

Sacramento Region

2018 HIV/AIDS NEEDS ASSESSMENT



Prepared for:
The Sacramento HIV Health Services Planning Council

Prepared By:
Lili Carbone Joy, MPH
Public Health Consulting Services
3621 Loma Drive
Shingle Springs, CA 95682
Phone: 530.306.9861
Fax: 530.677.2194
E-mail: lcjcs@sbcglobal.net

Submitted To:
Sacramento Ryan White CARE Program
HIV Health Services Planning Council
7001 East Parkway, Suite 600B
Sacramento, CA 95823
Phone: (916) 876-5548
Fax: (916) 875-5888
Email: HIV-HSPC@SacCounty.net
Website: www.sacramento-tga.com

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Members of the HHSPC Needs Assessment Committee:

Gail Brosnan, MPH, Health Educator, Sacramento County STD/HIV Prevention Program
Melinda Ruger, Executive Director, Harm Reduction Services
Mahara Leong, Addiction Counselor, CAODC-A, Strategies for Change

Members of the HIV Health Services Planning Council

Ryan White Service Providers throughout the Sacramento Region

Adrienne Rogers, Ryan White CARE Program Coordinator, Sacramento County DHS

Paula Gammell, Ryan White CARE Program Planner, Sacramento County DHS

Helen Zheng, Epidemiologist, Division of Public Health, Sacramento County DHS

Lili Carbone Joy, MPH, Carbone Joy Consulting Services

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Appreciation is extended to each and every participant for their openness to the process, and for their truthful responses to thorough and detailed questions. The results presented in this Needs Assessment represent their individual and cumulative input about a vast array of Unmet Service Needs, which are those services that were needed by PLWH, but were not received due to reported Barriers to Care. By learning more about PLWH, their Unmet Service Needs, and their Barriers to Care, the Sacramento Region will be able to better focus its resources and address the service needs of PLWH throughout the TGA.

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Sacramento Region 2018 HIV/AIDS Needs Assessment

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APPENDIX

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Attachment 2: Service Demand, Unmet Need and Barriers to Care by Demographics Tables -Available on Request Go to www.sacramento-tga.com
Attachment 3: 2018 HIV/AIDS Needs Assessment Survey Tool

EXECUTIVE SUMMARY

A. BACKGROUND

The Ryan White (RW) HIV Health Services Planning Council (HHSPC) is required to conduct a bi-annual assessment of People Living with HIV/AIDS (PLWH) as part of its RW Part A funding for the Sacramento Transitional Grant Area (TGA), which includes Sacramento, El Dorado, and Placer Counties. The goal of the Needs Assessment is to collect and analyze data on Service Needs, Service Gaps and Barriers to Care for PLWH to assist the Council with effective planning for service funding and service delivery. RW Program staff, service agency staff, and volunteers conducted survey sessions in group and one-on-one sessions in both English and Spanish. In total, 177 PLWH completed the survey in FY17/18, a 24% decrease from the 232 surveyed in FY13/14.

B. FINDINGS

B-1. Demographics of Need Assessment Respondents

In conducting the 2018 Needs Assessment, outreach efforts were successful in ensuring that People Living with HIV/AIDS (PLWH) were represented from all three counties of the TGA in proportion to their representation in the region's HIV/AIDS epidemic. As of 12/31/17, Sacramento County accounted for 89.4% of PLWH in the TGA, while the rural counties of El Dorado and Placer Counties accounted for 3.9% and 6.7%, respectively. The 2018 HIV Needs Assessment survey respondents were representative of PLWH throughout the TGA, although El Dorado County (2.3%) and Sacramento County (87.6%) were slightly underrepresented while Placer County (5.6%) was slightly overrepresented. 1.1% of survey respondents were from Yolo County, which is not part of the RW Part A TGA but receives RW Part B funds, and many of its residents receive medical care in Sacramento County. In addition, 3.4% of respondents were from a county other than Sacramento, El Dorado, Placer or Yolo, or did not respond to this survey question.

Survey respondents were representative of the TGA's HIV/AIDS epidemiology and RW client caseload in terms of race, age, gender and mode of HIV transmission with a few exceptions. PLWH ages 20-44 were underrepresented while PLWH over ages 45+ are overrepresented. PLWH experiencing homelessness were highly represented: 18% of Needs Assessment respondents reported being currently homeless as compared to 7% of RW clients. The efforts to reach homeless clients were more successful in the 2018 Needs Assessment than in the 2014 Needs Assessment in which 10.8% of survey respondents were homeless.

B-2. Service Demand and Unmet Need

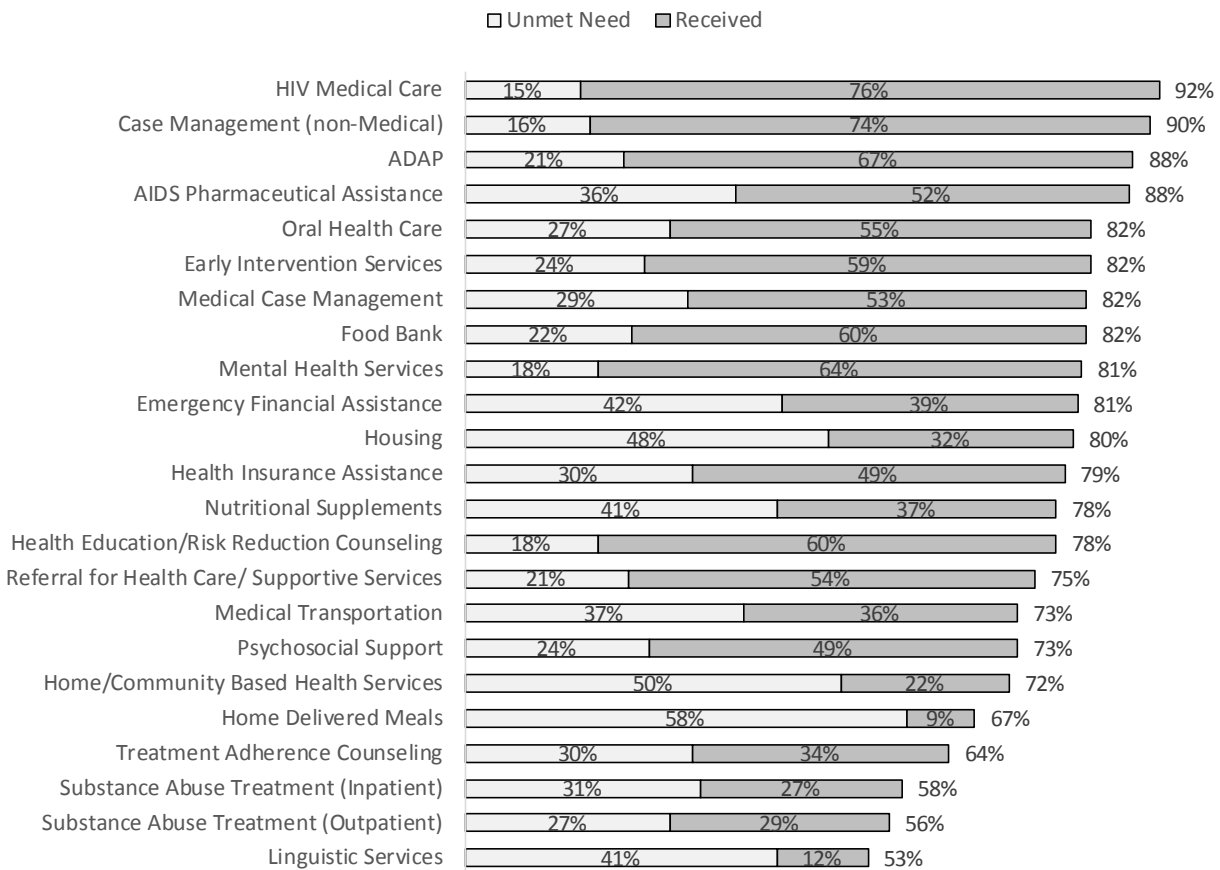
It is important to understand both Service Demand and Unmet Need to gain a clear picture of what services are needed most by PLWH and which services they are having the most difficulty obtaining. Service Demand includes the percent of survey respondents who reported that they Received the Service (Service Received) plus the percent of respondents who reported Service Not Received due to at least one Barrier to Care reported for that Service Category (Unmet Need).

As can be seen from the following chart, Service Received plus Unmet Need equals Service Demand for each Service Category. For example, HIV medical care had the highest Service Demand among survey respondents (92%), which is the sum of those that received medical care (76%) plus those that had an Unmet Need (15%) due to at least one reported Barrier to Care. HIV medical care had the highest ranked Service Demand while also having the lowest ranked Unmet Need. This finding shows that the Sacramento TGA’s Ryan White Program is continuing to improve at meeting its highest priority, which is to ensure that PLWH across the region are gaining access to HIV Medical Care.

At the other end of the spectrum, however, are those services with a high Unmet Need, low Service Demand and low Service Received. For example, as noted in the following bar graph, 53% of survey respondents had a Service Demand for linguistic services, but only 12% received services due to Barriers to Care, and 41% had Unmet Need for linguistic services.

As a note regarding the figures in the graph below, as well as throughout this report, these data are rounded to the nearest integer (e.g., 75.7% may be rounded to 76%). In cases where multiple rounded numbers are added together, the total may not appear to equal the sum of the parts due to rounding.

Percent with Service Demands = Received + Unmet Need



B-3. Service Demand by Service Category

As described above, Service Demand includes the percent of survey respondents who reported that they Received that Service (Service Received) *plus* the percent of respondents who reported Service Not Received because client reported at least one Barrier to Care for that Service Category (Unmet Need). As can be noted below, the five service categories with the highest Service Demand include HIV medical care, case management (non-medical), AIDS Drug Assistance Program (ADAP), AIDS pharmaceutical assistance and oral health care.

SERVICE DEMAND RANKED BY SERVICE CATEGORY		
Rank	Service Category	% Survey Respondents Service Demand
1	HIV Medical Care	92%
2	Case Management (non-medical)	90%
3	AIDS Drug Assistance Program (ADAP)	88%
4	AIDS Pharmaceutical Assistance	88%
5	Oral Health Care	82%
6	Early Intervention Services	82%
7	Medical Case Management	82%
8	Food Bank	82%
9	Mental Health Services	81%
10	Emergency Financial Assistance	81%
11	Housing	80%
12	Health Insurance Assistance	79%
13	Nutritional Supplements	78%
14	Health Education / Risk Reduction Counseling	78%
15	Referral for Health Care / Supportive Services	75%
16	Medical Transportation	73%
17	Psychosocial Support	73%
18	Home/Community Based Health Services	72%
19	Home Delivered Meals	67%
20	Treatment Adherence Counseling	64%
21	Substance Abuse Treatment (Inpatient)	58%
22	Substance Abuse Treatment (Outpatient)	56%
23	Linguistic Services	53%

B-4. Unmet Need by Service Category and Trends in Unmet Need

Unmet Need by Service Category is the percent of respondents who *did not* receive the service due to at least one Barrier to Care for that RW Service Category. As can be noted from the definition above, Unmet Need is a subset of Service Demand. In the case of Unmet Need, the client’s Service Demand could not be met due to at least one Barrier to Care that the survey respondent reported for that service category. As shown in the table below, those services with the greatest Unmet Need include home delivered meals and home/community-based services, with at least half of respondents indicating they did not receive those services and faced one or more barriers to receiving them.

UNMET NEED RANKED BY SERVICE CATEGORY		
Rank	Service Category	% Survey Respondents Unmet Need
1	Home Delivered Meals	58%
2	Home/Community Based Services	50%
3	Housing	48%
4	Emergency Financial Assistance	42%
5	Nutritional Supplements	41%
6	Linguistic Services	41%
7	Medical Transportation	37%
8	AIDS Pharmaceutical Assistance	36%
9	Substance Abuse Treatment (Inpatient)	31%
10	Treatment Adherence Counseling	30%
11	Health Insurance Assistance	30%
12	Medical Case Management	29%
13	Substance Abuse Treatment (Outpatient)	27%
14	Oral Health Care	27%
15	Psychological Support	24%
16	Early Intervention Services	24%
17	Food Bank	22%
18	Referral for Health Care / Supportive Services	21%
19	AIDS Drug Assistance Program (ADAP)	21%
20	Mental Health Services	18%
21	Health Education / Risk Reduction Services	18%
22	Case Management (non-medical)	16%
23	HIV Medical Care	15%

A comparison between the current 2018 HIV Needs Assessment and the prior 2014 Needs Assessment provides valuable input for the Sacramento Region in program planning, implementation and allocation of resources throughout the TGA. Analyzing the trend in Unmet Need over time is particularly useful. In both the 2014 and 2018 Needs Assessments Unmet Need was calculated as the percent of survey respondents who indicated that they Needed a Service but did not Receive that Service (in 2014 Unmet Need was described as Need/Receive Gap). The analysis of trends in Unmet Need between 2014 and 2018 found that Unmet Need *increased* in the following service categories:

INCREASED UNMET NEED TREND 2014 to 2018 NEEDS ASSESSMENT RESPONDENTS		
Ryan White Service Category	2014	2018
Home Delivered Meals	43%	58%
Home/Community Based Services	35%	50%
Housing Services	30%	48%
Medical Transportation Assistance	34%	37%
AIDS Pharmaceutical Assistance	26%	36%
Treatment Adherence Counseling	20%	30%
Health Insurance Assistance	22%	30%
Medical Case Management	11%	29%

INCREASED UNMET NEED TREND 2014 to 2018 NEEDS ASSESSMENT RESPONDENTS		
Ryan White Service Category	2014	2018
Food Bank	15%	22%
Health Education /Risk Reduction	10%	18%
Outpatient Medical Care	6%	15%

B-5. Services with High Service Demand AND High Unmet Need

In the 2018 Needs Assessment a further analysis was conducted to determine those RW Service Categories that were ranked with both a high Service Demand AND a high Unmet Need. These services are those that PLWH reported having a high demand for, while also being services that they were not able to receive due to Barriers to Care. The following table shows those services that ranked in the top 50% for both Service Demand AND Unmet Need:

SERVICES WITH HIGH SERVICE DEMAND AND HIGH UNMET NEED 2018 NEEDS ASSESSMENT RESPONDENTS		
Service Category	Service Demand Rank	Unmet Need Rank
AIDS Pharmaceutical Assistance	4	8
Emergency Financial Assistance	10	4
Housing	11	3

B-6. Service Demand and Unmet Need by Demographics of PLWH

Several subpopulations of PLWH reported disproportionate Service Demands or Unmet Needs among several service categories:

- **Homeless** respondents had a disproportionate Unmet Need for housing, inpatient substance abuse treatment, oral health care, mental health care, service referrals, medical transportation, medical case management, ADAP and home/community-based services.
- **Age 65+** respondents had a disproportionate unmet need for linguistic services. They also had a disproportionately high demand for home/community-based services and mental health services.
- **Rural** respondents had a disproportionate Unmet Need and a high overall Service Demand for medical case management and medical transportation.
- **Injection Drug Users (IDUs)** had a disproportionately Unmet Need for linguistic services and mental health services, and they had a disproportionately high overall Service Demand for mental health services.

- **African Americans and Latinos** generally indicated a greater Service Demand for most service categories as compared to Whites or Asian/Pacific Islanders.
- **Males** generally indicated greater Service Demand for most service categories as compared to Females.

B-7. Barriers to Care

The primary goal of the Needs Assessment survey process is to identify strategies to reduce Barriers to Care so that Service Demand and Unmet Need can be met for the majority of service categories across all demographic groups. Barriers to Care assessed in the survey are organized under three overall types of barriers: Financial Barriers, Access Barriers and Personal Barriers.

For example, Access Barriers include issues such as “location not convenient” or “wait times too long”; Financial Barriers include “Co-pay too high” or “no insurance”; and Personal Barriers include “treated with disrespect” or “privacy of HIV status.” As can be noted below, of the top 10 Barriers to Care, 50% were Access Barriers, 30% were Financial and 20% Personal Barriers

Rank	TOP 10 BARRIERS TO CARE	Cumulative Responses*
1	Didn't know this was available (<i>Access</i>)	735
2	Didn't think I was eligible (<i>Financial</i>)	706
3	Didn't know how to get (<i>Access</i>)	585
4	Privacy of HIV status concerns (<i>Personal</i>)	413
5	Didn't know where to go (<i>Access</i>)	323
6	Wait times too long (<i>Access</i>)	251
7	Treated with Disrespect (<i>Personal</i>)	167
8	Was told I wasn't eligible (<i>Financial</i>)	156
9	Appointment times not convenient (<i>Access</i>)	126
10	Co-pay was too high (<i>Financial</i>)	98

**Respondents were asked to indicate all applicable barrier types for all service categories*

B-8. Barriers to Care by Demographics

To further identify strategies to reduce Barriers to Care, each barrier was analyzed by numerous demographic categories (i.e., age, race, gender, mode of HIV transmission) to identify strategies for each subpopulation of PLWH. Other co-morbidities and co-occurring conditions that influence Barriers to Care, such as housing status, income status, substance abuse history and mental health status, also were examined. The following are examples of service categories and client demographics that were reported as having higher Barriers to Care and demographic disparities than overall respondents:

- **Homeless.** 41% of homeless respondents indicated Fiscal Barriers to emergency financial assistance vs. 27% of overall respondents

- **Rural.** 18% of rural respondents indicated Fiscal Barriers to HIV medical care vs. 7% of overall respondents and 35% of rural respondents indicated Fiscal Barriers to home and community-based services vs. 24% of overall respondents
- **Ages 25-44.** 56% of respondents ages 25-44 indicated Access Barriers to home and community-based services vs. 24% of overall respondents
- **Ages 65+.** 35% of respondents age 65+ indicated Fiscal Barriers to home and community-based services vs. 24% of overall respondents
- **Latinos.** More than any other racial group, Latinos disproportionately indicated greater Personal and Fiscal Barriers across numerous service categories

C. IMPLICATIONS

C-1. Implications for Priority Setting and Allocations Decisions

Follows are examples of priority setting and allocations options that can be considered by the Council to address the most highly reported Service Demand and Unmet Needs, and to address the largest Demographic Disparities and Barriers to Care among 2018 Needs Assessment Survey Respondents in the Sacramento Region:

- Latinos, African Americans, IDUs, Males and homeless PLWH reported higher Service Demand and Unmet Need than respondents overall across the majority of service categories. The Council should consider funding outreach and other targeted services for these vulnerable populations.
- Rural survey respondents reported higher Service Demand and Unmet Need than overall respondents across several service categories (medical case management and medical transportation). The Council should *continue its current practice* of allowing the TGA's rural counties to have local control and contract flexibility in applying allocations to meet the local service demand when no other funding sources are available.
- The AIDS Pharmaceutical Assistance service had the highest ranked combination of Unmet Need and Service Demand. While the AIDS Drug Assistance Program (ADAP) supports compensation for some medications, many PLWH need additional assistance paying for drugs not covered by ADAP.
- Emergency Financial Assistance was the second highest ranked combination for Unmet Need and Service Demand and is critical to the health and well-being of PLWH in paying for essential costs of living such as wood for heating sources in rural counties, utilities, etc., to keep PLWH in housing.
- Benefits counseling (non-medical case management) was the second highest ranked Service Demand. The Council should monitor the impact of the Affordable Care Act (ACA) on PLWH. While many RW patients may receive subsidies for insurance premiums, many may need help with expenses not covered under their out-of-pocket maximum (e.g., deductibles, copayments). Benefits

Counselors assist clients in obtaining access to State and Pharmaceutical programs that provide assistance with medical and drug co-payments.

- 82% of respondents reported needing medical case management, but 29% of those did not receive it due to Barriers to Care (Unmet Need). Given the importance of retention in ongoing medical care, the Council should continue to monitor service utilization for medical case management, continue its current practice of funding field-based medical case management and allocate funds proportionately.
- 82% of survey respondents reported Service Demand for oral health care, but 27% of those did not receive it (Unmet Need), even with recent increases in service capacity and funding. The Council should consider further funding enhancements to support improved *access to* oral health care.
- 73% of survey respondents reported transportation Service Need, but 37% did not received service due to Barriers to Care. While recent enhancements in funding for transportation services *has significantly improved access*, the transportation delivery system for those in poverty continue to present barriers to care for the region’s PLWH, especially in the rural areas of this geographically large TGA. The Council should continue to explore alternate transportation delivery systems and increased allocations to transport patients to appointments.
- 67% of respondents reported needing home delivered meals, but 58% did not receive this service due to Barriers to Care for this service. The Council should investigate ways to continue to improve access to, and funding for, home delivered meals.
- Housing ranked #3 for Unmet Need with 48% of respondents unable to receive service. Housing also ranked #11 for Service Demand with 80% of respondents needing housing services.
- 64% of respondents need treatment adherence counseling and 30% of those did not receive the service due to Barriers to Care. This is an area to consider for program development, as well as service provider technical assistance training.
- 72% of respondents needed home/community-based health services, but 50% did not receive services due to Barriers to Care. Because trends worsened since past needs assessments, the Council should consider funding improved *access to* home/community-based services.

C-2. Implications for Service System Improvements

Although not meant to be an exhaustive list of strategies, follows are examples of service system improvements for the Council to consider in its efforts to maximize retention of PLWH in ongoing medical care while addressing the most highly reported Barriers to Care and largest Demographic Disparities of 2018 HIV Needs Assessment survey respondents:

- Wait times before and during appointments was the 6th highest ranked Barrier to Care. Further research is required to understand the extent of the issue and possible remediation activities. The survey tool should be more specific in terms of “wait times”.

- Sensitivity to patient needs, including treatment with disrespect, was ranked #7 among the greatest reported Barriers to Care. The Council might consider funding technical assistance to providers with the goal of increasing sensitivity to the unique needs of PLWH within various demographic subgroups (i.e., African Americans, Latinos, MSM, IDUs and the homeless population).
- Lack of patient awareness (including “didn’t know this was available, “didn’t think I was eligible” and “didn’t know how to get”) were the top 3 most commonly reported Barriers to Care. Improved outreach to, and case management for, PLWH should be a priority for the Council. For example, service providers should work to improve awareness of available services through direct client contact; broader marketing and social media campaigns.
- To support retention in ongoing medical care, Case Managers and other support staff should increase efforts to contact patients and inquire about and encourage re-entry into medical care. Primary Care providers should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining “no-show” tracking and follow up protocols.
- Service Providers should consider increased use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.
- The Council should consider technical assistance, capacity building and networking with current organizations throughout the region to educate them about findings and implications of the Needs Assessment, and to improve the overall system of care for PLWH.
- The Council should continue to network with other organizations throughout the Sacramento Region to maximize other funding opportunities and services for PLWH.
- The TGA’s Ryan White Continuous Quality Improvement (CQI) Program should continue to involve consumers in CQI activities, such as the annual postcard survey to collect feedback for evaluation of services. Expanded efforts to solicit input from consumers of RW services also should be explored.
- The RW Program’s CQI Manager should continue to coordinate webinars and training opportunities around quality management for CQI committee members and RW Program subrecipients.
- The RW Medical Performance Indicator Reports, generated from the Sacramento HIV/AIDS Reporting Engine (SHARE), should continue to be distributed monthly to assist RW subrecipients in identifying clients who are out of care, to resolve data issues, to track progress of Continuous Quality Improvement projects, and to identify areas for program improvement.

C-3. Implications for Future Needs Assessments

Needs Assessment Survey Process:

In conducting the 2018 Needs Assessment, outreach efforts were made to ensure that PLWH were surveyed in proportion to their representation in the TGA’s HIV epidemic to the greatest extent possible.

However, the following are examples where additional outreach efforts could be made in future Needs Assessments to get more PLWH involved from the following subpopulations:

- El Dorado County residents were slightly underrepresented in the Needs Assessment as compared to their representation in the TGA’s HIV Epidemic (2.3% vs. 3.9%) and further outreach efforts should be made in that county during the TGA’s next Needs Assessment.
- PLWH aged between 20 and 44 were significantly under-represented in both the 2018 and 2014 Needs Assessments, and this should be remediated in the next survey cycle through more extensive outreach efforts.
- Survey methods should address the under-representation of youth (ages 19 and under), Whites, and male PLWH in the next survey cycle or conduct a targeted Needs Assessment for these subpopulations.
- Survey methods should continue efforts to reach communities of color, including monolingual Latinos and Asians.
- Survey methods should continue efforts to reach the homeless population.
- Epidemiologists at Sacramento County Department of Health Services, Division of Public Health, who conducts the data input, queries and run the data reports for the Needs Assessment, should be consulted regarding any revisions to the Survey Tool questions.
- The consultant responsible for analyzing survey findings and writing the 2018 Needs Assessment Report should be consulted regarding revisions to the Survey Tool questions.

Needs Assessment Survey Tool:

- Several RW Service Categories were mistakenly omitted from 2018 Needs Assessment Survey Tool and should be added to future versions of the TGA’s survey tool, as follows: Home Health Care, Hospice Services, Child Care Services, Other Professional Services, Outreach Services, Rehabilitation Services and Respite Care.
- The RW Service Categories of medical case management and treatment adherence services should be combined into one RW Service Category in the future Needs Assessment Tool as HRSA has recently combined these services.
- Food Bank and Home Delivered Meals should be combined into one RW Service Category in the future Needs Assessment Tool.
- Reformatting of Question 1 should be considered because the responses from the 2018 Survey Tool found significant inconsistency in how survey respondents answered the three questions about Service Needed, Service Requested (“Asked For”) and Service Received. Unlike previous Needs Assessment Surveys, the revised survey did not ask that survey respondents answer each of the three

questions above with “yes” or “no,” but rather “please check off all that apply.” It is recommended that any future Needs Assessment Survey Tool go back to requesting an answer of “yes” or “no” for each question for each RW service category.

- Under Question 1, it is recommended that the question of whether or not the service was asked for (Service Asked For) be moved from Question 1 to Question 4 in the Barriers to Care section under Personal Barrier (Didn't Ask for Service). Within the comments section the survey respondent could explain why they didn't ask (don't feel ready for service, i.e., substance abuse treatment). The Personal Barrier of Privacy of HIV Status should remain in Question 4 which also assesses barrier to asking for service.
- Under Question 1, the question in the first column is a question about a Barrier to Care (“Didn't know this service was available”) rather than a question regarding Need/Ask/Receive which Question 1 is aimed at addressing. This column should be moved to Question 2 regarding Access Barriers to Care.
- Under Question 2, Access Barriers to Care, questions for column 1 (“Didn't Know How to Get” and “Didn't Know Where to Go”) should be combined into one column since they are asking a very similar question.
- Question 20 and Question 21 (page 10) about substance use should ask about medically prescribed marijuana separately from illegally obtained or recreational marijuana use.
- Question 22 (page 10-11) about injection drug use should ask where person gets their needle supply and how many times they use each needle.
- Question 27a (page 11) should also ask if a person has been diagnosed with tuberculosis (TB) and the last box should ask “I have not been tested for these STDs *or infections* in the past 12 months.”

SECTION A: INTRODUCTION

A-1. BACKGROUND

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

In 2017, as a condition of RW Part A funding, the HIV Health Services Planning Council (HHSPC) Needs Assessment Committee embarked on its bi-annual assessment of people living with HIV/AIDS (PLWH) in the Sacramento TGA, including Sacramento, El Dorado, and Placer Counties. The goal of the Needs Assessment is to provide the Council with data on Service Demand, Unmet Need and Barriers to Care for PLWH, analyzed by demographic breakdowns (such as race, gender, age mode of HIV transmission, location, co-morbidities, County of residence, etc.) to assist with effective planning for service funding and service delivery. In total, 177 Persons Living with HIV/AIDS completed the Needs Assessment Survey in 2018.

A-2. REPORT FORMAT

To comprehensively understand the demographic profile and the Service Demand, Unmet Need and Barriers to Care of the diverse population of PLWH across the Sacramento Region, this Needs Assessment report is divided into four main sections, as follows:

Section B: Methodology

This section provides background regarding the Needs Assessment Survey Tool, how survey respondents were recruited, and how the survey was conducted throughout the Sacramento Region. In addition, the data analysis procedures and processes are outlined.

Section C: Demographics

This section provides a demographic profile of the TGA's general population; the HIV/AIDS epidemiology in the TGA (by age, race, gender and mode of transmission); a demographic profile of Ryan White clients; and a profile of the Needs Assessment respondents. A comparative analysis is presented to more closely understand which subpopulations are under or overrepresented in each of these demographic categories. Other co-morbidities and complicating factors are examined, such as STIs, housing status, income, insurance status and substance use. PLWH in rural counties of the TGA also are analyzed by comparing their representation to the TGA's general population, the TGA's HIV/AIDS epidemiology, RW clients, and Needs Assessment survey respondents.

Section D: Service Demand, Unmet Need and Barriers to Care

This section presents the survey findings by using distinct analytic methods for each Ryan White Service Category and Demographic Category of PLWH, as follows:

Service Demand by Service Category and Demographic Disparities. This includes Service Received *plus* Unmet Need (Service *Not* Received due to client reporting at least one Barrier to Care for that RW Service Category).

Unmet Need by Service Category and Demographic Disparities. This includes Service Not Received because client reported at least one Barrier to Care for that RW Service Category (a subset of Service Demand). Unmet Need is the most important analytic tool to identify services that are needed by PLWH but are not able to be received due to Barriers to Care, and to identify strategies to reduce those Barriers to Care. To begin to identify strategies to reduce Barriers, Unmet Needs are further analyzed by numerous demographic categories (such as age, race, gender, mode of HIV transmission, co-morbidities, housing status, etc.) to identify strategies for the various subpopulations of PLWH.

Barriers to Care by Service Category. Barriers to Care are identified by Service Category and are organized by Core Medical Services and Support Services to correspond with the way funding decisions and allocations are made for the RW Program.

Barriers to Care by Demographics. Barriers to Care also are analyzed by client demographics such as age, race, gender and mode of transmission. Barriers to Care were stratified into three categories, Financial Barriers, Access Barriers and Personal Barriers.

Other factors and co-occurring conditions that influence Barriers to Care also are examined, such as housing status, income status, substance abuse history and mental health status. Barriers to Care also are analyzed by demographic cross tabulations (i.e., race by mode of transmission) to find subpopulations with disproportionate issues regarding access to care, such as Latino MSM or African American Women).

Section E: Summary of Findings and Implications

Summary of Needs Assessment Findings. This section provides a summary of the RW Service Categories with Highest Ranked Service Demand; Service Categories with Highest Ranked Unmet Need; Demographic Groups with Highest Ranked Unmet Need Disparities; and Service Categories and Demographic Groups with Highest Ranked Barriers to Care. The complete survey results for the 2018 HIV Needs Assessment are provided in the Appendix, Attachment 1 which details the answers to each question in the Survey Tool. The comments from Needs Assessment survey respondents are not provided in Attachment 1 for confidentiality purposes. Detailed spreadsheet analyses of Service Demand, Unmet Need, Barriers to Care by Demographics is provided in the Appendix, Attachment 2, as reference.

Implications for Priority Setting and Allocations. Implications for the RW priority setting and allocation processes also are presented by providing an overview of funding sources in the TGA and analyzing trends in service utilization for Ryan White clients over the last decade. Comparison of past trends in RW expenditures to the most recently reported Service Demands, Unmet Need and Barriers to Care is presented to assist the RW Planning Council in making Priorities and Allocations decisions for the upcoming FY 2019/2020 grant cycle.

Implications for Service System Improvements. Implications for developing improvements to the RW System of Care to address Barriers to Care, for specific service categories and demographic groups of PLWH, also are presented.

Implications for Future Needs Assessments. Implications for improving the Needs Assessment Survey Tool and survey processes for recruiting and surveying PLWH across the TGA are discussed.

SECTION B: METHODOLOGY

B-1. NEEDS ASSESSMENT PROCESS AND SURVEY TOOL

a. Consumer Survey Process

A total of 177 surveys were completed by PLWH with the assistance of a survey administrator, between August 2017 and February 2018. This was a 24% decrease from the number of surveys conducted in 2014 (232), but very close to the number of surveys conducted in 2011 (180 surveys).

Data were collected from several locations including Sacramento County Primary Medical Care Center, Sunburst Projects for youth living with HIV, RX Healthcare for adults living with HIV, Colonia San Martin housing for PLWH, Strategies for Change/Substance Abuse Program at Open Arms Transitional Living for PLWH, and Sierra Foothills AIDS Foundation (SFAF) to survey rural counties of the TGA (El Dorado and Placer Counties).

Ryan White HIV Health Services Planning Council (HHSPC) staff, service provider agency staff, and volunteers conducted survey sessions, both in group and one-on-one settings. The survey instrument was created in English but was administered in Spanish during survey sessions as needed. Surveys were completed anonymously.

b. Incentives

Participants of the consumer survey received a \$20 grocery food certificate.

c. Recruitment

Every effort was made to select participants randomly from a wide variety of venues. The Ryan White funded agencies were contacted through personal visits and various memoranda describing the Needs Assessment project and underscoring the important need for their assistance. In addition to recruitment of participants from Sacramento County, survey sessions were conducted in the rural counties of the TGA, including El Dorado and Placer Counties to assist in identifying needs and gaps in services for those in outlying regions of the TGA. Although Yolo County (a neighboring county) is not part of the RW Part A TGA, it is a recipient of RW Part B funds and many PLWH in Yolo County receive medical care in Sacramento County. Survey participants included two (1.1% of respondents) who were Yolo County residents.

d. Quality Control

Surveys with incentives such as gift cards are vulnerable to duplicate respondents who would like additional incentives. To assure complete and high-quality data, staff checked each questionnaire before providing the survey respondent the gift card incentive. There also was a quality check for response consistency throughout the completed survey before providing the incentive.

