Department of Health Services
Peter Beilenson, MD, MPH,
Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

FY18 Annual Progress Report, Sacramento Transitional Grant Area

I.a. FY2018 FINAL SERVICE CATEGORY TABLE AND COMMENTS

See **Attachment A**

I.b. FY2018 FINAL CARE CONTINUUM

See **Attachment B**

I.c. UTILIZATION AND TRENDS IN CARE:

Utilization and trend data were compiled for March 2018 through February 2019. Overall, the Transitional Grant Area (TGA) served 2,525 unduplicated clients. This represents a 1.2% increase (29 new clients) over the prior year ***total*** clients of 2,496 in 2017.

During Fiscal Year 2018, the TGA and Yolo County, served a total of 268 ***new*** unduplicated clients, or clients who have never been served by the Ryan White system of care in any previous year. Whereas in Fiscal Year 2017, the TGA served a total of 239 new unduplicated clients. This data reflects a 12.1% increase in new clients over the previous year in the three-county TGA and the Yolo County area.

Of the 268 new clients (in the TGA) in 2018, 216 resided in Sacramento, 20 in Placer, and 13 in El Dorado County. In comparison, of the 239 new unduplicated clients in 2017, 195 resided in Sacramento, 16 in Placer, and 13 in El Dorado County. This marks a 10.8% increase in clients in Sacramento and a 25% increase in clients in Placer County.

Additionally, 19 new clients were reported from Yolo County, a non-TGA Part B-funded only county compared to the prior year (FY17) when there were 17 new unduplicated clients.

Comparisons of year-to-date FY2018 client demographics and FY 2017 data reveal the following trends:

Total Clients:

In 2018, the TGA served 2,525 total clients compared to 2,496 last year representing a 1.2% increase in total clients overall. Of the 2,525 clients served in FY18, 2,486 were people living with HIV/AIDS and there were an additional 39 Affected/Indeterminate clients receiving services. In FY17, 2,455 were people living with HIV/AIDS and there were an additional 41 Affected/Indeterminate clients receiving services.

Of the total clients above, 118 clients lived in Yolo County, a non-TGA county compared to the prior year (FY17) when there were 102 Yolo County clients.

New Clients:

As mentioned in the Utilization and Trends in Care above, the TGA has served a total of 268 new unduplicated clients who had never been seen in the Ryan White system of care before this year. This represents a 12.1% increase over the prior year in which the three-county TGA served 239 new clients.

Yolo County served 19 new unduplicated clients in FY18 compared to 17 the prior year.

Clients by CD4:

Based on a comparison between fiscal years 2017 and 2018, clients' CD4 counts showed a slight improvement overall with a 0.06% decrease in CD4 counts below 499. There was also a 0.13% increase in the number and percent of unknown CD4 counts. Below is a breakdown of the HIV+ client's CD4 counts.

	2018			2017	
CD4 Range	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Below 200	222	8.79%		221	8.85%
200 - 499	703	27.48%		686	27.48%
500 - 749	717	28.40%		712	28.53%
750 - 1,499	767	30.38%		754	30.21%
Greater than 1,500	39	1.54%		40	1.6%
Unknown/Unreported	38	1.5%		42	1.68%
Group Total	2,486			2,455	
Affected/Indeterminate	39			41	
Total Clients	2,525			2,496	

Clients by Viral Load:

A review of clients by viral load for fiscal year 2018 in comparison with fiscal year 2017, notes an increase in clients who are virally suppressed (VL <= 200), but within that range, a slight decrease in undetectable viral load counts.

	2018			2017	
Viral Load	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Unknown/Unreported	41	1.65%		42	1.71%
<= 20 (Undetectable)	1,613	64.88%		1,632	66.48%
21 - 200 (Virally Suppressed <=200)	446	17.94%		411	16.74%
201 - 999	81	3.26%		75	3.05%
1,000 - 4,999	61	2.45%		54	2.20%
5,000 - 9,999	34	1.37%		31	1.26%
10,000 - 24,999	53	2.13%		62	2.53%
25,000 - 74,999	69	2.78%		70	2.85%
75,000 or Higher	88	3.54%		78	3.18%
Group Total	2,486			2,455	
Affected/Indeterminate	39			41	
Total Clients	2,525			2,496	

Clients by County:

During fiscal year 2018, 84.24% of the clients (2,127) resided in Sacramento County. Placer County was home to 6.77% (171 clients); El Dorado 4.28% (108 clients); and, Yolo County 4.67% (118 clients).

In comparison, during fiscal year 2017, 85.38% of the clients (2,131) resided in Sacramento County. Placer County was home to 6.01% (150 clients); El Dorado 4.13% (103 clients); and, Yolo County 4.09% (102 clients).

Of significant note is the increase in clients in Placer County where there is only one Ryan White provider, Sierra Foothills AIDS Foundation. The increase of clients creates a strain on the limited resources and increased transportation costs for clients seeking medical care at One Community Health (formerly known as Cares Community Health) in Sacramento County.

While the Counties of Alpine and Yolo are not part of the Part A Sacramento Transitional Grant Area, the County of Sacramento is the Fiscal Agent for the Part B funds from the State of

California. These clients may also obtain services in Sacramento. Therefore, the clients are included for reference. It should be noted that any increases in clients in Yolo County also creates a strain on services with the one Ryan White funded provider, Communicare Health Center, in that county.

Clients by Age:

In this reporting period, the Sacramento TGA observed an increase in HIV+ clients between the ages of 0-44 (918 clients in FY2018 compared to 828 in 2017). The age group of 25-44 years of age saw an *increase* (2.1%) in the percent of clients. Youth 20-24 showed an *increase* both in number/percent of new clients. The increase of 25 clients or 65.8% in youth, in this age group, is alarming.

For those 45 years and over, there was a 3.6% decrease in clients served in 2018 (1,568 clients) compared to 2017 (1,627 clients). Additionally, during the 2018 year, the Ryan White system has been following the exposed infants who must be medically followed until they are two years old before they can be confirmed as negative clients. These clients are HIV Indeterminant (under age 2), and the TGA followed a total of 4 exposed infants during this time period.

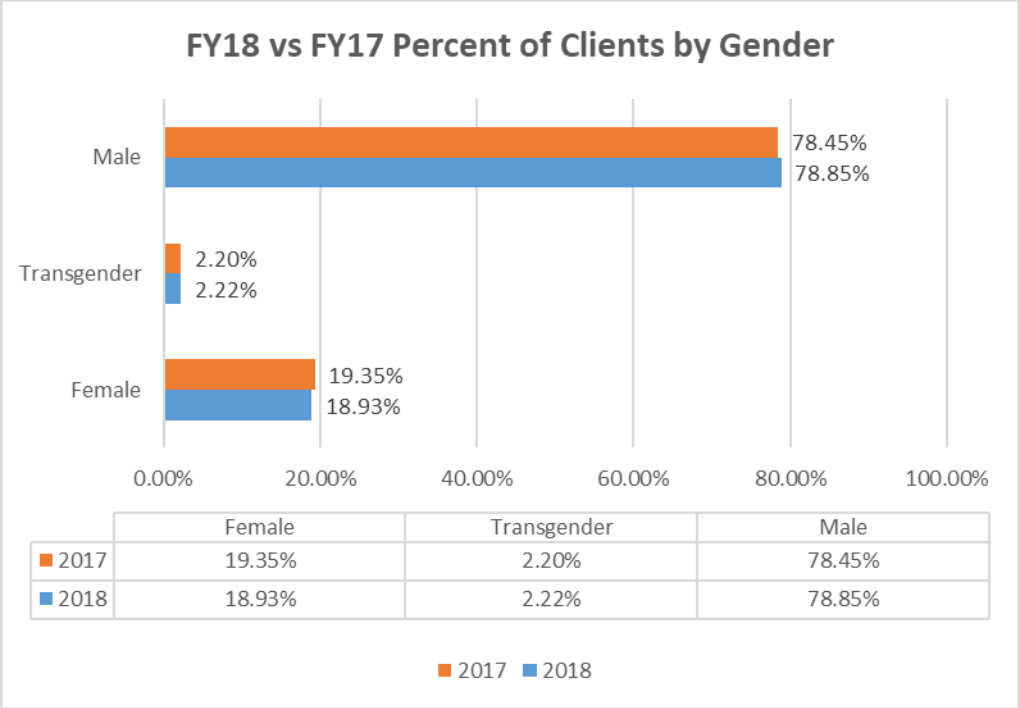
	2018					2017			
Age Category	# of HIV+ Clients	# of HIV- Clients	% of HIV+ Clients	% of HIV- Clients		# of HIV+ Clients	# of HIV- Clients	% of HIV+ Clients	% of HIV- Clients
Infants 0 - 2 years	0	4	0.00%	0.16%		0	2	0.00%	0.08%
Children 3 - 12 years	2	21	0.08%	0.83%		2	24	0.08%	0.96%
Youth 13 - 19 years	18	14	0.71%	0.55%		15	15	0.60%	0.60%
Youth 20 - 24 years	63	0	2.50%	0.00%		38	0	1.52%	0.00%
Adults 25 - 44 years	835	0	33.07%	0.00%		773	0	30.97%	0.00%
Adults 45 - 59 years	1,077	0	42.65%	0.00%		1,096	0	43.91%	0.00%
Adults 60+	491	0	19.45%	0.00%		531	0	21.27%	0.00%
Unknown	0	0	0.00%	0.00%		0	0	-	0.00%
Group Total	2,486	39	98.46%	1.54%		2,455	41	98.35%	1.64%
Total Clients	2,525		100.00%			2,496		99.99%*	

* Percentage off due to rounding

Clients by Gender:

In FY18, males represented 78.85% of the clients; transgender represented 2.22% of the clients; and, females 18.93%. With an increase in the total clients served in FY18 (2,525) compared to FY17 (2,496), there was a slight increase in the percentage of clients for both

transgender and male clients compared to fiscal year 2017. In fiscal year 2017, males represented 78.45%; transgender clients represented 2.2% of the total clients; and, females 19.35%.

