to sex partners?	2021 Ages 19-29 % Yes	2022 All Ages % Yes
Always, with every partner.	61%	58%
Sometimes with some partners.	11%	6%
Never, I always use condoms.	0%	3%
Never. My viral load is undetectable.	6%	5%
Never. Most of my partners are HIV+.	0%	3%

HIV Disclosure 2021 Young Adult and 2022 All Ages Needs Assessments		
When do you disclose your HIV status to sex partners?	2021 Ages 19-29 % Yes	2022 All Ages % Yes
Never. I don't feel comfortable disclosing my HIV status.	6%	3%
Never. Most of my partners are on PrEP.	0%	1%
Never. I do not have sex.	11%	21%

d. Syringe Use and Practices

In terms of risk of HIV transmission due to syringe use, 17% of 2021 young adult respondents reported the use of syringes to inject non-prescription substances, and 11% reported sharing syringes or injection equipment. A larger percentage, 27% of 2022 all ages of respondents, reported the use of syringes to inject non-prescription substances, and 12% reported sharing needles or injection equipment. 6% of young adults and 4% of all ages of RW clients reported sharing needles for piercings and/or tattooing.

Syringe Use and Practices 2021 Young Adult and 2022 All Ages Needs Assessments		
Which of the following statements about syringe use practices are true for you?	2021 Ages 19-29 % Yes	2022 All Ages % Yes
I have used syringes to inject non-prescription substances.	17%	27%
I have shared syringes or injection equipment.	11%	12%
I have used someone else's syringes to inject myself.	6%	2%
I have had sex with someone who shares syringes.	0%	4%
I have shared needles for piercings and/or tattoos.	6%	4%

E-2 PARTNER SERVICES

The last two Needs Assessments of PLWH in the TGA's RW Program, the 2021 survey of young adults ages 19-29, as well as the current 2022 survey of all ages of RW clients, have included questions about Partner Services. These services, which are free to all RW clients, assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV. As can be seen below, there clearly is more work that needs to be done to educate all RW clients and PLWH in the TGA about Partner Services and to facilitate their use of these important services to prevent new HIV transmissions.

Partner Services 2021 Young Adult and 2022 All Ages Needs Assessments		
Which of the following statements about Partner Services are true for you?	2021 Ages 19-29 % Yes	2022 All Ages % Yes
Have you been informed of Partner Services before this survey?	39%	41%
Have you used Partner Services before?	6%	12%
Would you be willing to use Partner Services?	56%	43%

As can be seen in the table above, less than half of RW clients surveyed in both 2021 (39% of young adults) and 2022 (41% of all ages of clients) reported that they had been informed of Partner Services before completing the Needs Assessment survey tool. Only 12% of all ages of RW clients surveyed in 2022 had ever used Partner Services, which was only slightly higher than the 6% of young adult clients surveyed in 2021.

Although prior use of Partner Services is extremely low, it's encouraging that 56% of young adult RW clients surveyed in 2021, and 43% of all RW clients surveyed in 2022, reported that they would be willing to use Partner Services. There clearly is a need to put RW resources and programming efforts into improving awareness about Partner Services and to increase access and use of these services among RW clients, as well as partners at increased risk of contracting HIV, to reduce the number of new HIV cases in the TGA.

SECTION F: IMPLICATIONS OF NEEDS ASSESSMENT FINDINGS

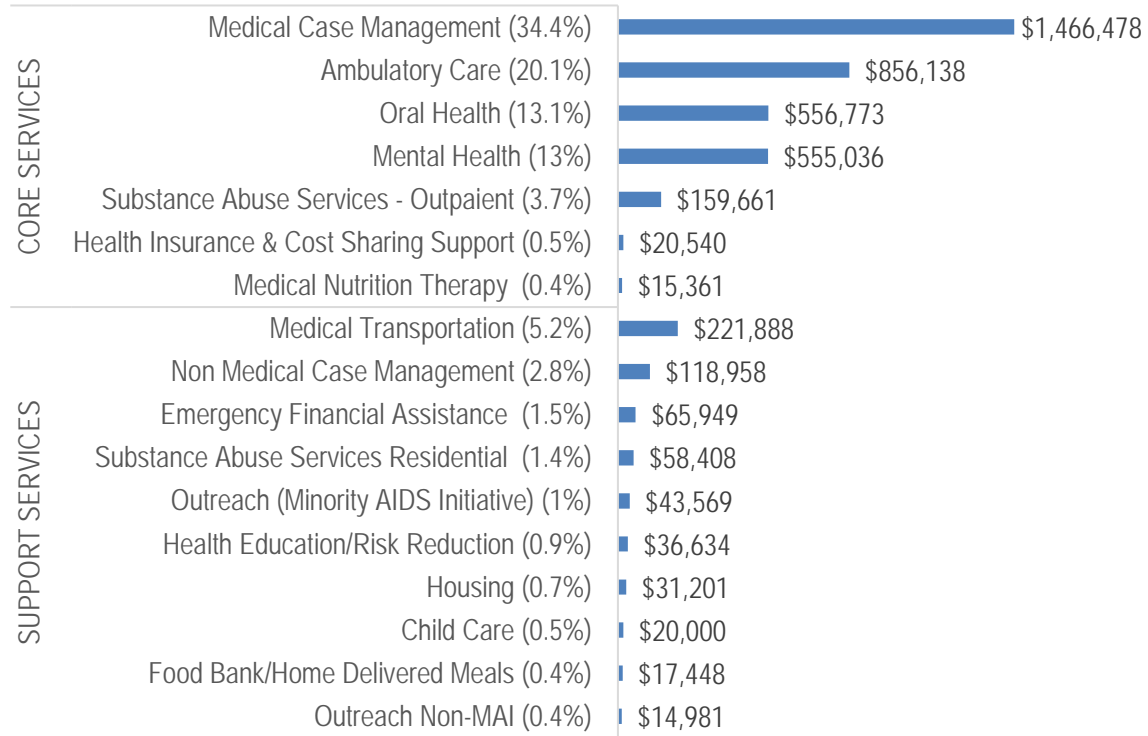
F-1. IMPLICATIONS FOR RW PRIORITY SETTING AND ALLOCATIONS

a. FY22 RW Program Direct Service Allocations

To use the data from the Needs Assessment Survey to assist the Planning Council in Setting Priorities and Allocations, it is important to understand Ryan White funding in the context of other TGA funding sources for PLWH. The RW CARE Act strives for 100% access to care for all persons living with HIV/AIDS, regardless of ability to pay, and is required to use its funds as a "payer of last resort" by maximizing resources from other funding sources prior to using RW CARE Act funds.