To address the issue of duplicative surveys, new procedures were implemented by staff conducting surveys beginning with the TGA's 2014 Needs Assessment and were implemented once again in 2018.

Staff maintained a list of unique confidential identifiers created for each survey participant using a combination of personal information. The intent of the client unique identifier procedure was to allow the early identification of duplicate surveys. However, the confidential identifiers were not consistently used across all Needs Assessment survey sessions and locations, so some duplicate entries, although minimal, did occur. These duplicate surveys were identified and removed from the completed surveys prior to data entry and analysis. The procedures for duplicate entries will continue to be improved in future needs assessments and client unique identifiers will be more consistently used across all survey sessions and locations.

Another quality control issue involves the accuracy of the information provided by survey respondents as well as each respondent's interpretation of the survey questions. While every effort was made to ensure that individuals completing the surveys fully understood the intent of the questions, responses were ultimately based on each respondent's individual understanding and interpretation of each question.

Data for all survey respondents have been analyzed and are presented in the charts and graphs throughout this narrative report. In addition, to provide as complete a data set as possible for readers of this Needs Assessment, all data can be found in the appendices.

e. Revised Needs Assessment Survey Tool

The original Needs Assessment survey instrument for the Sacramento TGA was designed and approved 15 years ago, in 2003. That survey tool was periodically modified over the years to clarify questions, without changing the foundation of the original survey, so that survey results could be trended over time. However, in 2015, the Sacramento TGA's Needs Assessment Committee of the HHSPC voted to revamp the Needs Assessment Survey Tool based on feedback from survey participants that it was quite lengthy and had several skip patterns that were confusing to survey participants and staff/volunteers who assisted with survey administration. Survey participants also had expressed confusion about the questions for each service category regarding Service Needed, Service Requested and Service Received.

By networking with other TGAs, and reviewing various survey tools and strategies, the updated HIV Needs Assessment Survey Tool was developed during 2016 and 2017 (see Appendix, Attachment 3). The Needs Assessment Committee voted to use the Denver, Colorado EMA's survey tool as a template to allow for a more specific and streamlined analysis of Service Demand, Unmet Need and Barriers to Care by each RW Service Category.

To maintain as much consistency as possible, questions remained similar between the old and new survey tools regarding demographics (such as age, race, gender, mode of HIV transmission, health insurance and educational level); co-morbidities (such as substance use, other medical diagnoses, homelessness); and medical care history (such as stage of infection, level of care, viral load, medication and adherence). Once the template was adjusted and tailored to meet the Sacramento TGA's unique needs, it was reviewed by the Needs Assessment Committee, Executive Committee and ultimately approved by the Planning Council in September 2016.

B-2. NEEDS ASSESSMENT SURVEY ANALYSIS

a. Data Entry, Data Analysis and Confidence Intervals

Data from each completed survey was entered by staff of the HIV Health Services Planning Council using Microsoft Access. All open-ended questions and survey comments were compiled. In addition, data was checked for consistency and skip patterns.

Survey data were analyzed by Helen Zheng, Epidemiologist, Division of Public Health, Sacramento County Department Health Services (DHS), and Lili Carbone Consulting Services using Microsoft Access. Data were analyzed to identify meaningful findings in distributions of PLWH demographics, services needed, services received, barriers to accessing services (as described more completely below under Consumer Survey Analysis).

The Needs Assessment respondents are a sample of patients within the target population of all PLWH in the Sacramento Region. The data analyzes results within the Needs Assessment survey respondents and compares their results to the TGA's full target population of PLWH, the TGA's RW Client population, as well as to the TGA's general population. Because this Needs Assessment survey used a sample group from a larger target population, a confidence interval was used to help disparities that are significant. Depending on the confidence interval estimation method used, a result in the survey findings using this sample of 177 respondents should be interpreted as plus or minus 3.3% to 6.6%.

For example, 27 respondents, or 15.3% of those in the sample surveyed, reported currently being homeless. Applying the narrowest confidence interval to this sampled proportion, means that the actual percentage of those experiencing homelessness could be between 12.0% and 18.6%. Using the widest confidence interval, the estimated actual result could be between 8.7% and 21.9%.

For the purposes of this report, a plus-or-minus 5% threshold was used when comparing results between proportions. In other words, differences between compared percentages are considered significant if adding 5% to the smaller proportion and subtracting 5% from the large proportion resulted in figures that did not overlap. This means that disparities are considered meaningful when there are differences between proportions of greater than 10%. For example, if 29% of those surveyed are age 20-44, and 43% of respondents who indicate a need for residential substance abuse treatment are age 20-44, this would mean that clients aged 20-44 have a significantly greater need for these services than would be expected based on their overall representation in the survey.

Data presented in graphs may be rounded to the nearest integer (e.g., 16.7% may be rounded to 17%). In cases where multiple rounded numbers are added together, the total may not appear to equal the sum of the parts due to rounding.

b. Prior HIV/AIDS Needs Assessments

Findings from the Sacramento Region 2018 HIV/AIDS Needs Assessment are best understood when considered in the context of other Needs Assessments that have been conducted for the HIV/AIDS population in the region and targeted for specific subpopulations and specific service needs. Although a

thorough comparative analysis is not provided in this report, the following Needs Assessments were reviewed, and comparisons were made as noted throughout this report:

- 2016 California State Needs Assessment in which the Sacramento TGA’s Ryan White CARE Program participated in and contributed to with a subsection applicable to the three counties of Sacramento, El Dorado and Placer.
- Prior Sacramento TGA HIV/AIDS Needs Assessment Reports conducted by the region’s Ryan White CARE Program and HIV Health Services Planning Council (2003 – 2014);
- 2010 Sacramento TGA Housing Mini Needs Assessment Report (conducted by RW CARE Program and HIV Health Services Planning Council);
- 2012 Sacramento TGA Out of Care Needs Assessment Report (conducted by RW CARE Program and HIV Health Services Planning Council);
- 2013 Needs Assessment for HIV-positive Infants, Children and Youth in the Sacramento Regional TGA (conducted by Sunburst Projects, Sacramento).

c. Revised Survey Tool Analytic Challenges

The data analysis of responses from the Revised Survey Tool found inconsistency in how survey respondents answered the three questions about Service Need, Service Requested (Ask) and Service Received. Unlike previous Needs Assessment Surveys, the newly revised survey did not ask that survey respondents to answer each of the three questions above with “yes” or “no,” but rather “please check off all that apply.”

This strategy resulted in inconsistent responses regarding Service Need and Service Request questions. For example, many survey respondents checked off the box that they Received a Service without also checking off the box that they Needed or Asked for that Service. Therefore, the analytic decision was made that the best strategy to interpret the survey results was to focus on questions regarding Service Received and Barriers to Care for each RW Service Category to understand Total Service Demand and Unmet Need.

SECTION C: DEMOGRAPHICS

C-1. DEMOGRAPHICS: TGA, RW CLIENTS, NEEDS ASSESSMENT RESPONDENTS

a. Overall Demographics and Geography of TGA

The Sacramento Transitional Grant Area (TGA) is a large three-county area of 4,287 square miles, with a geography that includes the primarily urban and suburban County of Sacramento, and the primarily rural counties of El Dorado and Placer Counties. Based on the most recent 2016 US Census Bureau Data, the TGA has a population of 2,080,616 and the HIV/AIDS epidemic affects all Counties in the TGA. As of 12/31/16, Sacramento County accounted for 89.4% of people living with HIV and /or AIDS (PLWH) in the TGA, while the rural counties of El Dorado and Placer Counties accounted for 3.9% and 6.7%, respectively.

In conducting this Needs Assessment, it was important to the HIV Health Services Planning Council (HHSPC or “the Council”) that PLWH from all areas of the TGA be represented in the survey process. Outreach efforts were successful in ensuring that survey respondents included a representative sample of PLWH from all three counties of the TGA, as follows: Sacramento County (87.6%), Placer County (10.0%) and El Dorado County (2.3%). In addition, 1.1% of survey respondents were from Yolo County, a neighboring county to the TGA. Although Yolo County is not part of the RW Part A TGA, it receives RW Part B funds and many of its residents receive medical care at One Community Health in Sacramento, a RW funded medical clinic. Therefore, inclusion of PLWH from Yolo County was relevant to the 2018 Needs Assessment process.

b. Demographics of TGA, HIV Epidemic, RW Clients and Needs Assessment Respondents

Similar to geographic representation, it’s important that Needs Assessment survey respondents be representative of the demographics of the TGA’s HIV/AIDS epidemiology in terms of Race, Age, Gender and Mode of HIV/AIDS Transmission. For comparative purposes, it’s important to know the demographics of the TGA’s general population to analyze which populations are over or under represented in the TGA’s HIV/AIDS epidemic. As reported in the FY 2018/19 Sacramento TGA Ryan White Grant Application dated October 2017, the 2016 US Census Bureau data in the following chart (Table 1) report demographic distributions within the TGA.

For example, data from California’s Statewide HIV/AIDS surveillance system, the Electronic HIV/AIDS Reporting System (E-HARS), shows the demographic profile of the HIV/AIDS population in the TGA. As of 12/31/17, there were 5,024 reported cases of Persons Living with HIV/AIDS (PLWH) in the TGA, a 32.6% increase over the 3,788 PLWH cases reported during the TGA’s 2014 Needs Assessment (as of 12/31/12).

It also is important to look at the demographics of the Ryan White Client population in comparison to the TGA’s general population, HIV/AIDS Epidemiology and Needs Assessment Survey respondents. During FY 2017, according to the Sacramento HIV/AIDS Reporting Engine (SHARE) database, 2,495 clients with HIV/AIDS were provided services through the Sacramento TGA’s Ryan White (RW) Program, an increase of 3.2% over the 2,417 RW clients in 2012.

DEMOGRAPHICS										
TGA GENERAL POPULATION; TGA HIV/AIDS EPIDEMIC, RW CLIENTS										
NEEDS ASSESSMENT RESPONDENTS										
		TGA General Population 2016*		PLWA** as of 12/31/17	PLW HIV only** as of 12/31/17	PLWH** as of 12/31/17	RW Clients FY 2017		Needs Assessment Respondents 2018 ***	
Total		2,032,871		2,675	2,349	5,024	2,495		177	
Race	African American	148,158	7.3%	24.0%	22.0%	23.0%	623	25.0%	60	34%
	White	1,105,241	54.4%	52.0%	47.9%	50.1%	1,218	48.8%	76	43%
	Asian/Pacific Islander	268,287	13.2%	3.4%	4.6%	4.0%	102	4.1%	2	1%
	Latino	405,739	20.0%	17.6%	21.0%	19.2%	517	20.7%	32	18%
	Other/Not Specified****	103,676	5.1%	3.7%	4.6%	3.6%	35	1.4%	7	4%
Gender	Male	996,107	49%	82.9%	83.1%	83.0%	1,949	78.1%	126	71%
	Female	1,036,764	51%	16.6%	16.3%	16.5%	481	19.3%	46	26%
	Transgender/Unspecified	NA	NA	0.0%	1.0%	0.5%	65	2.8%	5	2.6%
Age	<19	613,927	30.2%	3.3%	5.2%	4.2%	65	2.8%	3	2%
	20-44	683,045	33.6%	79.0%	74.3%	76.8%	883	35.3%	46	26%
	45+	733,866	36.1%	17.7%	20.5%	19.0%	1,547	62.0%	116	66%
	Not specified	NA	NA	NA	NA	NA	NA	NA	12	7%
Mode of Transmission	MSM	NA	NA	53.8%	59.1%	56.3%	1,257	50.4%	90	51%
	MSM/IDU	NA	NA	9.6%	6.2%	8.6%	45	1.8%	2	1%
	IDU	NA	NA	10.7%	5.8%	7.9%	270	10.8%	18	10%
	Heterosexual	NA	NA	19.6%	15.7%	17.8%	628	25.2%	28	16%
	Pediatric Exposure	NA	NA	.82%	0.2%	1.0%	75	3.0%	39	22%
	Other Undetermined	NA	NA	5.3%	11.9%	8.4%	220	8.9%		

*2016 US Census Annual Estimates of Resident Population for TGA: Sacramento, El Dorado and Placer Counties

**HIV / AIDS Prevalence: Persons Living with AIDS (PLWA), with HIV only (PLW HIV only); with HIV or AIDS (PLWH) in the TGA

*** Includes data for PLWH (People Living with HIV or AIDS) who completed FY18 Needs Assessment survey

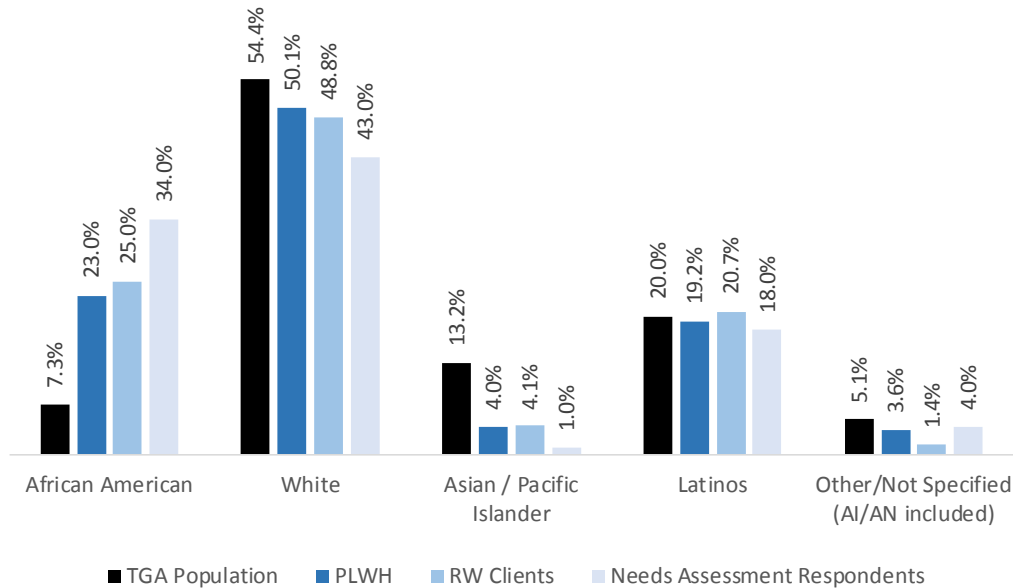
**** American Indian/Alaska Natives included

Table 1 above provides a basic demographic profile of the 177 PLWH living in the Sacramento Region who completed the 2018 Needs Assessment Survey. Overall, the Needs Assessment Survey Respondents are generally representative of the Ryan White CARE Program caseload in FY 2017. The data do provide insight, however, as to what degree populations are over or underrepresented in the TGA’s HIV/AIDS epidemic as compared to the TGA’s general population, in the RW Program and / or among the Needs Assessment survey respondents. The following section provides an in-depth analysis, by the demographic categories of race, gender, age and mode of transmission, for the TGA general population as compared to the TGA’s HIV/AIDS Epidemiology, the Ryan White (RW) client population, and the Needs Assessment survey respondents.

c. Comparative Analysis by Race, Age, Gender and Mode of HIV Transmission

Comparative Analysis by Race

Figure 1: RACE (TGA, Epidemiology, RW, Needs Assessment)



African Americans. There is a disproportionate impact of HIV/AIDS among African Americans in the TGA and among RW clients. Although African Americans make up only 7.3% of the TGA’s general population in 2016, they were 23.0% of HIV/AIDS Prevalence as of 12/31/17, and 25.0% of the FY17 RW caseload. African Americans represented 18.9% of the TGA’s new AIDS cases in 2015, 2016 and 2017 combined. African Americans were over-represented in the 2018 Needs Assessment survey when compared to their representation among FY17 RW clients (34.0% vs. 25.0%).

Latinos. As can be seen in Figure 1 above, Latinos are closely represented among FY17 RW clients and the TGA’s 2016 general population (20.7% and 20.0%) while being slightly under-represented among 2018 Needs Assessment survey respondents (18.0%).

Whites. Whites are underrepresented among 2018 Needs Assessment survey respondents (43.0%) as compared to their representation among PLWH in the TGA (54.4%) as of 12/31/17 and FY17 RW clients (48.8%).

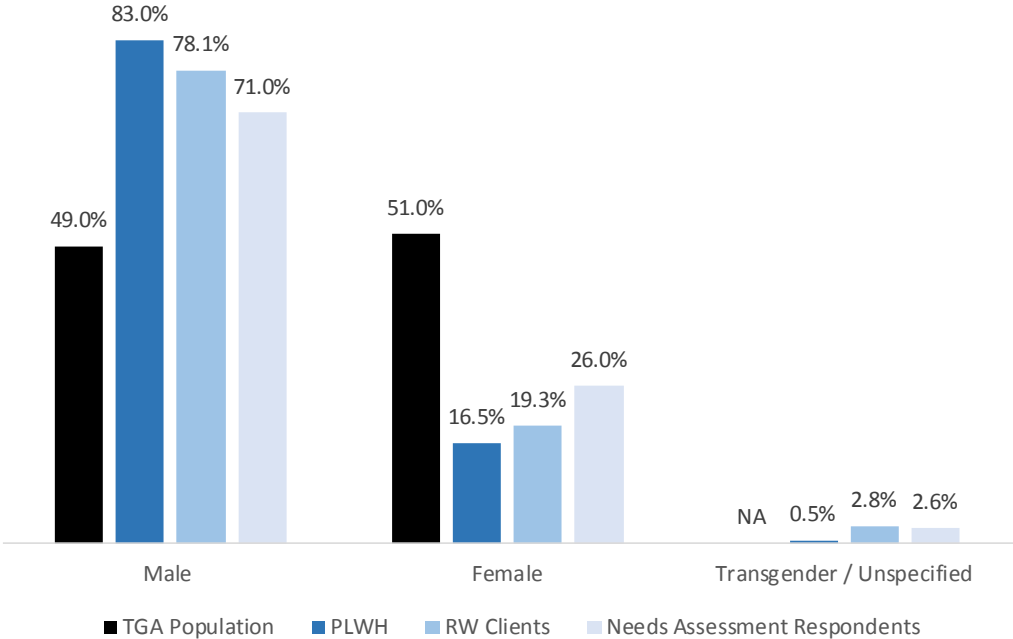
Asian / Pacific Islander (API). The API category are under-represented among 2018 Needs Assessment Survey respondents (1.0%) as compared to their representation among FY17 RW clients (4.1%) and PLWH in the TGA (4.0%). As compared to their representation in the TGA in 2017 (13.2%), API are not as impacted by HIV/AIDS (4.0% of PLWH) compared to African Americans (23.0%), Whites (50.1%) or Latinos (19.2%).

Other / Not Specified (AI/AN Included). This category includes American Indian, Alaska Native, Multi-Race or Race Not Specified. The “Other” category is comparably represented among 2018 Needs

Assessment Survey respondents (4.0%) relative to their representation among PLWH in the TGA (3.6%). Comparing Needs Assessment representation to their distribution among RW clients, this category is slightly over-represented (4.0% vs 1.4%).

Comparative Analysis by Gender

Figure 2: GENDER (TGA, Epidemiology, RW, Needs Assessment)

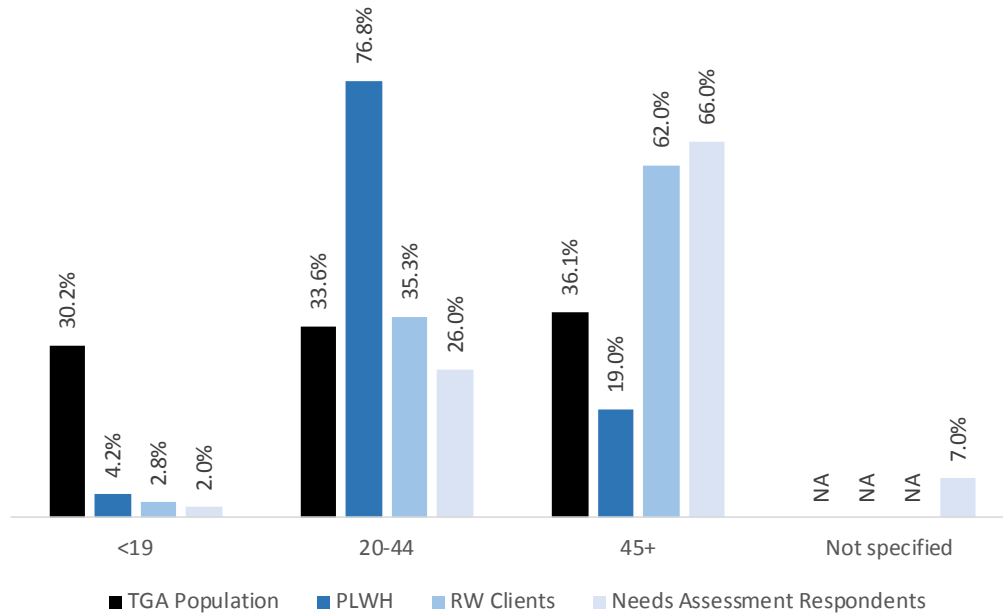


Females. Regarding gender, females are overrepresented among 2018 Needs Assessment Survey respondents (26.0%) as compared to their representation among RW clients (19.3%) and PLWH (16.5%). However, females are underrepresented among PLWH as compared to their representation in the TGA’s general population (16.5% vs. 51.0%).

Males. The male population is overrepresented among PLWH as compared to their representation in the TGA’s 2016 general population (83.0% vs. 49.0%); however, males are underrepresented in the 2018 Needs Assessment survey respondents as compared to their representation among RW clients (71.0% vs. 83.0%).

Comparative Analysis by Age

Figure 3: AGE (TGA, Epidemiology, RW, Needs Assessment)



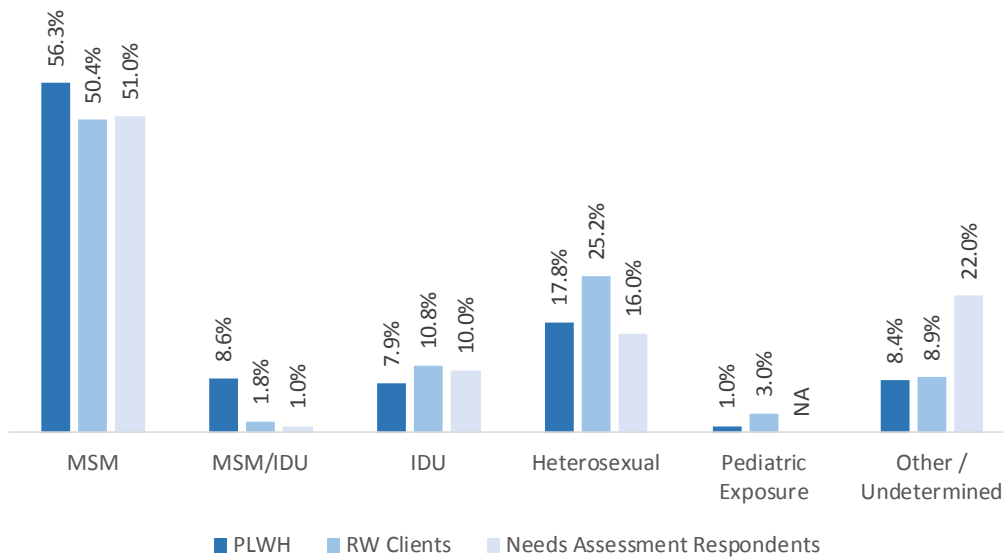
Ages 19 years and younger. Children and youth are underrepresented among 2018 Needs Assessment survey respondents. However, among teens (ages 13-19) there have been increases in the TGA’s HIV/AIDS epidemiology and among the RW client population overtime. For youth ages 0-19, HIV prevalence increased 52.0% between 2011 and 2016.

Ages 20-44. This age group is significantly overrepresented among PLWH (76.8%) as of 12/31/17 as compared to their representation among the TGA’s general population (33.6%) in 2016. However, people ages 20-44 are underrepresented among the RW caseload (35.3%) compared to their 12/31/17 PLWH representation (76.8%) and their representation among 2018 Needs Assessment respondents (28.9%).

Ages 45+. People ages 45+ are overrepresented among RW clients (62.0%) and 2018 Needs Assessment respondents (66%) as compared to their representation among PLWH (19.0%) and the general population of the TGA (36.1%).

Comparative Analysis by Mode of HIV/AIDS Transmission

Figure 4: MODE OF TRANSMISSION (TGA, Epidemiology, RW, Needs Assessment)



Men who Have Sex with Men (MSM). The MSM exposure category made up 56.3% of HIV/AIDS Prevalence as of 12/31/17. MSMs are fairly well represented among FY17 RW clients (50.4%) and 2018 Needs Assessment survey respondents (51.0%).

Men who Have Sex with Men and Inject Drugs (MSM/IDU). MSM/IDUs are underrepresented among 2018 Needs Assessment respondents (1.0%) as compared to their representation among PLWH (8.6%) and RW clients (1.8%).

Intravenous Drug Users (IDU). The IDU exposure category is closely represented among PLWH (7.9%) RW clients (10.8%) and 2018 Needs Assessment survey respondents (10.0%).

Heterosexuals. Although the Heterosexual exposure category was 25.2% of FY17 RW clients, 17.8% of PLWH in the TGA as of 12/31/17, they were 16% of 2018 Needs Assessment survey respondents.

d. HIV-Related Co-morbidities, Complicating Factors and Special Populations

Table 2 below provides data on a range of issues and comorbidities that add to the complexity of care for PLWH across the TGA. Complicating factors such as homelessness, incarceration, STIs, other HIV-related comorbidities, poverty, insurance status, and income level are compared below for the TGA’s general population, Ryan White Clients, and Needs Assessment clients.

Table 2: Co-Morbidities for TGA, RW Clients and Needs Assessment Respondents

Co-Morbidities, Poverty, Insurance Status, Housing Status, Incarceration Status				
Condition	TGA General Population 2016	Ryan White FY17	Needs Assessment 2018	Notes/Sources for General Population Numerator
Homeless / Unstable Housing (Current)	0.22%	6.9%	18.7%	TGA based on 2011 El Dorado County; 2017 Placer County; 2017 Sacramento County
Recently Incarcerated	1.5%	0.4%	8.5%	2014 Bureau of Justice
TB (Active Treatment Cases)	0.003%	0.48%	n/a	2017 CA Department of Public Health, TB Control
HCV All Cases	1.0%	13.5%	16.9%	2016 CDC Prevention (extrapolated from national rate)
Syphilis (New cases)	0.025%	9.5%	11.3%	2017 CDPH, STD Control
Gonorrhea (New Cases)	0.18%	2.1%	5.6%	2017 CDPH, STD Control
Chlamydia (New Cases)	0.56%	1.7%	6.2%	2017 CDPH, STD Control
Uninsured	9.5%	4.9%	4.0%	2016 US Census
Under 100% of Poverty	15.5%	74.3%	68.5%	2016 US Census

Service Demand, Unmet Need and Barriers to Care by Special Populations: The demographic details of crosstab analyses show that HIV/AIDS has a disproportionate impact on several subpopulations throughout the TGA. The following provides a description of several co-morbidities, special populations and complicating factors within the TGA’s population of People Living with HIV/AIDS:

Homeless Population.

PLWH in the 2018 Needs Assessment survey were asked about their current living arrangements: 18.7%, of survey respondents, reported that they were currently homeless or had been homeless (living on the street, in a car or in a shelter) at some point in the past two years. Trying to adhere to a complex medical regimen is difficult at best, but even more complicated by the lack of stable housing. Living in shelters, cars and being homeless with inconsistent access to food and proper nutrition compounds the difficulty in adhering to medications and remaining in medical care.

Among FY17 RW clients, 6.9% (up from 4.8% in FY15) reported themselves as either homeless or in unstable housing, as compared to a 2016 homeless/unstable housing rate of 0.22% of the general population in the Sacramento TGA. African Americans continue to be significantly overrepresented among RW clients who were homeless: African Americans made up 36% of the RW clients who were homeless vs. 25.0% of the overall RW population in FY17.

Formerly Incarcerated Population

FY17 RW client level data show that .4% of RW clients had been released from Federal, State or local jails within the previous 12 months, as compared to the TGA's recently released incarceration rate of 1.5%. An alarming 8.5% of 2018 Needs Assessment respondents reported that they had been incarcerated at some point within the past two years.

Sexually Transmitted Infections (STIs) and HIV Related Co-Morbidities

The co-morbidity of STIs is a big issue for the TGA and the RW program, especially when considering that 83.2% of the FY17 RW caseload that reported a known HIV/AIDS exposure category reported becoming infected with HIV through sexual contact. STIs noted in the 2018 Needs Assessment were as follows:

Gonorrhea. Among RW clients the number of Gonorrhea cases increased 76.7% (from 30 to 53 cases) between 2015 and 2017 (on top of the 87.5% increase between FY14 and FY15, from 16 to 30 cases). In 2017, the rate of Gonorrhea infection among RW clients was 13 times higher than the rate in the TGA's general population (2.1% vs. 0.22%). In 2016 Sacramento County ranked #6 for Gonorrhea in California (out of 58 Counties). Stratified by age and gender, Sacramento County ranked #5 for Gonorrhea among females 15-19 in 2016.

Chlamydia. Among 2018 Needs Assessment respondents, 4% reported being diagnosed with Chlamydia in the past year, which is much higher than the 1.7% of RW clients with a new case of Chlamydia in 2017. Among RW clients, the number of new cases of Chlamydia in FY17 was almost 3 times the number of Chlamydia cases in FY15 (42 vs. 15). New Chlamydia cases in the TGA's general population increased by 67.6% (from 6,765 to 11,339 cases) between 2009 and 2016. In 2016, Sacramento County ranked #6 for Chlamydia out of 58 California Counties. Stratified by age and gender, Sacramento County ranked #3 for Chlamydia among females 15-24.

Syphilis. The number of new Syphilis cases in the TGA increased over 3 times between 2012 and 2016 (from 147 to 516 cases). In FY17, the number of RW clients with Syphilis infection was almost 2 times higher than in FY15 (237 vs. 138 cases). The 237 reported Syphilis cases among FY17 RW clients is an alarming 9.5% of the total FY17 RW caseload. Even more alarming is the fact that of the TGA's 2018 Needs Assessment respondents, 11.3% reported a diagnosis of Syphilis. Very troubling for Sacramento County is that cases of Congenital Syphilis increased 6 times, from 1 case in 2014 when the TGA's last HIV/AIDS Needs Assessment was conducted to 6 cases during 2017.

Hepatitis C. In addition to the STIs noted above, 16.9% of 2018 Needs Assessment respondents reported Hepatitis C diagnosis in the past year, as compared to a 1.0% Hepatitis C infection rate among the TGA's 2016 general population and a 13.5% infection rate among FY17 RW clients.

Health Insurance Coverage

4% of 2018 Needs Assessment respondents reported that they did not have health insurance, which is a big improvement over the 14% of 2014 Needs Assessment respondents and is better than the 9.5% uninsured rate among the TGA's 2016 general population. The uninsured rate among 2018 Needs Assessment respondents is similar to the 4.9% uninsured rate among FY17 RW clients. As seen in the table below, of those 2018 Needs Assessment respondents who reported a known source of health insurance coverage, only a small minority had a private insurance source.

Health Insurance Coverage 2018 Needs Assessment Respondents		
Health Insurance Type	Total Respondents Indicated “Yes”	Percent *
Through Employer	3	1.7%
Medicare	84	47.5%
Medi-Cal	145	81.9%
Private	10	5.6%
Veteran’s	3	1.7%
COBRA or OBRA	2	1.1%
Not Enrolled	1	0.6%
No Insurance	1	0.6%
Other	9	5.1%

*Respondents could check more than 1 category so Percent >100%

Income Status

Ryan White funded services are “payer of last resort.” In order to receive RW benefits, the client must have no other means of paying for and obtaining needed services. Follows are results from the 2018 Needs Assessment survey, demonstrating the high rate of poverty among respondents. Although the reported income was slightly higher than among 2014 Needs Assessment survey respondents, the cost of living also has increased between 2014 and 2018.

Income Status Needs Assessment Respondents 2014 and 2018		
	2014	2018
100% of poverty (\$0-\$11,600)	68.8%	54.8%
101% to 300% of poverty (\$11,601-\$35,000)	26.9%	37.3%
Over 300% of poverty (> \$35,000)	4.3%	7.9%
	100%	100%

Supplementary Income

Income supplements addressed in the 2018 Needs Assessment Survey were much more inclusive than those addressed in the 2014 survey, as can be noted below. Follows are the most frequently reported supplementary income sources reported by 2018 Needs Assessment Respondents as compared to 2014 Needs Assessment respondents:

Supplementary Income Sources Needs Assessment Survey Respondents 2014 and 2018		
	2014*	2018**
SSI	37%	39.5%
SSDI	34%	30.5%
Food Stamps	25%	28.2%

Supplementary Income Sources Needs Assessment Survey Respondents 2014 and 2018		
	2014*	2018**
Long Term Disability	24%	15.8%
Subsidized Housing	21%	10.7
Not Eligible for Benefits	6%	6.8%
Short Term Disability	n/a	.6%
State Disability Insurance (SDI)	n/a	11.3%
Veteran's Benefits (VA)	n/a	2.3%
Worker's Compensation	n/a	0.6%
Annuity/Life Insurance	n/a	0.6%
Retirement	n/a	5.6%
Rent Supplement	n/a	1.7%
General Assistance	n/a	5.1%
Women's Infants and Children (WIC)	n/a	2.8%
TANF/Cal WORKS	n/a	1.1%
RW Emergency Financial Assistance (EFA)**	n/a	1.1%
Other	n/a	1.1%

**Respondents reported all supplementary income sources therefore percentage is greater than 100%.*

*** Due to reductions in Federal Funding over the last decade, Emergency Financial Assistance (EFA) paid for by RW does not cover rental assistance, utilities assistance, or food, but does provide assistance with medication reimbursements in Sacramento County. In the rural counties, EFA may be used for these needs when there are minimal or no other sources of support from community resources. All EFA must be accessed through a RW Medical Case Manager to verify need, income and payer of last resort documentation.*

Employment Status

Only 5.1% of 2018 Needs Assessment respondents reported themselves as being employed full-time (33-40 hours per week); and 10.2% were employed part time (less than 33 hours per week). These employment figures are very similar to 2014 NA figures, where 16% of survey respondents reported themselves as being employed, with more than half of whom reporting working only part-time.