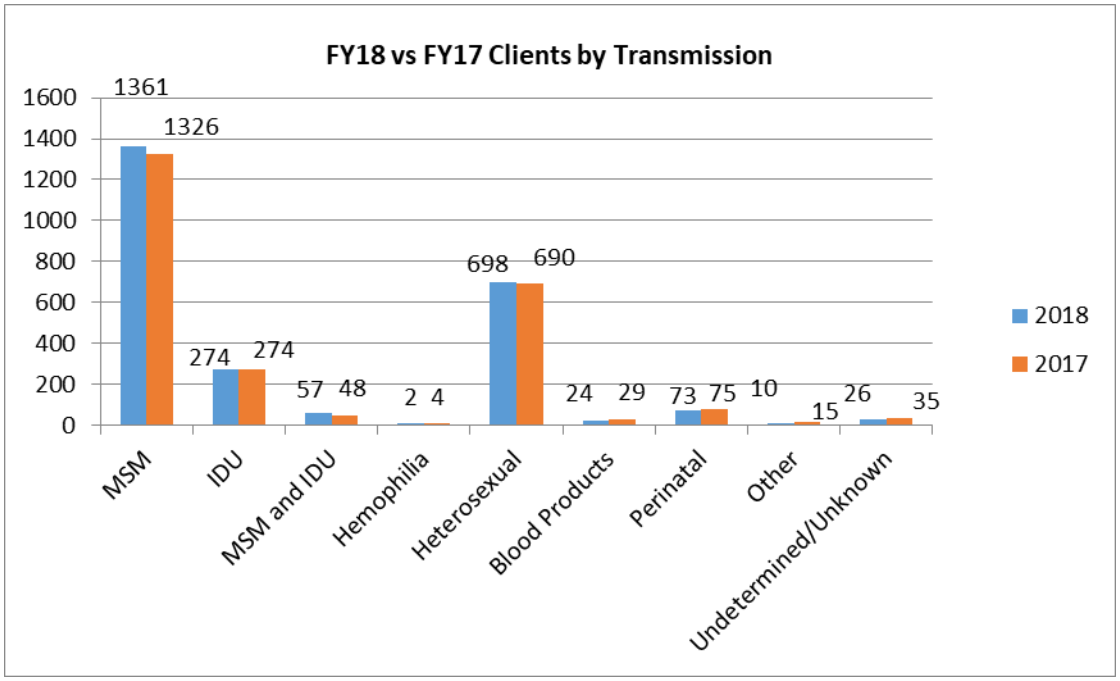


	Female	Transgender	Male
2017	19.35%	2.20%	78.45%
2018	18.93%	2.22%	78.85%

Our final WICY (Women, Infants, Children and Youth) expenditures show that Sacramento is responding to the needs of women by allocating and expending funds targeted to women in an amount that exceeds their current representation in the epidemic. Total expenditures for WICY must meet a minimum of 18.79% of the total Part A and Part A MAI direct service grant award. At year-end, WICY expenditures ($976,913) represented 34.2% (Part A and Part A MAI) of the grant award is direct service expenditures. See **Attachment C**.

Clients by Transmission:

There has been no significant change in the transmission methods of the clients in the TGA. Men Having Sex with Men (MSMs) continues to represent the highest transmission level at 56.16% (MSM and MSM/IDU combined), followed by heterosexual transmission (27.64%) and Intravenous Drug Use (10.85%). As documented in our FY19 grant application, High-Risk Heterosexuals experienced an increase in the percent of people living with HIV (PLWH) transmission between 1995 and 2017 (7% vs 17.8%). Heterosexual transmission is the second largest percent of PLWH in the TGA.



Clients by Income:

Although there were more clients served in FY18 compared to FY17, there was a slight decrease in the number/percent of clients below 138% of poverty. In FY17, clients with an income of 138% or less accounted for 79.29% of individuals (1,979) receiving Ryan White services. In FY18, they accounted for 78.73% (1,988 clients).

Clients by Income	2018		2017	
	Count	Percent	Count	Percent
No Income	928	36.75%	913	36.58%
100% of Poverty	798	31.60%	814	32.61%
101- 138% of Poverty	262	10.38%	252	10.10%
139-250% of Poverty	377	14.93%	365	14.62%
251-300% of Poverty	81	3.21%	72	2.88%
Over 300% of Poverty	79	3.13%	80	3.21%
Totals	2,525	100.00%	2,496	100.00%

Clients by Ethnicity:

There has been no significant change to client ethnicity in the Sacramento TGA. See **Attachment D** "Client Demographic Reports." Compared to their percentage in the general population, African-American clients are the most significantly over-represented in the epidemic.

I.c.1. National Goals to End the HIV Epidemic:

- Accomplishments in reducing new infections:

On behalf of the Sacramento Community, Sacramento County Public Health Division continues to host an STD/HIV Stakeholder group, the Sacramento Workgroup to Improve Sexual Health (SacWISH) with a goal of intensifying HIV and STD prevention, testing, and treatment efforts in the community in order to reduce new infections and increase the percentage of persons who know their sero-status and are linked to and receive care. The Coalition is comprised of a broad range of community partners including medical clinics, testing agencies, school districts, local and state public health representatives and non-profit agencies that work closely with high-risk populations. Additionally, in an effort to provide more integrated and enhanced services, the Public Health Department itself merged its STD, HIV and Surveillance programs, and all Communicable Disease Investigators and STD Investigators have been cross-trained to ensure that follow up with persons with any reportable STD or HIV condition receive appropriate testing for all of these conditions. Intensive follow-up is conducted to ensure that all clients access medical care as soon as possible. The Ryan White CARE program is working closely with the surveillance staff and STD/CDI staff to share information to determine a client's status of care.

Additionally, the *ZERO New HIV Infections TOGETHER* campaign, initiated by the One Community Health FQHC, continues its collaborative community-wide campaign to advance information and activities to reduce new HIV infections including the distribution of provider tool kits and client information on the availability of PrEP in our community. The Strategic Plan is included as **Attachment E.**

- Increasing access to care:

The Ryan White CARE Program continued its funding support for Benefit and Enrollment Counselors to ensure clients receive assistance in enrolling in any public benefits for which they may be eligible, including Medi-Cal (Medicaid), Covered California (ACA) health plans, California's ADAP program, and the State Health Insurance Premium Payment programs. There were 974 clients receiving Benefits and Enrollment Services in FY18, a decrease of approximately 0.6% over FY17 when 980 clients received those same services.

Enrollment Counselors are co-located at the same site as the Ryan White ambulatory/outpatient clinic and new clients are immediately scheduled for a Benefits Counseling appointment to ensure they obtain immediate enrollment assistance in various programs available here in California. All of the Enrollment Counselors are certified in the aforementioned programs and have the ability to provide electronic applications on behalf of the client. This service has significantly improved client's access to care within the region.

- Reducing Health-Related Disparities:

The TGA has employed a Continuous Quality Management program that utilizes a significant number of field based Medical Case Managers who provide services to clients at

various sites that are more comfortable and convenient to the clients, often meeting them in their homes or in homeless camps to ensure their access to care. Quality Indicators for the TGA require that all Ryan White sub-recipients, regardless of the service they provide, document and track a client's retention in care and viral load status. Clients who receive their care from the Ryan White system are provided high quality care that strives to meet all PHS Guidelines for the treatment of persons with HIV/AIDS. The TGA's only outpatient HIV clinic also offers a one-stop shop for clients where they can fill their medications at the on-site pharmacy, obtain Mental Health and Substance Abuse counseling, Medical Case Management, Benefits Counseling, Nutritional Counseling, Oral Health Care and support services such as transportation, insurance and medical co-payment assistance and Emergency Financial Assistance. By adding the Insurance Premium Assistance category of services funded by Ryan White since the implementation of the ACA, the Planning Council has taken a step to reduce health disparities of our HIV+ population by ensuring eligible clients have assistance when needed to pay for their medication and medical visit co-payments, ensuring a seamless system of access to care. While all eligible clients are enrolled in the State's Health Insurance Premium Assistance program, Ryan White funds may still be needed for the first month's premiums while program eligibility approval is being processed by the State. A process is in place to recover those payments once the State pays those premiums retroactively, and those recoveries become program income.

I.c.2. Evolving Healthcare Landscape

- Impact on Planning and Allocations:

The Sacramento TGA's HIV Health Services Planning Council's Priorities and Allocations Committee (PAC) is tasked with recommendations for priority setting and allocations. With Fiscal Year 2013 marking the implementation of the Affordable Care Act (ACA), the Committee, in addition to considering historical utilization data, Needs Assessments, and year-end reports, also accounted for potential cost-savings from clients who had enrolled in ACA insurance plans. The primary cost savings have been in viral load and CD4 lab tests. The Planning Council did fund the Health Insurance Premium and Cost-Sharing Assistance Program service category in an attempt to ensure clients could meet their deductibles and co-pays. In FY18, 22 clients received Health Insurance Premium and Cost-Sharing Assistance while 33 clients received those same services in FY17, representing a 33.3% decrease in clients needing Health Insurance Premium and Cost-Sharing Assistance over the prior year.

