

FY2018
Performance Outcomes
All Funding Sources

Please note that unless otherwise noted, the Performance Outcomes include all Ryan White clients served during the Fiscal Year regardless of funding sources.

CASE MANAGEMENT (NON-MEDICAL)		Total Clients: 974
Performance Measure	Indicator	Outcome
1. HAB Core Measure: Prescription of HIV Antiretroviral Therapy.	1. Number/Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	1. 913/974, 93.74%
	2. HAB Core Measure: HIV Viral Load Suppression.	2. Number/Percentage of HIV+ patients, regardless of age, with a HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.
Quality of Care		
1. Standards of Care for Benefits and Enrollment Case Management are met. 2. Benefits and Enrollment assistance. 3. Referrals to non-Ryan White entitlement programs. 4. Health care referrals. 5. Improved quality of life. 6. Follow-up	1. 90% of Benefits and Enrollment Case Management charts reviewed will comply with Case Management (non-medical) service standards. <i>(site visit)</i>	1. 74.2%
	2. 95% of people requesting Benefits and Enrollment case management will receive advice and assistance in obtaining needed services.	2. 100%
	3. 95% of clients receiving Benefits and Enrollment case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits.	3. 100%
	4. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. <i>(chart review)</i>	4. 100%
	5. 60% of clients surveyed who received Case Management (non-medical) services will report improved quality of life. <i>(postcard survey)</i>	5. 83.3% (25 out of 30 Strongly agreed)
	6. 100% of clients will receive case management (non-medical) follow-up.	6. 100%

CHILD CARE		Total Clients: 42
Performance Measure	Indicator	Outcome
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	1. 21/42, 50%
Quality of Care		
1. Standards of Care for Child Care are met.	1. 100% of childcare providers will comply with childcare service standards. <i>(site visit)</i>	1. 100%
2. Awareness of childcare services.	2. 75% of clients with children under 15 living in the home will be made aware of available childcare resources funded by Ryan White. <i>(client satisfaction survey)</i>	2. Of the 55 clients responding either "yes" or "no", 15.3% (22 clients) responded yes they were made aware of child care services; while, 22.9% (33 clients) stated that they were not made aware of child care services.
3. Childcare for HIV-related service appointments.	3. 100% of clients surveyed who requested childcare services for medical or support service appointments will have referrals or financial assistance made available, as funding is available. <i>(postcard survey)</i>	3. There were no responses to the postcard survey.

Emergency Financial Assistance		Total Clients: 172
Performance Measure	Indicator	Outcome
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	1. 47/172, 27.33%
Quality		
1. Adherence to Standards of Care for Direct Emergency Assistance.	1. 100% of providers will comply with applicable Emergency Financial Assistance service standards. <i>(site visit)</i>	1. 87.5%

FOOD BANK/HOME DELIVERED MEALS		Total Clients: 105
Performance Measure	Indicator	
1. HAB Core Measure: HIV Viral Load Suppression.	1. Number/Percentage 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.	1. 86/105, 81.9%
Quality		
1. Standards of Care for Food Bank/Home Delivered Meals are met.	1. 100% of providers offering Food Bank/Home Delivered Meals will comply with Food and Nutrition service standards. <i>(site visit)</i>	1. 97.9%
2. Improved Management of HIV/AIDS	2. 60% of clients receiving Food Bank/Home Delivered Meal services will report that these services have allowed them to better manage living with HIV/AIDS. <i>(postcard survey)</i>	2. 50% (3 out of 6 respondents Strongly Agreed)
3. Improved Quality of Life	3. 60% of clients receiving Food Bank/Home Delivered Meal services will report improved quality of life. <i>(postcard survey)</i>	3. 50% (3 out of 6 respondents Strongly Agreed)
4. Improved Medical Status	4. 60% of clients receiving Food Bank/Home Delivered Meal services will report improved ability to remain in medical care. <i>(postcard survey)</i>	4. 50% (3 out of 6 respondents Strongly Agreed)

HEALTH EDUCATION AND RISK REDUCTION		Total Clients: 308
Performance Measure	Indicator	Outcome
1. HAB Systems-Level Measures: Linkage to HIV Medical Care	1. Number/Percentage of newly diagnosed HIV+ persons linked to care within 30 days of their HIV+ diagnosis.	1. 40/82, 48.8%
Quality		
1. Standards of Care for Health Education and Risk Reduction are met.	1. 100% of Health Education and Risk Reduction (PCRS) providers will comply with Health Education and Risk Reduction service standards. <i>(site visit)</i>	1. 100%

HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE		Total Clients: 22
Performance Measure	Indicator	
1. HAB Core Measure: HIV Viral Load Suppression.	1. Number/Percentage 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.	1. 20/22, 90.91%
Quality		
1. Standards of Care for Health Insurance Premium and Cost-Sharing Assistance are met.	1. 100% of Health Insurance Premium and Cost-Sharing Assistance providers will comply with Health Insurance Premium and Cost-Sharing Assistance service standards. (<i>site visit</i>)	1. 70%
2. Linkage documentation.	2. 100% of all referrals and linkages to services for HIV+ clients receiving Health Insurance Premium and Cost-Sharing Assistance services shall be documented.	2. 100%
3. Health care referrals.	3. 100% of HIV+ clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic. (<i>chart review</i>)	3. 100%
4. Payment processing.	4. 100% of clients who received Health Insurance Premium and Cost Sharing Assistance will indicate payments had been processed and approved for medical co-payments and/or health insurance premiums. (<i>chart review</i>)	4. 100%

HOUSING		Total Clients: 161
Performance Measure	Indicator	Outcome
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1. 52/161, 32.3%
Quality		
1. Standards of Care for Housing are met.	1. 100% of providers will comply with applicable Housing Assistance service standards. (<i>site visit</i>)	1. 81.8%
2. Improved or stable housing.	2. 85% of all clients surveyed who received housing assistance will report improved or stable housing as compared to their housing situation in the previous year. (<i>postcard survey</i>)	2. 71.4% (5 out of 7 respondents Strongly Agreed)*
3. Improved quality of life.	3. 60% of clients surveyed who received housing assistance will report improvements in or maintenance of their general health status and/or quality of life. (<i>postcard survey</i>)	3. 62.5% (5 out of 8 respondents Strongly Agreed)

* There were only seven responses to this particular question on the postcard survey. One respondents did not answer the question.

MEDICAL CASE MANAGEMENT including PEDIATRIC TREATMENT ADHERENCE		
Total Clients: 1,278 (HIV+: 1,258; Affected:16; Indeterminate: 4)		
Performance Measure	Indicator	Outcome
Medical Case Management: 1. HAB MCM Measure: Medical Case Management: Care Plan. 2. HHS Measure: Retention in HIV Medical Care. 3. HAB Core Measure: HIV Viral Load Suppression. 4. HHS Measure: Housing Status.	1. 95% of clients will have a care plan developed based upon assessment. (<i>chart review</i>)	1. 97.3%
	2. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	2. 413/1258, 32.83%
	3. Number/Percentage 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.	3. 1003/1258, 79.73%
	4. Number/Percent of Ryan White clients with permanent housing.	4. 904/1258, 71.86% report being Stably/Permanently Housed
Quality of Care		
Medical Case Management: 1. Standards of Care for medical case management are met. 2. Acuity Scale is used as client assessment tool. 3. Care Plan Development. 4. Maintenance or improvement of health status and quality of life.	1. 95% of medical case management charts reviewed will comply with Medical Case Management service standards. (<i>site visit</i>)	1. 76.9%
	2. 95% of clients will be assessed using an acuity scale. (<i>chart review</i>)	2. 100%
	3. 95% of clients will have a care plan developed based upon assessment. (<i>chart review</i>)	3. 97.3%
	4a. 60% of clients surveyed who received medical case management services will report adherence to their anti-retroviral drug treatment plans. (<i>postcard survey</i>)	4a. 85.1% (57 out of 67 respondents)
	4b. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. (<i>chart review</i>)	4b. 100%

MEDICAL NUTRITIONAL THERAPY		Total Clients: 443
Performance Measure	Indicator	
1. HAB Core Measure: HIV Viral Load Suppression.	1. Number/Percentage 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.	1. 353/443, 79.68%
Quality		
1. Standards of Care for Medical Nutritional Therapy are met.	1. 100% of Medical Nutritional Therapy providers will comply with Medical Nutritional Therapy service standards. (<i>site visit</i>)	1. 100%
2. Individualized nutritional plans.	2. 100% of clients receiving medical nutritional therapy will have an individualized nutritional plan developed within 60 days of assessment by the licensed registered dietitian. (chart review)	2. 100%