Educational Level

18.1% of Needs Assessment respondents reported completing only grade school or less (4.0%) or only some high school (14.1%). 27.7% graduated high school, and 40.7% completed some college or received a 2-year degree. 7.9% completed a 4-year college degree and 2.9% completed some graduate school or professional degree. These findings of a low educational level among survey respondents was similar to the 2014 Needs Assessment.

Substance Users

The co-morbidity of substance use and HIV includes drugs that are injected and non-injected substances. Follows are several highlights regarding the percentage of PLWH in the 2018 Needs Assessment regarding substance use issues:

- 81% of NA survey respondents reported past use of illegally obtained drugs (excluding marijuana, because the Needs Assessment survey tool did not distinguish between medically prescribed marijuana, which is legal in California, and illegally obtained marijuana);
- 27% reported using such substances in the past 6 months;
- Methamphetamines (15%) were the most commonly used of such substances in the past 6 months;
- 41% reported using marijuana in the past 6 months (whether medically prescribed or illegally obtained);
- 32% of survey respondents reported injecting prescribed substances in the past;
- 89% reported past use of alcohol; and
- 41% reported using alcohol in past six months.

Mental Illness

Mental health issues were reported in alarmingly high percentages among 2018 Needs Assessment respondents, which were even higher than those reported in the 2014 survey, as follows:

- 23.2% of 2018 respondents reported use of inpatient mental health services since they were diagnosed with HIV/AIDS compared to 15% in 2014;
- 69.5% of 2018 survey respondents reported receiving individual mental health counseling services and 42.4% received group counseling since they were diagnosed with HIV/AIDS;
- 46.3% of 2018 survey respondents reported being prescribed medication for psychiatric issues; and
- 79.1% of 2018 survey respondents reported being diagnosed with one or more of the following mental health disorders: Anxiety (50.8%), Bipolar Disorder (26.6%), Dementia (2.8%), Depression (54.2%), and/or Other (12.4%).

Rural PLWH

Sacramento County is geographically the smallest of the three counties, but the most populous, accounting for 72.7% of the TGA's population and 89.1% of the PLWH in the TGA as of 12/31/17. The rural county of Placer accounted for 18.3% of the TGA's general population and 6.9% of PLWH in the TGA and the rural county of El Dorado accounted for 9.0% of the TGA's general population and 3.9% of PLWH in the TGA as of 12/31/17.

The 2018 HIV Needs Assessment survey respondents were representative of PLWH throughout the TGA, although El Dorado County (2.3%) and Sacramento County (87.6%) were slightly underrepresented while Placer County (5.6%) was slightly overrepresented. 1.1% of survey respondents were from Yolo County, which is not part of the RW Part A TGA but receives RW Part B funds, and many of its residents receive medical care in Sacramento County. In addition, 3.4% of respondents were from a county other than Sacramento, El Dorado, Placer or Yolo, or did not respond to this survey question.

SECTION D: SERVICE DEMAND, UNMET NEED AND BARRIERS TO CARE

D-1. SERVICE DEMAND

a. Total Service Demand: Service Received Plus Unmet Need

In efforts to get the most comprehensive understanding possible of the Service Demand and Unmet Need of survey respondents, three questions were asked across all Ryan White Service Categories as follows:

- Did you *need* this service in this past year? (Service Need - “Need”)
- Did you *ask* for this service in this past year? (Service Request - “Ask”)
- Did you *receive* this service this past year? (Service Utilization - “Receive”)

In addition, for each RW Service Category, survey respondents were asked to check off a box for each Barrier to Care that they confronted which limited their ability to get each service.

As described in Section B: Methodology Section B-2, Needs Assessment Survey Analysis, the data analysis found a lot of inconsistency in how survey respondents answered the three questions about Service Need, Service Request and Service Utilization as intended in the design of the Survey Tool. Unlike previous Needs Assessment Surveys, the newly revised survey did not ask that survey respondents answer each of the three questions above with “yes” or “no,” but rather “please check off all that apply.”

This strategy resulted in inconsistent responses regarding Service Need and Service Request questions. For example, many survey respondents checked off the box that they Received a Service without also checking off the box that they Needed or Asked for that Service. Therefore, the analytic decision was made that the best strategy to interpret the survey results was to focus on questions regarding Service Received and Barriers to Care for each RW Service Category to understand Total Service Demand and Unmet Need.

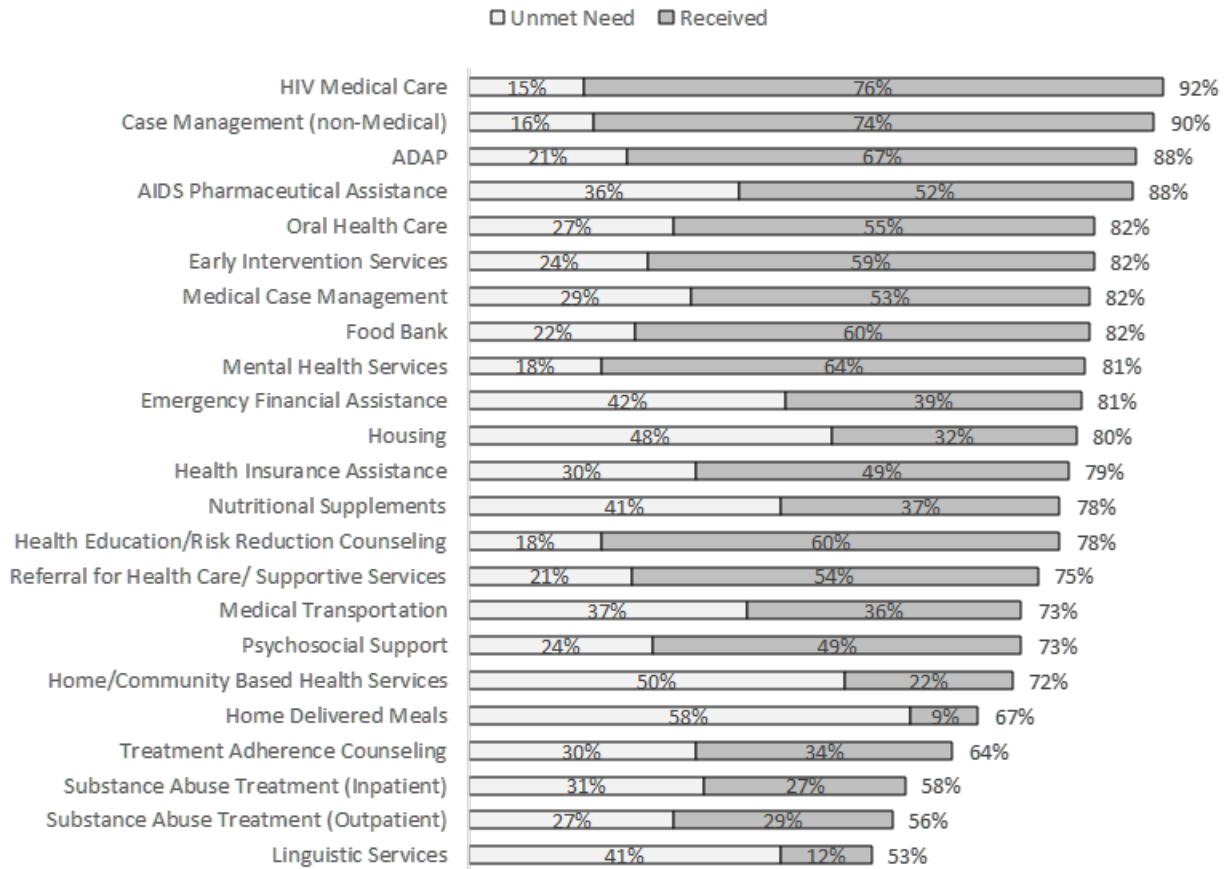
Analysis of Service Demand and Unmet Need for each service category allows for a clear picture of what services are needed most by PLWH, and which services they are having the most difficulty obtaining. Total Service Demand includes the percent of survey respondents who reported that they Received the Service (Service Received) plus the percent of respondents who reported Service Not Received because client reported at least one Barrier to Care for that Service Category (Unmet Need).

As can be seen from the following chart, Service Received plus Unmet Need equals Service Demand for each Service Category. For example, HIV Medical Care had the highest service demand (76% of survey respondents received HIV Medical Care) and had the lowest Unmet Need (15% reported that they did not receive HIV Medical Care due to at least one Barrier to Care). This finding shows that the Sacramento TGA’s Ryan White Program is continuing to improve at meeting its highest priority, which is to ensure that PLWH across the region are able to access HIV Medical Care.

b. Service Demand: Service Categories with Demographic Disparities

- Those services in greatest demand were medical care and non-medical case management, with at least 90% of respondents indicating they received them or had a barrier to receiving them.
- Those services with the lowest demand were linguistic services and substance abuse treatment, with less than 60% of respondents indicating they received them or had a barrier to receiving them.

Percent with Service Demands = Received + Unmet Need



The following service categories had a demographic cohort who reported Service Demand of >10% than the overall survey average:

SERVICE DEMAND DEMOGRAPHIC DISPARITIES BY SERVICE CATEGORY 2018 NEEDS ASSESSMENT	
RW Service Category	Demographic Disparities
Health Education / Risk Reduction Counseling	88% of rural respondents indicated a demand vs. 78% of overall respondents
Home/Community Based Health Services	82% of respondents age 65+ indicated a demand vs. 72% overall
Linguistic Services	65% of respondents age 65+ and 67% of IDUs indicated a demand vs. 53% overall
Medical Case Management	94% of rural respondents indicated a demand vs. 82% overall
Medical Transportation	89% of IDUs and 83% of African American females indicated a demand vs. 73% overall
Mental Health Services	94% of respondents age 65+ indicated a demand vs. 81% overall
Oral Health Care	94% of IDUs indicated a need vs. 82% overall
Substance Abuse Treatment (Inpatient)	84% of homeless respondents and 78% of IDUs indicated a demand vs. 58% overall
Substance Abuse Treatment (Outpatient)	75% of homeless respondents and 78% of IDUs indicated a demand vs. 56% overall
Treatment Adherence Counseling	78% of homeless respondents and 75% of African American respondents indicated a demand vs. 64% overall

c. Service Demand by Demographics

The following analysis of Service Demand for each Ryan White service category by demographics of Needs Assessment survey respondents is important in determining which subpopulations of PLWH have higher or lower Service Demand for which RW service categories. See Attachment 3: Service Demand and Unmet Need by Demographics which provides detailed tables of survey responses by demographics such as race, age, gender, transmission and county of residence, by RW survey category.

c.1. Service Demand by Race

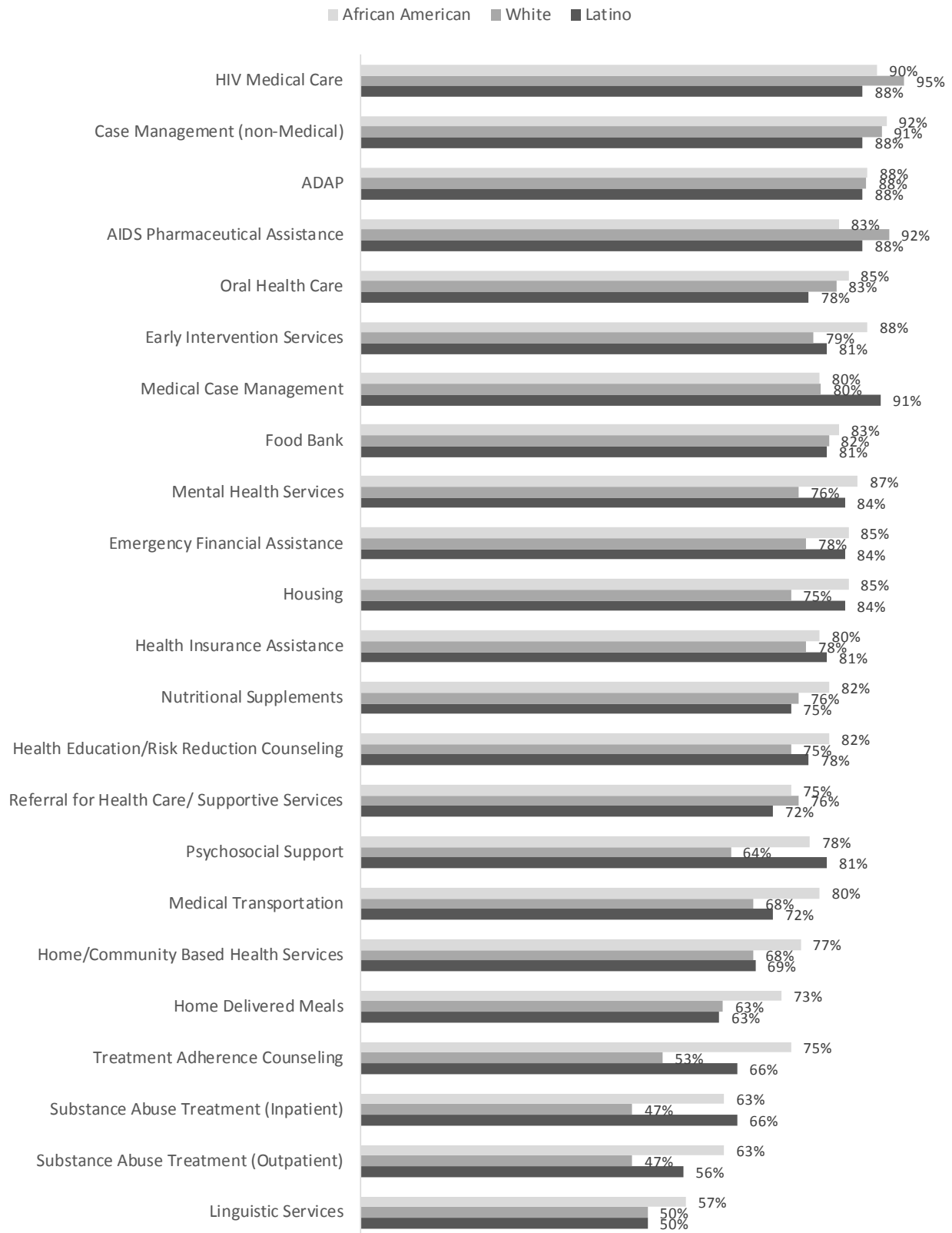
African Americans:

- African Americans (85%) had higher demand for housing than Whites (75%).
- African Americans (78%) had higher demand for psychosocial support than Whites (64%).
- African Americans (80%) had higher demand for medical transportation than Whites (68%).
- African Americans (73%) had higher demand for home delivered meals than Whites (63%) and Latinos (63%).
- African Americans (75%) had higher demand for treatment adherence counseling than Whites (53%).
- African Americans (63%) had higher demand for inpatient substance abuse treatment than Whites (47%).
- African Americans (63%) had higher demand for outpatient substance abuse treatment than Whites (47%).

Latinos:

- African Americans (85%) and Latinos (84%) had higher demand for housing than Whites (75%).
- Latinos (81%) had higher demand for psychosocial support than Whites (64%).
- Latinos (66%) had higher demand for treatment adherence counseling than Whites (53%).
- Latinos (56%) had higher demand for outpatient substance abuse treatment than Whites (47%).
- Latinos (66%) had higher demand for inpatient substance abuse treatment than Whites (47%).

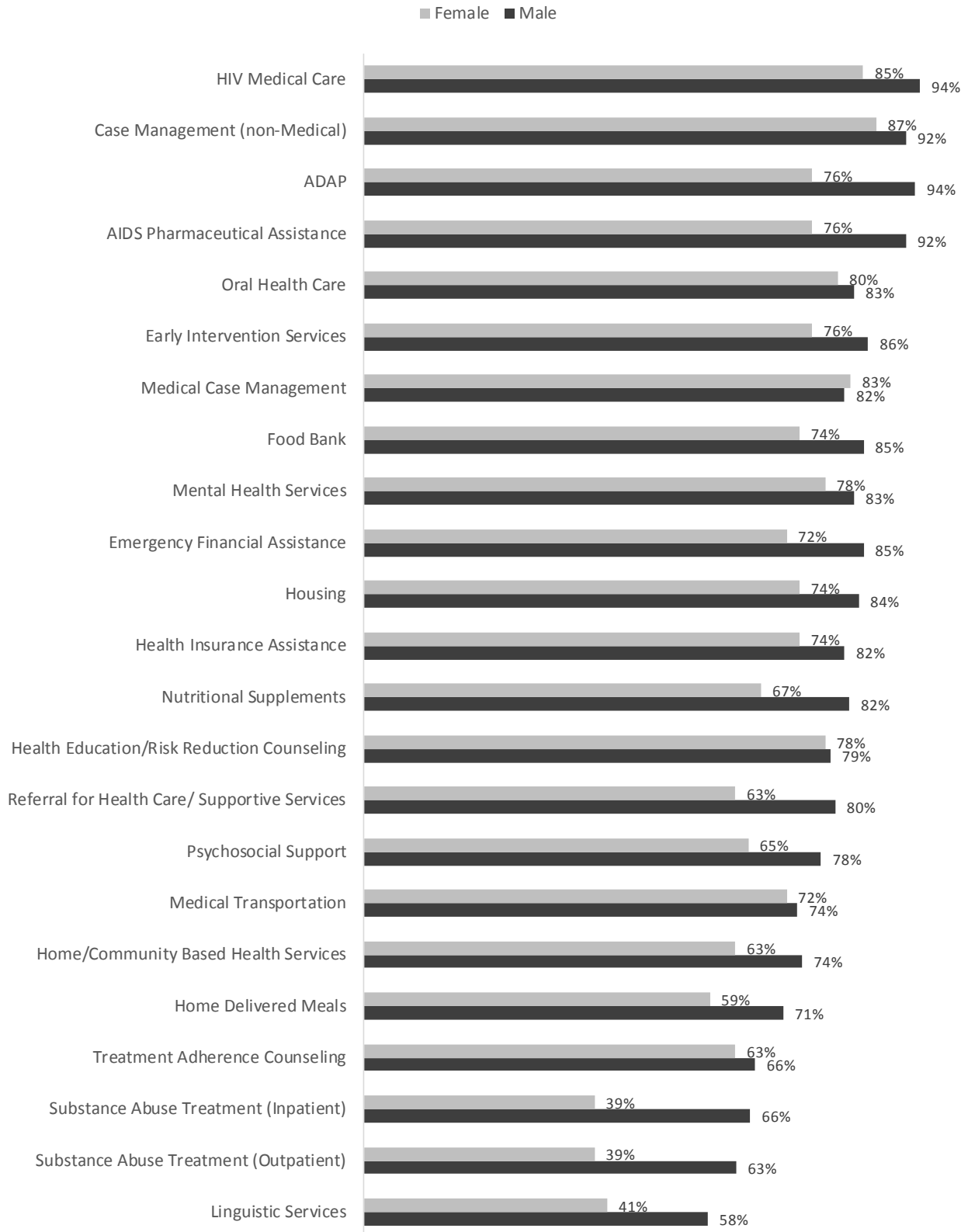
Percent Indicating Demand by Race



c.2. Service Demand by Gender

- Males (94%) indicated a greater demand for ADAP than women (76%).
- Males (92%) indicated a greater demand for AIDS pharmaceutical assistance than women (76%).
- Males (82%) indicated a greater demand for nutritional supplements than women (62%).
- Males (80%) indicated a greater demand for referrals to other services than women (63%).
- Males (66%) indicated a greater demand for inpatient (66%) and outpatient (63%) substance abuse treatment than women (39% for both).
- Males (58%) indicated a greater demand for linguistic services than women (41%).

Percent Indicating Demand by Gender



c.3. Service Demand by Age

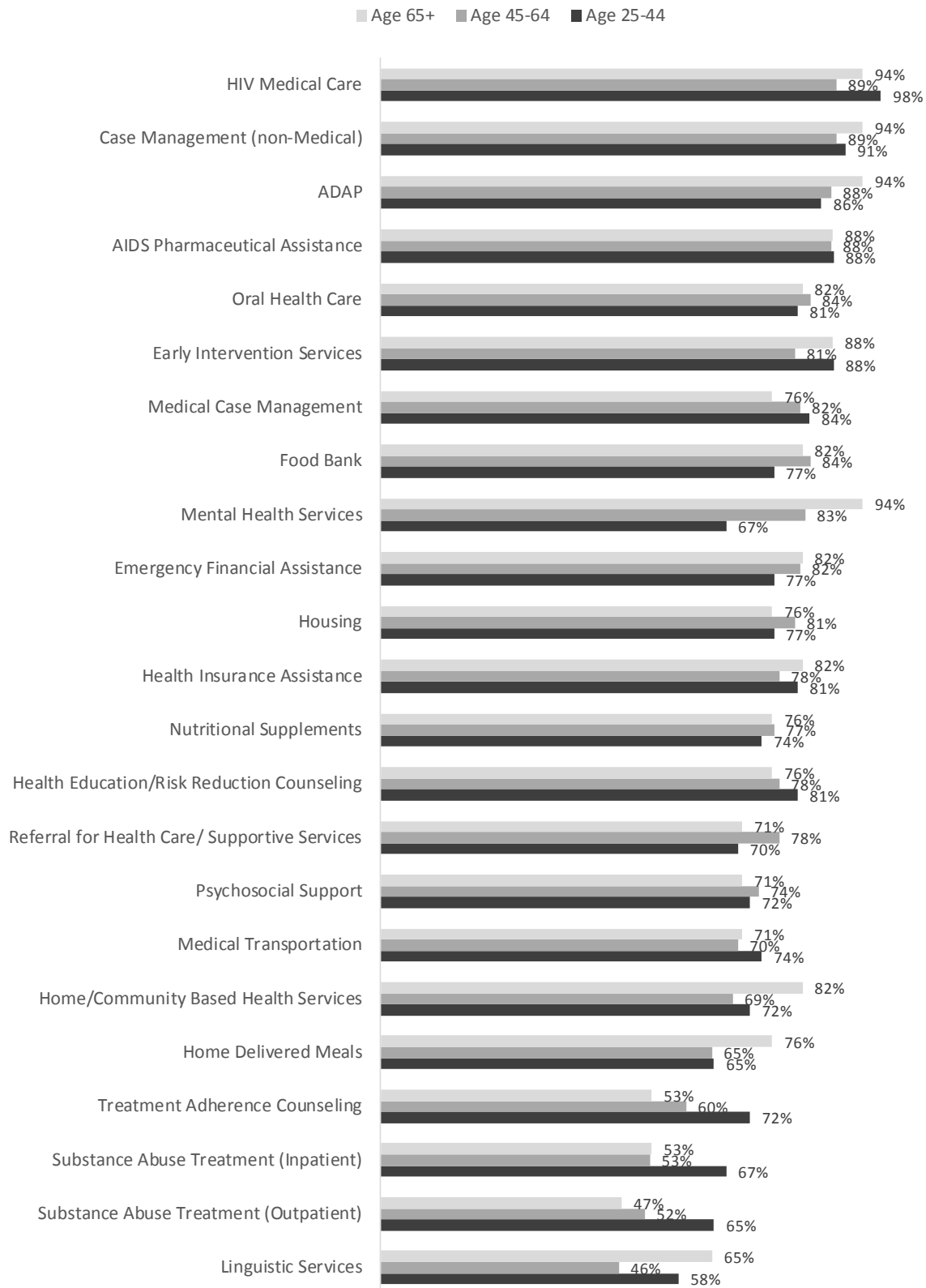
PLWH Ages 65 and Older:

- 4% of respondents age 65+ indicated a demand for mental health services vs. 67% of respondents age 25-44
- 82% of respondents age 65+ indicated a demand for home and community-based services vs. 69% of respondents age 45-64
- 76% of respondents age 65+ indicated a demand for home delivered meals vs. 65% of all younger respondents
- 65% of respondents age 65+ indicated a demand for linguistic services vs. 46% of respondents age 45-64

PLWH Ages 25-44:

- 72% of respondents age 25-44 indicated a demand for treatment adherence counseling vs. 53% of respondents age 65+
- 67% of respondents age 25-44 indicated a demand for inpatient substance abuse treatment vs. 53% of all older respondents
- 65% of respondents age 25-44 indicated a demand for outpatient substance abuse treatment vs. 47% of respondents age 65+

Percent Indicating Demand by Age



c.4. Service Demand by Mode of HIV Transmission

Injection Drug Users (IDUs):

- 100% of IDUs indicated a demand for HIV medical care vs. 82% of heterosexuals
- 100% of IDUs indicated a demand for non-medical case management vs. 86% of heterosexuals
- 94% of IDUs indicated a demand for AIDS pharmaceutical assistance vs. 82% of heterosexuals
- 94% of IDUs indicated a demand for oral health care vs. 78% of MSMs
- 89% of IDUs indicated a demand for food bank services vs. 75% of heterosexuals
- 89% of IDUs indicated a demand for mental health services vs. 71% of heterosexuals
- 89% of IDUs indicated a demand for emergency financial assistance vs. 77% of MSMs
- 89% of IDUs indicated a demand for medical transportation services vs. 61% of heterosexuals
- 67% of IDUs indicated a demand for treatment adherence counseling vs. 54% of heterosexuals
- 78% of IDUs indicated a demand for inpatient and outpatient substance abuse treatment vs. 39% of heterosexuals
- 67% of IDUs indicated a demand for linguistic services vs. 39% of heterosexuals

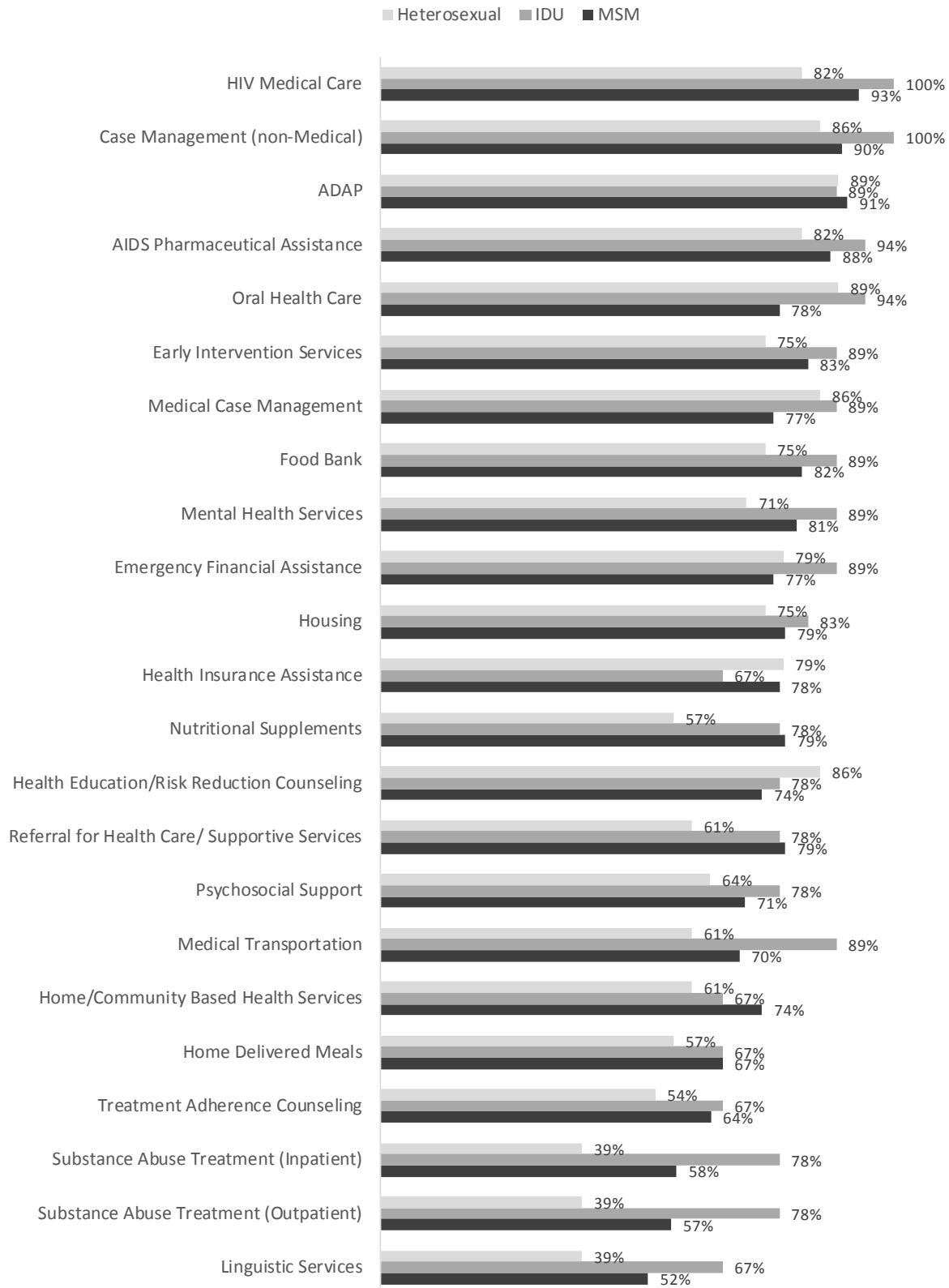
Heterosexuals:

- 79% of Heterosexuals indicated a demand for health insurance assistance vs. 67% of IDUs
- 79% of MSMs indicated a demand for nutritional supplements vs. 57% of heterosexuals
- 79% of MSMs indicated a demand for health care and support service referrals vs. 61% of heterosexuals

Men who have Sex with Men (MSMs):

- 74% of MSMs indicated a demand for home and community-based services vs. 61% of heterosexuals

Percent Indicating Demand by Transmission

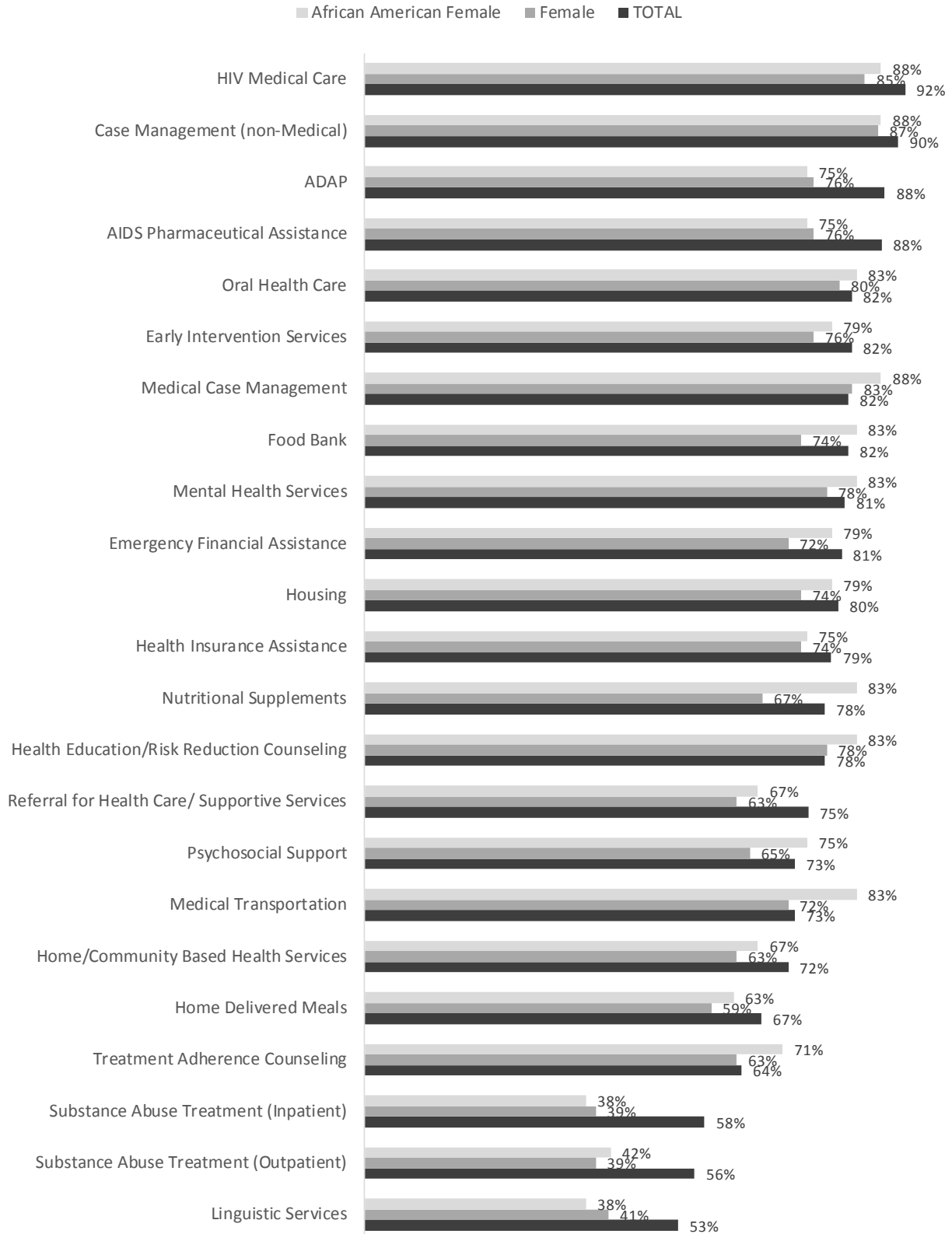


c.5. Service Demand by Emerging Populations

African American Females:

- African American females generally indicate the same demands as respondents overall or other females
- The exception is medical transportation: 83% indicate a demand vs. 73% of overall respondents and 72% of females

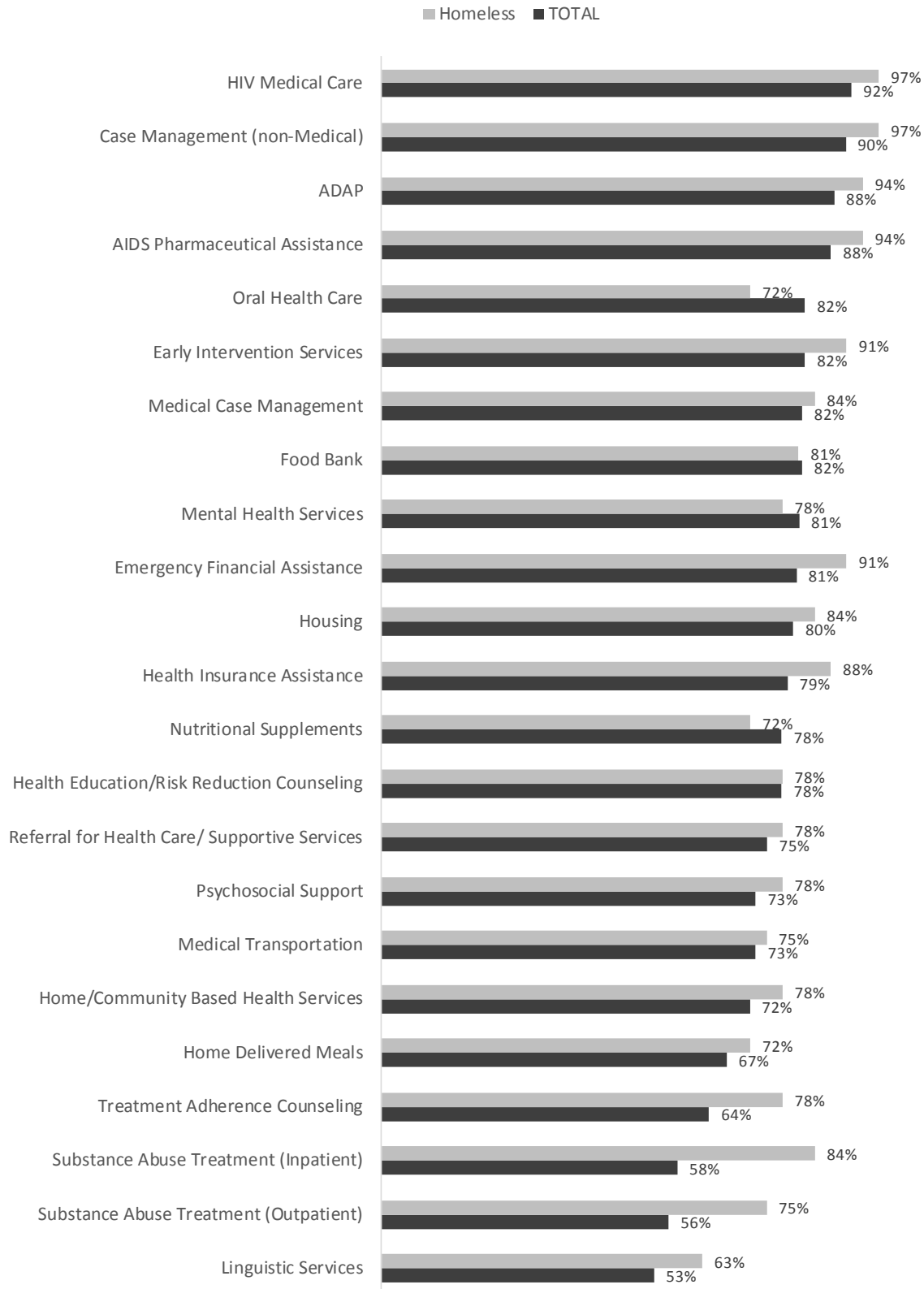
Percent African American Females Indicating Demand



Homeless Population:

- 91% of homeless respondents indicated a demand for emergency financial assistance vs. 81% of overall respondents
- 78% of homeless respondents indicated a demand for treatment adherence counseling vs. 64% of overall respondents
- 84% of homeless respondents indicated a demand for inpatient substance abuse treatment vs. 58% of overall respondents
- 75% of homeless respondents indicated a demand for outpatient substance abuse treatment vs. 56% of overall respondents

Percent Homeless Respondents Indicating Demand



c.6. Service Demand by County of Residence

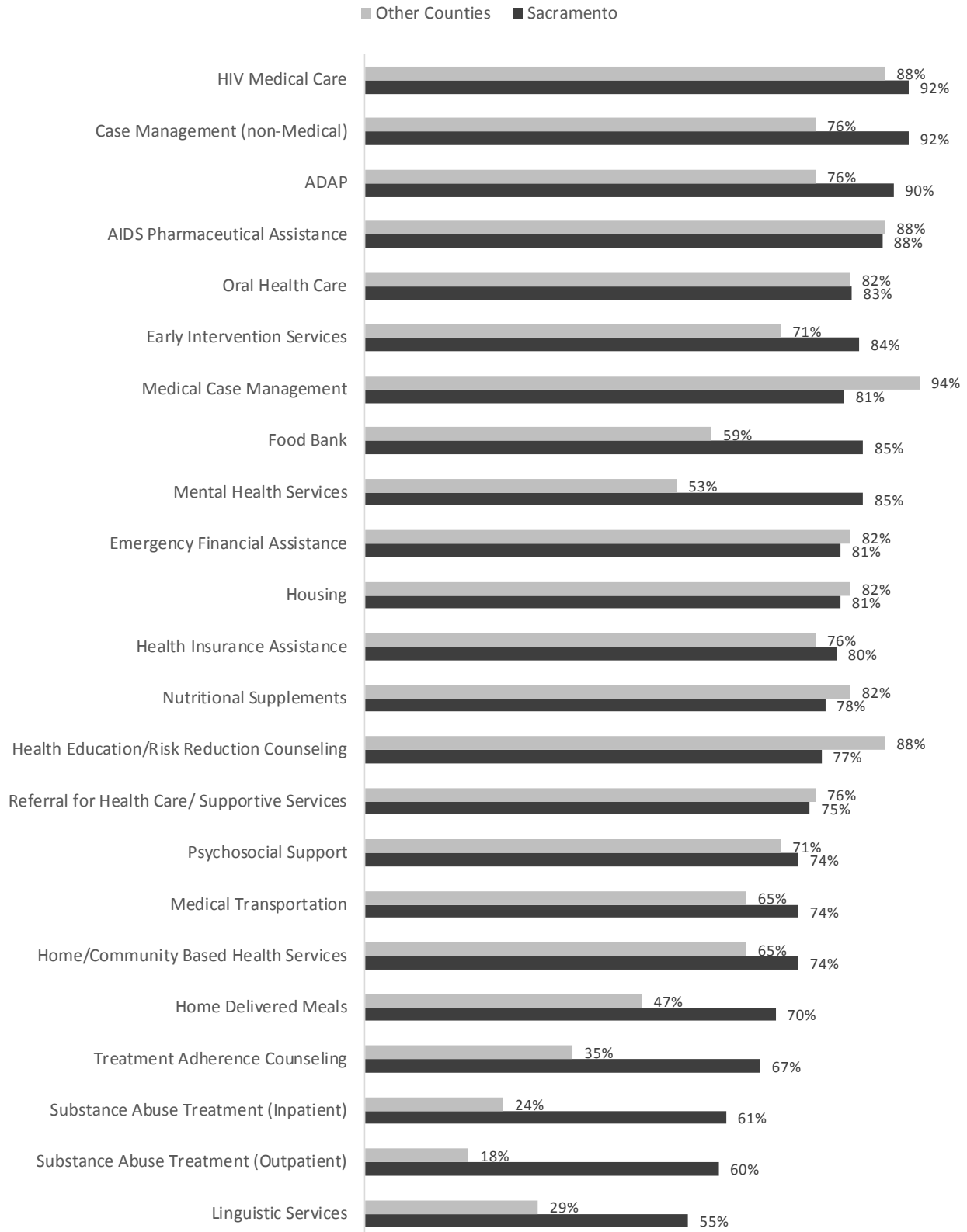
Urban: Sacramento County

- 92% of Sacramento County respondents indicated a demand for non-medical case management vs. 76% of rural respondents
- 90% of Sacramento County respondents indicated a demand for ADAP vs. 76% of rural respondents
- 84% of Sacramento County respondents indicated a demand for early intervention services vs. 71% of rural respondents
- 94% of rural respondents indicated a demand for medical case management vs. 81% of Sacramento County respondents
- 85% of Sacramento County respondents indicated a demand for food bank services vs. 59% of rural respondents
- 85% of Sacramento County respondents indicated a demand for mental health services vs. 53% of rural respondents
- 70% of Sacramento County respondents indicated a demand for home delivered meals vs. 47% of rural respondents
- 67% of Sacramento County respondents indicated a demand for treatment adherence counseling vs. 35% of rural respondents
- 61% of Sacramento County respondents indicated a demand for inpatient substance abuse treatment vs. 24% of rural respondents
- 60% of Sacramento County respondents indicated a demand for outpatient substance abuse treatment vs 18% of rural respondents
- 55% of Sacramento County respondents indicated a demand for linguistic services vs. 29% of rural respondents

Rural: El Dorado and Placer Counties

- 88% of rural respondents indicated a demand for health education and risk reduction counseling vs. 77% of Sacramento County respondents

Percent Respondents Indicating Demand by County

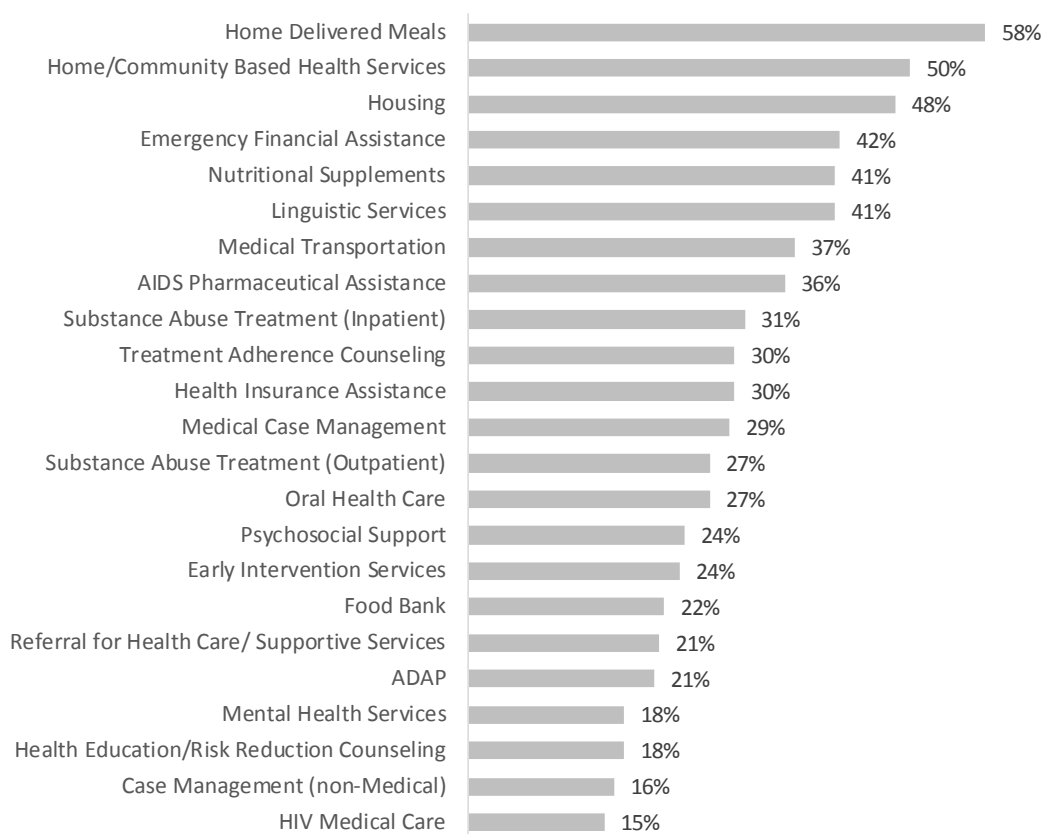


D-2. UNMET NEED

a. Unmet Need Overview

- Those services with the greatest Unmet Need included home delivered meals and home/community-based services, with at least half of respondents indicating they did not receive these services and faced one or more barriers to receiving them.
- Fewer than 20% of survey respondents indicated they had an Unmet Need for HIV medical care, case management, health education or mental health services.

Percent of Survey Respondents Indicating Unmet Need



b. Unmet Need: Service Categories with Demographic Disparities

The following service categories had a demographic cohort that reported an Unmet Need of >10% than the overall survey average:

UNMET NEED DEMOGRAPHIC DISPARITIES BY SERVICE CATEGORY 2018 NEEDS ASSESSMENT	
Service Category	Unmet Need: Demographic Disparities
ADAP	34% of homeless had an unmet need vs. 21% of overall respondents
AIDS Pharmaceutical Assistance	47% of rural respondents had an unmet need vs. 36% overall
Health Insurance Assistance	41% of respondents age 65+ had an unmet need vs. 30% overall
HIV Medical Care	29% of respondents age 65+ had an unmet need vs. 15% overall
Home/Community Based Health Services	63% of homeless respondents indicated an unmet need vs. 50% overall
Housing	59% of homeless respondents indicated an unmet need vs. 48% overall
Linguistic Services	53% of respondents age 65+ and 56% of IDU respondents indicated an unmet need vs. 41% overall
Medical Case Management	41% of homeless and 41% of rural respondents indicated an unmet need vs. 29% overall
Medical Transportation	47% of homeless and 47% of rural respondents indicated an unmet need vs. 37% overall
Nutritional Supplements	53% of rural respondents indicated an unmet need vs. 41% overall
Mental Health Services	28% of IDU respondents and 28% of homeless respondents indicated an unmet need vs. 18% overall
Oral Health Care	47% of homeless respondents indicated an unmet need vs. 27% overall
Psychosocial Support	35% of rural respondents indicated an unmet need vs. 24% overall
Referral for Healthcare / Supportive Services	34% of homeless respondents indicated an unmet need vs. 21% overall
Substance Abuse Treatment (Inpatient)	41% of homeless respondents indicated an unmet need vs. 31% overall

c. Unmet Need by Demographics

c.1. Unmet Need by Race

African Americans:

- More African Americans (62%) indicated unmet need for home delivered meals compared to Latinos (47%)
- More African Americans (33%) indicated unmet need for early intervention services compared to Whites (20%) or Latinos (19%)

- More African Americans (22%) indicated unmet need for non-medical case management compared to Latinos (9%)
- More African Americans (37%) indicated unmet need for inpatient substance abuse treatment than Whites (24%)

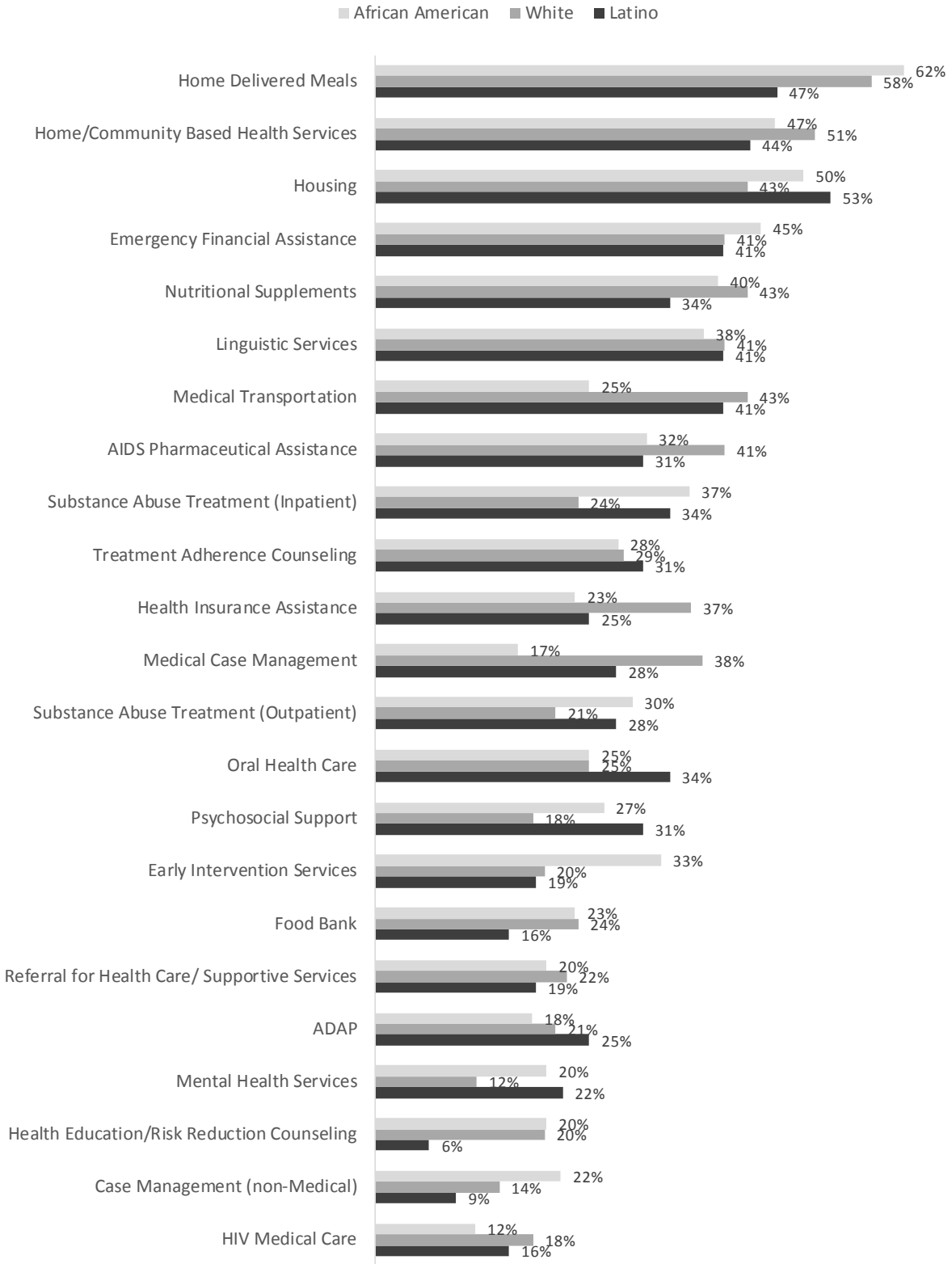
Latinos:

- More Latinos (31%) indicated unmet need for psychosocial support services compared to Whites (18%)
- More Latinos (41%) indicated unmet need for medical transportation compared to African Americans (25%)
- More Latinos (34%) indicated unmet need for inpatient substance abuse treatment than Whites (24%)
- More Latinos (28%) indicated unmet need for medical case management compared to African Americans (17%)

Whites:

- More Whites (43%) indicated unmet need for medical transportation compared to African Americans (25%)
- More Whites (58%) indicated unmet need for home delivered meals compared to Latinos (47%)
- More Whites (37%) indicated unmet need for health insurance assistance than African Americans (23%) or Latinos (25%)
- More Whites (38%) indicated unmet need for medical case management compared to African Americans (17%)

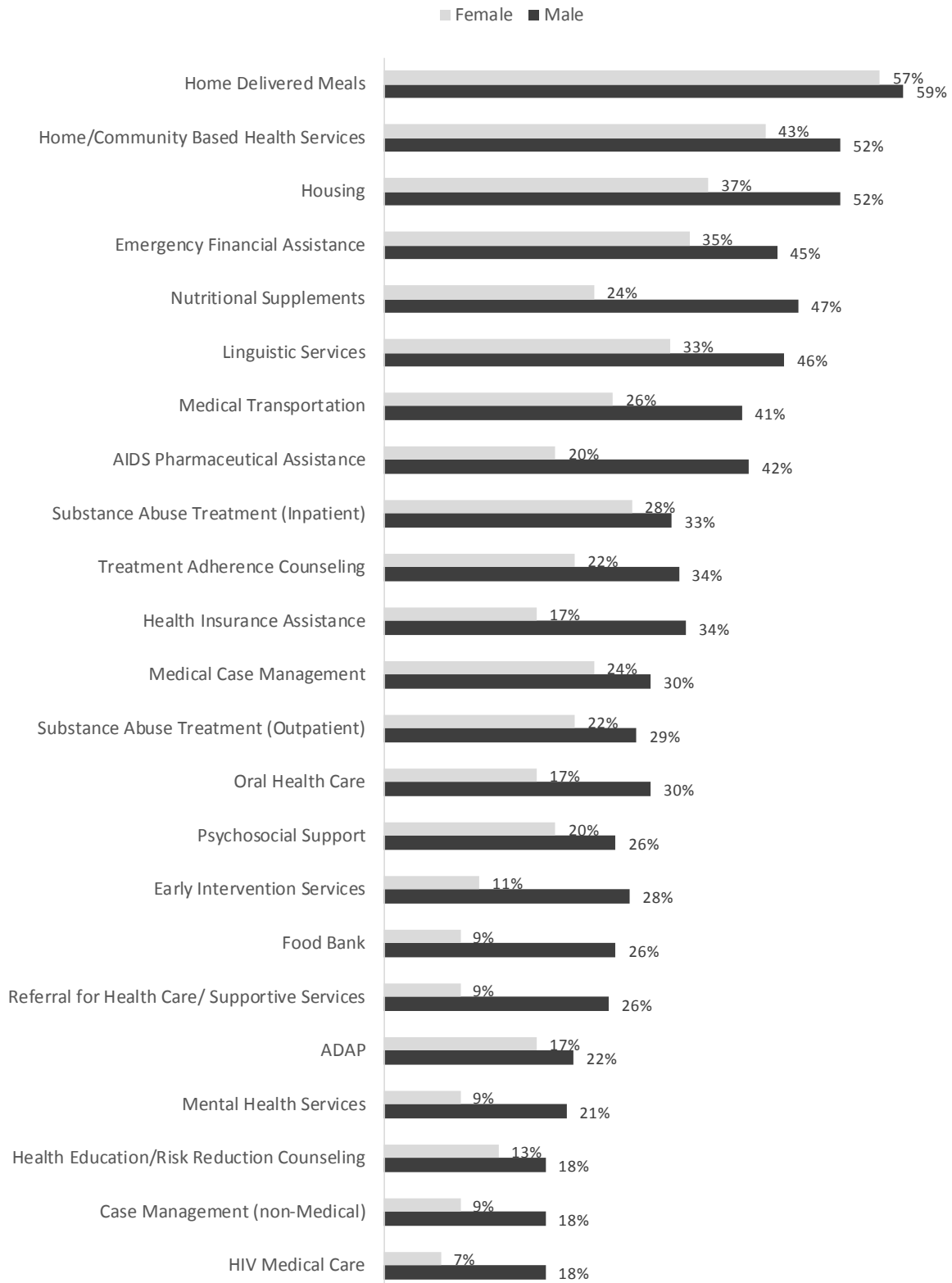
Percent Indicating Unmet Need by Race



c.2. Unmet Need by Gender

- 52% of men indicated an unmet need for housing vs. 37% of women
- 47% of men indicated an unmet need for nutritional supplements vs. 24% of women
- 41% of men indicated an unmet need for medical transportation vs. 26% of women
- 42% of men indicated an unmet need for AIDS pharmaceutical assistance vs. 20% of women
- 34% of men indicated an unmet need for health insurance assistance vs. 17% of women
- 28% of men indicated an unmet need for early intervention services vs. 11% of women
- 26% of men indicated an unmet need for food bank vs. 9% of women

Percent Indicating Unmet Need by Gender



c.3. Unmet Need by Age

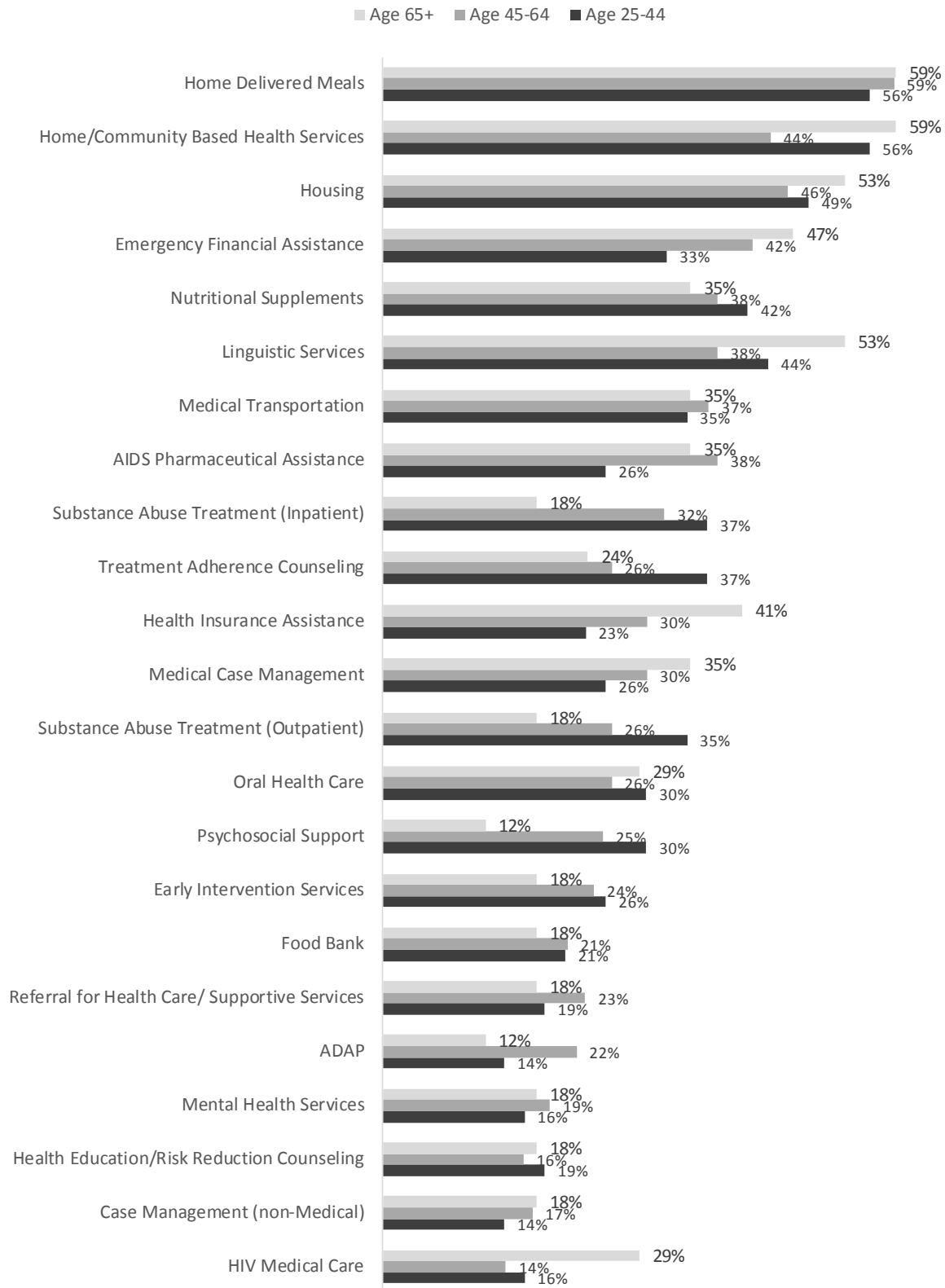
PLWH Ages 65+:

- 59% of respondents age 65+ indicated unmet need for home and community-based services vs. 44% of those age 45-64
- 53% of respondents age 65+ indicated unmet need for linguistic services vs. 38% of those age 45-64
- 41% of respondents age 65+ indicated unmet need for health insurance assistance vs. 23% of those age 25-44
- 35% of respondents age 25-44 indicated unmet need for outpatient substance abuse treatment vs. 18% of those age 65+
- 30% of respondents age 25-44 and 24% age 45-64 indicated unmet need for psychosocial support vs. 12% of those age 65+
- 29% of those age 65+ indicated unmet need for HIV medical care vs. 14% of those age 45-64 and 16% age 25-44

PLWH Ages 25-44:

- 56% of respondents age 25-44 indicated unmet need for home and community-based services vs. 44% of those age 45-64
- 37% of respondents age 25-44 indicated unmet need for inpatient substance abuse treatment vs. 18% of those age 65+
- 37% of respondents age 25-44 indicated unmet need for treatment adherence counseling vs. 26% of those age 45-64 and 24% age 65+

Percent Indicating Unmet Need by Age



c.4. Unmet Need by Mode of HIV Transmission

IDUs:

- 56% of IDUs indicated unmet need for linguistic services vs. 36% of heterosexuals and 39% of MSMs

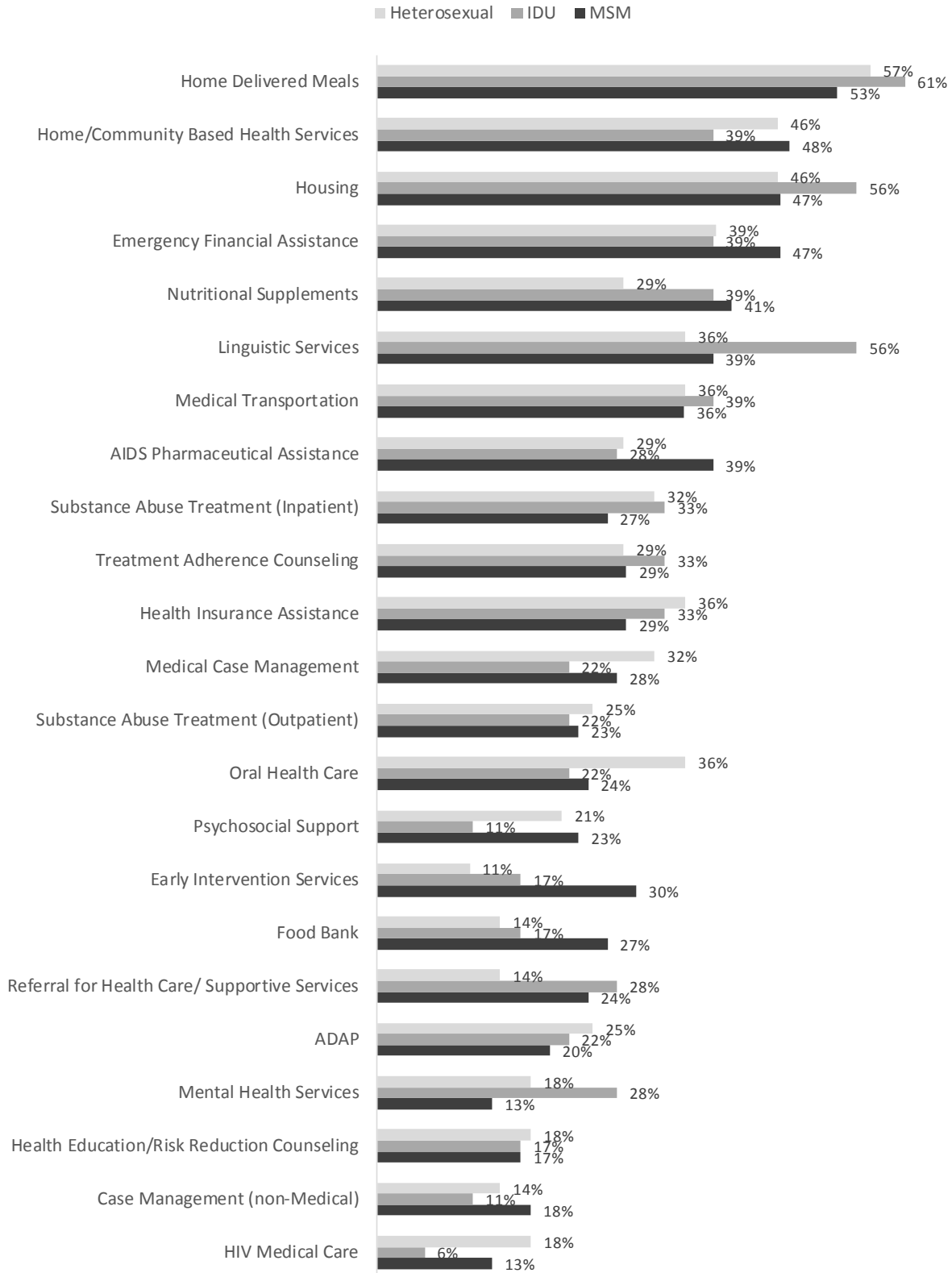
MSMs:

- 30% of MSMs indicated unmet need for early intervention services vs. 17% of IDUs and 11% of heterosexuals
- 27% of MSMs indicated unmet need for food bank vs. 17% of IDUs and 14% of heterosexuals

Heterosexuals:

- 36% of heterosexuals indicated unmet need for oral health care vs. 23% of MSMs and 22% of IDUs