- Enrollment

At the end of FY 2018, 94.31% of the clients in the Ryan White system of care had a third party payer: 15.78% had private insurance and 8.53% had some form of public insurance through Medicare, Medicaid, or local other governmental programs. However, 5.7% had no insurance.

At the end of FY 2017, 94.65% of the clients in the Ryan White system of care had a third party payer: 16.4% had private insurance and 78.25% had some form of public insurance through Medicare, Medicaid, or local other governmental programs. However, 5.36% had no insurance.

We estimate approximately 5% of clients with no insurance were undocumented and therefore ineligible for public health insurance benefits, and some clients were awaiting approval from government funded insurance carriers.

I.c.3. Achieving all HIV Care Continuum Targets:

Quality-of-Care issues are addressed through on-going technical assistance training by the Recipient at mandatory Service Provider/Sub-recipient meetings. Reports on Clients In/Not in Medical Care, Incomplete Intake Reports, HAB information, AAHIV National Advocacy updates, and various HIV related articles are distributed to sub-recipients at meetings and via e-mail. Sub-recipients are apprised of new Service Standards under review by the Planning Council and encouraged to provide input toward the development of standards within their areas of expertise. Once adopted by the Council, Service Standards are distributed to all sub-recipients for implementation with training and assistance provided by the Recipient at various meetings. Sub-recipients are also provided with a "Provider Orientation Manual" which contains on-going up-dates of Service Standards and Service Directives adopted by the Planning Council each year. This system of sub-recipients participation in the development of new or up-dated standards promotes acceptance and immediate implementation of new standards. These activities improve the quality of care issues involving all of the TGA's funded service categories and address HRSA's emphasis to improve quality of care to all Ryan White service recipients.

On-going monitoring of performance and outcome indicators has revealed that the TGA is doing an exceptional job of providing quality care to its clients. Refer to **Attachment F**, "FY18 Performance Outcomes". During the fiscal year 2018, the Sacramento Transitional Grant Area served 2,525 unduplicated clients. Of the total 1,984 clients who received Ryan White Ambulatory Care services from the continuum of care, 85.74% (1,701 out of 1,984) met the definition of " in medical care" (having a minimum of one CD4 or viral load count during the reporting period), 80.65% (1,600) were virally suppressed and 94.35% (1,872 were on HAART). Quality management monitoring has demonstrated that care is being provided in accordance with high quality services to our clients.

I.c.3.i. Comprehensive TGA Quality Management Assessment:

During FY 2018, the Fiscal Agent conducted all site visits including reviews of subcontractors Quality Management activities and plans. One sub-recipient was provided technical assistance on improving the documentation of their quality management activities/meetings.

The TGA's ambulatory care clinic utilizes an Electronic Health Record System (EHR). This system provides up-to-date client-level quality management data, which assists with on-going assessment of HIV Quality Outcomes. The system provides "flags" for physicians to remind them of required labs, vaccinations, etc. The process has improved the TGA's provision of high quality medical care and its ability to provide accurate and timely monitoring of Public Health Guidelines and adopted performance measures. The Ambulatory Care Clinic's monthly "data upload" into the TGA's client-level database provides current client-level medical information to the TGA's data system.

I.c.3.ii. Development of New Service Standards and Outcome Indicators:

The HIV Health Services Planning Council's Quality Advisory Committee reviewed and updated the FY18 Outcome Indicators to include HAB Systems-Level Measures and HAB Core Measures. The Quality Advisory Committee reviewed/updated seven service standards during the Fiscal Year, as well as the Universal Service Standards.

I.c.3.iii. Medical Case Management System Improvements:

Evaluation of prior years' data has documented the success of this specialized medical case management process that uses "field-based" medical case management in reaching high-risk populations and assisting them in remaining in care. While the three-county TGA saw an increase of 249 new unduplicated clients, 218 of these new clients (87.6%) received ambulatory care services from the Ryan White program as a result of the medical case management services. This is testimony to the critical work performed by medical case managers to facilitate clients into care.

As for Yolo County, medical case management services enhanced access to Ryan White Part B medical care for 57.9% of the new unduplicated clients (11 out of 19).

I.c.3.iv. Increased Access to the Continuum of Care:

Utilization reports for the web-based system allows identification of clients who are not in care by sub-recipient. Reports are distributed on a regular basis to alert sub-recipients of the specific clients who need follow-up because they are either not in medical care, have dropped out of care, or the electronic records need updating. The system also provides tools to alert sub-recipients that Client Intake information is incomplete or incorrect, with specific lists of items needing further clarification.

The ***new*** 249 unduplicated clients in the three-county TGA utilized Ambulatory Care, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Housing, medical Case Management, Medical Nutrition, Medical Transportation, Mental health, Non-Medical Case Management, Oral Health, Outreach and both Residential and Outpatient Substance Abuse Services. This effectively demonstrates the TGA's successes in increasing access to the region's continuum of care. Outpatient Ambulatory Medical Care was the service category in the TGA, which assisted the greatest number of new unduplicated clients (207). The 19 new clients in Yolo County received Ambulatory Care, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Housing, Medical Case Management, Medical Transportation, non-Medical Case Management, Outreach and Substance Abuse Residential services.

The TGA continues to strive to provide 100% access and 0% disparity in providing "comprehensive high quality, client-centered, timely and cost-effective outpatient medical services to HIV infected persons at all stages of disease. The following table provides the total

number of unduplicated clients served within each service category for the combined Ryan White Part A and B funds.

All Counties-Parts A & B	FY15 UDC	FY16 UDC	FY17 UDC	FY18 UDC
Child Care Services	37	35	37	44
Emergency Financial Assistance	162	183	241	172
Food Bank/Home Delivered Meals	*Not Funded*	10	518	105
Health Education and Risk Reduction (PCRS)	190	116	142	308
Health Insurance Premium and Cost-Sharing Assistance	26	44	33	22
Housing Services	24	44	143	161
Medical Case Management	1,153	1,320	1,152	1,278
Medical Nutrition Therapy	406	415	364	443
Medical Transportation Services	387	437	563	572
Mental Health Services	895	917	738	621
Non-Medical Case Management	1,618	1,483	980	974
Oral Health Care	695	625	553	590
Outpatient Ambulatory Care	1,673	1,972	1,933	1,984
Outreach Services	718	329	297	326
Substance Abuse - Residential	18	37	62	73
Substance Abuse - Outpatient	298	326	310	282

I.c.3.v. Administrative Assessment Mechanism:

The Sacramento Transitional Grant Area's Administrative Assessment Committee (AdAC) conducted the FY18 mid-year monitoring assessment of the Fiscal Agent. The FY18 year-end assessment is scheduled for June 7, 2019. The FY18 mid-year assessment findings indicated 100% of the 60 Outcomes reviewed were Met/Exceeded; the remaining outcomes were pending year-end review or not applicable.

During Fiscal Year 2009, the Fiscal Agent assumed the duties of the Planning Council staff responsibilities due to budget reductions and contract limitations. In 2018, the Council's Executive Committee reviewed the Planning Council's staff performance. Staff was evaluated on 52 standards within six categories with an overall completion score of 87.3%. This was higher than the 82.9% percent completion rating in FY17. Additionally, Fiscal Agent staff for the Planning Council maintains the website for the Sacramento TGA, which provides information to the public on meetings, providers, services, etc. The website is www.sacramento-tga.com.

I.c.3.vi. Strategic Initiative:

One Community Health launched the "Zero Together" Initiative in 2015, focused on reducing the number of new HIV infections. The primary components of the plan include testing of high-risk people, aggressive linkage and retention in care, use of Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP), syringe exchange and widespread condom distribution. The initiative has educated the community about PrEP through various marketing methods including a site specific website, www.getprepsac.org. For patients and prospective patients, they provide a diverse resource database for a variety of patients on what PrEP is, what it does, how to pay for PrEP, its usefulness to particular communities, PrEP statistics and more so clients and their health provider can make informed decisions when it comes to starting a PrEP regimen. For providers, the website includes clinical practice guidelines, patient education tools, and training assistance information. The coalition created a Provider Tool Kit, which was disseminated widely to local physicians by the Sacramento County Public Health Officer. This Provider Tool Kit is also available on the Sacramento GetPrepSac website.

Diagnosis and Linkage to Care

Nationwide, CDC estimates that about 15% of the people who are HIV+ don't know they are infected. Using the Current Method for the Unmet Need Framework, there were about 4,889 people who were HIV+ aware as of December 31, 2016, in the Sacramento area. 791 of these people living with HIV were out of care according to the FY16 Unmet Need Estimate. Finding these people is a challenge. Promotion of universal HIV testing, as recommended by the Center for Disease Control, would greatly increase opportunities to identify unknown positives. One Community Health will continue to remind providers that all insurance plans are required to pay for HIV testing even if there are no symptoms or perceived risk. In the meantime, other activities include:

- Increasing testing in the drop in STD clinic by advertising on social media with a focus on Latino and African American men who have sex with men
- Advocating for all community clinics to test all patients for HIV
- Insure that 100% of people who test positive for HIV are linked to a medical provider and remain in medical care
- Increase Partner Services for newly diagnosed people so that people who may have been exposed are brought in for testing

Finding those who have fallen out of care and re-engage them in care

In the United States, 52.8% of those who know they are HIV+ are not retained in care. The reasons are varied but most cases involve mental health or substance abuse issues. Because of the work of HIV providers in the Sacramento area, the *out of care* percentage identified through our 2016 unmet need process was 16.2%, a ten percent reduction from the previous year. While this is laudable, it is still unacceptable and more work needs to be done to bring this number closer to zero. Activities to find those out of care include:

- Work as a consortium to identify all those who have fallen out of care and research where we can find them

- Develop a strong patient navigation program to aggressively engage people in care by providing needed supportive services and community resources
- Provide adherence counseling as needed

Surveillance figures for the FY 2018 out of care figures have not yet been received from the State, but are anticipated by August 1, 2019.