Within the Sacramento TGA, FY22 expenditures for each direct service category of the Ryan White Part A, RW Part A Minority AIDS Initiative (MAI), and California State RW Part B and Part B MAI programs, for each service category, are shown in the following bar graph. Medical Case Management was the largest direct service expenditure at 34.4%; Ambulatory/Outpatient Medical Care was the second largest expenditure at 20.1% and Oral Health Services was the third highest expenditure at 13.1%.

**FY22 RW CARE Program (Part A, Part A MAI, Part B and RW Part B MAI Funds)
Direct Service Allocations**



b. Direct Service Allocations 2020 Compared to 2022

The following table displays allocations by service category for FY20 compared to FY22, including absolute and percentage changes. Overall funding increased by \$633,635, a 17% change. Medical Case Management and Oral Health had the largest absolute increases, \$278,419 and \$202,855 respectively. Also, Health Insurance Cost Sharing and Residential Substance Use Treatment increased by 162% and 402% respectively. There were some categories with significantly reduced allocations, notably Non-Minority AIDS Initiative (MAI) outreach (-77%), Medical Nutrition Therapy, (-69%) Child Care, (-21%), and Outpatient Substance Use Treatment (-21%).

**CHANGE IN RW DIRECT SERVICE ALLOCATIONS
FY2020 AND FY2022**

Core/Support	Service Category	2020	2022	Δ	%Δ
CORE SERVICES	Medical Case Management	\$1,188,059	\$1,466,478	+\$278,419	+23%
	Ambulatory Care	\$854,758	\$856,138	+\$1,380	+0%
	Oral Health	\$353,918	\$556,773	+\$202,855	+57%
	Mental Health	\$452,030	\$555,036	+\$103,006	+23%
	Substance Abuse Services - Outpatient	\$200,981	\$159,661	-\$41,320	-21%
	Health Insurance & Cost Sharing Support	\$7,803	\$20,540	+\$12,737	+163%
	Medical Nutrition Therapy	\$48,865	\$15,361	-\$33,504	-69%
SUPPORT SERVICES	Medical Transportation	\$155,382	\$221,888	+\$66,506	+43%
	Non-Medical Case Management	\$85,412	\$118,958	+\$33,546	+39%
	Emergency Financial Assistance	\$78,457	\$65,949	-\$12,508	-16%
	Substance Abuse Services Residential	\$11,642	\$58,408	+\$46,766	+402%
	Outreach (Minority AIDS Initiative)	\$35,169	\$43,569	+\$8,400	+24%
	Health Education/Risk Reduction	\$29,048	\$36,634	+\$7,586	+26%
	Housing	\$16,296	\$31,201	+\$14,905	+91%
	Child Care	\$25,200	\$20,000	-\$5,200	-21%
	Food Bank/Home Delivered Meals	\$18,178	\$17,448	-\$730	-4%
	Outreach Non-MAI	\$64,192	\$14,981	-\$49,211	-77%
TOTAL		\$3,627,410	\$4,261,045	+\$633,635	+17%

c. Implications for Priority Setting

The 2022 RW HIV Needs Assessment provides input from RW clients who are living with HIV. The analysis of client input regarding service demand, unmet need, and barriers to care for treatment services, as well as prevention and support services, provides the HIV Planning Council with important information for making priority setting decisions for the Sacramento TGA.

There were several services that were ranked with both a high service demand *and* a high unmet need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of barriers to care.

The following 7 services - out of 29 services - ranked the highest for combined service demand and unmet need in the 2022 HIV Needs Assessment with "High" defined as a ranking in the top half of service categories for both demand and unmet need. These disparities are imperative to address while establishing priorities for the RW Program.

**HIGHEST RANKED SERVICES
TOP HALF FOR BOTH SERVICE DEMAND AND UNMET NEED
2022 Needs Assessment**

Service Category	2022 Unmet Need	2022 Unmet Need Rank	2022 Total Demand	2022 Total Demand Rank
Oral Health	14%	1	75%	3
Mental Health	13%	3	51%	12
Food Bank / Home Delivered Meals	9%	5	64%	5
Housing	8%	6	53%	9
Medical Transportation	7%	7	53%	10
Psychosocial Support Services	6%	9	54%	8
Health Education/Risk Reduction	4%	14	57%	7