Percent Indicating Unmet Need by Transmission

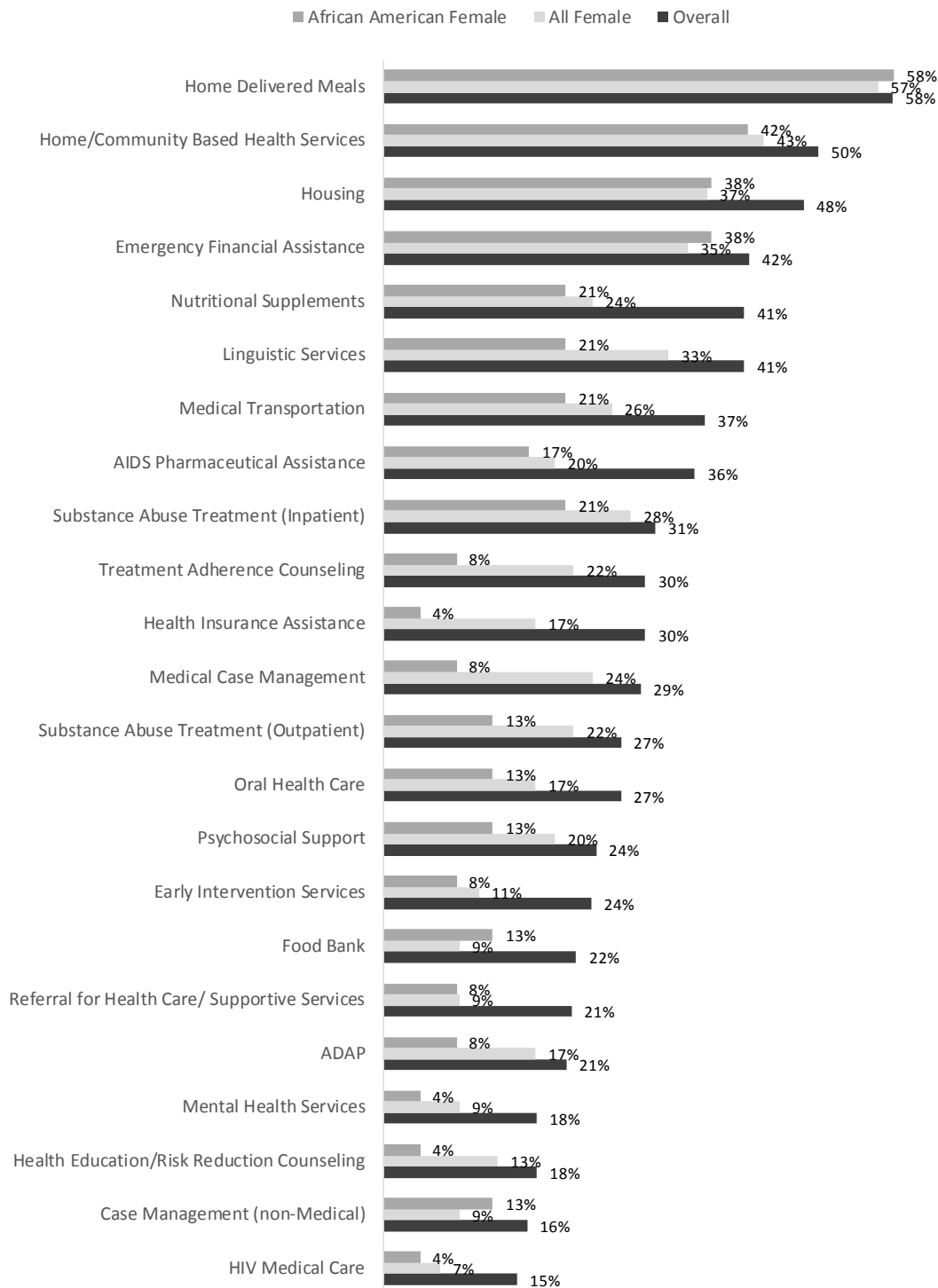


c.5. Unmet Need by Emerging Populations

African American Females:

Generally African American females had similar or fewer unmet needs compared to overall respondents:

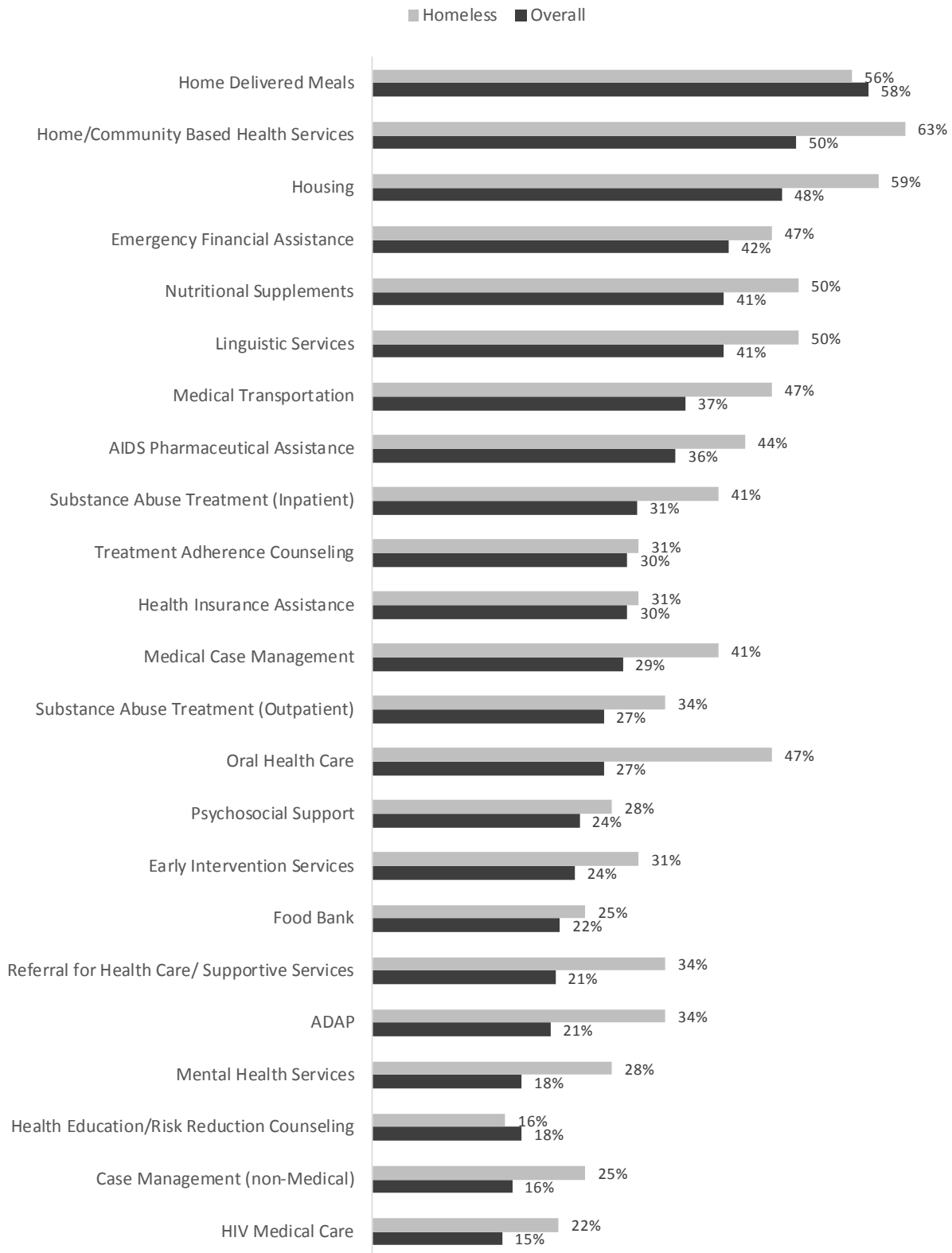
Percent African American Females Indicating Unmet Need



Homeless Population:

- 63% of homeless respondents indicated unmet need for home and community-based services vs. 50% of respondents overall
- 59% of homeless respondents indicated unmet need for housing vs. 48% overall
- 47% of homeless respondents indicated unmet need for medical transportation vs. 37% overall
- 41% of homeless respondents indicated unmet need for inpatient substance abuse treatment vs. 31% overall
- 41% of homeless respondents indicated unmet need for medical case management vs. 29% overall
- 47% of homeless respondents indicated unmet need for oral health care vs. 27% overall
- 34% of homeless respondents indicated unmet need for service referrals vs. 21% overall
- 34% of homeless respondents indicated unmet need for ADAP vs. 21% overall
- 28% of homeless respondents indicated unmet need for mental health services vs. 18% overall

Percent Homeless Indicating Unmet Need

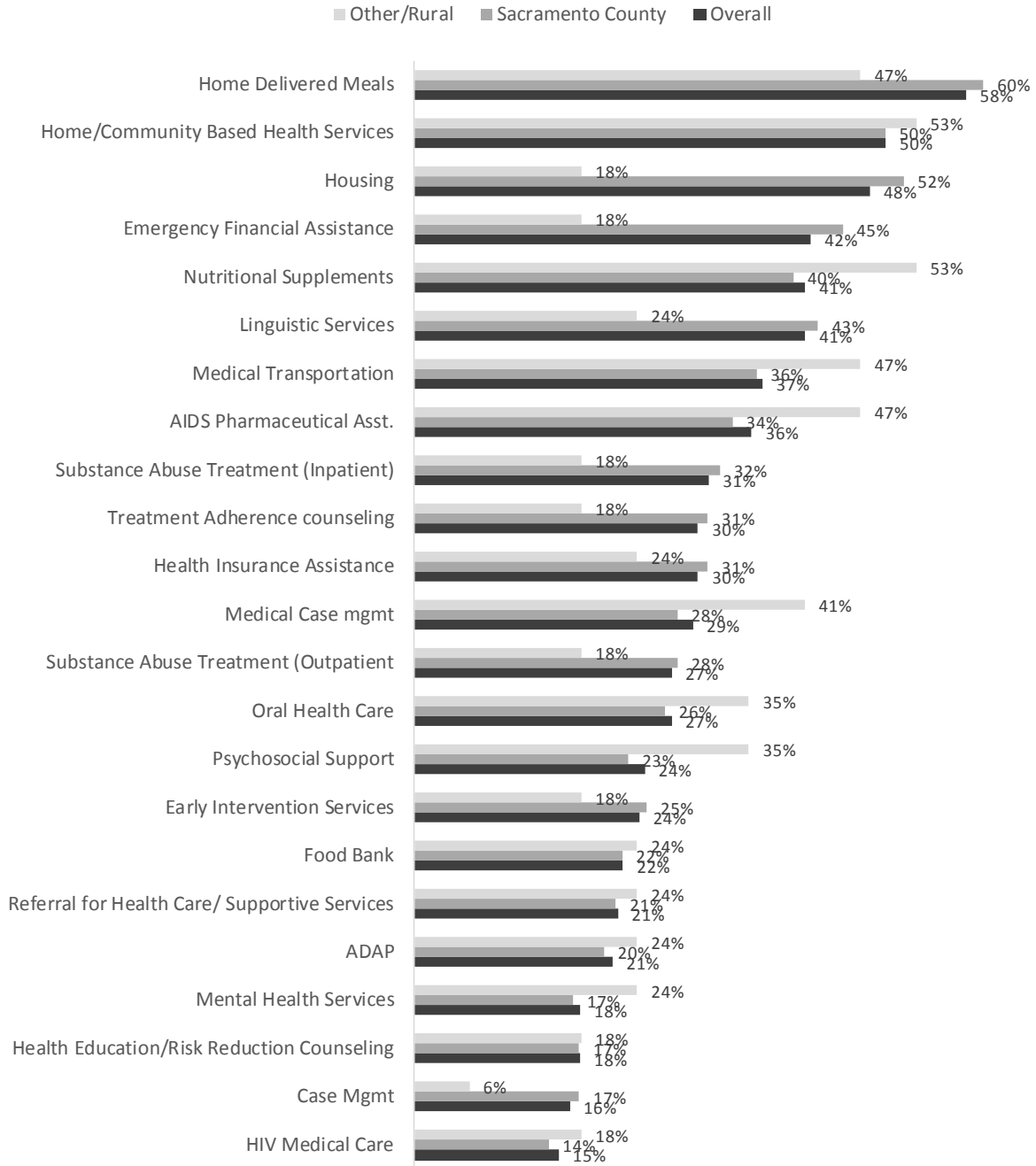


c.6. Unmet Need by County of Residence

Urban (Sacramento County) and Rural (El Dorado and Placer Counties):

- Generally, Sacramento County respondents had unmet needs similar to the overall respondents
- 53% of rural respondents indicated an unmet need for nutritional supplements vs. 40% of respondents in Sacramento County
- 47% of rural respondents indicated an unmet need for medical transportation compared to 35% of respondents in Sacramento County
- 47% of rural respondents indicated an unmet need for AIDS pharmaceutical assistance vs. 34% of respondents in Sacramento County
- 41% of rural respondents indicated an unmet need for medical case management vs. 28% of respondents in Sacramento County
- 25% of rural respondents indicated an unmet need for psychosocial support vs. 23% of respondents in Sacramento County

Percent Indicating Unmet Need by Region



d. Trends in Unmet Need (2014 to 2018)

A comparison between the current 2018 HIV Needs Assessment and the prior 2014 Needs Assessment provides valuable input for the Sacramento Region in program planning, implementation and allocation of resources throughout the TGA. Analyzing the trend in Unmet Need over time is particularly useful. In both the 2014 and 2018 Needs Assessments Unmet Need was calculated as the percent of survey respondents who indicated that they Needed a Service but did not Receive that Service (in 2014 Unmet Need was described as Need/Receive Gap). The analysis of trends in Unmet Need between 2014 and 2018 found the following trends:

Unmet Needs that **increased** are as follows:

- Unmet Need for home delivered meals increased from 43% in 2014 to 58% in 2018
- Home and community-based services increased from 35% to 50%
- Housing increased from 30% to 48%
- AIDS pharmaceutical assistance increased from 26% to 36%
- Medical transportation assistance increased from 34% to 37%
- Treatment adherence counseling increased from 20% to 30%
- Health insurance assistance increased from 22% to 30%
- Medical case management increased from 11% to 29%
- Food bank increased from 15% to 22%
- Health education/risk reduction increased from 10% to 18%
- Outpatient medical care increased from 6% to 15%

Unmet Needs that **decreased** are as follows:

- Unmet Need for Inpatient Substance Abuse Treatment dropped from 38% to 31%

Unmet Needs that were relatively **unchanged** (<1% change) are as follows:

- Emergency financial assistance was 42% in 2014 and 42% in 2018
- Mental health service was 19% in 2014 and 18% in 2018
- Oral health care was 26% in 2014 and 27% in 2018
- Case management (non-medical) was 17% in 2014 and 16% in 2018
- Outpatient substance abuse treatment remained at 17%

D-3. BARRIERS TO CARE

a. Barriers to Care Overall Categories and Findings

To understand the variety of issues that each person living with HIV/AIDS feels is limiting them from getting the services that they need, the 2018 Needs Assessment survey asked about Barriers to Care for each RW Service Category. This was a new survey strategy for the TGA. Rather than past Needs Assessment surveys where questions about Barriers to Care were not linked to a particular service category but were described as potential barriers applicable to any or all services, the 2018 survey asked about Barriers to Care by each RW Service Category. It is hopeful that gathering detailed service category specific information on Barriers to Care, the Planning Council will have more information to

use for service system improvements, priority setting and allocation decisions to address the barriers applicable to each Service Category.

In the Needs Assessment Survey Tool, Barriers to Care were classified into three general categories of “Access,” “Financial,” and “Personal” Barriers to Care. To help the TGA gain a better understanding about which level of the service system the Barriers to Care exist, these categories go from examining broad-based TGA-wide “Access” issues to client-based “Financial” and “Personal” issues. The following provides a description of Barriers to Care categories covered in the 2018 Needs Assessment:

- **Access Barriers** include issues regarding the overall structure of the TGA’s system of care and includes barriers such as “Didn’t know how to get,” “Didn’t know where to go,” “Location not convenient,” “Appointment times not convenient,” and “Wait times too long.” Access Barriers were the most common type of Barrier to Care reported.
- **Financial Barriers** include issues such as “Didn’t think I was eligible,” “Was told I wasn’t eligible,” “Services cost too much,” “No insurance coverage,” or “Co-pay was too high.”
- **Personal Barriers** include issues such as “Treated with disrespect,” “Jail/Prison history;” or “Concerns about privacy of HIV status.”

Highest Ranked Barriers to Care

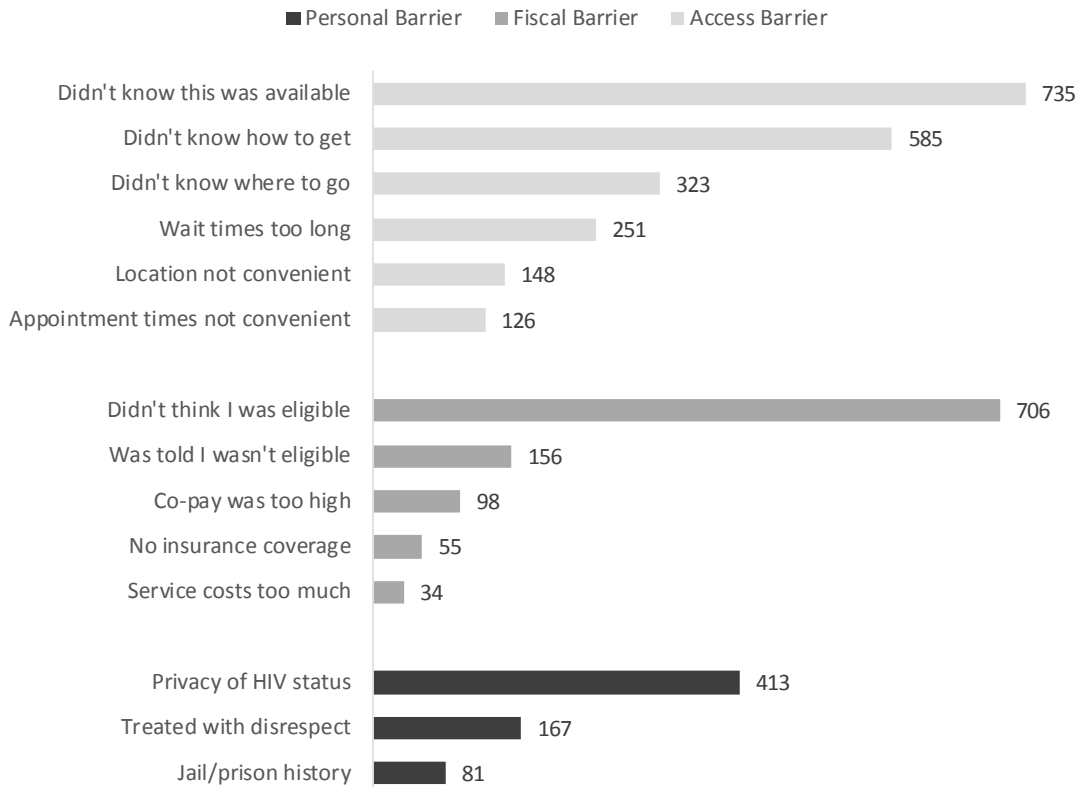
The primary goal of the Needs Assessment survey process is to identify strategies to reduce Barriers to Care so that Service Demand and Unmet Need can be met for the majority of service categories across all demographic groups. Barriers to Care assessed in the survey are organized under three overall types of barriers: Financial Barriers, Access Barriers and Personal Barriers as described above. As can be noted below, of the top 10 Barriers to Care, 50% were Access Barriers, 30% were Financial and 20% Personal Barriers.

Follows are the top 10 Barriers to Care reported by survey respondents:

TOP 10 BARRIERS TO CARE 2018 NEEDS ASSESSMENT		
Rank	TOP 10 BARRIERS TO CARE	Responses
1	Didn't know this was available (<i>Access</i>)	735
2	Didn't think I was eligible (<i>Financial</i>)	706
3	Didn't know how to get (<i>Access</i>)	585
4	Privacy of HIV status concerns (<i>Personal</i>)	413
5	Didn't know where to go (<i>Access</i>)	323
6	Wait times too long (<i>Access</i>)	251
7	Treated with Disrespect (<i>Personal</i>)	167
8	Was told I wasn't eligible (<i>Financial</i>)	156
9	Appointment times not convenient (<i>Access</i>)	126
10	Co-pay was too high (<i>Financial</i>)	98

*Respondents were asked to indicate all applicable barrier types for all service categories

Number of Responses Across All Service Categories Indicating Specific Barriers

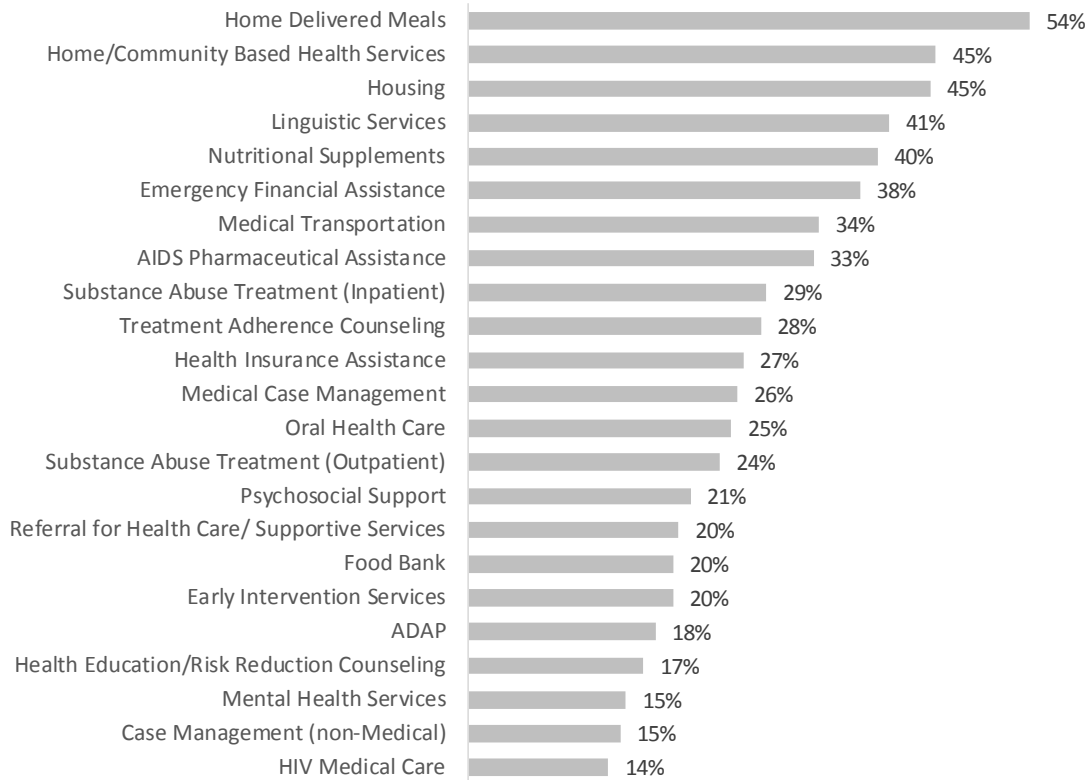


b. Barriers to Care by Service Category and Demographics

b.1 Access Barriers to Care

- Over half of respondents indicated an Unmet Need for home delivered meals due to Access Barriers
- Less than 15% of respondents with an Unmet Need for HIV medical care indicated Access Barriers
- HIV medical care and oral health care were exceptions, as their most common Access Barrier was “Wait times too long” (13% and 15% of respondents respectively)
- 56% of respondents age 25-44 indicated an Access Barrier to Home and community-based health services vs. 45% of overall respondents

Percent of Survey Respondents with Unmet Need Indicating One or More Access Barriers

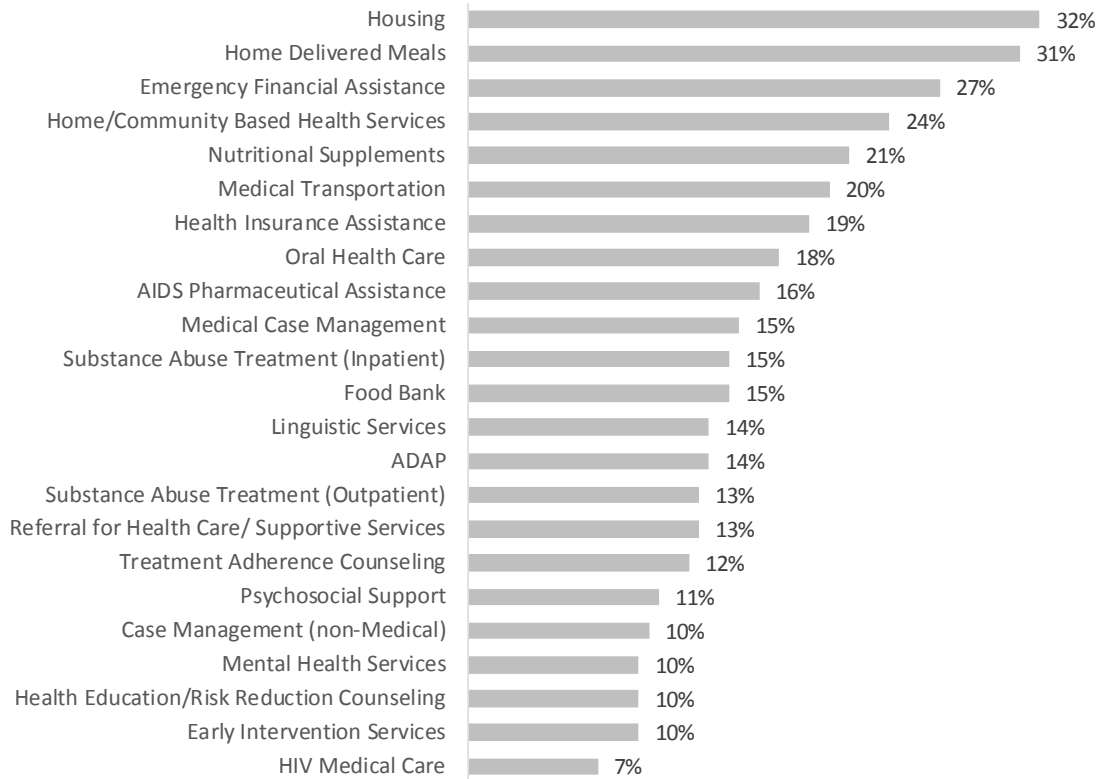


b.2. Fiscal Barriers to Care

- Over 30% of respondents indicated an Unmet Need for housing or home delivered meals due to Fiscal Barriers
- Less than 10% of respondents with an Unmet Need for HIV medical care indicated Fiscal Barriers
- 41% of homeless respondents indicated a Fiscal Barrier to emergency financial assistance vs. 27% of overall respondents
- 18% of rural respondents indicated a Fiscal Barrier to HIV medical care vs. 7% overall

- 35% of respondents age 65+ and 35% of rural respondents indicated a fiscal barrier to home and community-based health services vs. 24% overall
- 25% of Latino respondents indicated a fiscal barrier to linguistic services vs. 14% overall

**Percent of Survey Respondents with Unmet Need
Indicating One or More Fiscal Barriers**

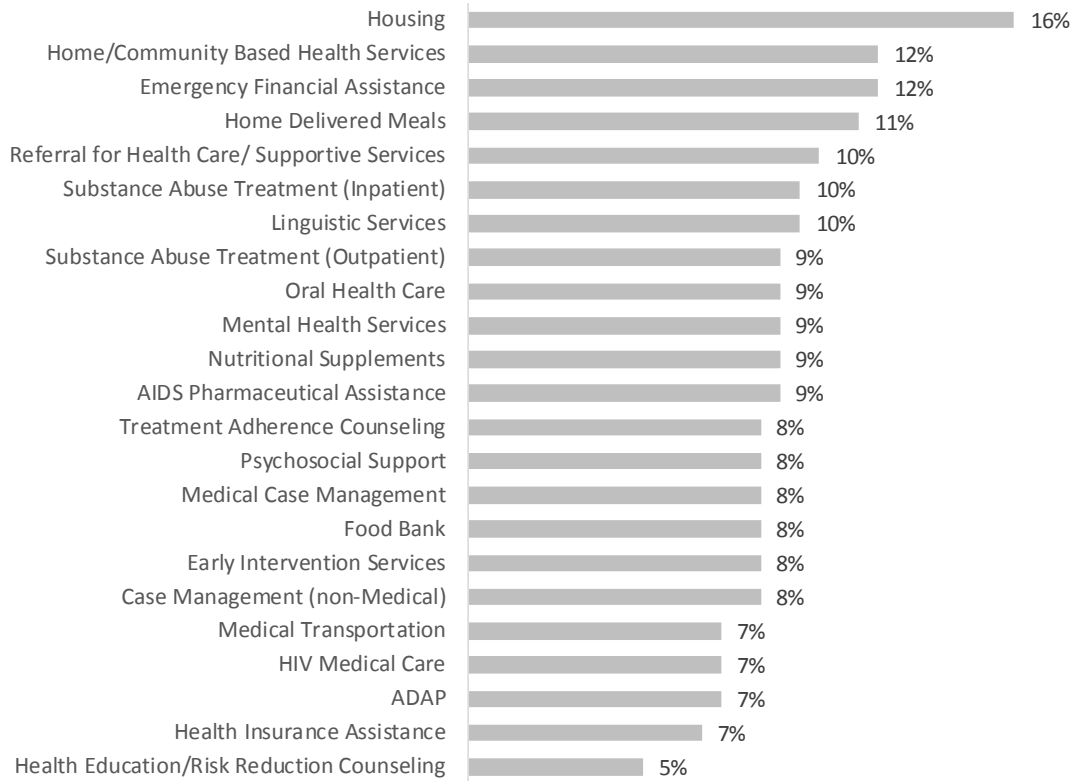


b.3 Personal Barriers to Care

- Over 15% of respondents indicated an unmet need for housing due to personal barriers
- About 5% of respondents with an unmet need for health education and risk reduction counseling indicated personal barriers
- Latinos disproportionately indicated greater personal barriers among various service categories
- 22% of Latinos indicated a personal barrier to home and community-based services vs. 11% of respondents overall
- 28% of Latinos and 22% of IDU indicated a personal barrier to home delivered meals vs. 11% of respondents overall
- 28% of Latinos indicated a personal barrier to housing compared to 16% of overall respondents
- 19% of Latinos indicated a personal barrier to medical transportation vs. 7% of overall respondents
- 19% of Latinos indicated a personal barrier to psychosocial support vs. 8% of respondents overall

- 22% of Latinos indicated a personal barrier to inpatient and outpatient substance abuse treatment vs. 9% and 10% of overall respondents

Percent of Survey Respondents with Unmet Need Indicating One or More Personal Barriers



SECTION E: IMPLICATIONS

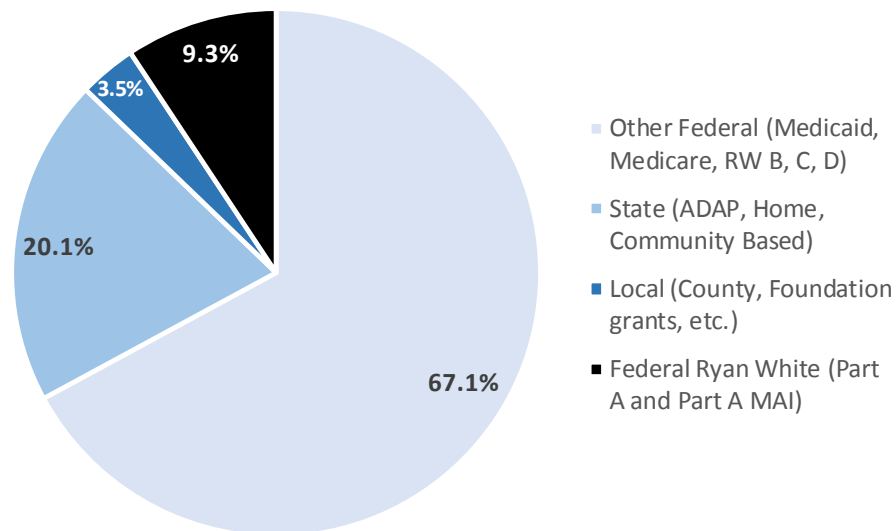
E-1. IMPLICATIONS FOR RW PRIORITY SETTING AND ALLOCATIONS

a. FY18 Ryan White Funding Sources and TGA Direct Service

To use the data from the Needs Assessment Survey to assist the Planning Council in Setting Priorities and Allocations, it is important to understand Ryan White funding in the context of other funding sources in the TGA for PLWH.

In FY18, the Sacramento TGA has \$32.6 million in public funding for HIV/AIDS (down from \$37.4 million in FY13 and \$42.3 million in FY11). The \$32.6 million in FY18 includes \$3.0 million in Ryan White Part A and Part A MAI funds, which is 9.3% of all public funding in the TGA for HIV/AIDS care. The majority of other Federal funds (\$21.9 million, or 67.1% of public HIV/AIDS funding in the TGA) are from Medicaid, Medicare, HOPWA (Housing Opportunities for People Living with HIV/AIDS), 340B Program and RW Parts B, C and D. Medicaid, although funded through both State and Federal sources, is included in other Federal funds in this analysis. State funds (\$6.5 million, or 20.1%) include ADAP (AIDS Drug Assistance Program) and Home and Community-Based Support Services. The remainder includes \$1.1 million (3.5%) in local funds such as Foundation grants, County funds and fundraising efforts. The distribution of public HIV/AIDS funds throughout the TGA in FY18 is shown below.