Keep everyone in medical care

Finding people who have fallen out of care is difficult, so ***keeping*** people in care is a priority. One Community Health is working with its staff and community partners to provide services that do everything possible to engage patients. Activities include:

- Monitoring appointments to insure that people on the verge of falling out of care remain in care
- Providing care that meets the needs of various cultures and life styles
- Strengthening medical case management & case conferencing services to include retention in care activities

Keep High Risk people from getting HIV

The number of interventions proven to prevent HIV infection is small but robust in their effectiveness. The *Zero Together Initiative* partners (**See Attachment E)** will insure that these activities continue until the epidemic is over. These include:

- Aggressively publicizing appropriate utilization of PrEP and PEP
- Increasing needle exchange activities as needed
- Aggressively publicizing the availability of free condoms in areas where STD's and HIV are most prevalent
- Publicizing the availability of free or low-cost STD/HIV testing sites.

I.c.4. Ensuring Programmatic and Fiscal Accountability:

During FY 2018, the Fiscal Agent completed all of its required on-site visits to sub-recipients utilizing its updated comprehensive monitoring tool and all sub-recipients were thoroughly reviewed and received corrective action notices.

The TGA's web-based client data system provides for electronic submission of invoices as well as client-level data. As a result, monitoring tools were developed to provide on-going tracking of client utilization and expenditures, both at a sub-recipient level as well as a system-wide level. The Recipient is able to identify over and/or under expenditure of funds in a timely manner, which facilitates the reallocation of funds and minimizes the potential for carryover. This year, the TGA expended all but $106,412 of its Part A funds. Of this, $1,411 remained in Administrative funds and $1,585 remained in Quality Management funds. Remaining Direct Service funds resulted in part from two agencies losing staff in December and unable to refill those positions prior to year-end.

II. PLANNING COUNCIL ACTIVITIES

II.a. PLANNING COUNCIL ACCOMPLISHMENTS

11.a.1. Allocations and Reallocations:

The Priorities and Allocations Committee (PAC) approved its FY18 Funding recommendations in June of 2018, and they were approved by the Sacramento HIV Health Services Planning Council (HHSPC) the same month. Additionally, PAC and HHSPC approved a General Directive, which provides direction to the Fiscal Agent on how to allocate funds should the award come in at various percentages higher or lower than projected.

In September of 2018, PAC and HHSPC approved the reallocation of $92,761 in funds based on services categories and client utilization needs.

At the time of Reallocation, Mental Health Services was not over-spending; however one provider requested additional funds to hire a Mental Health Counselor to provide services to young adults (a target of our CQI program). Medical Case Management was not over-spending at the time of Reallocation either; however, a provider requested to transfer funds to cover anticipated over-expenditures in Field-Based Medical Case Management. While no providers requested additional funding for Food Bank/Home Delivered Meals or Housing, these two service categories were cited as the highest unmet need by survey recipients in the TGA's FY18 Unmet Need Report. The $92,761 was distributed between these four services.

The HIV Health Services Planning Council's ability to reallocate funds timely helps eliminate waiting lists and improve access to much needed services. These core and support services are important in maintaining the health of the people living with HIV in the Sacramento TGA.

II.a.2. Medical Transportation Service Expansion:

Lack of affordable and insufficient public transportation is an ongoing barrier reported by consumers and providers in the Sacramento TGA. In a local KCRA news article (**http://www.kcra.com/article/which-city-has-the-most-expensive-transit-fares-in-the-us/6249544**), from January 25, 2016, Sacramento's transit fares were tied for the third highest in the country. In FY16, in an effort to alleviate transportation barriers, the Sacramento HIV Health Services Planning Council approved the use of carryover money to fund a Transportation Coordinator to coordinate transportation for clients to vital appointments. However, the carryover funds were insufficient to support a full-year budget for a Transportation Coordinator.

In FY16, FY17 and FY18, the TGA was successful in obtaining Part B Supplemental Funding from the California State Office of AIDS, which was used to continue funding a Transportation Coordinator for the balance of those years. The increased funding for transportation services resulted in a 30.9% increase in unduplicated clients (572 clients in FY18) over Fiscal Year 16 (437 clients).

II.a.3. California Planning Group:

The California Planning Group (CPG) is the statewide HIV planning body that enables key stakeholders, communities, and providers to engage in active and ongoing dialogue with the Office of AIDS (OA) to reach the goals of the National HIV/AIDS Strategy and the statewide Integrated Plan. The main functions of this group are to work collaboratively with OA to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan; to monitor the implementation of this plan; and to provide timely advice on emergent issues identified by OA and/or other key stakeholder parties.

The Sacramento TGA has two members, Susan Farrington and Robyn Learned, appointed to the CPG. In addition to being a Member of the Planning Council, Susan Farrington is the Executive Director of Sierra Foothills AIDS Foundation, the Ryan White sub-recipient in both El Dorado and Placer Counties, the TGA's two rural counties. Robyn Learned, in addition to her membership on the Council, is employed at the Gender Health Center, working with individuals who self-identify or are perceived as gender variant including the LGBTQQI community and focusing on the "T" or transgender. Both these members provide valuable feedback to the State Office of AIDS on the needs of the people living with HIV and high risk populations in the Sacramento TGA. In turn, they are able to provide regular updates to the Sacramento HIV Health Services Planning Council on the activities and achievements made by the CPG.

II.a.4. Consumer Educational Programs:

The Affected Communities Committee has tasked Council Staff with coordinating educational programs for people affected or infected by HIV. Council Staff coordinates these presentations with pharmaceutical companies who provide the speaker and topic to keep the community informed of updates and increase awareness of HIV, HIV treatment and HIV education. In FY18, these programs included:

- Understanding PrEP: Pre-Exposure Prophylaxis to Prevent HIV
- HIV and Healthy Eating
- HIV and Other STIs
- Resistance to HIV Medication
- HIV, Hepatitis C and the Liver
- Considerations for the Older Patient Population Living with HIV
- Significance of HIV Drug Resistance (English)
- Significance of HIV Drug Resistance (Spanish)
- HIV in the Black Community

These educational programs may be attended by medical case managers and individuals affected and infected by HIV. In many instances, medical case managers are transporting clients to the programs and obtaining updated client information. Not only do these programs allow attendees to increase their understanding of issues/concerns surrounding HIV, but they provide a valuable opportunity to ask questions, identify barriers to care and discuss medication needs.

An additional benefit of these programs is that the HIV Health Services Planning Council recruited two new non-aligned Planning Council members attending the events.

II.a.5. <u>Member Education and Training:</u>

Through Fiscal Year 2018, the Sacramento HIV Health Services Planning Council received training on various topics related to the Ryan White system of care. The trainings were a mixture of both guest presenters and staff/member-lead presentations. Member trainings and presentations included training on the *Mechanics of the Planning Council* and presentations on services provided by Ryan White sub-recipients and non-Ryan White funded community based organizations. These trainings provide programmatic updates, as well as, an overview and update of services available from both Ryan White funded subrecipients and other community based organizations.

In FY18, these trainings included:

- <u>Mechanics of the Planning Council</u>:

  Council Staff, Paula Gammell, conducted the annual *Mechanics of the Planning Council* training. The training highlighted the interrelated duties and tasks to be completed by the Recipient and members of the Council.

- <u>Sacramento Food Bank and Family Services</u>

  Yajaira Martinez provided an overview of services available at the Sacramento Food Bank and Family Services, which began services over 40 years ago. Programs include Produce for All, CalFresh assistance, Parent Education, Youth and Adult Education, Immigration Services, Clothing, as well as, other services.

- <u>Medical Performance Indicators</u>

  Adrienne Rogers provided an Epidemiological Overview of HIV in the Sacramento Transitional Grant Area along with comparisons to the National HIV/AIDS Strategy and its Continuum of Care. The HIV Health Services Planning Council was provided with a copy of the California Department of Public Health, Office of AIDS, Integrated HIV Surveillance, Prevention and Care Plan's Objectives for Sacramento County, which included some current figures in comparison to the baseline years. African Americans and Hispanics are over-represented in the epidemic and Men Having Sex with Men (MSM) is the number one method of transmission. Heterosexual transmission is now the second highest method of transmission, having surpassed Intravenous Drug Users several years ago.

- <u>Sacramento Housing and Redevelopment Agency</u>

  Jackie Martinez-Juarez provided an overview of the various housing programs managed by the Sacramento Housing and Redevelopment Agency (SHRA). Programs include

- **Short-Term Rent, Mortgage and Utility Assistance (STRMU)** – A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability.
- **Tenant-Based Rental Assistance (TBRA)** - a rental subsidy program similar to the Housing Choice Voucher program that grantees can provide to help low-income households access affordable housing. The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules
- **Affordable Housing Projects** – investing public funds in construction and rehabilitation projects, as well as home buyer assistance programs
- **Public Housing Program** – provides affordable housing units which are owned and maintained by the Housing Authority
- **Housing Choice Vouchers** – a rental assistance program which makes housing assistance payments for eligible participants to housing units where landlords are approved for and accept the vouchers.