- **Oral Health.** Despite a recent increase in funding between FY20 and FY22, Oral Health has the highest unmet need and is the third highest in overall demand. This input clarifies that additional funding for, and access to, Oral Health continues to be of primary importance to RW clients.
- **Mental Health.** There was a lower percentage increase in funding for Mental Health than Oral Health over the last two years, but Mental Health still ranks highly in both unmet need (#3) and service demand (#12).
- **Food Bank and Home Delivered Meals** receive the second lowest FY22 funding level, however, this category has the fifth highest overall demand and fifth highest unmet need compared to other service categories.
- **Housing Services.** FY22 funding for Housing services is among the lowest levels compared to other service categories, however, it is the ninth highest in service demand and is the sixth highest in unmet need.
- **Medical Transportation.** Despite a recent increase in funding for FY22, Medical Transportation is among those services with the highest unmet need and service demand.
- **Psychosocial Support Services** are among those services with the highest unmet need and service demand; however, these services are not part of the FY22 budget.
- **Health Education and Risk Reduction.** FY22 funding is among the lowest levels compared to other service categories, however, it is among the highest in demand and unmet need.
- **Partner Services,** which assist PLWH in notifying sexual and/or needle sharing partners of possible HIV exposure, was significantly underutilized by 2022 respondents. 59% reported they hadn't been informed of Partner Services before this survey. 56% reported they would use Partner Services but only 12% had used them before. There is more funding needed to educate PLWH about Partner Services and to facilitate their use.
- **Pre-Exposure Prophylaxis (PrEP),** the use of medications to reduce HIV transmission was significantly underutilized by 2022 survey respondents. 23% had never heard of PrEP. Of those who had heard about PrEP, 9% were not sure how PrEP would affect their sex life; 77% reported that they don't feel comfortable talking to their HIV negative partner(s) about PrEP; and 83% reported they wouldn't use condoms for sex if their

partner was on PrEP. Education about PrEP and referrals to PrEP navigation services need to be an integral part of the HIV Continuum of Care.

- 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.

d. Implications for Allocations

- **Oral Health, Housing, Emergency Financial Assistance, and Medical Nutrition** had much higher unmet needs than other categories: 13-14% of respondents had unmet needs in these four categories vs 9% or fewer for all other categories. Of these, Oral Health and Housing also were in the top half in total demand, with more than half of respondents indicating a need for these two services, a large proportion of which went unmet.
- **Oral Health and Housing.** These gaps between supply and demand for Oral Health and Housing persist despite recent significant increases in allocations (+57% and +91% respectively between 2020 and 2022). Given these persistent gaps, allocations for these services should be revisited.
- **Oral Health, Outpatient Medical Care and Mental Health.** The FY22 allocation for Oral Health of \$556,773 was similar to or less the allocations for Outpatient Care and Mental Health, although client demand and unmet need for the latter two were lower than for Oral Health. These three categories comprised 56% of the total FY22 allocations, and because of their magnitude, they demand extra scrutiny to ensure client needs are being appropriately prioritized. The primary barrier unique to Oral Health that should be addressed when revisiting allocations includes appointment availability.
- **Housing.** The \$31,201 allocation in FY22 for Housing was among the lowest for all service categories and was less than 1% of the total allocated for the fiscal year. 2022 COVID funds also were used for housing to supplement RW funding. The magnitude of funding for Housing services should be revisited given the high demand and unmet need. Greater attention and outreach also should be afforded to communities for which housing needs appear to be greater, including women, IDUs, and clients who have a history of experiencing unstable housing.
- **Emergency Financial Assistance and Medical Nutrition.** While demand may not be high, unmet needs for these services are among the most prominent. Despite this gap, the cumulative allocations for these two services are less than 2% of the \$4.3 million total for FY22. In addition to revisiting the magnitude of allocations for these services, special attention should be paid to communities in greatest need, including women and blacks for Medical Nutrition; and clients experiencing unstable housing along with those aged 20-44 for Emergency Financial Assistance.
- **Food- and Meal-related Services** were the fifth highest in overall demand and unmet need, however, the category is the second lowest among all allocations at \$17,448, or 0.4% of the total. Notably, allocations in this category were reduced since FY20 even though the total allocations increased overall by 17% between 2020

and 2022. Considering the level of demand and unmet need for food and meals, the magnitude of funding for these services should likely continue to be revisited in future years. In 2023, for example, an additional \$32,500 has been allocated to this service category.

F-3. IMPLICATIONS FOR SERVICE SYSTEM IMPROVEMENTS

Although not meant to be an exhaustive list of strategies, follows are examples of improvements for the HIV Health Services Planning Council to consider by focusing on services with the highest reported unmet need and barriers to care among survey respondents. In addition, these systemic improvements should be targeted to subpopulations with disproportionate unmet need and barriers to care.

- Knowledge barriers were the top four most commonly reported barriers to care, as follows: 1) didn't know service was available, 2) didn't know how to get the service, 3) didn't know if I was eligible, and 4) didn't know where to receive the service. Improved outreach and case management for PLWH should continue to be prioritized and models of care should continue to be enhanced. Service providers should work to improve awareness of available services through direct client contact at all levels of care, including targeted outreach, case management, and educational campaigns.
- The RW Program should continue to use its sophisticated database, Sacramento HIV/AIDS Reporting Engine (SHARE) to keep RW service providers informed about clients who are not retained in outpatient medical care. For example, SHARE generates a monthly laboratory report that tracks the date of each client's most recent CD4 and HIV viral load tests and distributes analysis to each RW service provider.
- This report, among others, should continue to be distributed monthly to assist providers in identifying clients who are out of HIV medical care; to resolve data issues; to track progress of CQI projects; to identify areas for program improvement; and to assist with retaining clients in all aspects of medical care.
- To support retention in ongoing medical care, Case Managers and other support staff could increase efforts to contact patients directly to inquire about needs and encourage re-entry into medical care. All RW service agencies should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining "no-show" tracking and follow up protocols, including contacting patients within 24 hours of any missed appointments.
- RW service agencies should be encouraged to increase the use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.
- The Council could consider increased technical assistance, capacity building, and networking with current RW service organizations throughout the TGA to educate them about findings and implications of the Needs Assessments to work towards a collaborative approach to improving the overall HIV system of care in the TGA.
- The Council should continue to network with other organizations throughout the Sacramento Region to maximize additional funding opportunities and services for PLWH.
- The Planning Council's Quality Advisory Committee should continue to involve RW consumers in quality improvement efforts by collecting feedback through the annual postcard survey to evaluate services. Expanded

efforts to solicit input from PLWH and service providers should be explored as part of the RW Program's Continuous Quality Improvement (CQI) efforts. For example, facilitated focus groups should be conducted to evaluate the RW program delivery system, including coordination of care and collaboration between service providers.