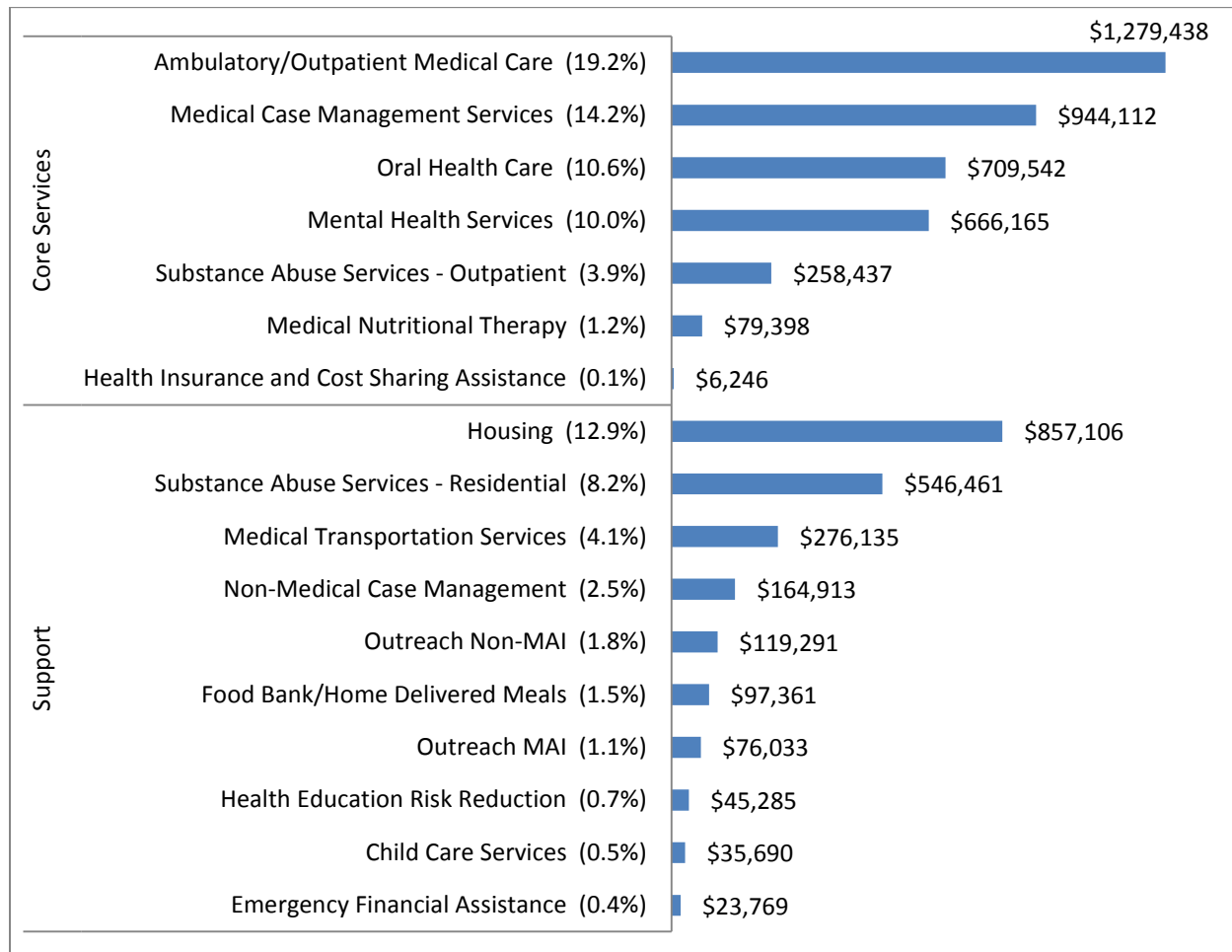
FY18 Sacramento TGA Distribution of HIV/AIDS Funding



Ryan White CARE Act strives for 100% access to care for all persons living with HIV/AIDS, regardless of ability to pay, and the RW Program is to use its funds as “payer of last resort.” Within the Sacramento TGA, the FY18 allocation in Federal Ryan White Part A, RW Part A Minority AIDS Initiative (MAI) funds, and RW Part B and Part B MAI State funds, for each direct service category is

shown in the following bar graph. By far, ambulatory/outpatient medical care has the largest allocation, 19.2%, with medical case management being the second largest allocation at 14.2%.

**FY18 RW CARE Program (Part A, Part A MAI and RW Part B Funds)
Direct Services Allocations**



b. FY18 RW Direct Service Expenditures in TGA’s Rural Counties

An analysis of RW direct service expenditures for (Part A, MAI and Part B) in the rural counties of the TGA (El Dorado, Placer and Yolo Counties), reflects a budget of 3.4% in El Dorado County for direct services; 1.7% in Yolo County for direct services; and 2.8% in Placer County for direct services.

c. Implications for Priority Setting and Allocations Decisions

Follows are examples of priority setting and allocations options that can be considered by the Council to address the most highly reported Service Demand and Unmet Needs, and to address the largest Demographic Disparities and Barriers to Care among 2018 Needs Assessment Survey Respondents in the Sacramento Region:

- Latinos, African Americans, IDUs, Males and homeless PLWH reported higher Service Demand and Unmet Need than respondents overall across the majority of service categories. The Council should consider funding outreach and other targeted services for these vulnerable populations.
- Rural survey respondents reported higher Service Demand and Unmet Need than overall respondents across several service categories (medical case management and medical transportation). The Council should *continue its current practice* of allowing the TGA's rural counties to have local control and contract flexibility in applying allocations to meet the local service demand when no other funding sources are available.
- The AIDS Pharmaceutical Assistance service had the highest ranked combination of Unmet Need and Service Demand. While the AIDS Drug Assistance Program (ADAP) supports compensation for some medications, many PLWH need additional assistance paying for drugs not covered by ADAP.
- Emergency Financial Assistance was the second highest ranked combination for Unmet Need and Service Demand. EFA is critical to the health and well-being of PLWH in paying for essential costs of living such as wood for heating source in rural counties, utilities, etc., to keep them in housing.
- Benefits counseling (non-medical case management) was the second highest ranked Service Demand. The Council should monitor the impact of the Affordable Care Act (ACA) on PLWH. While many RW patients may receive subsidies for insurance premiums, many may need help with expenses not covered under their out-of-pocket maximum (e.g., deductibles, copayments). Benefits Counselors assist clients in obtaining access to State and Pharmaceutical programs providing assistance with medical and drug co-pays. The Council should *continue its current practice* of adequately funding Benefits Counseling.
- 82% of respondents reported needing medical case management, but 29% of those did not receive it due to Barriers to Care (Unmet Need). Given the importance of retention in ongoing medical care, the Council should continue to monitor service utilization for medical case management, *continue its current practice* of funding field-based medical case management, and allocate funds proportionately.
- 82% of survey respondents reported Service Demand for Oral Health Care, but 27% of those did not receive it (Unmet Need), even with recent increases in service capacity and funding. The Council should consider further funding enhancements to support improved *access to* Oral Health Care.
- 73% of survey respondents reported transportation Service Need, but 37% did not received service due to Barriers to Care. While recent enhancements in funding for transportation services has *significantly improved access*, the transportation delivery systems for those in poverty continue to present barriers to care for the region's PLWH, especially in the rural areas of this large TGA. The Council should continue to explore alternate transportation delivery systems and increased allocations to transport patients to appointments.

- 67% of respondents reported needing home delivered meals, but 58% did not receive service due to Barriers to Care. The Council should investigate ways to continue to improve access to, and funding for, home delivered meals.
- Housing ranked #3 for Unmet Need with 48% of respondents unable to receive service. Housing also ranked #11 for Service Demand with 80% of respondents needing housing services.
- 64% of respondents need treatment adherence counseling and 30% of those did not receive the service due to Barriers to Care. This is an area to consider for program development, as well as provider technical assistance training.
- 72% of respondents needed home/community-based health services, but 50% did not receive services due to Barriers to Care. Trends worsened since past needs assessments. The Council should consider funding improved *access to* home/community-based services.

E-2. IMPLICATIONS FOR SERVICE SYSTEM IMPROVEMENTS

Although not meant to be an exhaustive list of strategies, follows are examples of service system improvements for the Council to consider in its efforts to maximize retention of PLWH in ongoing medical care while addressing the most highly reported Barriers to Care and largest Demographic Disparities of 2018 HIV Needs Assessment survey respondents:

- Wait times before and during appointments was the 6th highest ranked Barrier to Care. Further research is required to understand the extent of the issue and possible remediation activities. The survey tool should be more specific in terms of “wait times.”
- Sensitivity to patient needs, including treatment with disrespect, was ranked #7 among the greatest reported Barriers to Care. The Council might consider funding technical assistance to providers with the goal of increasing sensitivity to the unique needs of PLWH within various demographic subgroups (i.e., African Americans, Latinos, MSM, IDUs and the homeless population).
- Lack of patient awareness (including “didn’t know this was available, “didn’t think I was eligible” and “didn’t know how to get”) were the top 3 most commonly reported Barriers to Care. Improved outreach to, and case management for, PLWH should be a priority for the Council. For example, service providers should work to improve awareness of available services through direct client contact; broader marketing and social media campaigns. Case Managers and other support staff should inquire about and work with each client to ensure that support services are provided to stabilize the person’s life situation (i.e., housing, food, transportation).
- To support retention in ongoing medical care, Case Managers and other support staff should increase efforts to contact patients and inquire about and encourage re-entry into medical care. Primary Care providers should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining “no-show” tracking and follow up protocols.
- Service Providers should consider increased use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.

- The Council should consider technical assistance, capacity building and networking with current organizations throughout the region to educate them about findings and implications of the Needs Assessment, and to improve the overall system of care for PLWH.
- The Council should continue to network with other organizations throughout the Sacramento Region to maximize other funding opportunities and services for PLWH.
- The TGA's Ryan White Continuous Quality Improvement (CQI) Program should continue to involve consumers in CQI activities, such as the annual postcard survey to collect feedback for evaluation of services. Expanded efforts to solicit input from consumers of RW services also should be explored.
- The RW Program's CQI Manager should continue to coordinate webinars and training opportunities around quality management for CQI committee members and RW Program subrecipients.
- The RW Medical Performance Indicator Reports, generated from the Sacramento HIV/AIDS Reporting Engine (SHARE), should continue to be distributed monthly to assist RW subrecipients in identifying clients who are out of care, to resolve data issues, to track progress of Continuous Quality Improvement projects, and to identify areas for program improvement.

E-3. IMPLICATIONS FOR FUTURE NEEDS ASSESSMENTS

a. Needs Assessment Survey Process:

In conducting the 2018 Needs Assessment, outreach efforts were made to ensure that PLWH were surveyed in proportion to their representation in the TGA's HIV Epidemic to the greatest extent possible. However, the following are examples where additional outreach efforts could be made in further Needs Assessment to get more PLWH involved from the following subpopulations:

- El Dorado County residents were slightly underrepresented in the Needs Assessment as compared to their representation in the TGA's HIV Epidemic (2.3% vs. 3.9%) and further outreach efforts should be made in that county during the TGA's next Needs Assessment.
- PLWH ages 20-44 were under-represented in both the 2018 and 2014 Needs Assessments, and this should be remediated in the next survey cycle through more extensive outreach efforts.
- Survey methods should address the under-representation of youth (ages 19 and under), Whites, and male PLWH in the next survey cycle or conduct targeted Needs Assessment for subpopulations.
- Survey methods should continue efforts to reach communities of color, including monolingual Latinos and Asians.
- Survey methods should continue efforts to reach the homeless population.

- Epidemiologists at Sacramento County Department of Health Services, Division of Public Health, who conducts the data input, queries and run the data reports for the Needs Assessment, should be consulted regarding any revisions to the Survey Tool questions.
- The consultant responsible for analyzing survey findings and writing the 2018 Needs Assessment Report should be consulted regarding revisions to the Survey Tool questions.

Needs Assessment Survey Tool:

- Several RW Service Categories were mistakenly omitted from 2018 Needs Assessment Survey Tool and should be added to future versions of TGA’s survey tool, as follows: Home Health Care, Hospice Services, Child Care Services, Other Professional Services, Outreach Services, Rehabilitation Services and Respite Care.
- The RW Service Categories of medical case management and treatment adherence services should be combined into one RW Service Category in the future Needs Assessment Tool as HRSA has recently combined these services.
- Food Bank and Home Delivered Meals should be combined into one RW Service Category in future Needs Assessment Tool.
- Reformatting of Question 1 should be considered because the responses from the 2018 Survey Tool found significant inconsistency in how survey respondents answered the three questions about Service Needed, Service Requested (“Asked For”) and Service Received. Unlike previous Needs Assessment Surveys, the revised survey did not ask that survey respondents answer each of the three questions above with “yes” or “no,” but rather “please check off all that apply.” It is recommended that any future Needs Assessment Survey Tool go back to requesting an answer of “yes” or “no” for each question for each RW service category.
- Under Question 1, the question about whether service was asked for should be moved from Question 1 to Question 4 in Barriers to Care section under Personal Barrier (Didn’t Ask for Service). Within comments section survey respondents could explain why they didn’t ask (don’t feel ready for service, i.e., substance abuse treatment). The Personal Barrier of Privacy of HIV Status should remain in Question 4 which also assesses barrier to asking for service.
- Under Question 1, the question in the first column is a question about a Barrier to Care (“Didn’t know this service was available”) rather than a question regarding Need/Ask/Receive which Question 1 is aimed at addressing. This column should be moved to Question 2 regarding Access Barriers to Care.
- Under Question 2, Access Barriers to Care, questions for column 1 (“Didn’t Know How to Get” and “Didn’t Know Where to Go”) should be combined into one column since they are asking a very similar question.

- Question 20 and Question 21 (page 10) about substance use should ask about medically prescribed marijuana separately from illegally obtained or recreational marijuana use.
- Question 22 (page 10-11) about injection drug use should ask where person gets their needle supply and how many times they use each needle
- Question 27a (page 11) should also ask if a person has been diagnosed with tuberculosis (TB) and the last box should ask “I have not been tested for these STDs *or infections* in the past 12 months.”

Attachment 1

2018 HIV Needs Assessment

Detailed Survey Results

Q1. Please tell us about any of the following HIV services that you needed in the past 12 months. Please check all that apply to you. Please check all that apply to you.		Total Participants	Didn't know this was available		Needed Service		Asked for Service		Received Service	
			Answer	%	Answer	%	Answer	%	Answer	%
1	ADAP	177	17	9.6	28	15.8	15	8.5	119	67.2
2	AIDS Pharmaceutical Asst.	177	44	24.9	22	12.4	6	3.4	92	52.0
3	Case Mgmt	177	6	3.4	31	17.5	17	9.6	131	74.0
4	Early Intervention Services	177	22	12.4	22	12.4	11	6.2	104	58.8
5	Emergency Financial Assistance	177	39	22.0	33	18.6	22	12.4	69	39.0
6	Food Bank	177	14	7.9	40	22.6	10	5.6	106	59.9
7	Health Education/Risk Reduction Counseling	177	14	7.9	20	11.3	9	5.1	107	60.5
8	Health Insurance Assistance	177	30	16.9	26	14.7	11	6.2	87	49.2
9	HIV Medical Care	177	9	5.1	27	15.3	10	5.6	135	76.3
10	Home/Community Based Health Services	177	58	32.8	25	14.1	10	5.6	39	22.0
11	Home Delivered Meals	177	83	46.9	20	11.3	6	3.4	16	9.0
12	Housing	177	43	24.3	45	25.4	13	7.3	57	32.2
13	Linguistic Services	177	62	35.0	5	2.8	4	2.3	21	11.9
14	Medical Case mgmt	177	28	15.8	26	14.7	6	3.4	93	52.5
15	Medical Transportation	177	43	24.3	29	16.4	12	6.8	64	36.2
16	Nutritional Supplements	177	47	26.6	32	18.1	8	4.5	65	36.7
17	Mental Health Services	177	12	6.8	28	15.8	14	7.9	113	63.8
18	Oral Health Care	177	17	9.6	48	27.1	16	9.0	98	55.4
19	Psychosocial Support	177	17	9.6	30	16.9	10	5.6	86	48.6
20	Referral for Health Care/ Supportive Services	177	18	10.2	30	16.9	13	7.3	95	53.7
21	Substance Abuse Treatment (Inpatient)	177	41	23.2	14	7.9	7	4.0	47	26.6
22	Substance Abuse Treatment (Outpatient)	177	32	18.1	17	9.6	8	4.5	51	28.8
23	Treatment Adherence counseling	177	39	22.0	17	9.6	4	2.3	60	33.9

Q2. Please let us know if you encountered any of the following barriers while trying to access the services you needed in the past 12 months. Please check all that apply to you.		Total Participants	Didn't know how to get		Didn't know where		Location not convenient		App. not convenient		Wait times too long	
			Answer	%	Answer	%	Answer	%	Answer	%	Answer	%
1	ADAP	177	20	11.3	11	6.2	10	5.6	6	3.4	12	6.8
2	AIDS Pharmaceutical Asst.	177	23	13.0	16	9.0	8	4.5	4	2.3	10	5.6
3	Case Mgmt	177	20	11.3	16	9.0	7	4.0	8	4.5	15	8.5
4	Early Intervention Services	177	19	10.7	10	5.6	10	5.6	6	3.4	7	4.0
5	Emergency Financial Assistance	177	38	21.5	20	11.3	4	2.3	6	3.4	12	6.8
6	Food Bank	177	19	10.7	14	7.9	15	8.5	8	4.5	12	6.8
7	Health Education/Risk Reduction Counseling	177	19	10.7	12	6.8	9	5.1	7	4.0	7	4.0
8	Health Insurance Assistance	177	33	18.6	9	5.1	2	1.1	4	2.3	10	5.6
9	HIV Medical Care	177	14	7.9	10	5.6	9	5.1	9	5.1	23	13.0
10	Home/Community Based Health Services	177	34	19.2	15	8.5	6	3.4	4	2.3	12	6.8
11	Home Delivered Meals	177	44	24.9	14	7.9	3	1.7	1	0.6	7	4.0
12	Housing	177	49	27.7	23	13.0	5	2.8	5	2.8	13	7.3
13	Linguistic Services	177	19	10.7	8	4.5	3	1.7	1	0.6	4	2.3
14	Medical Case mgmt	177	25	14.1	12	6.8	6	3.4	9	5.1	10	5.6
15	Medical Transportation	177	34	19.2	14	7.9	3	1.7	5	2.8	9	5.1
16	Nutritional Supplements	177	32	18.1	22	12.4	7	4.0	5	2.8	6	3.4
17	Mental Health Services	177	16	9.0	15	8.5	7	4.0	5	2.8	15	8.5
18	Oral Health Care	177	21	11.9	16	9.0	7	4.0	8	4.5	26	14.7
19	Psychosocial Support	177	19	10.7	18	10.2	9	5.1	10	5.6	9	5.1
20	Referral for Health Care/ Supportive Services	177	22	12.4	17	9.6	4	2.3	4	2.3	14	7.9
21	Substance Abuse Treatment (Inpatient)	177	18	10.2	9	5.1	4	2.3	5	2.8	7	4.0
22	Substance Abuse Treatment (Outpatient)	177	17	9.6	9	5.1	3	1.7	3	1.7	6	3.4
23	Treatment Adherence counseling	177	30	16.9	13	7.3	7	4.0	3	1.7	5	2.8

Q3. Please tell us if you have encountered any of the following financial barriers while trying to access HIV services in the past 12 months. Please check all that apply to you.		Total Participants	Didn't think I was eligible		I wasn't eligible where		Costs too much		No insurance		Co-pay too high	
			Answer	%	Answer	%	Answer	%	Answer	%	Answer	%
1	ADAP	177	24	13.6	8	4.5	2	1.1	7	4.0	14	7.9
2	AIDS Pharmaceutical Asst.	177	28	15.8	6	3.4	1	0.6	3	1.7	7	4.0
3	Case Mgmt	177	30	16.9	8	4.5	2	1.1	2	1.1	6	3.4
4	Early Intervention Services	177	23	13.0	7	4.0	1	0.6	5	2.8	3	1.7
5	Emergency Financial Assistance	177	53	29.9	9	5.1	0	0.0	0	0.0	4	2.3
6	Food Bank	177	30	16.9	6	3.4	2	1.1	0	0.0	6	3.4
7	Health Education/Risk Reduction Counseling	177	23	13.0	5	2.8	1	0.6	2	1.1	5	2.8
8	Health Insurance Assistance	177	32	18.1	11	6.2	2	1.1	3	1.7	3	1.7
9	HIV Medical Care	177	20	11.3	6	3.4	2	1.1	5	2.8	4	2.3
10	Home/Community Based Health Services	177	32	18.1	13	7.3	2	1.1	1	0.6	4	2.3
11	Home Delivered Meals	177	53	29.9	8	4.5	0	0.0	1	0.6	3	1.7
12	Housing	177	58	32.8	12	6.8	1	0.6	1	0.6	2	1.1
13	Linguistic Services	177	19	10.7	5	2.8	3	1.7	1	0.6	2	1.1
14	Medical Case mgmt	177	29	16.4	5	2.8	2	1.1	3	1.7	4	2.3
15	Medical Transportation	177	33	18.6	9	5.1	4	2.3	2	1.1	2	1.1
16	Nutritional Supplements	177	39	22.0	6	3.4	0	0.0	4	2.3	4	2.3
17	Mental Health Services	177	26	14.7	5	2.8	0	0.0	2	1.1	3	1.7
18	Oral Health Care	177	29	16.4	8	4.5	0	0.0	6	3.4	4	2.3
19	Psychosocial Support	177	23	13.0	3	1.7	3	1.7	1	0.6	4	2.3
20	Referral for Health Care/ Supportive Services	177	26	14.7	7	4.0	2	1.1	5	2.8	2	1.1
21	Substance Abuse Treatment (Inpatient)	177	26	14.7	4	2.3	1	0.6	1	0.6	4	2.3
22	Substance Abuse Treatment (Outpatient)	177	24	13.6	2	1.1	2	1.1	0	0.0	5	2.8
23	Treatment Adherence counseling	177	26	14.7	3	1.7	1	0.6	0	0.0	3	1.7

Q4. Please tell us if any of the following reasons limited your ability to use HIV services in the past 12 months. Please check all that apply to you.		Total Participants	Treated with disrespect		Jail/prison history		Privacy of HIV status	
			Answer	%	Answer	%	Answer	%
1	ADAP	177	10	5.6	6	3.4	23	13.0
2	AIDS Pharmaceutical Asst.	177	5	2.8	4	2.3	21	11.9
3	Case Mgmt	177	7	4.0	4	2.3	22	12.4
4	Early Intervention Services	177	9	5.1	6	3.4	17	9.6
5	Emergency Financial Assistance	177	11	6.2	6	3.4	17	9.6
6	Food Bank	177	5	2.8	4	2.3	19	10.7
7	Health Education/Risk Reduction Counseling	177	6	3.4	3	1.7	16	9.0
8	Health Insurance Assistance	177	6	3.4	2	1.1	19	10.7
9	HIV Medical Care	177	11	6.2	3	1.7	16	9.0
10	Home/Community Based Health Services	177	9	5.1	3	1.7	19	10.7
11	Home Delivered Meals	177	4	2.3	5	2.8	16	9.0
12	Housing	177	10	5.6	6	3.4	21	11.9
13	Linguistic Services	177	5	2.8	1	0.6	15	8.5
14	Medical Case mgmt	177	7	4.0	3	1.7	17	9.6
15	Medical Transportation	177	5	2.8	0	0.0	17	9.6
16	Nutritional Supplements	177	5	2.8	3	1.7	17	9.6
17	Mental Health Services	177	7	4.0	3	1.7	19	10.7
18	Oral Health Care	177	7	4.0	4	2.3	20	11.3
19	Psychosocial Support	177	7	4.0	1	0.6	21	11.9
20	Referral for Health Care/ Supportive Services	177	12	6.8	2	1.1	16	9.0
21	Substance Abuse Treatment (Inpatient)	177	6	3.4	5	2.8	15	8.5
22	Substance Abuse Treatment (Outpatient)	177	8	4.5	3	1.7	14	7.9
23	Treatment Adherence counseling	177	5	2.8	4	2.3	16	9.0

Q5. Reason Limitation for Use HIV Services	Total Participants	To a great extent		Somewhat		Occasionally		Never	
		Answer	%	Answer	%	Answer	%	Answer	%
Transportation	177	25	14.1	27	15.3	33	18.6	44	24.9
Child care	177	4	2.3	4	2.3	1	0.6	76	42.9
Language barriers	177	3	1.7	3	1.7	1	0.6	85	48.0
Q6. Other Kinds Services Need	Total Participants	177							
	Answer	%							
Reimbursement	11	6.2							
Food vouchers	111	62.7							
Home health care	36	20.3							
Hospice	7	4.0							
Legal services	51	28.8							
Outreach	31	17.5							
Other	9	5.1							

Q7. Health Insurance?	Participants	Yes
	177	170

Q7a. Tpe of Health Insurance?	Total Participants	177
	Answer	%
Through Work	3	1.7
Medicare	84	47.5
Medi-Cal	145	81.9
Private	10	5.6
Veteran's	3	1.7
COBRA or OBRA	2	1.1
Not Enroll	1	0.6
No insurance	1	0.6
Other	9	5.1

Q7b. Which Benifits Do you Receive?	Total Participants	177
	Answer	%
None/Not Eligible	10	5.6
CHAMPUS	0	0.0
Cal Fresh (Food Stamps)	50	28.2
Worker's Compensation	1	0.6
Long-term disability	38	21.5
Life insurance payments	2	1.1
Short-term disability	3	1.7
Retirement	12	6.8
Supplemental (SSI)	70	39.5
Rent Supplement	13	7.3
Bureau of Indian Affairs	1	0.6
Subsidized Housing	31	17.5
State Disability (SDI)	18	10.2
General Assistance	9	5.1
Social Security (SSDI)	60	33.9
WIC	5	2.8
Veteran's Benefits (VA)	4	2.3
TANF/CalWORKS	1	0.6
Emergency Financial Assistance - from	2	1.1
Other: Specify:	7	4.0

Q8. Health Insurance Helped?	Total Respondents*	Easier than before		About the same		Harder than before	
		Answer	%	Answer	%	Answer	%
HIV Care	107	54	50.5	43	40.2	10	9.3
Medications	104	58	55.8	35	33.7	11	10.6
Dental Care	97	36	37.1	38	39.2	23	23.7
Mental Health Care	85	38	44.7	36	42.4	11	12.9
Substance Abuse Treatment	57	29	50.9	25	43.9	3	5.3
Not Applicable	43						

*Unduplicated respondents to each item in this question

Q9. Years of HIV Diagnosed:	Answer	%
Less than 1 year	4	2.3
1 - 5 years	20	11.3
6 - 10 years	34	19.2
11-20 years	52	29.4
21 - 30 years	46	26.0
30+ years	19	10.7
Total	177	100.0

Q10. The First HIV Care:	Answer	%
Within 3 months	122	68.9
More than 3 months	27	15.3
Don't remember	19	10.7
Never	2	1.1
Total	177	100.0

Q13. How frequently see your HIV Doctor?	Answer	%
Every 3 months	125	70.6
Every 6 months	32	18.1
Once a year	2	1.1
Every 2 years	2	1.1
When I feel sick	3	1.7
I don't have a doctor	3	1.7
Never	2	1.1
Total	177	100.0

Q11. Why Did you Wait?	Total Respondents*	97
	Answer	%
Didn't wait	41	42.3
Didn't know where	12	12.4
Didn't want to believe	23	23.7
Felt fine; wasn't sick	21	21.6
Couldn't afford HIV care	2	2.1
Afraid of people finding	19	19.6
No transportation	6	6.2
Drinking/doing drugs	25	25.8
Don't remember	7	7.2
Didn't want to take meds	14	14.4
Had a mental health issue	10	10.3
Viral load was undetectable	4	4.1
Other priorities	8	8.2
Other: Specify:	4	4.1

*Unduplicated respondents to each item in this question

Q12. Have you done any?	Total Participants	Yes		No		Don't Know	
		Answer	%	Answer	%	Answer	%
Seen a doctor, nurse/physician	177	169	95.5	4	2.3	1	0.6
Taken HIV medication	177	154	87.0	8	4.5	5	2.8
Had a test for your Viral Load	177	169	95.5	3	1.7	3	1.7
Had a test for your CD4 count	177	167	94.4	5	2.8	3	1.7

Q14. Miss any medical appointments?	Total Participants	Yes		No*	
		Answer	%	Answer	%
	177	87	49.2	89	50.3
Q14a. If you missed, rescheduled?*	176	89	50.6	87	49.4

*Excludes Unknown (additional)

**Unduplicated respondents to each item in this question

Q14b. If rescheduled, did you make it?	Total Respondents*	Yes		No	
		Answer	%	Answer	%
	176	99	56.3	77	43.8

*Unduplicated respondents to each item in this question

Q15. Why did you stop seeing HIV Doctor?	Total Respondents*	142
	Answer	%
Never stopped	100	70.4
Couldn't afford	4	2.8
No transportation	14	9.9
Felt fine; wasn't sick	19	13.4
Lost health insurance	7	4.9
Doctor/manager left	4	2.8
Wanted a break	10	7.0
Lost RW services	4	2.8
Bad experience	9	6.3
Didn't want to take meds	14	9.9
Drinking/doing drugs	22	15.5
Overwhelmed	12	8.5
Side effects of medications	8	5.6
Mental health issue	10	7.0
Inconvenient	4	2.8
Viral load was undetectable	7	4.9
Other Priorities	8	5.6
Don't remember	2	1.4
Other (Please specify:	4	2.8

*Unduplicated respondents to each item in this question

Q16. Are you currently taking any of the following?	Total Participants	177
	Answer	%
Anti-retrovirals	155	87.6
Antibiotics	32	18.1
Antifungal	9	5.1
Steroids	10	5.6
Antidepressants	66	37.3
Herbal/or other	36	20.3

Q16b. Why are you not taking them?	Total Respondents*	19
	Answer	%
Side effects	5	26.3
Felt they didn't work	2	10.5
Just didn't want to	3	15.8
Forgot to take	2	10.5
Could not afford	0	0.0
Didn't have a safe place	0	0.0
Didn't want others to see	0	0.0
Difficult schedule	2	10.5
Felt I didn't need to take	2	10.5
Didn't understand directions	1	5.3
Hard to coordinate	2	10.5
Doctor advice	2	10.5
Other (please specify):	7	36.8

*Unduplicated respondents to each item in this question

Q17. What kinds of things help you keep up with your HIV medical care?	Total Participants	177
	Answer	%
N/A	3	1.7
To reduce the risk	82	46.3
My HIV doctor	96	54.2
I want to stay health	137	77.4
The support of family	83	46.9
My HIV case manager	81	45.8
Seeing the benefits	85	48.0
My faith, religion	68	38.4
A mentor at my clinic	27	15.3
I'm afraid of getting sick	69	39.0
Staying Sober	71	40.1
An HIV group or program	46	26.0
Other (please specify)	4	2.3

Q18. What is your current HIV viral load?	Answer	%
Detectable	31	17.5
Undetectable	125	70.6
Don't know/Can't remember	16	9.0
Did Not Answer	5	2.8
Total	177	100.0

Q19. What is your current CD4 (t-cell) count?	Answer	%
Less than 50	4	2.3
50-199	16	9.0
200-499	46	26.0
500+	72	40.7
Don't know/Can't remember	34	19.2
Did Not Answer	5	2.8
Total	177	100.0

Q20. In the past 6 months have you used any of the following?	Total Participants	177
	Answer	%
Alcohol	62	35.0
Marijuana	79	44.6
Heroin	7	4.0
Speedball	3	1.7
Prescription Opiates	46	26.0
Stimulants	47	26.6
GHB	14	7.9
Poppers	13	7.3
Ecstasy	5	2.8
Ketamine	0	0.0
Hallucinogens	4	2.3
Tranquilizers	8	4.5
Other (please specify)	7	4.0

Q21. Have you EVER used any of the following?	Total Participants	177
	Answer	%
Alcohol	128	72.3
Marijuana	126	71.2
Heroin	37	20.9
Speedball	21	11.9
Prescription Opiates	73	41.2
Stimulants	101	57.1
GHB	40	22.6
Poppers	57	32.2
Ecstasy	45	25.4
Ketamine	19	10.7
Hallucinogens	39	22.0
Tranquilizers	26	14.7
Other (please specify)	5	2.8

Q22-Q23 Injection Drug Use?	Total	Yes	%
Q22. Ever Injected any substance?	177	59	33.3
Q22a. Used a needle to inject drugs?	177	25	14.1
Q23 Ever shared needles?	177	40	22.6
Q23a. Shared needles Past 12 months?	177	7	4.0

Q24. Physical Health?	Answer	%
A little better	21	11.9
A little worse	16	9.0
About the Same	26	14.7
Much better	96	54.2
Much worse	12	6.8
No Response	6	3.4
Total	177	100.0

Q25. Mental Health Counseling?	Total Participants	177
	Answer	%
Inpatient	41	23.2
Individual counseling/therapy	123	69.5
Group counseling/therapy	75	42.4
Medication for psychological	82	46.3
None	24	13.6

Q26. Mental Health Diagnosis?	Total Participants	177
	Answer	%
Anxiety	90	50.8
Bipolar Disorder	47	26.6
Dementia	5	2.8
Depression	96	54.2
None	37	20.9
Other	22	12.4

Q26: Other	Count
ADHD	4
Aspergers, Schizo-affective	1
Diagnosed by doctor with PTSD	1
difficulty speaking	1
in the process	1
INSOMNIA	1
Major Depressive Disorder	1
Mental Health	1
PANIC ATTACK	1
Paranoid	1
psycho schizo/manic/ptsd	1
PTSD	4
PTSD, PANIC ATTACK	1
PTSD/ADD	1
RACING THOUGHTS	1
Schizo affective disorder	1