II.b. PLANNING COUNCIL CHALLENGES

II.b.1. Needs Assessment:

In FY18, the HIV Health Services Planning Council finalized its Needs Assessment findings/final report. The survey instrument was reformatted and streamlined. The intent was to reduce the complexity of the survey itself; however, it created new challenges with data extraction. The data extraction has been so problematic that it delayed the final report. The survey instrument is in the process of being up-dated to minimize the data extraction issues.

II.b.2. Substance Abuse Epidemic:

The Sacramento TGA has experienced an increase in its substance abuse issues in recent years. In an article published by the Sacramento Bee on August 17, 2015, (http://www.sacbee.com/site-services/databases/article31324532.html), opioid overdoses in Sacramento, El Dorado and Placer Counties were higher than the statewide average. On March 29, 2016, the Sacramento Bee (http://www.sacbee.com/opinion/editorials/article68896827.html) published an article in which the Sacramento County's Public Health Officer, Dr. Olivia Kasirye, called a public health emergency when 28 people had overdosed on Fentanyl since the prior Thursday (March 24, 2016). Resolution of this public health emergency required the collaboration of the County Public Health Division along with the FBI and local law enforcement to determine the source of the Fentanyl distribution.

In March of 2017, the California Department of Public Health (CDPH) established a Naloxone Grant Program with the goal of reducing the number of fatal overdoses in California from opioid drugs. The funding was available to local health departments to conduct Naloxone Distribution Projects, providing *Narcan* to local programs, agencies and community-based organizations. Sacramento County Public Health Division obtained funding from this grant program and is providing local law enforcement supplies of Naloxone and providing them with training on its administration.

Harm Reduction Services (HRS), a Ryan White funded provider, has utilized other funding sources to offer Overdose Recognition and Response Training since 2014. Information obtained from their website (http://harmreductionservices.org/overdose-prevention-response-training/) indicates that their training has resulted in 538 opiate overdose reversals, as of 12/31/17.

The TGA has augmented Residential Substance Abuse Detox services with Supplemental Part B funding. In doing so, the TGA has increased detox services by 305% from 18 clients in FY15 to 73 clients in FY18. However, there is no guarantee that the TGA will continue to receive Supplemental Part B funding.

Despite the CDPH's Naloxone Grant Program, HRS' Overdose Recognition and Response Training classes and augmented services from Part B Supplemental funding, the TGA has insufficient capacity and funding sources to meet the need of individuals seeking substance abuse treatment. While Naloxone programs do save lives, it is not the solution for addiction. The TGA is in need of additional substance abuse treatment providers/facilities, especially providers who understand the complexity of substance use and HIV.

II.b.3. Homelessness:

Housing is a particular struggle for individuals with low or no income, past evictions, mental health issues, criminal records, and current or past drug use. In fact, in a report by Drew Bollea on May 4, 2017, (http://sacramento.cbslocal.com/2017/05/04/high-rent-housing-crisis-rent-control/) Sacramento had the fastest growing average rent in the country in 2016 with an average rent increase of nearly 36% in the last decade and people are spending more than 30% of their income on rent. Additionally there is a low inventory in Sacramento.

The Sacramento Bee reported, on August 21, 2017, that California's high housing costs are driving poor and middle income people out of their homes. Additionally, homelessness is on the rise in California. The article (http://www.sacbee.com/news/politics-government/capitol-alert/article168107042.html) states that California is home to 12 percent of the United States' population but 22 percent of its homeless population.

The California State University in Sacramento (CSUS) in coordination with Sacramento Steps Forward conducted a *Point in Time* (PIT) homeless study (http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf) which included the following findings:

- Since 2015, we estimate a real growth in nightly homeless of approximately 30% (from 2,822 to 3,665).
- The majority of homeless (56%) in the county are sleeping outdoors (unsheltered), a dramatic change in proportion from previous PIT counts

- Indeed, there has been more pronounced growth among homeless who are unsheltered and sleeping outdoors (from 1,111 to 2,052; or an 85% increase).

In an online article by the Sacramento Bee on July 5, 2018, the average cost of rent in downtown/midtown Sacramento is $1,786 for an 848 square foot apartment (https://www.sacbee.com/news/business/real-estate-news/article213868179.html). Both the City Council and the County Board of Supervisors in Sacramento, as well as Placer County have initiated projects aimed at assisting homeless and low-income individuals but their efforts are still in the planning stages. With approximately 78.73% of the TGA's Ryan White clients served in FY2018 living at or below 138% of poverty, coupled with housing shortages and rent increases, the TGA anticipates these efforts to be insufficient to meet the needs in the region.

II.b.4. Capacity Issues:

The TGA continues to experience a waiting list for Mental Health services. At mid-year, there was a four to six month waiting list for a psychiatric intake appointment. The demand for services exceeds the capacity of the providers. Finding qualified Mental Health providers who understand the intricacies of HIV and mental health continues to be a challenge. Having a serious health issue, such as HIV, can lend itself to a source of major stress and the mere diagnosis can negatively impact one's well-being, cause depression and/or complicate any existing mental health conditions. With the lack of qualified mental health practitioners, people living with HIV who are experiencing increased mental health issues may be left untreated. Untreated mental health conditions can lead to increased medical problems, not to mention negative interactions with others, which may impact employment, housing, and negative interactions with law enforcement.

II.c. Planning Council Legislative Challenges:

II.c.1. Reflectiveness:

An "aligned" consumer is currently defined as a consumer that is staff, a paid consultant or Board member of a Part A-funded agency. The Sacramento TGA's Planning Council currently has three *aligned* consumers. While one of the aligned consumers is a Board member of a Part A-funded agency, the other two are employed in non-management roles, (a medical case manager and a janitor), which do not have the authority to make policy changes within their respective agencies. None of the three have been specifically selected as the agency representative to the Council. In FY17, the Chair of the Sacramento TGA, Susan Farrington, addressed this concern with HRSA and it is this Council's belief that this should be revisited in future legislation.

II.c.2. Needs Assessment:

In FY18, the HIV Health Services Planning Council finalized its Needs Assessment findings/final report. The survey instrument was reformatted and streamlined. The intent was to reduce the complexity of the survey itself; however, it created new challenges with data

extraction. The data extraction has been so problematic that it delayed the final report. The survey instrument is in the process of being up-dated to minimize the data extraction issues.

III. Early identification of Individuals with HIV/AIDS (EIIHA) Update

III.a. Describe the activities of the TGA's EIIHA Plan Implemented during FY18:

The Sacramento TGA's EIIHA FY17 Goals are identified in the first column of the table below, with the planned outcomes, as well as the CY2017 accomplishments identified in the final column. While CY18 goals remained the same, final outcomes of FY18 activities are not compiled until the end of June of each year. The Plan can only include goals for the government-funded agencies, as the private partners (One Community Health and the Sierra Foothills AIDS Foundation) do not have a specific number of test goals. Rather, they test any individual who comes to the clinic or test site, regardless of residence, income, insurance or immigration status. Thus, the actual number of tests performed by government-funded providers in 2017 (1,785) was 198.3% the stated goal of 900 tests. The percentages of the target populations were developed based on the total number of tests administered by government-funded providers (1,785), but exclude the additional testing in rural counties funded solely by private funds and tests by private agencies.

Strategies to Improve EIIHA	Responsible Parties / Timeframe	Success Indicators and Monitoring Status 12/31/17
1. Conduct testing at 89 venues accessible and familiar to high risk populations to maximize number of high-risk individuals who become aware of their status.	Parties/Timeframes: Government-Funded Testing Providers 1/1/17-12/31/18	Indicator: Testing provided at 124 locations, 139% of goal. Status: Standard met and exceeded.
2. Certify and train new testers on Ora-Quick Rapid HIV testing to expand the region's ability to administer a minimum of 900 tests and inform individuals of their HIV status.	Parties/Timeframes: Government-Funded Testing Providers 1/1/17-12/31/18	Indicator: 1,785 tests were conducted by government agencies or 198% of goal of 900. Status: Standard not met by government agencies
3. Provide community level and social network Rapid testing to the following risk populations to make them aware of their HIV status: ▪ IDUs and other Substance Abusing Individuals: 10.1% of total tests will be administered to	Parties/Timeframes: Government-funded Testing Providers 1/1/17-12/31/18	Indicator: 510/1785 or 28.6% of clients tested were IDUs and other Substance-Abusing individuals.