F-4. IMPLICATIONS FOR FUTURE NEEDS ASSESSMENTS

The HIV Needs Assessment Survey Tool was revised for 2022 to streamline the questions of Service Need, Need Met, and Unmet Need by RW service category. In addition, the survey collected data on Barriers to Care, and Sub-Barriers by service category. This format resulted in more consistent answers from survey respondents as compared to the TGA's past needs assessments. The survey was able to be completed in less time and with less confusion among survey respondents than in previous surveys.

Based on the responses from the new survey format in 2022, there are several potential improvements to both the survey format and content that could help improve the reliability and utility of survey responses for the next survey. There are several questions that the Council, through its Needs Assessment Committee (NAC), may consider making adjustments to for future Needs Assessment Survey Tool, as follows:

- Federal Poverty Level calculations and comparisons require information on the number of people living in one's household. In addition to Needs Assessment Survey Tool's income question (Section 2, #2), the survey should ask "How many people are in your household?" The number of dependents and children is not required to determine FPL percent.
- The question about whether a respondent has used a syringe to inject substances in the past 12 months (Section 2, #11a) should be restricted to substances not prescribed by a medical provider.
- The Hepatitis C Virus (HCV) Needs Assessment survey question (Section 2, #12) asks "Has a medical or service provider ever told you that you have hepatitis C?" HCV comparisons become problematic if each entity (Census, RW Program, Needs Assessment, etc.) ask the question differently. The HCV question should be narrowed to whether a person is currently HCV positive and whether they have been newly infected in the last 12 months (i.e., incidence).
- The 2022 Needs Assessment housing question (Section 3, #13) asks "Over the last 12 months, have you lived in any of the following places? Check all that apply". Homeless, unstable and temporary housing counts for the 2022 Needs Assessment respondents include anyone with those housing types in the last 12 months, are which may not be comparable to other point-in-time housing figures for other populations (e.g., TGA, RW). TGA housing questions were based on current point-in time housing status. The Council should consider revising the survey to ask about current point-in-time housing status and require a single choice response.
- In reviewing the answers to the question "What is the most likely way that you contracted HIV" (Section 4, #22), the response to which is intended to be a single selection of listed choices, at least 4 respondents indicated "Heterosexual" and "IDU" either a) through comments in the "Other" box or b) by multi-selecting two boxes. This suggests that there may be an unmet epidemiological need to track "Heterosexual/IDU" transmission which would be similar to the current "MSM/IDU" category. Alternately, the MSM/IDU category could be removed from the list of options and respondents may be prompted to select only one box. Either of

these changes to the survey tool would require changes to the RW and TGA data collection processes, which may complicate historical trending.

- Some questions requiring a “Y” or “N” response were sometimes entered as “X”. Some single-select or multi-select responses were sometimes entered as something other than “X”. These responses were adjusted on a case-by-case basis to conform with the intended survey response format in an effort to standardize the accounting of question responses during data entry process. In the future, it would be beneficial if the survey administration process includes a careful quality assurance review of the written survey responses to verify that the form was properly filled out prior to completion of the survey session and prior to providing the survey respondent with a gift card.
- Survey formatting related to barriers to care for unmet needs sometimes resulted in inconsistent responses and data input in the “sub-barriers” section, which made analysis of response data for this section of the survey challenging. The example below provides a suggested update to the survey format that would more clearly prompt respondents to select specific sub-barriers. Survey data input also would need to be updated to accommodate the increased specificity, including nineteen options/rows for each sub-barrier, indicating whether the respondent selected the specific sub-barrier or not.

BARRIERS TO CARE				
D	E	F	G	H
Knowledge Didn't know: 1) if service was available 2) if I was eligible 3) how to get 4) where to receive service	Access 1) Appointments not soon enough 2) times not convenient 3) no transportation 4) no childcare 5) language barriers 6) no cell phone	Financial 1) co-pay too high 2) service cost too much 3) no insurance coverage	Personal 1) treated with disrespect 2) previous incarceration 3) wanted privacy of HIV status, mental health or substance use	Health 1) didn't want to take medications 2) hard to navigate system due to physical, mental or substance use issues 3) thought viral load undetectable
Check all that apply:				
① ② ③ ④	① ② ③ ④ ⑤ ⑥	① ② ③	① ② ③	① ② ③

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Committee Development,
Organization and Appointment

No: GOV 01

Date Approved: 12/98

Date Revised: ~~06/24/20~~

Date Reviewed: 06/24/20

BACKGROUND

Committees carry out the majority of Council activity. The authority to establish a committee is stipulated in Article V Committee Structure Section 5.1 of the Bylaws. The effectiveness of a committee is dependent on diverse membership and a well-articulated work plan. The operational structure of committee work is determined by group process and the specific charge of the committee. In this manner, committees remain dynamic and able to address a variety of tasks necessary for the success of the Council.

POLICY

The Council will establish a structure of committees necessary to accomplish ongoing business and planning activities. There shall be at minimum an Executive and Governance Committee. The Executive Committee shall have decision-making authority in those business matters necessary for the uninterrupted operation of the Council and within the parameters established by the Council general membership.

COMMITTEE TYPES

The Council may use three types of committees as defined below;

1. Standing formed primarily from Council membership for permanent and ongoing functions
2. Ad Hoc formed from Council and community members to address a specific issue, task or activity that once resolved requires no further or ongoing meeting (commonly referred to as Work Groups)

3. Advisory formed from experts in a particular field or subject matter for the purpose of advising the Council on complex or sensitive issues

The Council may establish any number of standing committees including, but not limited to, priorities and allocation, needs assessment, service standards, administrative assessment and Council development.