MEDICAL TRANSPORTATION		Total Clients: 572
Performance Measure	Indicator	
1. HAB Systems-Level Measures: Linkage to HIV Medical Care	1. Number/Percentage of newly diagnosed HIV+ persons linked to care within 30 days of their HIV+ diagnosis.	1. 12/572, 57.14%
2. HHS Measure: Retention in HIV Medical Care.	2. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	2. 190/572, 33.22%
Quality		
1. Standards of Care for Medical Transportation are met.	1. 100% of Transportation providers will comply with Medical Transportation service standards. (<i>site visit</i>)	1. 86.6%
2. Availability of medical transportation services.	2. 75% of clients surveyed who showed evidence of need for medical transportation services will receive medical transportation for HIV/AIDS-related care appointments. (<i>postcard survey</i>)	2. 63.2% (12 out of 19 respondents report Always receiving Transportation services)

Fiscal Year 2018 Performance Indicator Outcomes

MENTAL HEALTH THERAPY		Total Clients: (HIV+: 585; Affected: 33, Indeterminate: 3)
Performance Measure	Indicator	Outcomes
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1. 240/585, 41.03%
Quality of Care		
1. Standards of Care for Mental Health Therapy are met.	i. 100% of mental health providers will comply with Mental Health service standards. (<i>site visit</i>)	1. 94%
2. Health Care Referrals	i. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. (<i>chart review</i>)	2. 100%
3. Decreased mental health symptoms.	i. 60% percent of clients who receive Mental Health services will report a decrease in symptoms that initiated referral into mental health services. (<i>postcard survey</i>)	3. 76.9 % (10 out of 13 respondents)
4. Improved functionality.	v. 60% of clients surveyed who received mental health counseling will report improved functionality. (<i>postcard survey</i>)	4. 92.3% (12 out of 13 respondents)

ORAL HEALTH CARE		Total Clients: 590
Performance Measure	Indicator	Outcomes
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	1. 231/590, 39.15%
2. HAB Oral Care Measures: Oral Health Services: Dental Treatment Plan.	2. Number/Percent of clients receiving oral health care services will have a dental treatment plan. (Chart review)	2. 100%
Quality		
1. Adherence to Standards of Care for Dental Services.	1. 100% of dental care providers will comply with Oral Health Care service standards. (<i>site visit</i>)	1. 76.9%
2. Appropriate specialty care.	2. 100% of clients receiving specialty oral health services will receive appropriate dental care as determined by County authorization review. (<i>database</i>)	2. 100%
3. Improved oral health.	3. 60% of clients surveyed who received Oral Health Care will report improved oral health through self-report. (<i>postcard survey</i>)	3. 100% (5 respondents)

OUTPATIENT/AMBULATORY CARE		Total Clients: 1,984 (HIV+: 1,984; Indeterminate - 0)
Performance Measure	Indicator	Outcomes
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1. 649/1984, 32.71%
2. HAB Core Measure: Prescription of HIV Antiretroviral Therapy.	2. Number/Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	2. 1872/1984, 94.35%
3. HAB Core Measure: HIV Viral Load Suppression.	3. Number/Percentage of HIV+ patients, regardless of age, with a HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	3. 1600/1984, 80.65%
4. HHS Measure: Housing Status.	4. Number/Percent of Ryan White outpatient/ambulatory care HIV+ clients with permanent housing.	4. 1525/1984, 76.86%
5. Minimize health disparities by ensuring access to primary medical care services by people of color.	5. Number/Percent of clients accessing primary medical care will be reflective of TGA's proportion of PLWH/A by race/ethnicity. (<i>database</i>)	5. See Note 1 below
6. Minimize health disparities by ensuring access to primary medical care services by women, infants, children and youth (WICY).	6. Number/Percent of clients accessing primary medical care will be reflective of TGA's proportion of WICY living with HIV/AIDS. (<i>database</i>)	6. See Note 2 below
Quality of Care		
1. Improved adherence to Public Health Service Guidelines for the treatment of people living with HIV/AIDS.	1. 100% of primary care services offered will meet PHS guidelines. (<i>site visit</i>)	1. 100%
2. Mortality Rate Reduction.	2. Decreased or stable mortality rate for all HIV+ persons in routine outpatient/ambulatory care. (<i>database</i>)	2. 15/2525, 0.76%
3. Viral Load Suppression.	3. Number/Percentage of persons with HIV Viral Load Suppression will exceed National standards.	3. 1600/1984, 80.65% in Sacramento TGA National Rate: 50.1%

Note 1: Black/African American, Hispanic, American Indian/Alaskan Native and Asian/Pacific Islanders clients receiving ambulatory care services in the Sacramento TGA exceed their reflectiveness of the percent of the HIV/AIDS Prevalence in the TGA. Whites are under-represented of the clients in ambulatory care compared to their HIV/AIDS Prevalence in the TGA.