IDUs.		Status: 283.2% of goal achieved
▪ Men having Sex with men (MSMs): of 28.7% of total tests will be administered to MSM		Indicator: 285/1785 tests or 16% of total tests were MSM Status: 55.7% of goal achieved; 44.3% under goal
▪ Men Who Have Sex with Men and are Injection Drug Users (MSM/IDU) 2% of total tests will be administered to MSM/IDU.		Indicator: 28/1785 or 1.57% of total tests was MSM/IDU. Status: 78.5% of goal achieved; 21.5% under goal
▪ High-Risk Heterosexuals: 35% of total tests will be administered to High-Risk Heterosexuals: HIV+ Sex Partner; Sex Worker; IDU Partner; MSM Partner; Sex Worker Partner; Syphilis/Gonorrhea Diagnosis; Stimulant User; Heterosexual Multiple Partners.		Indicator: 651/1785 or 36.5% of total tests were High-Risk Heterosexuals Status: 104.3% of goal achieved
▪ Transgender: 1% of those tested will be transgender		Indicator: 56/1785 tests or 3.14% of total tests were Transgender individuals. Status: 314% of goal achieved
▪ Low and Moderate Risk Community: 4.7% of total tests will be administered to Low Risk, or Risk Not Reported individuals.		Indicator: 104/1785 tests or 5.83% of total tests were Other/Unreported risk. Status: 124% of goal achieved

Target Population Goals by Race: ▪ 53.6% of total clients tested will be White		Indicator: 2798/1785 or 44.7% of total clients tested were White Status: 83.4% of goal achieved; 16.6% under goal
▪ 23.3% of total clients tested will be African American		Indicator: 340/1785 or 19% of total clients tested were African-American. Status: 81.5% of goal achieved; 18.5% under goal
▪ 17.1% of total clients tested will be Hispanic		Indicator: 385/1785 or 21.6% of total clients tested were Hispanic Status: 126.3% of goal achieved
▪ 3.7% of total clients tested will be Asian/Pacific Islander		Indicator: 162/1785 or 9.1% of total clients tested was Asian/Pacific Islander. Status: 245.9% of goal achieved
▪ 0.7% of total clients tested will be American Indian/Alaskan Native		Indicator: 37/1785 or 2.1% of total clients tested was American Indian. Status: 300% of goal achieved
▪ 1.5% of total clients tested will be Other/Undeclared		Indicator: 42/1785 or 2.35% of total clients tested were Other/Undeclared. Status: 156.7% of goal achieved

Data for the outcomes on EIIHA activities for CY18 are just now being compiled and are not available for this report.

III.b. EIIHA Plan's Contribution to the National Goals to End the HIV Epidemic

b.i. Contribution to the Goals of the NHAS:

The goals of the TGA's EIIHA strategy correlate closely with the NHAS. Goals 1 through 6 of the TGA's EIIHA strategy are designed to achieve the following NHAS Goals:

NHAS Strategy: "Reducing New Infections by 2020, increasing from 79% to 90% the percentage of people living with HIV who know their sero-status."

NHAS Action Steps:

- *"Intensify HIV prevention and testing efforts in the communities where HIV is most heavily concentrated."*
- *"Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches."*
- *"Educate all Americans with easily accessible, scientifically accurate information and HIV risks, prevention and transmission"*.

NHAS Strategy: Achieving a More coordinated National Response to the HIV Epidemic.

NHAS Action Steps:

- *"Increase the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal and local governments."*
- *"Develop improved mechanisms to monitor and report on progress toward achieving national goals."*

While the TGA's EIIHA efforts clearly aim to increase the number of persons who know their sero-status, the coordinated work of the Sacramento TGA to refer negative clients to risk reduction counseling, and the immediate transition of HIV+ clients into care, will accomplish the following NHAS goal:

"By 2020, NHAS Strategy: "Increasing Access to Care and Improving Health Outcomes for People Living with HIV: increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%."

NHAS Action Steps:

- *"Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV."*

b.ii. Contribution to the Goals of the White House Continuum of Care Initiative:

The TGA's FY18 EIIHA goals correlate with the Goals of the White House Continuum of Care Initiative; with goals 1 through 6 designed to achieve the following National Continuum of Care Performance Indicators:

"Increase knowledge of HIV-positive status to 90%. Nationally, across age groups, young persons, 13-24 years, are most likely to be undiagnosed with fewer than half aware of their infection." The TGA's efforts target youth, in particular young gay men, to get tested. In CY17, 17.4% of tests administered through the TGA's EIIHA providers were for clients ages 24 years and younger, exceeding their 4.2% representation in the TGA's HIV epidemic as of 12/31/17. Further, 24.8% of positive tests in CY17 were for those under age 25, as compared to 21.9% positivity rate for those under age 25 in CY15. The TGA offers a wide range of testing sites accessible to target populations through venues associated with their culture, geography, lifestyles, and sexual orientations. Once tested, individuals are made aware of their HIV status. In addition to young adults, the TGA targets the United States' most at risk populations for transmission of HIV: MSM and Intravenous Drug Users. The TGA's efforts of providing testing at needle exchange sites, and offering incentives to clients who get tested, are proving successful at increasing the number of IDUs in the TGA aware of their HIV status. Another finding in the TGA's analysis of HIV epidemiology, Unmet Need, Continuum of Care and HIV testing data show that the High-Risk (HR) Heterosexual category has surpassed, in absolute numbers and percentages, the IDU category across all demographic aspects. CY17 efforts to target the HR Heterosexual population proved successful with 24.4% of total tests administered to HR Heterosexual individuals compared to 17.8% of their representation in the HIV epidemic.

"Increase linkage of newly diagnosed persons to HIV medical care within three months to 85%." The TGA's service providers implementing the EIIHA Plan coordinate efforts to link each client to care when they test positive for HIV, ensuring they get a confirmatory test; and providing each client with access to Partner Services and Risk Reduction Counseling. Surveillance teams follow up with all positive tests to ensure that clients promptly access medical care and are linked to a RW Case Manager to access services such as benefits counseling and transportation. The TGA's CY17 rate of 85% for linkage to HIV medical care within 30-days for newly diagnosed PLWH exceeds the 2020 NHAS goal.

III.c. Incorporating and Addressing Activities Surrounding Unmet Need by EIIHA:

The Council comprehensively considers the service needs, gaps, barriers to care and costs of the unmet needs population (those aware but not in care) and the unaware population, in determining the TGA's priorities and allocations. The Council also uses the demographics of the "unmet need" population to presume similar demographics of the unaware population and its corresponding needs. Tracking the annual goals of the EIIHA Strategy and Plan, the Planning Council has updated the demographics of the targeted high-risk populations for testing, and has updated the outcomes of newly diagnosed populations.

The Unmet Need Population closely follows the TGA's HIV/AIDS epidemiology data for CY16. Comparing Epidemiology, CY16 Unmet Need, and Newly Diagnosed data for 2017,

the FY18/19 EIIHA Plan indicates that the MSM population continues to rank the highest at-risk population in the TGA; the High-Risk Heterosexual population continues to rank second and the IDU population ranks third. These findings mirror the surprising shift in 2015 where High-Risk Heterosexuals overtook IDUs as the second highest at-risk population in the TGA. The Unmet Need data stratifies these transmission populations even further, identifying the most at risk by gender and race. This breakdown is not fully available for HIV testing data in the TGA, as only government funded testing providers and One Community Health maintain client transmission information. Therefore, the Unmet Need data is used to presume similar demographics of the unaware population.

III.d. Efforts Untaken to Remove Legal Barriers to routine HIV Testing:

In California, routine testing has not yet become law; and many state and local legislators have worked collaboratively with the One Community Health's former *"Strategic Initiative to End HIV*" to continue to move this effort forward. Further, the State Office of AIDS is a strong advocate for California's HIV/AIDS providers. It is anticipated that legislation will be introduced in the near future to mandate routine HIV testing in California. Although routine HIV testing has not yet become law, California has been successful in passing two significant laws that have eliminated barriers to testing. As of January 1, 2008, Assembly Bill 682 added a California Health and Safety Code Section, which eliminated the requirement for written consent for an HIV test when ordered by a medical care provider; although tests provided in non-medical settings still require written consent. As of January 1, 2009, AB 1894 was successful at requiring individual and group health service plans and insurers to provide coverage for HIV testing in medical settings regardless of whether the testing is related to the primary diagnosis. These laws have been instrumental in expanding the TGA's ability to offer routine testing among providers and to reduce financial barriers.

The Sacramento TGA follows the lead of the State Office of AIDS in terms of identifying legislation that would promote routine testing, and the Fiscal Agent's Ryan White Program Coordinator, who is also the AIDS Director for Sacramento County Public Health, participates on monthly calls of the California HIV/STD Controllers Association (CHSCA). CHSCA analyzes all HIV related legislation introduced in the California Legislature each year and provides letters of support or opposition when necessary to bills that could improve or harm HIV+ individuals or the provision of high quality medical care to this population. Legislation following activities related to prevention is also monitored by CHSCA.

III.e. <u>Impact of EIIHA Plan Outcomes for January 1, 2017 through December 31, 2017*:</u>

	Newly Diagnosed HIV Test Events-Government 1/1/17 – 12/31/17						
	MSM	***High Risk Hetero-Sexual***	***MSM/IDU***	***IDU***	***Other Risk Groups***	***Transgender***	***Total***
(a) Test events: Government Testers	***1***	***1***	***0***	***0***	***1***	***3***	***6***
(b) Newly diagnosed positive test events. *(see note below)*	***1***	***1***	***0***	***0***	***1***	***3***	***6***
(c) Newly diagnosed positive test events with client linked to HIV medical care	***1***	***1***	***0***	***0***	***0***	***3***	***5***
(d) Newly diagnosed confirmed positive test results	***1***	***1***	***0***	***0***	***1***	***3***	***6***
(e) Newly diagnosed confirmed positive test events; client interviewed for Partner Services	***1***	***1***	***0***	***0***	***0***	***2***	***4***
(f) Newly diagnosed confirmed positive test events; client referred to prevention services	***1***	***1***	***0***	***0***	***1***	***3***	***6***
(g) Newly diagnosed confirmed positive test events received CD4 count and viral load test	***1***	***1***	***0***	***0***	***0***	***3***	***5***

As reflected in the above statistics, the Sacramento TGA is doing an outstanding job in identifying newly infected HIV+ clients and all but one of those clients have been transitioned to care. We believe this is a direct result of the tremendous effort put forth by the community partners in the newly formed STD Stakeholder group. The impact of the EIIHA Plan outcomes for CY18 is in the process of being tabulated and will not be available for reporting until the end of June, 2019.