Q27. Hepatitis C ?	Total	Yeas	%
		177	44

Q27a. Diagnosed with any of the following diseases?	Total Participants	177
	Answer	%
Hepatitis A or B	12	6.8
Hepatitis C	30	16.9
Syphilis	20	11.3
Genital Herpes	8	4.5
Gonorrhea	10	5.6
Chlamydia	11	6.2
Genital Warts	12	6.8
Yeast Infections	8	4.5
Not have any STD	69	39.0
Not tested	13	7.3
Other	7	4.0

Q28. Opportunistic infections	Total Participants	177
	Answer	%
Candidiasis	17	9.6
Cryptococcosis	2	1.1
Cryptosporidiosis	0	0.0
Cytomegalovirus	0	0.0
HIV	3	1.7
Herpes	11	6.2
Histoplasmosis	0	0.0
Isosporiasis	0	0.0
Kaposi's Sarcoma	4	2.3
Lymphoma	0	0.0
Mycobacterium	3	1.7
Pneumonia	16	9.0
Salmonella	0	0.0
Shingles	6	3.4
Toxoplasmosis	0	0.0
Tuberculosis	0	0.0
Wasting syndrome	5	2.8
Other	4	2.3

Q29. Currently live?	Answer	%
In a house/apartment	97	54.8
Temporary Housing	33	18.6
Institutionalized	1	0.6
Unstable Housing	5	2.8
Homeless	27	15.3
Hotel/Motel/Single Room	1	0.6
No Response	5	2.8
Other	8	4.5
Total	177	100.0

Q30. Housing payment?	Count
0	33
110-200	18
201-300	13
301-400	15
401-500	13
501-600	10
601-700	11
701-800	9
801-900	7
901-1000	2
1001-1100	4
1101-1200	2
2200	1

30a. Does the rent include utilities?	Yes	No	No Resonse	Total	%Yes
	38	138	1	177	21.5

Q31. living situation?	Yes	Total	%
Safe	146	177	82.5
Habitable	145	177	81.9
Stable	132	177	74.6

Q32. Housing assistance?	Answer	%
HOPWA	18	10.2
Housing Choice Voucher (formerly Section 8)	11	6.2
Emergency Financial Assistance	4	2.3
Help from an AIDS Service Organization	20	11.3
I do not receive housing assistance	58	32.8
Other	21	11.9
No Response	45	25.4
Total	177	100.0

Yes/No	Total	Yes	%
Q33. On waiting list	177	52	29.4
Q34. Been waiting list	177	103	58.2
Q34a. Placement?	177	49	27.7

Q34b. If no, why not?	Total*	%
	66	
Substance Abuse	12	18.2
Pets	6	9.1
Incarceration	5	7.6
Criminal Record	8	12.1
Other's Criminal	2	3.0
Rental History	7	10.6
Other's Rental	2	3.0
Short money	22	33.3
Housing location	7	10.6
Mental Health	5	7.6
Physical Health	2	3.0
Other	24	36.4

*Unduplicated respondents to each item in this question

	Total	Yes	%
Q35. Referral for housing?	177	57	32.2
Q35a Housing placement?	177	39	22.0

Q37. Anyone HIV positive?	Respondents	%
Adult family member/relative	3	4.7
Children	3	4.7
Don't know	15	23.4
Other adults	28	43.8
Partner/wife/husband	15	23.4
Total	64	100.0

*Unduplicated respondents to each item in this question

Q38. Over the last two years lived in?	Total	%
	177	
In a half-way	22	12.4
Homeless	47	26.6
Shelter	41	23.2
Treatment facility	15	8.5
In a car or rv	13	7.3
Jail	15	8.5
Other	12	6.8

Q39. Estimated yearly income before taxes?	Count	%
\$ 0-\$8600	47	26.6
\$ 8601-\$11600	50	28.2
\$11601-\$16500	42	23.7
\$16501-\$23200	11	6.2
\$23201-\$26000	5	2.8
\$26001-\$35000	8	4.5
Greater than \$35001	4	2.3
Unreported	10	5.6
Total	177	100.0

Q39a People depend on?	Count	%
0	20	11.3
1	107	60.5
2	19	10.7
3	5	2.8
4	1	0.6
5	1	0.6
6	1	0.6
7	1	0.6
Unreported	22	12.4
Total	177	100.0

Q39b. Of 39a, how many under 18?	Count	%
0	108	85.0
1	14	11.0
2	3	2.4
3	2	1.6
Total	127	100.0

Adults	Q36a. How many adults living with you?
0	59
1	49
2	10
3	6
4	8
5	5
6	3
7	0
8	2
9	2
10	1
11	7
12	3
Unreported	22
Total	177

Children	Q36b. How many children living with you?
0	123
1	11
2	3
3	2
4	0
5	1
Unreported	37
Total	177

Q40. What is your current job status?	Total Participants	177
	Answer	%
Employed full-time (33 - 40 hours a week)	9	5.1
Employed part-time (less than 33 hours a week)	18	10.2
Not working - looking for work	24	13.6
Not working - student/homemaker/other	8	4.5
Not working - not looking for work	13	7.3
Not working - disabled	88	49.7
Retired	24	13.6
Other	8	4.5

Q41. Which of the following benefits do you receive?	Total Participants	177
	Answer	%
None/Not Eligible	12	6.8
Cal Fresh (Food Stamps)	50	28.2
Long-term disability	28	15.8
Short-term disability	1	0.6
Supplemental Security Income (SSI)	70	39.5
Bureau of Indian Affairs	0	0.0
State Disability Insurance (SDI)	20	11.3
Social Security Disability Insurance (SSDI)	54	30.5
Veteran's Benefits (VA)	4	2.3
Other	2	1.1
CHAMPUS (VA Assistance for non-military personnel)	0	0.0
Worker's Compensation	1	0.6
Annuity/Life insurance payments	1	0.6
Retirement	10	5.6
Rent Supplement	3	1.7
Subsidized Housing (HOPWA, Section 8, Shelter Plus Care)	19	10.7
General Assistance	9	5.1
WIC	5	2.8
TANF/CalWORKS (formerly AFDC)	2	1.1
Emergency Financial Assistance	2	1.1

Q42. What county do you live in?	Count	%
El Dorado	4	2.3
Other	1	0.6
Placer	10	5.6
Sacramento	155	87.6
Yolo	2	1.1
Unreported	5	2.8
Total	177	100.0

Q44. Birth year	Count
1963	9
1964	9
1958	8
1961	8
1953	7
1968	7
1970	7
1959	6
1965	6
1960	5
1962	5
1976	5
1952	4
1987	4
1990	4
1950	3
1951	3
1956	3
1957	3
1967	3
1971	3
1975	3
1986	3
1948	2
1955	2
1966	2
1969	2
1972	2
1973	2
1974	2
1977	2
1978	2
1981	2
1982	2
1983	2
1985	2
1988	2
1991	2
1993	2
1936	1
1945	1
1947	1
1949	1
1954	1
1955	1
1979	1
1980	1
1989	1
1992	1
1996	1
1999	1
2012	1
2017	1
Total	164

Q43. Zip Code	Count	%
95823	34	21.7
95817	15	9.6
95814	10	6.4
95816	8	5.1
95811	7	4.5
95815	7	4.5
95821	6	3.8
95678	5	3.2
95838	5	3.2
95826	4	2.5
95833	4	2.5
95820	3	1.9
95827	3	1.9
95608	2	1.3
95660	2	1.3
95667	2	1.3
95818	2	1.3
95822	2	1.3
95828	2	1.3
95831	2	1.3
95834	2	1.3
25823	1	0.6
91817	1	0.6
95603	1	0.6
95605	1	0.6
95616	1	0.6
95619	1	0.6
95621	1	0.6
95623	1	0.6
95624	1	0.6
95631	1	0.6
95632	1	0.6
95633	1	0.6
95645	1	0.6
95648	1	0.6
95677	1	0.6
95688	1	0.6
95713	1	0.6
95812	1	0.6
95825	1	0.6
95829	1	0.6
95832	1	0.6
95835	1	0.6
95840	1	0.6
95841	1	0.6
95842	1	0.6
95843	1	0.6
95864	1	0.6
95881	1	0.6
95928	1	0.6
homeless	1	0.6
Total	157	100.0

Q45. Hispanic or Latino origin?				
Yes	No	Unreported	Total	Yes%
32	144	1	177	18.1

45a. If yes, your nationality*	Count	%
Another Hispanic/Latino/or Spanish Origin	7	23.3
Cuban	2	6.7
Mexican	8	26.7
Mexican American/Chicano(a)	5	16.7
Puerto Rican	8	26.7
Total	30	100.0

*Unduplicated respondents to each item in this question

Q46. What is your primary race?	Count	%
American Indian/Alaska Native	3	1.7
Asian	2	1.1
Black/African American	64	36.2
White	92	52.0
Unreported	16	9.0
Total	177	100.0

Q46a. If Pacific Islander/Native Hawaiian:	count
Other Pacific Islander	3

Q46b. If Asian:	Count
Asian Indian	2
Chinese	1
Filipino	2

Q47. How much school have finished?	Count	%
Some college/2 year college degree	72	40.7
Graduated high school/GED/trade school	49	27.7
Some high school	25	14.1
Completed 4 year college	14	7.9
Grade school or less	7	4.0
Graduate level or professional study	5	2.8
Unreported	5	2.8
Total	177	100.0

Q48. In the past 12 months, been incarcerated in jail?				
Yes	No	Unreported	Total	Yes%
15	161	1	177	8.5

Q48a. If yes, did jail staff know your HIV status?		
Yes	Yes%	
15	100.0	as % of Q48

Q48b1. If yes, get HIV medical care ?		
Yes	Yes%	
14	93.3	as % of Q48a

Q48b2. If yes, get HIV meds after release?		
Yes	Yes%	
13	86.7	as % of Q48a

Q48c. What was your plan?	Count
CDC provided meds	1
Get back into CARES treatment and meds	1
Get into program	1
Go to Cares	3
Have fun	1
I have none	1
I told them, then I got my meds	1
MEDI-CAL	1
report to cares	1
return to cares after being released	1
trying to get mentally right	1

Q48d. Did you do it?		
Yes	Total	%
13	13	100

as % of Q48c total

Q48d.If no, why?	Count
don't know	1

Q49. The most likely way you contracted HIV?	Count	%
Men who has sex with men (MSM)	90	50.8
Heterosexual contact	28	15.8
Injection drug user (IDU)	18	10.2
Don't know	13	7.3
Other(Peri-natal transmission)	12	6.8
Receipt of blood transfusion	4	2.3
Mother with/at risk for HIV infection	3	1.7
MSM and IDU	2	1.1
Unreported	7	4.0
Total	177	100.0

Q50. Gender at Birth	Count	%
Female	44	24.9
Male	126	71.2
Unreported	7	4.0
Total	177	100.0

Q50a. What is your primary gender identity	Count	%
Female	43	24.3
Intersex	1	0.6
Male	120	67.8
Transgender - Male to Female	3	1.7
Unreported	10	5.6
Total	177	100.0

Q51. Pregnant?	Count	%
Don't know	1	0.6
No	76	42.9
Not applicable	74	41.8
Yes	1	0.6
Unreported	25	14.1
Total	177	100.0

Q52. Your sexual orientation?	Count	%
Bisexual	18	10.2
Heterosexual/Straight	67	37.9
Homosexual - Gay male	73	41.2
Homosexual - Lesbian	1	0.6
Other	8	4.5
Transgender - Male to Female	2	1.1
Unreported	8	4.5
Total	177	100.0

Q52. Other - Specify:	Count
asexual	2
celebrate	1
downlow	1
Homosexual and Heterosexual	1
celebrate	1
I don't have a label	1
nonsexual or asexual	1
pansexual	1
transgender male to female	1

Q53. HIV PrEP is used?	Total Participants	177
	Answer	%
I have never heard of PrEP	60	33.9
I have heard of PrEP, but am not sure how it will affect my sex life	33	18.6
If my partner is on PrEP, I do not need to disclose that I am HIV positive	3	1.7
If my partner is on PrEP, I would be less likely to use a condom	19	10.7
Even with partner(s) on PrEP, I would disclose that I am HIV positive	48	27.1
Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex	29	16.4
I feel comfortable talking to my HIV negative partner(s) about PrEP	51	28.8

Q54. your current job status?	Total Participants	177
	Answer	%
I do not have anal or vaginal sex, so condoms are not an issue	46	26.0
I use a condom when I have anal sex.	42	23.7
I use a condom when I have vaginal sex.	34	19.2
I only have sex with one person and we choose not to use condoms	17	9.6
My sex partner is HIV+ so we don't use condoms.	18	10.2
My partner is on PrEP so condoms aren't needed.	5	2.8
My viral load is undetectable, so condoms aren't needed any more	16	9.0
I don't use condoms because my partner doesn't like them	9	5.1
I don't use condoms because they cost too much	1	0.6
I don't use condoms because I don't like them.	25	14.1

Q55. When do you disclose your HIV status to sex partners?	Count	%
Always	101	57.1
Never. I always use condoms	5	2.8
Never. I do not have sex	29	16.4
Never. I don't feel comfortable	6	3.4
Never. Most of my partners are HIV+	1	0.6
Never. My viral load is undetectable	4	2.3
Never. Most of my partners are on PrEP	1	0.6
Sometimes with some partners	20	11.3
Unreported	10	5.6
Total	177	100.0

Q56. Have you been informed of Partner Services before this survey:	Count	%
Yes	63	35.6
No	112	63.3
Unreported	2	1.1
Total	177	100.0

Q57. Have you used Partner Services before:	Count	%
Yes	16	9.0
No	159	89.8
Unreported	2	1.1
Total	177	100.0

Q58. Would you be willing to use Partner Services:	Count	%
Yes	99	55.9
No	76	42.9
Unreported	2	1.1
Total	177	100.0

Q59. Done any following?		Total Participants	Didn't know		N/A - I don't do this		No		Yes		Don't remember	
			Answer	%	Answer	%	Answer	%	Answer	%	Answer	%
1	Had sex to get money	177	2	1.1	32	18.1	113	63.8	16	9.0	0	0.0
2	Had sex while drunk or high	177	0	0.0	20	11.3	88	49.7	59	33.3	0	0.0
3	Used someone else's syringes	177	1	0.6	38	21.5	117	66.1	9	5.1	0	0.0
4	Had sex with who shares syringes	177	5	2.8	34	19.2	110	62.1	14	7.9	1	0.6
Q60. EVER done any of the following?		Total Participants	Didn't know		N/A - I don't do this		No		Yes		Don't remember	
			Answer	%	Answer	%	Answer	%	Answer	%	Answer	%
1	Had sex to get money	177	1	0.6	20	11.3	91	51.4	51	28.8	2	1.1
2	Had sex while drunk or high	177	0	0.0	11	6.2	53	29.9	106	59.9	0	0.0
3	Used someone else's syringes	177	0	0.0	32	18.1	103	58.2	30	16.9	0	0.0
4	Had sex with who shares syringes	177	17	9.6	25	14.1	80	45.2	43	24.3	1	0.6

Attachment 2

2018 HIV Needs Assessment

Demand, Unmet Need and Barriers to Care By Demographics

TOTAL		177	% of Total (177)
Race/Ethnicity	Latino	32	18%
	White	76	43%
	African American	60	34%
	Asian / Pacific Islander	2	1%
	American Indian / Alaskan Native	0	0%
	Race Not Specified	7	4%
Gender	Male	125	71%
	Female	46	26%
	Transgender / Intersex	4	2%
	Gender Not Specified	2	1%
Age Group	Age 0-2	1	1%
	Age 3-12	0	0%
	Age 13-19	1	1%
	Age 20-24	3	2%
	Age 25-44	43	24%
	Age 45-64	99	56%
	Age 65+	17	10%
	Age Not Specified	13	7%
Transmission	MSM	90	51%
	IDU	18	10%
	MSM and IDU	2	1%
	Heterosexual	28	16%
	Other Transmission	18	10%
	Transmission Not Specified	21	12%
African American Female		24	14%
Unstable Housing / Homeless		32	18%
County	Sacramento County	155	88%
	Other Counties	17	10%
	County Not Specified	5	3%

Not received service (Q1 column 5 not checked) plus have any one or more barriers (Q1 column 2 or any from Q2-4 checked)	TOTAL	Race/Ethnicity					Gender				Age Group						Risk					Live County									
		Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission on Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified	
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	7	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	21	24	32	155	17	5	
1 ADAP	37	8	16	11	0	0	2	27	8	1	1	0	0	1	2	6	22	2	4	18	4	1	7	5	2	2	11	31	4	2	
2 AIDS Pharmaceutical Assistance	63	10	31	19	0	0	3	52	9	1	1	0	0	1	2	11	38	6	5	35	5	2	8	4	9	4	14	52	8	3	
3 Case Management (non-Medical)	29	3	11	13	0	0	2	23	4	1	1	0	0	0	1	6	17	3	2	16	2	1	4	2	4	3	8	27	1	1	
4 Early Intervention Services	42	6	13	20	0	0	1	35	5	1	1	0	0	1	11	24	3	3	27	3	1	3	4	4	2	10	38	3	1		
5 Emergency Financial Assistance	74	13	31	27	0	0	3	56	16	1	1	1	0	1	14	42	8	7	42	7	2	11	6	6	9	15	70	3	1		
6 Food Bank	39	5	18	14	1	0	1	33	4	1	1	0	0	0	2	9	21	3	4	24	3	2	4	2	4	3	8	34	4	1	
7 Health Education/Risk Reduction Counseling	31	2	15	12	0	0	2	23	6	1	1	0	0	0	8	16	3	4	15	3	1	5	3	4	1	5	27	3	1		
8 Health Insurance Assistance	53	8	28	14	0	0	3	43	8	1	1	0	0	0	2	10	30	7	4	26	6	2	10	2	7	1	10	48	4	1	
9 HIV Medical Care	27	5	14	7	0	0	1	23	3	0	1	0	0	0	7	14	5	1	12	1	2	5	2	5	1	7	22	3	2		
10 Home/Community Based Health Services	88	14	39	28	2	0	5	65	20	2	1	0	0	0	3	24	44	10	7	43	7	2	13	9	14	10	20	77	9	2	
11 Home Delivered Meals	103	15	44	37	2	0	5	74	26	2	1	0	0	0	2	24	58	10	9	48	11	2	16	12	14	14	18	93	8	2	
12 Housing	85	17	33	30	1	0	4	65	17	2	1	1	0	1	1	21	46	9	6	42	10	2	13	7	11	9	19	80	3	2	
13 Linguistic Services	73	13	31	23	1	0	5	57	15	0	1	0	0	0	1	19	38	6	6	35	10	2	10	8	8	5	16	66	4	3	
14 Medical Case Management	52	9	29	10	0	0	4	38	11	2	1	0	0	0	2	11	30	6	3	25	4	2	9	5	7	2	13	43	7	2	
15 Medical Transportation	65	13	33	15	0	0	4	51	12	1	1	0	0	0	1	2	15	37	6	4	32	7	1	10	4	11	5	15	56	8	1
16 Nutritional Supplements	73	11	33	24	1	0	4	59	11	2	1	0	0	1	1	18	38	6	9	37	7	2	8	7	12	5	16	62	9	2	
17 Mental Health Services	31	7	9	12	0	0	3	26	4	0	1	0	0	0	0	7	19	3	2	12	5	1	5	3	5	1	9	26	4	1	
18 Oral Health Care	48	11	19	15	1	0	2	38	8	1	1	0	0	1	1	13	26	5	2	22	4	1	10	3	8	3	15	41	6	1	
19 Psychosocial Support	43	10	14	16	0	0	3	33	9	0	1	0	0	1	0	13	25	2	2	21	2	1	6	5	8	3	9	35	6	2	
20 Referral for Health Care Supportive Services	38	6	17	12	0	0	3	32	4	1	1	0	0	0	2	8	23	3	2	22	5	2	4	3	2	2	11	33	4	1	
21 Substance Abuse Treatment (Inpatient)	55	11	18	22	1	0	3	41	13	0	1	0	0	0	16	32	3	4	24	6	2	9	8	6	5	13	50	3	2		
22 Substance Abuse Treatment (Outpatient)	48	9	16	18	1	0	4	36	10	1	1	0	0	0	15	26	3	4	21	4	2	7	7	7	3	11	43	3	2		
23 Treatment Adherence Counseling	53	10	22	17	0	0	4	42	10	0	1	0	0	0	1	16	26	4	6	26	6	2	8	6	5	2	10	48	3	2	
Not received service (Q1 column 5 not checked) plus have any one or more barriers (Q1 column 2 or any from Q2-4 checked): % of TOTAL SURVEY RESPONDENTS	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission on Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified	
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
1 ADAP	20.9	25.0	21.1	18.3	0.0	0.0	28.6	21.6	17.4	25.0	50.0	0.0	0.0	100.0	66.7	14.0	22.2	11.8	30.8	20.0	22.2	50.0	25.0	27.8	9.5	8.3	34.4	20.0	23.5	40.0	
2 AIDS Pharmaceutical Assistance	35.6	31.3	40.8	31.7	0.0	0.0	42.9	41.6	19.6	25.0	50.0	0.0	0.0	100.0	66.7	25.6	38.4	35.3	38.5	38.9	27.8	100.0	28.6	22.2	42.9	16.7	43.8	33.5	47.1	60.0	
3 Case Management (non-Medical)	16.4	9.4	14.5	21.7	0.0	0.0	28.6	18.4	8.7	25.0	50.0	0.0	0.0	33.3	14.0	17.2	17.6	15.4	17.8	13.1	50.0	14.3	11.1	19.0	12.5	25.0	17.4	5.9	20.0		
4 Early Intervention Services	23.7	18.8	19.7	33.3	0.0	0.0	14.3	28.0	10.9	25.0	50.0	0.0	0.0	33.3	25.6	24.2	17.6	23.1	30.0	16.7	50.0	10.7	22.2	19.0	8.3	31.3	24.5	17.6	20.0		
5 Emergency Financial Assistance	41.8	40.6	40.8	45.0	0.0	0.0	42.9	44.8	34.8	25.0	50.0	100.0	0.0	100.0	33.3	32.6	42.4	47.1	53.8	46.7	38.9	100.0	39.3	33.3	28.6	37.5	46.9	45.2	17.6	20.0	
6 Food Bank	22.0	15.6	23.7	23.3	50.0	0.0	14.3	26.4	8.7	25.0	50.0	0.0	0.0	66.7	20.9	21.2	17.6	30.8	26.7	16.7	100.0	14.3	11.1	19.0	12.5	25.0	21.9	23.5	20.0		
7 Health Education/Risk Reduction Counseling	17.5	4.3	19.7	20.0	0.0	0.0	28.6	18.4	13.0	25.0	50.0	0.0	0.0	0.0	18.6	16.2	17.6	30.8	16.7	16.7	50.0	17.9	16.7	19.0	4.2	15.6	17.4	17.6	20.0		
8 Health Insurance Assistance	29.9	25.0	36.8	23.3	0.0	0.0	42.9	34.4	17.4	25.0	50.0	0.0	0.0	0.0	66.7	23.3	30.3	41.2	30.8	28.9	33.3	100.0	35.7	11.1	33.3	4.2	31.3	31.0	23.5	20.0	
9 HIV Medical Care	15.3	15.6	18.4	11.7	0.0	0.0	14.3	18.4	6.5	0.0	50.0	0.0	0.0	0.0	16.3	14.1	29.4	7.7	13.3	5.6	100.0	17.9	11.1	23.8	4.2	21.9	14.2	17.6	40.0		
10 Home/Community Based Health Services	49.7	43.8	51.3	46.7	100.0	0.0	71.4	52.0	43.5	50.0	50.0	0.0	0.0	100.0	55.8	44.4	58.8	53.8	47.8	38.9	100.0	46.4	50.0	66.7	41.7	62.5	49.7	52.9	40.0		
11 Home Delivered Meals	58.2	46.9	57.9	61.7	100.0	0.0	71.4	59.2	56.5	50.0	50.0	0.0	0.0	66.7	55.8	58.6	58.8	69.2	53.3	61.1	100.0	57.1	66.7	66.7	58.3	56.3	60.0	47.1	40.0		
12 Housing	48.0	53.1	43.4	50.0	50.0	0.0	57.1	52.0	37.0	50.0	100.0	0.0	100.0	33.3	48.8	46.5	52.9	46.2	46.7	55.6	100.0	46.4	38.9	52.4	37.5	59.4	51.6	17.6	40.0		
13 Linguistic Services	41.2	40.6	40.8	38.3	50.0	0.0	71.4	45.6	32.6	0.0	50.0	0.0	0.0	33.3	44.2	38.4	52.9	46.2	38.9	55.6	100.0	35.7	44.4	38.1	20.0	50.0	42.6	23.5	60.0		
14 Medical Case Management	29.4	28.1	38.2	16.7	0.0	0.0	57.1	30.4	23.9	50.0	50.0	0.0	0.0	66.7	25.6	30.3	35.3	23.1	27.8	22.2	100.0	32.1	27.8	33.3	8.3	40.6	27.7	41.2	40.0		
15 Medical Transportation	36.7	40.6	43.4	25.0	0.0	0.0	57.1	40.8	26.1	25.0	50.0	0.0	0.0	100.0	66.7	34.9	37.4	35.3	30.8	35.6	38.9	50.0	35.7	22.2	52.4	20.8	46.9	36.1	47.1	20.0	
16 Nutritional Supplements	41.2	34.4	43.4	40.0	50.0	0.0	57.1	47.2	23.9	50.0	50.0	0.0	0.0	100.0	33.3	41.9	38.4	35.3	69.2	41.1	38.9	100.0	28.6	38.9	57.1	20.8	50.0	40.0	52.9	40.0	
17 Mental Health Services	17.5	21.9	11.8	20.0	0.0	0.0	42.9	20.8	8.7	0.0	50.0	0.0	0.0	0.0	16.3	19.2	17.6	15.4	13.3	27.8	50.0	17.9	16.7	23.8	4.2	28.1	16.8	23.5	20.0		
18 Oral Health Care	27.1	34.4	25.0	25.0	50.0	0.0	28.6	30.4	17.4																						

Total Need (1Rec'd+3Unmet Need)	TOTAL	Race/Ethnicity						Gender				Age Group							Risk						Live County					
		Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission on Not Specified	African American Female	Unstable Housing / Homeless	Sacramento County	Other Counties	County Not Specified
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	7	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	21	24	32	155	17	5
1 ADAP	156	28	67	53	2	0	6	117	35	3	1	1	0	1	2	37	87	16	12	82	16	1	25	14	18	18	30	139	13	4
2 AIDS Pharmaceutical Assistance	155	28	70	50	2	0	5	115	35	4	1	1	0	1	2	38	87	15	11	79	17	2	23	16	18	18	30	136	15	4
3 Case Management (non-Medical)	160	28	69	55	2	0	6	115	40	4	1	1	0	1	3	39	88	16	12	81	18	2	24	16	19	21	31	143	13	4
4 Early Intervention Services	146	26	60	53	2	0	5	107	35	3	1	1	0	0	1	38	80	15	11	75	16	2	21	13	19	19	29	130	12	4
5 Emergency Financial Assistance	143	27	59	51	1	0	5	106	33	3	1	1	0	1	2	33	81	14	11	69	16	2	22	15	19	19	29	125	14	4
6 Food Bank	145	26	62	50	2	0	5	106	34	4	1	1	0	1	3	33	83	14	10	74	16	2	21	13	19	20	26	131	10	4
7 Health Education/Risk Reduction Counseling	138	25	57	49	2	0	5	99	36	2	1	1	0	1	1	35	77	13	10	67	14	2	24	14	17	20	25	120	15	3
8 Health Insurance Assistance	140	26	59	48	1	0	6	102	34	3	1	1	0	0	2	35	77	14	11	70	12	2	22	16	18	18	28	124	13	3
9 HIV Medical Care	162	28	72	54	2	0	6	118	39	4	1	1	0	1	3	42	88	16	11	84	18	2	23	15	20	21	31	143	15	4
10 Home/Community Based Health Services	127	22	52	46	2	0	5	93	29	4	1	1	0	0	3	31	68	14	10	67	12	2	17	13	16	16	25	114	11	2
11 Home Delivered Meals	119	20	48	44	2	0	5	89	27	2	1	1	0	0	2	28	64	13	11	60	12	2	16	12	17	15	23	108	8	3
12 Housing	142	27	57	51	1	0	6	105	34	2	1	1	0	1	2	33	80	13	12	71	15	2	21	14	19	19	27	125	14	3
13 Linguistic Services	94	16	38	34	1	0	5	73	19	1	1	1	0	0	1	25	46	11	10	47	12	2	11	9	13	9	20	85	5	4
14 Medical Case Management	145	29	61	48	2	0	5	102	38	4	1	1	0	1	3	36	81	13	10	69	16	2	24	14	20	21	27	126	16	3
15 Medical Transportation	129	23	52	48	1	0	5	92	33	3	1	1	0	1	3	32	69	12	11	63	16	2	17	12	19	20	24	114	11	4
16 Nutritional Supplements	138	24	58	49	2	0	5	103	31	3	1	1	0	1	3	32	76	13	12	71	14	2	16	15	20	20	23	121	14	3
17 Mental Health Services	144	27	58	52	1	0	6	104	36	3	1	1	0	1	3	29	82	16	12	73	19	2	20	14	19	20	25	131	9	4
18 Oral Health Care	146	25	63	51	2	0	5	104	37	4	1	1	0	1	2	35	83	14	10	70	17	2	25	15	17	20	23	128	14	4
19 Psychosocial Support	129	26	49	47	2	0	5	97	30	1	1	1	0	1	2	31	73	12	9	64	14	2	18	13	18	18	25	114	12	3
20 Referral for Health Care/ Supportive Services	133	23	58	45	2	0	5	100	29	3	1	1	0	0	2	30	77	12	11	71	14	2	17	13	16	16	25	117	13	3
21 Substance Abuse Treatment (Inpatient)	102	21	36	38	2	0	5	82	18	1	1	1	0	0	1	29	52	9	10	52	14	2	11	9	14	9	27	95	4	3
22 Substance Abuse Treatment (Outpatient)	99	18	36	38	2	0	5	79	18	1	1	1	0	0	1	28	51	8	10	51	14	2	11	8	13	10	24	93	3	3
23 Treatment Adherence Counseling	113	21	40	45	2	0	5	83	29	0	1	1	0	0	2	31	59	9	11	58	12	2	15	12	14	17	25	104	6	3

Total Need (1Rec'd+3Unmet Need)	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission on Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 ADAP	88.1	87.5	88.2	88.3	100.0	0.0	85.7	93.6	76.1	75.0	0.0	100.0	0.0	100.0	66.7	86.0	87.9	84.1	92.3	91.1	88.9	50.0	89.3	77.8	85.7	75.0	93.8	89.7	76.5	80.0
2 AIDS Pharmaceutical Assistance	87.6	87.5	92.1	83.3	100.0	0.0	71.4	92.0	76.1	100.0	0.0	100.0	0.0	100.0	66.7	88.4	87.9	88.2	84.6	87.8	94.4	100.0	82.1	88.9	85.7	75.0	93.8	87.7	88.2	80.0
3 Case Management (non-Medical)	90.4	87.5	90.8	91.7	100.0	0.0	85.7	92.0	87.0	100.0	0.0	100.0	0.0	100.0	100.0	90.7	88.9	94.1	92.3	90.0	100.0	100.0	85.7	88.9	90.5	87.5	96.9	92.3	76.5	80.0
4 Early Intervention Services	82.4	81.3	78.9	88.3	100.0	0.0	71.4	85.6	76.1	75.0	0.0	100.0	0.0	0.0	33.3	88.4	80.8	88.2	84.6	83.3	88.9	100.0	75.0	72.2	90.5	79.2	90.6	83.9	70.6	80.0
5 Emergency Financial Assistance	80.8	84.4	77.6	85.0	50.0	0.0	71.4	84.8	71.7	75.0	0.0	100.0	0.0	100.0	66.7	76.7	81.8	82.4	84.6	76.7	88.9	100.0	78.6	83.3	90.5	79.2	90.6	80.6	82.4	80.0
6 Food Bank	81.9	81.3	81.6	83.3	100.0	0.0	71.4	84.8	73.9	100.0	0.0	100.0	0.0	100.0	100.0	76.7	83.8	82.4	76.9	82.2	88.9	100.0	75.0	72.2	90.5	83.3	81.3	84.5	58.8	80.0
7 Health Education/Risk Reduction Counseling	78.0	78.1	75.0	81.7	100.0	0.0	71.4	79.2	78.3	50.0	0.0	100.0	0.0	100.0	33.3	81.4	77.8	76.5	76.9	74.4	77.8	100.0	85.7	77.8	81.0	83.3	78.1	77.4	88.2	60.0
8 Health Insurance Assistance	79.1	81.3	77.6	80.0	50.0	0.0	85.7	81.6	73.9	75.0	0.0	100.0	0.0	0.0	66.7	81.4	77.8	82.4	84.6	77.8	66.7	100.0	78.6	88.9	85.7	75.0	87.5	80.0	76.5	60.0
9 HIV Medical Care	91.5	87.5	94.7	90.0	100.0	0.0	85.7	94.4	84.8	100.0	0.0	100.0	0.0	100.0	100.0	97.7	88.9	94.1	84.6	93.3	100.0	100.0	82.1	83.3	95.2	87.5	96.9	92.3	88.2	80.0
10 Home/Community Based Health Services	71.8	68.8	68.4	76.7	100.0	0.0	71.4	74.4	63.0	100.0	0.0	100.0	0.0	0.0	100.0	72.1	68.7	82.4	76.9	74.4	66.7	100.0	60.7	72.2	76.2	66.7	78.1	73.5	64.7	40.0
11 Home Delivered Meals	67.2	62.5	63.2	73.3	100.0	0.0	71.4	71.2	58.7	50.0	0.0	100.0	0.0	0.0	66.7	65.1	64.6	76.5	84.6	66.7	66.7	100.0	57.1	66.7	81.0	62.5	71.9	69.7	47.1	60.0
12 Housing	80.2	84.4	75.0	85.0	50.0	0.0	85.7	84.0	73.9	50.0	0.0	100.0	0.0	100.0	66.7	76.7	80.8	76.5	92.3	78.9	83.3	100.0	75.0	77.8	90.5	79.2	84.4	80.6	82.4	60.0
13 Linguistic Services	53.1	50.0	50.0	56.7	50.0	0.0	71.4	58.4	41.3	25.0	0.0	100.0	0.0	0.0	33.3	58.1	46.5	64.7	76.9	52.2	66.7	100.0	39.3	50.0	61.9	37.5	62.5	54.8	29.4	80.0
14 Medical Case Management	81.9	90.6	80.3	80.0	100.0	0.0	71.4	81.5	82.6	100.0	0.0	100.0	0.0	100.0	100.0	83.7	81.8	76.5	76.9	76.7	88.9	100.0	85.7	77.8	95.2	87.5	84.4	81.3	94.1	60.0
15 Medical Transportation	72.9	71.9	68.4	80.0	50.0	0.0	71.4	73.6	71.7	75.0	0.0	100.0	0.0	100.0	100.0	74.4	69.7	70.6	84.6	70.0	88.9	100.0	60.7	66.7	90.5	83.3	75.0	73.5	64.7	80.0
16 Nutritional Supplements	78.0	75.0	76.3	81.7	100.0	0.0	71.4	82.4	67.4	75.0	0.0	100.0	0.0	100.0	100.0	74.4	76.8	76.5	92.3	78.9	77.8	100.0	57.1	83.3	95.2	83.3	71.9	78.1	82.4	60.0
17 Mental Health Services	81.4	84.4	76.3	86.7	50.0	0.0	85.7	83.2	78.3																					