Number/Percent of ambulatory care clients is reflective of TGA's proportion of PLWH/A by race/ethnicity.	Number of Ambulatory Care Clients	Percent of Ambulatory Care Clients	Percent of TGA's HIV/AIDS Prevalence
White	935/1984	47.13%	50.1%
Black/African American	500/1984	25.20%	23.0%
Hispanic	441/1984	22.23%	19.2%
Asian/Pacific Islander	85/1984	4.29%	4.0%
American Indian/Alaskan Native	23/1984	1.16%	0.4%

Fiscal Year 2018 Performance Indicator Outcomes

Note 2: WICY Ambulatory Care Expenditures total 34.16% (\$976,913 out of total Part A ambulatory care expenses of \$2,859,816). 15.37% over the TGA's WICY proportion established by CDC at 18.79%.

Number/Percent of ambulatory care clients is reflective of TGA's proportion of PLWH/A by WICY.	Number of Ambulatory Care WICY Clients	Percent of Ambulatory Care WICY Clients	Percent of TGA's HIV/AIDS WICY Prevalence
Women	371/1984	18.7%	15.54%
Infants	0	0	0
Children	2/1984	0.1%	0.27%
Youth	61/1984	3.1%	2.98%

OUTREACH SERVICES		Total Clients: 326
Performance Measure	Indicator	Outcome
1. HAB Systems-Level Measures: Linkage to HIV Medical Care	1. Number/Percentage of newly diagnosed HIV+ persons linked to care within 30 days of their HIV+ diagnosis.	1. 12/82, 14.6% See note below
Quality		
1. Standards of Care for Outreach services are met.	1. 100% of outreach providers will comply with Outreach service standards. (<i>site visit</i>)	1. 84.7%
2. Outreach referrals	2. 100% of all referrals and linkages to services for HIV+ clients receiving Outreach services shall be documented.	2. 100%
3. Health care referrals.	3. 100% of HIV+ clients who do not have an identified primary care provider at initial contact will receive a referral to an appropriate physician or clinic. (<i>chart review</i>)	3. 100%

The outcome indicators above are for both MAI Outreach services and Non-MAI Outreach services as they are tracked by service and not by race.

SUBSTANCE ABUSE TREATMENT		Total Clients 355: Residential - 73 ; Outpatient - 282
Performance Measure	Indicator	Outcomes
Health		
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1a. Outpatient: 110/282, 39.01% 1b. Residential: 28/73, 38.36%
2. HAB Core Measure: HIV Viral Load Suppression.	2. Number/Percentage of HIV+ patients, regardless of age, with a HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	2a. Outpatient: 223/282, 79.08% 2b. Residential: 55/73, 75.34%
Quality of Care		
1. Standards of Care for Substance Abuse Treatment are met.	1. 100% of substance abuse providers will deliver services according to Standards of Care. (<i>site visit</i>)	1. 88.6%
2. Residential Treatment Participation	2. 25% of clients entering residential substance abuse treatment will complete residential treatment program. (provider exit reports)	2a. Detox: 42% (24 out of 58 admissions) completed detox services. 2. Residential: 64.8% of clients (24/37) completed the wrap-around residential treatment program funded by Part B only.
3. Health Care Referrals	3. 100% of clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic upon completion of substance abuse treatment. (<i>database</i>)	3a. Outpatient: 100% 3b. Residential: 100%
4. Current care plan.	4. 80% of clients will have a current care plan in their files. (chart review)	4a. Outpatient: 100% 4b. Residential: 100%
5. Reduced risk behaviors.	5. a. 60% of clients surveyed who received outpatient substance abuse services will reduce risk behaviors for substance use as measured by self-report. (<i>postcard survey</i>) b. 60% of clients surveyed who received outpatient substance abuse services will reduce risk behaviors for transmission of HIV and other communicable diseases as measured by self-report. (<i>postcard survey</i>)	5a. 90% of respondents (45 out of 50) reported reduced risk behaviors for substance use. 5b. 92% (46 out of 50) reported reduced risk for transmission of HIV and other communicable diseases.