ROLES, RESPONSIBILITIES AND TERMS

Committee Chair

- The Council or the Council Chair, at the direction of the membership, will appoint committee chairs annually
- Shall be the Committee Representative for Executive Committee
- Shall be a member of the Council in good standing
- Will consider the membership of the committee and will appoint new members as needed
- Will coordinate establishment of any new committee including development of goals, objectives or desired product
- Will notify members of location, day and hour of committee meeting
- Will prepare, in cooperation with Council staff, the committee meeting agenda
- Ensures that the committee's work plan is carried out in the most efficient manner reasonable
- Ensures that tasks are completed in a timely manner
- Facilitates open, honest and critical discussion
- Attends the Executive Committee meetings regularly
- Serves as a conduit of communication between committee members, council membership at large and the community
- Prepares written and verbal reports on committee activities
- Cooperates with Council staff

Committee Vice Chair

- Committee membership will elect
- Is a standing member of the Council or an alternate
- Assists the chair with the activities of conducting efficient meetings
- Chairs the committee in the absence of the chair
- Represents the committee to Executive Committee in the absence of the chair

Committee Membership

- Committee membership is expected of each Council member
- The length of membership term shall be two years and is renewable indefinitely
- Composition shall be maintained (optimal) between 5 and 11 with individuals possessing interest or skill base relative to the committee charge
- Composition for the Executive Committee shall be determined as outlined in Article V Committee Structure Section 5.4 of the Bylaws
- Should a Committee fail to include a majority of Council members, the Council Chair, with the assistance of Council staff, shall pursue Council members not actively participating on a Committee to sit as Committee members
- Diversity of stakeholders must be reflected in Committee membership.
- All committee members, regardless of Council membership, must complete an "Application for Appointment to Sacramento Transitional Grant Area (TGA) HIV Health Services Planning Council, Committees or Work Groups" prior to serving on a committee.
- All committee members, regardless of Council membership, must sign the Council's "Acknowledgement of HIV Health Services Planning Council Policies and Including Attendance, Conflict of Interest and Confidentiality."

Alternates

- Committee alternates may be appointed in accordance with rules set out for Council Alternates in the Bylaws Article III, Section 3.6.

Ex Officio Members

- Ex Officio members have the full rights and responsibilities of other members unless otherwise stated in the Council Bylaws.
- Officers of the Planning Council will sit as ex officio members of all committees with full voting privileges, but will not be included in establishing quorum.

Council Staff

- Solicit Council members for interest in standing committee service
- Provide the committee chairs with a sign-up list of interested Council members
- Schedule and publicize meeting times, location and agendas
- Minutes of committee activity will be documented at each meeting

- Provide committees with technical assistance, training or process facilitation as requested
- Ensure the timely dissemination of agendas, minutes and support documents
- Ensure the timely dissemination of committee reports to the Council
- Maintain committee meeting attendance records and provide the Council Chair an attendance report as requested

Committee Work:

- Committees may work flexibly in order to accomplish assigned tasks
- During regular meetings, committee members plan together, and all take part in discussions and decisions
- As needed, all committee members are expected to perform work outside of regular meetings, including, but not limited to, ongoing communication, timely project or activity input, and ability to provide real-time briefing to Council members as appropriate.

PROCEDURES FOR MEETINGS

Meeting access and Notification

- Meeting times and locations are scheduled and coordinated by Council staff.
- All committee meetings are open to the public, except for closed sessions as defined in the most current bylaws and/or the Brown Act with associated amendments.
- Meeting times and places, and to the extent possible, meeting agenda items will be announced to all Council members and to members of the public through Council mailings and other means of communication
- A closed session is permissible only as allowed in accordance with the Brown Act
- Members expecting to be absent from a scheduled meeting are to notify the Council Staff as soon as possible

Quorum

- Business is conducted only if a quorum is present
- As defined in Article VI meetings and Operating Procedures Section 6.3 Quorum of the Bylaws
- ~~Attendance by a member via telephone conference call is allowable~~

Agenda

- An agenda will be produced for each meeting reflecting the annual work plan or issues at hand
- Agenda items not addressed in the course of the meeting will be carried over to the next scheduled meeting and prioritized at the beginning of the succeeding agenda
- Time will be allotted for public comment at each meeting
- Public comment may be limited to previously announced agenda topics at the discretion of the Chair
- Public comment may be limited to a time constraint at the discretion of the Chair.

Decision-making Process

- Each chair will facilitate a group process that best addresses the dynamics of committee membership to ensure timely and successful outcomes
- The chair will ensure that discussion is focused and that all views are represented
- Meetings will be conducted in accordance with Robert's Rules of Order Newly Revised, most current edition.
- If a minority of a committee holds a position different from a majority recommendation, the minority's position will be submitted as a part of the committees report for information purposes

Meeting Participation

- *Appointed members*: Committee members may make motions and vote in committee.
- *Council staff*: Staff members do not participate in the discussion of an agenda item except when called upon by a committee member
- *Invited Advisory Guests*: the chair may invite a person or persons to attend a meeting to participate in the discussion of one or more agenda items, or to provide technical assistance, training or other expertise.
- *Council members not appointed to the committee*: may attend any committee meeting and may participate in the discussion of agenda items but shall not be permitted to vote.
- *Members of the public*: may attend and participate in the discussion during allotted time at any (non-closed) committee meeting, but may not make motions or vote on issues.

Meeting Minutes and Committee Reports

- Meeting minutes will be documented at every meeting and will document attendance, actions taken and agenda topics for the next committee session
- The most recent meeting minutes will be distributed to committee members in a manner reasonably consistent with public information dissemination methods, at least one week in advance of the next scheduled meeting
- All attachments and supplementary materials will be available prior to the scheduled meeting

Signed:



~~Kristina Kendrick-Clark, Chair~~

Date: 6/24/20

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Committee Development,
Organization and Appointment

No: GOV 01
Date Approved: 12/98
Date Revised: ~~06/24/20~~
Date Reviewed: 06/24/20

BACKGROUND

Committees carry out the majority of Council activity. The authority to establish a committee is stipulated in Article V Committee Structure Section 5.1 of the Bylaws. The effectiveness of a committee is dependent on diverse membership and a well-articulated work plan. The operational structure of committee work is determined by group process and the specific charge of the committee. In this manner, committees remain dynamic and able to address a variety of tasks necessary for the success of the Council.