FY18 EIIHA Target Populations

a. The Target Groups in the TGA's 2018 EIIHA Plan included the following populations most likely to be unaware of their HIV status, are most in need of being referred to supportive services, and are most in need of being linked to medical care in the TGA:

Target Groups in 2018 EIIHA Plan		
Men who have Sex with Men (MSM)	*High-Risk (HR) Heterosexuals*	*Intravenous Drug Users (IDU) (Includes MSM/IDU)*
• White MSM • African American MSM • Hispanic MSM • Youth MSM	• African American Females • Female and Male • Caucasian • Hispanic Males	• Male White IDUs • Male African American IDUs • White Female IDUs • Male Hispanic IDUs • White MSM/IDU • African American MSM/IDU

The TGA's EIIHA Strategy has customized its approach to uniquely target its prevention and testing efforts in each affected community. These advisory boards, made up of members of affected communities, provide the basis for strategies, goals and plans to reach their targeted communities. Provider organizations incorporate their advice into the best practices identified by the State and local HIV Prevention Plans. The Youth Initiative, funded by Kaiser Permanente, trained a group of young people to distribute prevention and testing information, as well as condoms; and to recruit other youth to get tested. This testing recruitment has resulted in a dramatic increase in the number of people under the age of 30 who tested positive for HIV in the TGA in 2017.

a.i. Achieving successful outcomes: The integration of the STD and HIV Surveillance Units within the Sacramento County Department of Public Health has enhanced the TGA's efforts to identify HIV+ individuals and to provide risk reduction counseling. In addition, the Sacramento County Health Division recently formed an STD/HIV Stakeholder Group, Sacramento Workgroup to Improve Sexual Health (SacWISH) to intensify HIV and STD prevention, testing and treatment efforts in the TGA.

In the rural counties, the Sierra Foothills AIDS Foundation (SFAF) has encouraged community clinics in both El Dorado and Placer County to resume HIV testing at their sites. In CY17 no clients were positively diagnosed in the rural counties. SFAF also conducts HIV testing at their Placer County offices using test kits provided by One Community Health in Sacramento. These test sites inform rural county residents of the availability of treatment and services at One Community Health as well as other providers in the TGA.

The TGA's EIIHA strategy has expanded its ability to obtain testing data from the few privately funded sites that provide HIV testing. Since these providers are already members of the STD/HIV Stakeholder group, they have cooperated in the development of the EIIHA Plan. With years of community collaboration and coordination, the TGA has a solid framework for implementation of its EIIHA Plan by targeting demographic characteristics, specific needs and barriers to HIV testing and care for the TGA's most at risk populations. In addition to these efforts, One Community Health created the CARES Foundation in 2011 to provide grants to organizations in the TGA that directly serve the needs of PLWH or aid in the prevention of HIV transmission. The CARES Foundation has expanded to providing over 1.4 million dollars in grant funds during 2017 to nonprofit agencies for services such as needle exchange, HIV/AIDS education, healthcare navigation, condom distribution, health outreach, and other essential services for PLWH that strengthen outcomes across the HIV Care Continuum.

a.ii. Resources and Partnerships: One Community Health, Golden Rule Services, Safer Alternatives through Networking and Education (SANE), HRS, Gender Health Services (GHS), Sacramento LGBTQ Center, Wind Youth Services (Wind), Community Against Sexual Harm (CASH), Sacramento Native American Health Center, Sacramento County Department of Health Services (DHS) Education, Prevention and Testing Unit (EPT), El Dorado County Department of Public Health, Placer County Department of Public Health, Planned Parenthood, WellSpace Health, Sierra Foothills AIDS Foundation (SFAF), Strategies for Change and Molina Health Centers are entities responsible for ensuring activities to identify individuals are implemented. One Community Health used funding from a prior CDC grant in 2014, but that funding ended and was replaced by CARES Foundation funding from 2016 to present. Additional funding has been provided by a Sacramento County EPT grant, RW Part C funds (tester only), and private funds for its testing efforts (CARES Foundation). Golden Rule Services, HRS and the Sacramento County DHS EPT Unit use federal CDC funds through a SOA grant. One Community Health and Molina Health Centers are federally qualified health centers and utilize some federal funds for testing, and Planned Parenthood uses State and private funds for testing and reproductive health services.

Many organizations throughout the TGA are currently funded by public sources and are responsible for ensuring that activities to inform, refer and link individuals are implemented. Each of these providers has one of the TGA's three target populations as part of its contract with the County EPT program. As the only walk-in STD testing site for Sacramento County Public Health, One Community Health has access to high risk individuals and their partners who come for low-cost STD testing and treatment. HRS conducts free HIV and hepatitis C testing and a syringe exchange program and targets the IDU and substance using community, offering clients' case management services, food, clean syringes, overdose prevention medications and transportation. Golden Rule Services targets African American MSM, offering free HIV testing, case management and social support services. SANE provides IDUs with clean syringes, risk reduction counseling, referrals to partner services and medication assisted substance abuse treatment. The Sacramento County EPT program targets MSM by providing testing at venues such as gay bars, the LGBT Community Center, gay pride events, community colleges and communitywide health fairs. All of these organizations work closely with County Public Health to coordinate efforts to target the high-risk populations in the TGA.

The Sacramento TGA has used all of the available resources, both internal and external, in its efforts to produce favorable outcomes in its effort to achieve the Early Identification of Individuals with HIV/AIDS. We believe that despite the lack of additional funding, we will see an expansion of our efforts to reach the private testing community as a result of the newly formed STD Stakeholder group initiated by the Sacramento County Public Health Division.

a.iii. Barriers and/or Challenges to Achieving Successful Outcomes: The Sacramento TGA's EIIHA Plan has numerous approaches to address barriers for its target populations, three of which address barriers to accessing testing and treatment as follows:

1. Promote testing at Safer Alternatives thru Networking and Education (SANE) and Harm Reduction Services (HRS), two agencies that serve as needle-exchange sites targeting substance-using individuals. SANE and HRS have developed and sustained strong trust relationships with the IDU and substance using communities; provide mobile testing on street corners and homeless camps in neighborhoods where IDUs congregate; and provide incentives (food vouchers, etc.) to promote testing for their target populations.

2. All government-funded testing agencies, One Community Health, and County testing sites throughout the TGA provide Finger Stick HIV testing to targeted populations to provide immediate results of HIV status, and to remove barriers that may prevent people from returning for results. These providers make testing sites accessible to targeted populations through venues associated with their culture, geography and lifestyles.

3. All TGA testing sites distribute HIV+ Care Packets to newly diagnosed clients; and provide HIV/AIDS resource and referral information. One Community Health provides newly diagnosed clients with sliding scale/low-cost confirmatory tests, Partner Services, and RW medical care and support services. All testing sites inform newly diagnosed clients of services at One Community Health and provide linkage to care.

III.f. Presentations/Dissemination of the EIIHA Plan

This year**,** results of the EIIHA Plan and Outcomes were disseminated to publicly funded testing agencies and private testers through presentations at the SacWISH group quarterly meetings. All active EIIHA Plan participants received these results, and evaluated them to finalize the 2018 EIIHA Plan. Members of the One Community Health's "*Zero New HIV Infections Together*" Prevention Coalition also provided input into the proposed goals and objectives of the 2018 EIIHA Plan. The RW Council also received results of the EIIHA Plan and outcomes and used the information in its priority setting and allocation process to ensure that the final FY18 RW Service Category Plan corresponds with the needs of the target populations identified in the EIIHA Plan, the Unmet Needs data, and the Surveillance data for the TGA. The Sacramento County Public Health Department's STD/HIV programs participated in the development of the Plan's goals and objectives, and disseminated this information to its

community partners. One Community Health, with its former "*Strategic Initiative to End New Cases of HIV in 5 Years", its subsequent "Equally Well" campaign and its current "Getting to Zero"* campaign (See Attachment E), has spearheaded a communitywide effort to not only participate in the development of the TGA's EIIHA Plan, but to create a portal of ongoing access to key players involved in EIIHA. These annual updates allow community partners to remain involved in new directions that are continually evaluated to reach the TGA's targeted populations.

IV: MINORITY AIDS INITIATIVE

IV.a. MAI Viral Load Suppression Rates:

(HAB Core Measure: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral Load test during the measurement year. 85% of clients will be virally suppressed.)

In the California 2016 HIV Integrated Plan, the Sacramento TGA identified the following populations as those with the highest risk for HIV/AIDS: African Americans, Hispanics, Youth and Young Adults ages 19-24 years old, High-Risk Heterosexuals, and Men who have Sex with Men. African Americans continue to be over-represented in the HIV epidemic in the TGA, followed by Hispanics.

The TGA's 2018 Service Category Plan included Minority AIDS (MAI) Initiatives that impact positive health outcomes along the HIV Care Continuum for populations experiencing health inequities. The primary goal of the Sacramento TGA's Minority AIDS Initiative Plan is to enhance access to ambulatory medical care and provide ongoing assistance to keep high-risk clients in medical care. Services funded through the MAI grant operate street-side and home-based medical case management services targeted to the TGA's emerging high-risk populations: African American and Hispanic men and women who are substance users/IDUs; homeless; and formerly or about to be incarcerated.