POLICY

~~The~~ Council [membership](#) will establish a structure of committees necessary to accomplish ongoing business and planning activities. There shall be at minimum an Executive and Governance Committee. The Executive Committee shall have decision-making authority in those business matters necessary for the uninterrupted operation of the Council and within the parameters established by ~~the~~ Council general membership.

COMMITTEE TYPES

The Council may use three types of committees as defined below;

1. Standing formed primarily from Council membership for permanent and ongoing functions
2. Ad Hoc formed from Council and community members to address a specific issue, task or activity that once resolved requires no further or ongoing meeting (commonly referred to as Work Groups)

3. Advisory formed from experts in a particular field or subject matter for the purpose of advising the Council on complex or sensitive issues

The Council may establish any number of standing committees including, but not limited to, priorities and allocation, needs assessment, service standards, administrative assessment and Council development.

ROLES, RESPONSIBILITIES AND TERMS

Committee Chairs

- The ~~Council or the~~ Council Chair, as delegated by the general membership at the direction of the membership, will appoint committee chairs annually
- The Council Chair will represent ~~Shall be the Committee Representative, matters of the~~ ~~for~~ Executive Committee
- The Council Chair may call for a committee or ad hoc group to address specific needs of the Council including desired goals and objectives tasked to the committee
- All committee chairs ~~Shall~~ will be a member of the Council in good standing except as otherwise noted with regard to ad hoc or specially convened work groups
- All committee chairs ~~Will~~ consider the membership of the committee and ~~will~~ appoint new members based on the intent of the committee and reflective diversity as needed
- ~~Will coordinate establishment of any new committee including development of goals, objectives or desired product~~
- All committee chairs will manage scheduling, communication and facilitation of committee work ~~Will notify members of location, day and hour of committee meeting~~
- All committee chairs ~~Will prepare,~~ in cooperation with Council staff, will facilitate the setting of agendas, conducting of business and monitoring of the respective committee work plan ~~the committee meeting agenda~~
- ~~Ensures that the committee's work plan is carried out in the most efficient manner reasonable~~
- ~~Ensures that tasks are completed in a timely manner~~
- Committee decorum will honor ~~Facilitates~~ open, honest, and objective ~~and~~ critical discussion
- All committee chairs are expected to ~~Attends the~~ Executive Committee meetings as appropriate regularly
- Committee chairs and members represent the interests of both the

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Counsel and service community to enhance communication and cooperation between all stakeholder groups. Serves as a conduit of communication between committee members, council membership at large and the community

- Ad hoc committee chairs may invite interested parties of special expertise without Council member standing at the discretion of the Council Chair
- Prepares written and verbal reports on committee activities
- Cooperates with Council staff

Council Committee Vice Chair

- Will be elected by Committee the Council membership will elect
- Is a standing member of the Council or an alternate
- May Assists the chair with the business of the activities of conducting efficient meetings Council
- Will chair Council meetings is the absence of the Council Chair
- Will Chairs the Executive eCommittee in the absence of the chair
- Represents the committee to Executive Committee in the absence of the chair
- General committee chairs may designate a committee vice chair

Committee Principles Membership

- Participation on committees is encouraged of all members. Committee membership is expected of each Council member.
- Active recruitment of member participation on committee is a shared responsibility of the Council Chair, Executive Committee and membership at large.
- Terms for Committee participation. The length of membership term shall ~~will~~ be two years and is renewable indefinitely.
- Committee participants will represent diversity, interest or requisite knowledge reflective of the composition shall be maintained (optimal) between 5 and 11 with individuals possessing interest or skill base relative to the committee charge.
- Optimal membership is between 5 and 11 individuals or as determined by the function and purpose of the group defined by the Council Chair or majority membership.
- Composition for the Executive Committee composition is shall be stipulated determined as outlined in Article V Committee Structure Section 5.4 of the Bylaws
- ~~Should a Committee fail to include a majority of Council members, the Council Chair, with the assistance of Council staff, shall pursue Council members not actively participating on a Committee to sit as Committee members.~~
- ~~Diversity of stakeholders must be reflected in Committee membership.~~
- ~~All committee members, regardless of Council membership, must complete an "Application for Appointment to Sacramento Transitional Grant Area (TGA) HIV Health Services Planning Council, Committees or Work Groups" prior to serving on a committee.~~
- ~~All committee members, regardless of Council membership, must sign the Council's "Acknowledgement of HIV Health Services Planning Council Policies and Including Attendance, Conflict of Interest and Confidentiality."~~
- Committees are self-governed to accomplish the established work-plan through team dynamics, delegation of tasks, commitment, and fulfillment of responsibilities, constructive debate and timely response to the Council members at large.
- Minority opinions are to be represented as part of the majority action taken with respect to informing the Council of the majority recommendation.
- Meetings will be conducted in accordance with Robert's Rules of Order Newly Revised, most current edition.
- All committee meetings are open to the public, except for closed sessions as defined in the most current bylaws and/or the Brown Act with associated amendments.
- Committee meetings will comply with all disclosure, open meeting,

noticing, conflict of interest and general procedural requirements applicable to full membership Council meetings.

- Notice of committee member anticipated absences will be communicated to the committee chair or Council support staff

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Alternates and Non-Council Members

- Committee alternates may be appointed in accordance with rules set out for Council Alternates in the Bylaws Article III, Section 3.6.
- A committee chair may invite a person or persons to participate in committee activities for the purpose of technical assistance, training or other contributions pertinent to the work plan of the specific committee.
- Members of the public: may attend and participate in the discussion during allotted time at any (non-closed) committee meeting consistent with the procedures adopted for the general Council meetings
- General Council members may attend any committee meeting as non-voting members
- Council support staff may engage in discussion at the discretion of the committee chair for the provision of administrative guidance, matters of contractual necessity and fiscal governance

Ex Officio Members

- Ex Officio members have the full rights and responsibilities of other members unless otherwise stated in the Council Bylaws.
- Officers of the Planning Council will sit as ex officio members of all committees with full voting privileges, but will not be included in establishing quorum.
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-

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Council Staff

- ~~Solicit Council members for interest in standing committee service~~
- ~~Provide the committee chairs with a sign-up list of interested Council members~~
- ~~Schedule and publicize meeting times, location and agendas~~
- ~~Minutes of committee activity will be documented at each meeting~~
- Provides general administrative support for the maintenance of

- established committees or work groups
- Coordinates the publication of meeting notices, distribution of agenda, minutes and the archiving of referenced materials, establishing the meeting venue and location and maintaining incidentals related to the effective function of committee work
- Maintains committee attendance records

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Documentation

- An agenda will be developed for each meeting reflecting the annual work plan, new and old business, current meeting date and proposed future meeting date
- Minutes will be recorded for all open session committee meetings documenting the activities and actions taken by the members of the committee consistent with standard rules of order
- ~~Provide committees with technical assistance, training or process facilitation as requested~~
- ~~Ensure the timely dissemination of agendas, minutes and support documents~~
- ~~Ensure the timely dissemination of committee reports to the Council~~
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- ~~Committees may work flexibly in order to accomplish assigned tasks~~
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PROCEDURES FOR MEETINGS

Meeting access and Notification

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- ~~Members expecting to be absent from a scheduled meeting are to notify the Council Staff as soon as possible~~

Quorum

- ~~Business is conducted only if a quorum is present~~
- ~~As defined in Article VI meetings and Operating Procedures Section 6.3 Quorum of the Bylaws~~
- ~~Attendance by a member via telephone conference call is allowable~~

Agenda

- ~~An agenda will be produced for each meeting reflecting the annual work plan or issues at hand~~
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- ~~Each chair will facilitate a group process that best addresses the dynamics of committee membership to ensure timely and successful outcomes~~
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Meeting Participation

- ~~Appointed members: Committee members may make motions and vote in committee.~~
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HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Committee Development,
Organization and Appointment

No: GOV 01
Date Approved: 12/98
Date Revised:
Date Reviewed: 06/24/20

BACKGROUND

Committees carry out the majority of Council activity. The authority to establish a committee is stipulated in Article V Committee Structure Section 5.1 of the Bylaws. The effectiveness of a committee is dependent on diverse membership and a well-articulated work plan. The operational structure of committee work is determined by group process and the specific charge of the committee. In this manner, committees remain dynamic and able to address a variety of tasks necessary for the success of the Council.

POLICY

Council membership will establish a structure of committees necessary to accomplish ongoing business and planning activities. There shall be at minimum an Executive and Governance Committee. The Executive Committee shall have decision-making authority in those business matters necessary for the uninterrupted operation of the Council and within the parameters established by Council general membership.

COMMITTEE TYPES

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The Council may establish any number of standing committees including, but not limited to, priorities and allocation, needs assessment, service standards, administrative assessment and Council development.

ROLES, RESPONSIBILITIES AND TERMS

Committee Chairs

- The Council Chair, as delegated by the general membership will appoint committee chairs annually
- The Council Chair will represent matters of the Executive Committee
- The Council Chair may call for a committee or ad hoc group to address specific needs of the Council including desired goals and objectives tasked to the committee
- All committee chairs will be a member of the Council in good standing
- All committee chairs consider the membership of the committee and appoint new members based on the intent of the committee and reflective diversity
- All committee chairs will manage scheduling, communication and facilitation of committee work
- All committee chairs in cooperation with Council staff, will facilitate the setting of agendas, conducting of business and monitoring of the respective committee work plan
- Committee decorum will honor open, honest, and objective critical discussion
- All committee chairs are expected to attend Executive Committee meetings as appropriate
- Committee chairs and members represent the interests of both the Council and service community to enhance communication and cooperation between all stakeholder groups.
- Ad hoc committee chairs may invite interested parties of special expertise/experience without Council member standing at the discretion of the Council Chair

Council Vice-Chair

- Will be elected by the Council membership

- Is a standing member of the Council or an alternate
- May assist the Council Chair with the business of the Council
- Will chair Council meetings in the absence of the Council Chair
- Will Chair the Executive Committee in the absence of the chair
- General committee chairs may designate a vice-chair

Committee Principles

- Participation on committees is encouraged of all Council members
- Active recruitment of member participation on committee is a shared responsibility of the Council Chair, Executive Committee and membership at large
- Terms for Committee participation will be two years and renewable
- Committee participants will represent diversity, interest or requisite knowledge reflective of the committee charge
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- Meetings will be conducted in accordance with Robert's Rules of Order Newly Revised, most current edition.
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- While Ex Officio members may vote in general committee session commonly this is the exception rather than the rule.
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Council Staff

- Provides general administrative support for the maintenance of established committees or work groups
- Coordinates the publication of meeting notices, distribution of agenda, minutes and the archiving of referenced materials, establishing the meeting venue and location and maintaining incidentals related to the effective function of committee work
- Maintains committee attendance records

Quorum

- Business is conducted only if a quorum is present
- As defined in Article VI meetings and Operating Procedures Section 6.3 Quorum of the Bylaws

Agenda

- An agenda will be produced for each meeting reflecting the annual work plan or issues at hand
- Agenda items not addressed in the course of the meeting will be carried over to the next scheduled meeting and prioritized at the beginning of the succeeding agenda
- Time will be allotted for public comment at each meeting
- Public comment may be limited to previously announced agenda topics at the discretion of the Chair
- Public comment may be limited to a time constraint at the discretion of the Chair.