Outcomes by Race/Ethnicity:

During FY18, there were 269 MAI Medical Case Management clients. Of the 269 MAI clients, 229 clients (85.1%) were virally suppressed at the date of their last viral load test. 14.9% of the clients did not achieve viral load suppression.

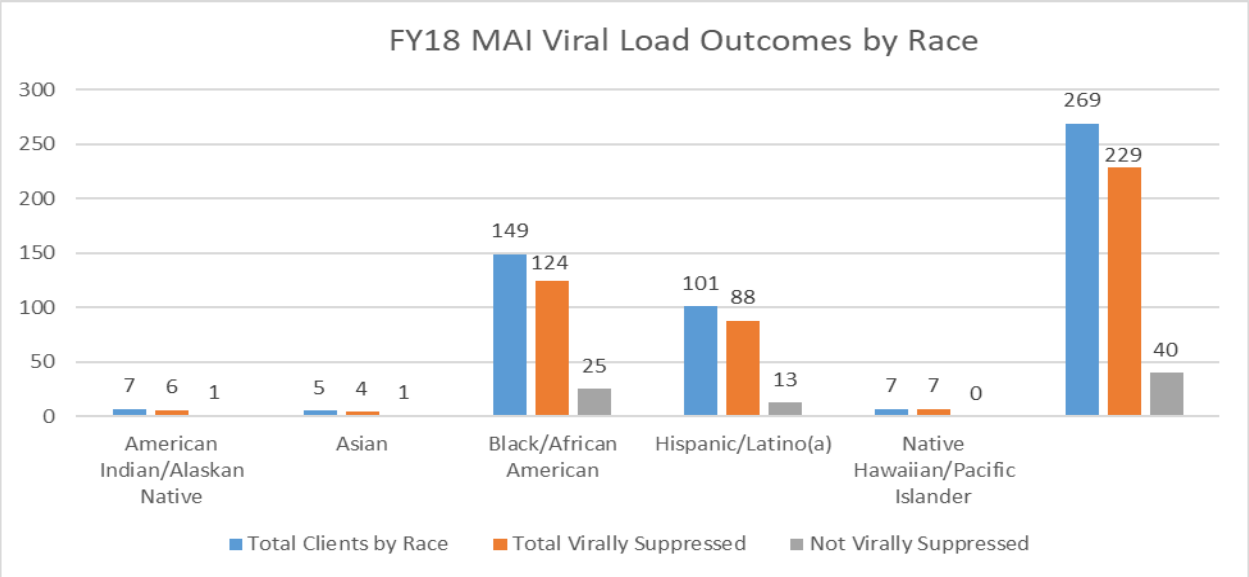
Of the overall 269 total clients that were Virally Suppressed, 55.39% were Black or African American's (149 clients), the TGA's largest MAI population. However, of the 149 total Black or African American clients, 83.22% were Virally Suppressed.

Hispanic or Latino(a) accounted for 37.5% of the total MAI clients However, of the 101 Hispanic/Latino(a) clients served, 88 (87.13%) were virally suppressed.

All the Native Hawaiian or Pacific Islanders (100%) achieved Viral Load Suppression. However, there were only seven clients.

Race/Ethnicity	FY18 Total Number of Clients by Race	FY18 Number of Clients within Race Category Achieving Viral Load Suppression	FY18 Percent of Clients within Race Category Achieving Viral Load Suppression	FY17 Number/Percent of Clients within Race Category Achieving Viral Load Suppression
American Indian/ Alaskan Native	7	6	85.71%	6/11, 54.55%
Asian	5	4	80.00%	11/15, 73.33%
Black or African American	149	124	83.22%	136/185, 73.51%
Hispanic or Latino(a)	101	88	87.13%	74/94, 78.72%
Native Hawaiian/ Pacific Islander	7	7	100.00%	4/4, 100%
Totals	269	229	85.13%	231/309, 74.76%

Outcomes for each race regarding progress toward Viral Load Suppression:



While there was a decrease in the number of clients served in FY18 compared to FY17, there was an increase in the percent of clients virally suppressed by each ethnicity.

Race/Ethnicity	FY18 Number/Percent of Clients within Race Category Achieving Viral Load Suppression	FY17 Number/Percent of Clients within Race Category Achieving Viral Load Suppression
American Indian/Alaskan Native	6/7, 85.71%	6/11, 54.55%
Asian	4/5, 80%	11/15, 73.33%
Black/African American	124/149, 83.22%	136/185, 73.51%
Hispanic/Latino(a)	88/101, 87.13%	74/94, 78.72%
Native Hawaiian/Pacific Islander	7/7, 100%	4/4, 100%
Totals	229/269, 85.13%	231/309, 74.76%

Outcomes by Age:

In the Sacramento TGA's FY17 RW entire system of care, younger RW clients were less likely to be virally suppressed than older clients. Clients ages 13-19 and 20-24 had viral suppression rates of 73.7% and 68.6%, respectively, while clients ages 45-59 and 60+ had viral suppression rates of 86.6% and 90.1% respectively.

In reviewing MAI clients' Viral Load Suppression by age groups, youth and young adults ages 19-24 had a viral suppression rate of 72.2%. The MAI clients between 25-44 years of age had a viral suppression rate of 79.2%. MAI adults age 45 and older had a viral load suppression rate of 90.3%. These mirror the overall system of care viral suppression rates of all the TGA's clients in FY18.

Age Group	Total MAI Clients	Total Viral Suppression	Percent Virally Suppressed by Age Group
19-24 Years	18	13	72.2%
25-44 Years	96	76	79.2%
45+	155	140	90.3%
Totals	269	229	85.1%

IV.b. MAI Performance, Programming and/or Interventions Impacting Health Outcomes:

Since the inception of the MAI program in the Sacramento TGA, the field-based medical case management model has demonstrated its effectiveness in keeping clients in care and improving their health outcomes. In FY18, the health outcomes of the MAI clients indicated that

85.1% of RW MAI clients achieved viral load suppression. This is an increase over the prior two years. The health outcomes of the MAI clients at the end of FY16 and FY17 show that the percentage of RW MAI clients that achieved viral load suppression increased from 69.0% in FY16 to 74.8% in FY17. These viral suppression rates among RW MAI clients are well above the most recent National rate (57.9%) and State rate (54.0%) of viral suppression.

IV.c. MAI Challenges and Barriers:

The Minority AIDS Initiative in the Sacramento Transitional Grant area served 269 clients though only projecting 216 clients during the fiscal year for MAI Medical Case Management services. The difficult lifestyles of these high-risk clients have demanded an intensive field-based medical case management system that is highly responsive to their on-going needs. The program's success in maintaining clients in medical care has achieved its projected goals. However, it would not be possible without the MAI sub-recipients' collaborative efforts with all agencies within the TGA. MAI sub-recipients continue to reach the targeted populations and make great in-roads with linking the clients to care.

In Sacramento, the MAI sub-recipients have been able to build the trust within the community to reach the targeted population and forge the working relationship necessary with clients and other agencies to ensure on-going medical services are received. The sub-recipients utilize a combination of in-home medical case management services, street-side medical case management and pre/post incarceration medical case management services to reach those in need. Many an hour is spent in a client's place of residence or on the side of a river encouraging clients to seek and maintain care. Based on the numbers presented in this report, the time and effort has proven worthwhile.

However, affordable housing is reported as the client's greatest barrier. Transportation is the second most reported barrier in the TGA. Although bus and light-rail systems are available in the greater Sacramento metropolitan area, they are extremely inadequate to serve the large metropolitan area covered by this county, and the rural counties have little to no public transportation systems.

Medical case managers spend an enormous amount of time transporting clients to and from medical appointments. However, medical case managers utilize this time to obtain pertinent medical and psycho-social information on clients, to case conference with physicians and psycho-social professionals, and assist the client in accessing needed prescriptions. Some of the field-based medical case management is a critical component to maintaining clients in care, as case managers are able to go to the clients rather than requiring clients to travel to them. This helps overcome the transportation barriers that clients experience in this TGA.

V. CERTIFICATION OF AGGREGATE ADMINISTRATIVE COSTS

See Attachment G.

VI. TECHNICAL ASSISTANCE

VI.a. Technical Assistance Received:

None

VI.b. Technical Assistance Needed: None

VII. FY 2018 WOMEN, INFANTS, CHILDREN AND YOUTH (WICY) REPORT:

Women, Infants, Children and Youth (WICY): By February of 2019, the TGA had exceeded its required expenditures for Women, Infants, Children and Youth. Total expenditures for WICY must meet a minimum of 18.79% of the total Part A grant award less the fiscal administrative costs. At year-end, WICY total expenditures represented 34.2% (Part A) of the grant award direct service expenditures.

	% Women	% Infants	% Children	% Youth
CDC Epidemiological	15.54%	0.00%	0.27%	2.98%
FY18 Sacramento TGA Data	**23.72%**	**0.14%**	**1.27%**	**9.10%**

See Attachment C.

Total expenditures for WICY must meet a minimum of 18.79% of the total Part A and Part A MAI direct service grant award. At year-end, WICY expenditures ($976,913) represented 34.2% (Part A and Part A MAI) of the grant award direct service expenditures. See **Attachment C**.

VIII. LOCAL PHARMACY ASSISTANCE PROGRAM (LPAP) SUMMARY

Not applicable.