Documentation

- An agenda will be developed for each meeting reflecting the annual work plan, new and old business, current meeting date and proposed future meeting date
- Minutes will be recorded for all open session committee meetings documenting the activities and actions taken by the members of the committee consistent with standard rules of order

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Officer Elections

No.: GOV 10

Date Approved: 01/26/05

Date Revised: ~~08/26/15~~

Date Reviewed: ~~06/24/20~~

Background:

As noted 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 as soon as possible when positions become vacant through expiring terms, removal or resignation from office and will follow a uniform procedure to ensure consistency and fairness to all candidates.

Procedure:

Elections will be formally announced and publicized one month prior to the meeting of the Planning Council wherein officer elections will be held. Formal announcement will include a description of officer roles and responsibilities as well as an overview of the nomination and election process.

Officer elections will take place in the following sequence: Chair and Vice Chair. Members may be nominated for more than one officer position, but may only serve in the capacity of one position at a time. All nominations and elections will occur in sequence, and distinct from one another. The following procedure shall be followed in the election of Planning Council officers:

- 1) Nominations for Chair will be taken from the floor, including self-nominations

- 2) Nominees will accept or decline nomination for open position
- 3) Staff will record nominations
- 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) Staff 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) Proceed to nomination and election of the Vice Chair as outlined above.*

* If there is only one nominee, the Council Chair may chose 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:

Richard Benavidez, Chair

Date: 6/24/20

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Officer Elections

No.: GOV 10

Date Approved: 01/26/05

Date Revised: 08/26/15

Date Reviewed: 06/24/20

Background:

As ~~stipulated~~ ~~noted~~ 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 as soon as possible when positions become vacant~~ ~~exists by through expiring terms expiration, and~~ removal or resignation from ~~office~~ ~~office.~~ ~~and will follow a uniform procedure to ensure consistency and fairness to all candidates.~~

Procedure:

Elections will be ~~formally announced~~ ~~acknowledged~~ and publicized one month prior to ~~a the~~ meeting of the Planning Council ~~in anticipation of an election to fill the officer vacancy wherein officer elections will be held.~~ ~~A vacancy notice will be issued.~~ ~~Formal announcement will include a identifying the office along with a description of officer of roles and responsibilities of the officer.~~ ~~as well as an overview of the nomination and election process.~~

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: in the following sequence: Chair and Vice Chair. Members may be nominated for more than one officer position, but may only serve in the capacity of one position at a time. All nominations and elections will occur in sequence, and distinct from one another. The following procedure shall be followed in the election of Planning Council officers:~~

- 1) Nominations for Chair will be taken from the floor, including self-nominations
- 2) Nominees will accept or decline nomination for the Chair open position
- 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 Staff 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) ~~Proceed to nomination and election of the Vice Chair as outlined above. The process will be repeated for the officer of vice chair~~

Commented [MU1]: Do you want to consider write ins?

~~Do you want to permit the direct appointment of the Vice Chair or Committee Chairs by the Council Chair if there is only one nominee? If so, need draft language here.~~

Commented [MU2]: I moved this comment from text to here. don't know who made this comment. "Do you want to permit the direct appointment of the Vice Chair or Committee Chairs by the Council Chair if there is only one nominee? If so, need draft language here."

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

Approved: Richard Benavidez, Chair

Date: 6/24/20

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

Meeting Agenda

June 28, 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	
May 2023 Agenda*	Benavidez	
Minutes of April 2023*	Benavidez	
State Office of AIDS May 2023 Update	Pulupa	
Presentation: LGBT Center Update	Christi Gray	

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

CPG/HIV/STI Prevention Updates	All	As Needed	
Recipient Report: <ul style="list-style-type: none"> ➤ FY23 March Part A Monthly Fiscal Report* ➤ FY23 March Part B Monthly Fiscal Report ➤ SOA Ending the HIV Epidemic Update ➤ HRSA Part A Ending the Epidemic Update 	Caravella		
Committee/Work Group Updates <ul style="list-style-type: none"> ➤ Administrative Assessment Committee <ul style="list-style-type: none"> ➤ FY22 AdAC Year-End Review Results ➤ Next Meeting TBD ➤ Affected Communities Committee <ul style="list-style-type: none"> ➤ Community Presentations ➤ Reflectiveness ➤ Priorities and Allocations <ul style="list-style-type: none"> ➤ FY24 Priorities* ➤ FY23 PAC Overview* ➤ Executive Committee ➤ Quality Advisory Committee <ul style="list-style-type: none"> ➤ FY22 Post Card Survey Report Findings ➤ FY22 Client Satisfaction Survey Findings ➤ Needs Assessment Committee <ul style="list-style-type: none"> ➤ FY22 Needs Assessment Report ➤ AdHoc WorkGroup ➤ Governance <ul style="list-style-type: none"> ➤ GOV-01 Committee Development* ➤ GOV-10 Officer Elections* 	Willett Zach B. Bradley-Rowe Benavidez Kendrick-Clark Miranda Zach B. Ungeheuer		
Binder Updates	Caravella		
Public Comments-Non-Agenda Items	All		
Technical Assistance	Benavidez		
Adjournment	Benavidez		12:00 pm

Attachments:

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

- Minutes of May 2023*
- June 2023 OA Voice Update
- FY23 March Part A Monthly Fiscal Report*
- FY23 March Part B Monthly Fiscal Report
- FY22 AdAC Year-End Review Results
- FY24 Priorities*
- FY23 PAC Overview*
- FY22 Post Card Survey Report Findings
- FY22 Client Satisfaction Survey Findings
- FY22 Final Needs Assessment Report
- GOV -01 Committee Development*
- GOV-10 Officer Elections*

NEXT MEETING: August 23, 2023
September 27, 2023
October 25, 2023
December 13, 2023
January 24, 2024
February 28, 2024