Received Service Q1 Column 5 (Checked)	TOTAL	Race/Ethnicity					Gender					Age Group						Risk						Live County						
		Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Unstable Housing / Homeless	Sacramento County	Other Counties	County Not Specified
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	7	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	21	24	32	155	17	5
1 ADAP	119	20	51	42	2	0	4	90	27	2	0	1	0	0	31	65	14	8	64	12	0	18	9	16	16	19	108	9	2	
2 AIDS Pharmaceutical Assistance	92	18	39	31	2	0	2	63	26	3	0	1	0	0	27	49	9	6	44	12	0	15	12	9	14	16	84	7	1	
3 Case Management (non-Medical)	131	25	58	42	2	0	4	92	36	3	0	1	0	1	33	71	13	10	65	16	1	20	14	15	18	23	116	12	3	
4 Early Intervention Services	104	20	45	33	2	0	4	72	30	2	0	1	0	0	27	56	12	8	48	13	1	18	9	15	17	19	92	9	3	
5 Emergency Financial Assistance	69	14	28	24	1	0	2	50	17	2	0	0	0	0	19	39	6	4	27	9	0	11	9	13	10	14	55	11	3	
6 Food Bank	106	21	44	36	1	0	4	73	30	3	0	1	0	1	24	62	11	6	50	13	0	17	11	15	17	18	97	4	3	
7 Health Education/Risk Reduction Counseling	107	23	42	37	2	0	3	76	30	1	0	1	0	1	27	61	10	6	52	11	1	19	11	13	19	20	93	12	2	
8 Health Insurance Assistance	87	18	31	34	1	0	3	59	26	2	0	1	0	0	25	47	7	7	44	6	0	12	14	11	17	18	76	9	2	
9 HIV Medical Care	135	23	58	47	2	0	5	95	36	4	0	1	0	1	35	74	11	10	72	17	0	18	13	15	20	24	121	12	2	
10 Home/Community Based Health Services	39	8	13	18	0	0	0	28	9	2	0	1	0	0	7	24	4	3	24	5	0	4	4	2	6	5	37	2	0	
11 Home Delivered Meals	16	5	4	7	0	0	0	15	1	0	0	1	0	0	4	6	3	2	12	1	0	0	0	3	1	5	15	0	1	
12 Housing	57	10	24	21	0	0	2	40	17	0	0	0	0	0	1	12	34	4	6	29	5	0	8	7	8	10	8	45	11	1
13 Linguistic Services	21	3	7	11	0	0	0	16	4	1	0	1	0	0	6	8	2	4	12	2	0	1	1	5	4	4	19	1	1	
14 Medical Case Management	93	20	32	38	2	0	1	64	27	2	0	1	0	1	25	51	7	7	44	12	0	15	9	13	19	14	83	9	1	
15 Medical Transportation	64	10	19	33	1	0	1	41	21	2	0	1	0	0	17	32	6	7	31	9	1	7	8	8	15	9	58	3	3	
16 Nutritional Supplements	65	13	25	25	1	0	1	44	20	1	0	1	0	0	2	14	38	7	3	34	7	0	8	8	8	15	7	59	5	1
17 Mental Health Services	113	20	49	40	1	0	3	78	32	3	0	1	0	1	3	22	63	13	10	61	11	1	15	11	14	19	16	105	5	3
18 Oral Health Care	98	14	44	36	1	0	3	66	29	3	0	1	0	0	1	22	57	9	8	48	13	1	15	12	9	17	8	87	8	3
19 Psychosocial Support	86	16	35	31	2	0	2	64	21	1	0	1	0	0	2	18	48	10	7	43	12	1	12	8	10	15	16	79	6	1
20 Referral for Health Care/ Supportive Services	95	17	41	33	2	0	2	68	25	2	0	1	0	0	22	54	9	9	49	9	0	13	10	14	14	14	84	9	2	
21 Substance Abuse Treatment (Inpatient)	47	10	18	16	1	0	2	41	5	1	0	1	0	0	13	20	6	6	28	8	0	2	1	8	4	14	45	1	1	
22 Substance Abuse Treatment (Outpatient)	51	9	20	20	1	0	1	43	8	0	0	1	0	0	13	25	5	6	30	10	0	4	1	6	7	13	50	0	1	
23 Treatment Adherence Counseling	60	11	18	28	2	0	1	41	19	0	0	1	0	0	15	33	5	5	32	6	0	7	6	9	15	15	56	3	1	

Received Service Q1 Column 5 (Checked %)	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 ADAP	67.2	62.5	67.1	70.0	100.0	0.0	57.1	72.0	58.7	50.0	0.0	100.0	0.0	0.0	0.0	72.1	65.7	82.4	61.5	71.1	66.7	0.0	64.3	50.0	76.2	66.7	59.4	69.7	52.9	40.0
2 AIDS Pharmaceutical Assistance	52.0	56.3	51.3	51.7	100.0	0.0	28.6	50.4	54.5	75.0	0.0	100.0	0.0	0.0	62.8	49.5	52.9	46.2	48.9	46.7	0.0	53.6	66.7	42.9	58.3	50.0	54.2	41.2	20.0	
3 Case Management (non-Medical)	74.0	78.1	76.3	70.0	100.0	0.0	57.1	73.6	78.3	75.0	0.0	100.0	0.0	100.0	66.7	76.7	71.7	76.5	76.9	72.2	88.9	50.0	71.4	77.8	71.4	75.0	71.9	74.8	70.6	60.0
4 Early Intervention Services	58.8	62.5	59.2	55.0	100.0	0.0	57.1	57.6	65.2	50.0	0.0	100.0	0.0	0.0	62.8	56.6	70.6	61.5	53.3	72.2	50.0	64.3	50.0	61.9	41.7	43.8	35.5	64.7	60.0	
5 Emergency Financial Assistance	39.0	43.8	36.8	40.0	50.0	0.0	28.6	40.0	37.0	50.0	0.0	0.0	0.0	33.3	44.2	39.4	35.3	30.8	30.0	50.0	0.0	39.3	50.0	61.9	41.7	43.8	35.5	64.7	60.0	
6 Food Bank	59.9	65.6	57.9	60.0	100.0	0.0	57.1	58.4	65.2	75.0	0.0	100.0	0.0	33.3	55.8	62.6	64.7	46.2	55.6	72.2	0.0	60.7	61.1	71.4	70.8	56.3	62.6	35.3	60.0	
7 Health Education/Risk Reduction Counseling	60.5	71.9	55.3	61.7	100.0	0.0	42.9	60.8	65.2	25.0	0.0	100.0	0.0	33.3	62.8	61.6	58.8	46.2	57.8	61.1	50.0	67.9	61.1	61.9	79.2	62.5	60.0	70.6	40.0	
8 Health Insurance Assistance	49.2	56.3	40.8	56.7	50.0	0.0	42.9	47.2	56.5	50.0	0.0	100.0	0.0	0.0	58.1	47.5	41.2	53.8	48.9	33.3	0.0	42.9	77.8	52.4	70.8	56.3	49.0	52.9	40.0	
9 HIV Medical Care	76.3	71.9	76.3	78.3	100.0	0.0	71.4	76.0	78.3	100.0	0.0	100.0	100.0	100.0	81.4	74.7	64.7	76.9	80.0	94.4	0.0	64.3	72.2	71.4	83.3	75.0	78.1	70.6	40.0	
10 Home/Community Based Health Services	22.0	25.0	17.1	30.0	0.0	0.0	0.0	22.4	19.6	50.0	0.0	100.0	0.0	0.0	16.3	24.2	23.5	23.1	26.7	27.8	0.0	14.3	22.2	9.5	25.0	15.6	23.9	11.8	0.0	
11 Home Delivered Meals	9.0	15.6	5.3	11.7	0.0	0.0	0.0	12.0	2.2	0.0	0.0	100.0	0.0	0.0	9.3	6.1	17.6	15.4	13.3	5.6	0.0	0.0	0.0	0.0	14.3	4.2	15.6	9.7	0.0	20.0
12 Housing	32.2	31.3	31.6	35.0	0.0	0.0	28.6	32.0	37.0	0.0	0.0	0.0	0.0	33.3	27.9	34.3	23.5	46.2	32.2	27.8	0.0	28.6	38.9	38.1	41.7	25.0	29.0	64.7	20.0	
13 Linguistic Services	11.9	9.4	9.2	18.3	0.0	0.0	0.0	12.8	8.7	25.0	0.0	100.0	0.0	0.0	14.0	8.1	11.8	30.8	13.3	11.1	0.0	3.6	5.6	23.8	16.7	12.5	12.3	5.9	20.0	
14 Medical Case Management	52.5	62.5	42.1	63.3	100.0	0.0	14.3	51.2	58.7	50.0	0.0	100.0	0.0	100.0	33.3	58.1	51.5	41.2	53.8	48.9	66.7	0.0	53.6	50.0	61.9	79.2	43.8	53.5	52.9	20.0
15 Medical Transportation	36.2	31.3	25.0	55.0	50.0	0.0	14.3	32.8	45.7	50.0	0.0	100.0	0.0	0.0	33.3	39.5	32.3	35.3	53.8	34.4	50.0	50.0	25.0	44.4	38.1	62.5	28.1	37.4	17.6	60.0
16 Nutritional Supplements	36.7	40.6	32.9	41.7	50.0	0.0	14.3	35.2	43.5	25.0	0.0	100.0	0.0	0.0	66.7	32.6	38.4	41.2	23.1	37.8	38.9	0.0	28.6	44.4	38.1	62.5	21.9	38.1	29.4	20.0
17 Mental Health Services	63.8	62.5	64.5	66.7	50.0	0.0	42.9	62.4	69.6	75.0	0.0	100.0	0.0	100.0	51.2	63.6	76.5	76.9	67.8	61.1	50.0	53.6	61.1	66.7	79.2	50.0	67.7	29.4	60.0	
18 Oral Health Care	55.4	43.8	57.9	60.0	50.0	0.0	42.9	52.8	63.0	75.0	0.0	100.0	0.0	0.0	33.3	51.2	57.6	52.9	61.5	53.3	72.2	50.0	53.6	66.7	42.9	70.8				

No Service Received (Q1 column 5 not checked)	TOTAL	Race/Ethnicity					Gender				Age Group							Risk					Live County								
		Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Unstable Housing / Homeless	Sacramento County	Other Counties	County Not Specified	
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	2	24	32	155	17	5		
1 ADAP	58	12	25	18	0	0	3	35	19	2	2	0	0	1	3	12	34	3	5	26	6	2	10	9	5	8	13	47	8	3	
2 AIDS Pharmaceutical Assistance	85	14	37	29	0	0	5	62	20	1	2	0	0	1	3	16	50	8	7	46	6	2	13	6	12	10	16	71	10	4	
3 Case Management (non-Medical)	46	7	18	18	0	0	3	33	10	1	2	0	0	1	10	28	4	3	25	2	1	8	4	6	6	9	39	5	2		
4 Early Intervention Services	73	12	31	27	0	0	3	53	16	2	2	0	0	1	3	16	43	5	5	42	5	1	10	9	6	7	13	63	8	2	
5 Emergency Financial Assistance	108	18	48	36	1	0	5	75	29	2	1	0	1	2	24	60	11	9	63	9	2	17	9	8	14	18	100	6	2		
6 Food Bank	71	11	32	24	1	0	3	52	16	1	2	0	0	2	19	37	6	7	40	5	2	11	7	6	7	14	58	11	2		
7 Health Education/Risk Reduction Counseling	70	9	34	23	0	0	4	49	16	3	2	0	0	2	16	38	7	7	38	7	1	9	7	8	5	12	62	5	3		
8 Health Insurance Assistance	90	14	45	26	1	0	4	66	20	2	2	0	0	1	3	18	52	10	6	46	12	2	16	4	10	7	14	79	8	3	
9 HIV Medical Care	42	9	18	13	0	0	2	30	10	0	2	0	0	0	0	8	25	6	3	18	1	2	10	5	6	4	8	34	5	3	
10 Home/Community Based Health Services	138	24	63	42	2	0	7	97	37	2	2	0	0	1	3	36	75	13	10	66	13	2	24	14	19	18	27	118	15	5	
11 Home Delivered Meals	161	27	72	53	2	0	7	110	45	4	2	0	0	1	3	39	93	14	11	78	17	2	28	18	18	23	27	140	17	4	
12 Housing	120	22	52	39	2	0	5	85	29	4	2	1	0	1	2	31	65	13	7	61	13	2	20	11	13	14	24	110	6	4	
13 Linguistic Services	156	29	69	49	2	0	7	109	42	3	2	0	0	1	3	37	91	15	9	78	16	2	17	16	20	28	136	16	4		
14 Medical Case Management	84	12	44	22	0	0	6	61	19	2	2	0	0	0	2	18	48	10	6	46	6	2	13	9	8	5	18	72	8	4	
15 Medical Transportation	113	22	57	27	1	0	6	84	25	2	2	0	0	1	2	26	67	11	6	59	9	1	21	10	13	9	23	97	14	2	
16 Nutritional Supplements	112	19	51	35	1	0	6	81	26	3	2	0	0	1	1	29	61	10	10	56	11	2	20	10	13	9	25	96	14	2	
17 Mental Health Services	64	12	27	20	1	0	4	47	14	1	2	0	0	0	0	21	36	4	3	29	7	1	13	7	5	16	50	12	2		
18 Oral Health Care	79	18	32	24	1	0	4	59	17	1	2	0	0	1	2	21	42	8	5	42	5	1	13	6	12	7	24	68	9	2	
19 Psychosocial Support	91	16	41	29	0	0	5	61	25	3	2	0	0	1	1	25	51	7	6	47	6	1	16	10	13	9	16	76	11	4	
20 Referral for Health Care Supportive Services	82	15	35	27	0	0	5	57	21	2	2	0	0	1	3	21	45	8	4	41	9	2	15	8	7	10	18	71	8	3	
21 Substance Abuse Treatment (Inpatient)	130	22	58	44	1	0	5	84	41	3	2	0	0	1	2	30	79	11	7	62	10	2	26	17	13	20	118	16	4		
22 Substance Abuse Treatment (Outpatient)	126	23	56	40	1	0	6	82	38	4	2	0	0	1	2	30	74	12	7	60	8	2	24	17	15	17	19	105	17	4	
23 Treatment Adherence Counseling	117	21	58	32	0	0	6	84	27	4	2	0	0	1	2	28	66	12	8	58	12	2	21	12	12	9	17	99	14	4	
No Service Received (Q1 column 5 not checked) : (% of TOTAL SURVEY RESPONDENTS)	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified	
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 ADAP	32.8	37.5	32.9	30.0	0.0	0.0	42.9	28.0	41.3	50.0	0.0	0.0	0.0	100.0	100.0	27.9	34.3	17.6	38.5	28.9	33.3	100.0	35.7	50.0	23.8	33.3	40.6	30.3	47.1	60.0	
2 AIDS Pharmaceutical Assistance	48.0	43.8	48.7	48.3	0.0	0.0	71.4	49.6	43.5	25.0	1.0	0.0	0.0	100.0	100.0	37.2	50.5	47.1	53.8	51.1	33.3	100.0	46.4	33.3	57.1	41.7	50.0	45.8	58.8	80.0	
3 Case Management (non-Medical)	26.0	21.9	23.7	30.0	0.0	0.0	42.9	26.4	21.7	25.0	2.0	0.0	0.0	0.0	33.3	23.3	28.3	23.5	23.1	27.8	11.1	50.0	28.6	22.2	28.6	25.0	28.1	25.2	29.4	40.0	
4 Early Intervention Services	41.2	37.5	40.8	45.0	0.0	0.0	42.9	42.4	34.8	50.0	3.0	0.0	0.0	100.0	100.0	37.2	43.4	29.4	38.5	46.7	27.8	50.0	35.7	50.0	28.6	29.2	40.6	40.6	47.1	40.0	
5 Emergency Financial Assistance	61.0	56.3	63.2	60.0	50.0	0.0	71.4	60.0	63.0	50.0	4.0	100.0	0.0	100.0	66.7	55.8	60.6	64.7	69.2	70.0	50.0	100.0	60.7	50.0	38.1	58.3	64.5	35.3	40.0		
6 Food Bank	40.1	34.4	42.1	40.0	50.0	0.0	42.9	41.6	34.8	25.0	5.0	0.0	0.0	0.0	66.7	44.2	37.4	35.3	53.8	44.4	27.8	100.0	39.3	38.9	28.6	29.2	43.8	37.4	64.7	40.0	
7 Health Education/Risk Reduction Counseling	39.5	28.1	44.7	38.3	0.0	0.0	57.1	39.2	34.8	75.0	6.0	0.0	0.0	0.0	66.7	37.2	38.4	47.2	53.8	42.2	38.9	50.0	32.1	38.9	38.1	20.8	37.5	40.0	29.4	60.0	
8 Health Insurance Assistance	50.8	43.8	59.2	43.3	50.0	0.0	57.1	52.8	43.5	50.0	7.0	0.0	0.0	100.0	100.0	41.9	52.5	58.8	46.2	51.1	66.7	100.0	57.1	22.2	47.6	29.2	43.8	57.0	47.1	60.0	
9 HIV Medical Care	23.7	28.1	23.7	21.7	0.0	0.0	28.6	24.0	21.7	0.0	8.0	0.0	0.0	0.0	18.6	25.3	35.3	23.1	20.0	5.6	100.0	35.7	27.8	28.6	16.7	25.0	21.9	29.4	40.0		
10 Home/Community Based Health Services	78.0	75.0	82.9	70.0	100.0	0.0	100.0	77.6	80.4	50.0	9.0	0.0	0.0	100.0	100.0	83.7	75.8	76.5	76.9	73.3	72.2	100.0	85.7	77.8	90.5	75.0	84.4	76.1	88.2	100.0	
11 Home Delivered Meals	91.0	84.4	94.7	88.3	100.0	0.0	100.0	88.0	97.8	100.0	10.0	0.0	0.0	100.0	100.0	90.7	93.9	82.4	84.6	86.7	94.4	100.0	100.0	100.0	85.7	95.8	84.4	90.3	100.0	80.0	
12 Housing	67.8	68.8	68.4	65.0	100.0	0.0	71.4	68.0	63.0	100.0	11.0	100.0	0.0	100.0	66.7	72.1	65.7	76.5	53.8	67.8	72.2	100.0	71.4	61.1	61.9	58.3	75.0	71.0	35.3	80.0	
13 Linguistic Services	88.1	90.6	90.8	81.7	100.0	0.0	100.0	87.2	91.3	75.0	12.0	0.0	0.0	100.0	100.0	86.0	91.9	88.2	69.2	86.7	88.9	100.0	96.4	94.4	76.2	83.3	87.5	87.7	94.1	80.0	
14 Medical Case Management	47.5	37.5	57.9	36.7	0.0	0.0	85.7	48.8	41.3	50.0	13.0	0.0	0.0	0.0	66.7	41.9	48.5	58.8	46.2	51.1	33.3	100.0	46.4	50.0	38.1	20.8	56.3	46.5	47.1	80.0	
15 Medical Transportation	63.8	68.8	75.0	45.0	50.0	0.0	85.7	67.2	54.3	50.0	14.0	0.0	0.0	100.0	66.7	60.5	67.7	64.7	46.2	65.6	50.0	100.0	75.0	55.6	61.9	37.5	61.9	62.6	82.4	40.0	
16 Nutritional Supplements	63.3	59.4	67.1	58.3	50.0	0.0	85.7	64.8	56.5	75.0	15.0	0.0	0.0	100.0	33.3	67.4	61.6	58.8	76.9	62.2	61.1	100.0	71.4	55.6	61.9	37.5	78.1	61.9	82.4	4	

Q1 column 5 not checked (Not receive Service) + Q1 Column 2 + Q2 one or more access barriers	TOTAL	Race/Ethnicity						Gender				Age Group							Risk					Live County						
		Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Unstable Housing / Homeless	Sacramento County	Other Counties	County Not Specified
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	7	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	24	32	155	17	5	
1 ADAP	32	7	14	9	0	0	2	23	7	1	1	0	0	1	2	5	18	2	4	15	4	1	6	4	2	1	9	27	3	2
2 AIDS Pharmaceutical Assistance	59	9	30	17	0	0	3	49	8	1	1	0	0	1	2	10	35	6	5	33	5	2	7	3	9	3	12	48	8	3
3 Case Management (non-Medical)	26	2	11	11	0	0	2	21	3	1	1	0	0	0	1	5	15	3	2	15	2	1	3	1	4	2	6	24	1	1
4 Early Intervention Services	35	5	13	15	0	0	1	29	4	1	1	0	0	1	6	21	3	2	20	2	1	1	3	4	1	7	32	2	1	
5 Emergency Financial Assistance	67	13	26	25	0	0	3	51	14	1	1	1	1	1	14	35	8	7	37	7	2	11	4	6	8	13	64	2	1	
6 Food Bank	35	5	17	11	1	0	1	29	4	1	1	0	0	0	2	8	19	2	4	22	3	2	3	2	3	3	8	30	4	1
7 Health Education/Risk Reduction Counseling	30	2	14	12	0	0	2	23	5	1	1	0	0	0	0	8	15	3	4	15	3	1	5	2	4	2	5	27	2	1
8 Health Insurance Assistance	47	8	23	12	0	0	4	38	7	1	1	0	0	0	2	8	26	7	4	21	6	2	10	1	7	1	9	43	3	1
9 HIV Medical Care	24	4	13	6	0	0	1	21	2	0	1	0	0	0	0	6	12	5	1	12	1	2	4	1	4	0	6	20	2	2
10 Home/Community Based Health Services	80	14	34	25	2	0	5	61	16	2	1	0	0	0	3	24	39	7	7	39	7	2	13	6	13	9	20	71	7	2
11 Home Delivered Meals	96	14	40	35	2	0	5	69	24	2	1	0	0	0	2	23	53	10	8	44	11	2	15	10	14	14	17	86	8	2
12 Housing	79	17	28	29	1	0	4	60	16	2	1	1	0	1	1	20	41	9	6	38	9	2	13	6	11	9	19	74	3	2
13 Linguistic Services	72	13	31	22	1	0	5	57	14	0	1	0	0	0	1	19	37	9	6	35	10	2	10	7	8	4	16	65	4	3
14 Medical Case Management	46	7	26	9	0	0	4	35	8	2	1	0	0	0	2	9	26	6	3	22	4	2	8	3	7	2	11	38	6	2
15 Medical Transportation	60	12	29	15	0	0	4	47	11	1	1	0	0	1	2	14	33	6	4	27	7	1	10	4	11	5	13	52	7	1
16 Nutritional Supplements	70	10	32	23	1	0	4	58	9	2	1	0	0	1	1	18	36	6	8	36	7	2	8	5	12	5	15	59	9	2
17 Mental Health Services	27	6	9	9	0	0	3	24	2	0	1	0	0	0	0	6	16	3	2	10	5	1	4	2	5	0	8	22	4	1
18 Oral Health Care	45	9	18	15	1	0	2	36	7	1	1	0	0	1	1	11	25	5	2	21	4	1	8	3	8	3	14	38	6	1
19 Psychosocial Support	38	8	13	14	0	0	3	30	7	0	1	0	0	0	1	12	22	2	2	20	2	1	4	3	8	2	8	30	6	2
20 Referral for Health Care Supportive Services	36	6	16	11	0	0	3	30	4	1	1	0	0	0	2	7	22	3	2	20	5	2	4	3	2	2	9	31	4	1
21 Substance Abuse Treatment (Inpatient)	73	10	16	21	1	0	25	39	11	0	1	0	0	0	15	29	3	4	23	6	2	8	6	28	4	11	46	3	2	
22 Substance Abuse Treatment (Outpatient)	43	8	14	16	1	0	4	33	8	1	1	0	0	0	13	23	3	4	20	4	2	5	5	7	3	9	38	3	2	
23 Treatment Adherence Counseling	50	10	20	16	0	0	4	41	8	0	1	0	0	0	1	15	24	4	6	25	6	2	8	4	5	1	10	45	3	2
Q1 column 5	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 ADAP	18.1	21.9	18.4	15.0	0.0	0.0	28.6	18.4	15.2	25.0	50.0	0.0	0.0	100.0	66.7	11.6	18.2	11.8	30.8	16.7	22.2	50.0	21.4	22.2	9.5	4.2	28.1	17.4	17.6	40.0
2 AIDS Pharmaceutical Assistance	33.3	28.1	39.5	28.3	0.0	1.0	42.9	39.2	17.4	25.0	50.0	0.0	1.0	100.0	66.7	23.3	35.4	35.3	38.5	36.7	27.8	100.0	25.0	16.7	42.9	12.5	37.5	31.0	47.1	60.0
3 Case Management (non-Medical)	14.7	6.3	14.5	18.3	0.0	2.0	28.6	16.8	6.5	25.0	50.0	0.0	2.0	0.0	33.3	11.6	15.2	17.6	15.4	16.7	11.1	50.0	10.7	5.6	19.0	8.3	18.8	15.5	5.9	20.0
4 Early Intervention Services	19.8	15.6	18.4	25.0	0.0	3.0	14.3	23.2	8.7	25.0	50.0	0.0	3.0	0.0	33.3	18.6	21.2	17.6	15.4	26.7	11.1	50.0	3.6	16.7	19.0	4.2	21.9	20.6	11.8	20.0
5 Emergency Financial Assistance	37.9	40.6	34.2	41.7	0.0	4.0	42.9	40.8	30.4	25.0	50.0	100.0	4.0	100.0	33.3	32.6	35.4	47.1	53.8	41.1	38.9	100.0	39.3	22.2	28.6	33.3	40.6	41.3	11.8	20.0
6 Food Bank	19.8	15.6	22.4	18.3	50.0	5.0	14.3	23.2	8.7	25.0	50.0	0.0	5.0	0.0	66.7	18.6	19.2	11.8	30.8	24.4	16.7	100.0	10.7	11.1	14.3	12.5	25.0	19.4	23.5	20.0
7 Health Education/Risk Reduction Counseling	16.9	6.3	18.4	20.0	0.0	6.0	28.6	18.4	10.9	25.0	50.0	0.0	6.0	0.0	0.0	18.6	15.2	17.6	30.8	16.7	16.7	50.0	17.9	11.1	19.0	8.3	15.6	17.4	11.8	20.0
8 Health Insurance Assistance	26.6	25.0	30.3	20.0	0.0	7.0	57.1	30.4	15.2	25.0	50.0	0.0	7.0	0.0	66.7	18.6	26.3	41.2	30.8	23.3	33.3	100.0	35.7	5.6	33.3	4.2	28.1	27.7	17.6	20.0
9 HIV Medical Care	13.6	12.5	17.1	10.0	0.0	8.0	14.3	16.8	4.3	0.0	50.0	0.0	8.0	0.0	0.0	14.0	12.1	29.4	7.7	13.3	5.6	100.0	14.3	5.6	19.0	0.0	18.8	12.9	11.8	40.0
10 Home/Community Based Health Services	45.2	43.8	44.7	41.7	100.0	9.0	71.4	48.8	34.8	50.0	50.0	0.0	9.0	0.0	100.0	55.8	39.4	47.2	53.8	43.3	38.9	100.0	46.4	33.3	61.9	37.5	42.5	45.8	41.2	40.0
11 Home Delivered Meals	54.2	43.8	52.6	58.3	100.0	10.0	71.4	55.2	52.2	50.0	50.0	0.0	10.0	0.0	66.7	18.6	19.2	11.8	30.8	24.4	16.7	100.0	10.7	11.1	14.3	12.5	25.0	19.4	23.5	20.0
12 Housing	44.6	53.1	36.8	48.3	50.0	11.0	57.1	48.0	34.8	50.0	50.0	100.0	11.0	100.0	33.3	46.5	41.4	52.9	46.2	42.2	50.0	100.0	46.4	33.3	52.4	37.5	59.4	47.7	17.6	40.0
13 Linguistic Services	40.7	40.6	40.8	36.7	50.0	12.0	71.4	45.6	30.4	0.0	50.0	0.0	12.0	0.0	33.3	44.2	37.4	52.9	46.2	38.9	55.6	100.0	35.7	38.9	38.1	16.7	50.0	41.9	23.5	60.0
14 Medical Case Management	26.0	21.9	34.2	15.0	0.0	13.0	57.1	28.0	17.4	50.0	50.0	0.0	13.0	0.0	66.7	20.9	26.3	35.3	23.1	24.4	22.2	100.0	28.6	16.7	33.3	8.3	34.4	24.5	35.3	40.0
15 Medical Transportation	33.9	37.5	38.2	25.0	0.0	14.0	57.1	37.6	23.9	25.0	50.0	0.0	14.0	100.0	66.7	32.6	33.3	30.8	30.0	38.9	50.0	35.7	22.2	52.4	20.8	40.6	33.5	41.2	20.0	
16 Nutritional Supplements	39.5	31.3	42.1	38.3	50.0	15.0	57.1	46.4	19.6	50.0	50.0	0.0	15.0	100.0	33.3	41.9	36.4	35.3	61.5	40.0	38.9	100.0	28.6	27.8	57.1	20.8	46.9	38.1	52.9	40.0
17 Mental Health Services	15.3	18.8	11.8	15.0	0.0	16.0	42.9	19.2	4.3	0.0	50.0	0.0	16.0																	

Q1 column 5 not checked (Not receive service) + Q3 one or more fiscal barriers	Race/Ethnicity						Gender				Age Group								Risk					Live County							
	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Unstable Housing / Homeless	Sacramento County	Other Counties	County Not Specified	
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	7	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	21	24	32	155	17	5	
1 ADAP	24	4	11	7	0	0	2	19	3	1	1	0	0	0	1	4	14	2	3	15	0	0	4	3	2	0	7	21	2	1	
2 AIDS Pharmaceutical Assistance	29	4	13	9	0	0	3	26	1	1	1	0	0	0	1	6	14	4	4	16	2	1	4	1	5	0	8	25	3	1	
3 Case Management (non-Medical)	18	2	5	9	0	0	2	13	3	1	1	0	0	0	1	4	8	3	2	11	1	0	2	1	3	2	5	17	0	1	
4 Early Intervention Services	17	2	6	8	0	0	1	14	1	1	1	0	0	0	1	4	8	2	2	12	2	0	1	0	2	0	3	14	2	1	
5 Emergency Financial Assistance	47	8	21	15	0	0	3	37	8	1	1	0	0	0	1	11	26	5	3	29	4	2	5	3	4	4	13	44	2	1	
6 Food Bank	26	4	9	11	1	0	1	24	1	0	1	0	0	0	0	9	13	2	2	16	1	2	2	2	2	3	1	5	22	3	1
7 Health Education/Risk Reduction Counseling	17	2	6	7	0	0	2	12	4	0	1	0	0	0	0	4	8	3	2	8	2	0	2	3	2	1	4	14	2	1	
8 Health Insurance Assistance	34	3	17	9	0	0	5	29	3	1	1	0	0	0	1	6	19	5	3	21	2	1	3	2	5	0	8	29	4	1	
9 HIV Medical Care	13	4	5	3	0	0	1	11	1	0	1	0	0	0	0	2	7	3	1	4	1	1	1	1	5	0	3	9	3	1	
10 Home/Community Based Health Services	42	8	20	12	0	0	2	33	7	1	1	0	0	0	1	10	23	6	2	23	2	1	6	4	6	2	9	35	6	1	
11 Home Delivered Meals	55	11	22	19	1	0	2	42	11	1	1	0	0	0	1	11	35	4	4	26	6	1	10	5	7	5	12	50	4	1	
12 Housing	57	11	22	20	1	0	3	45	10	1	1	1	0	0	1	13	32	6	4	32	7	2	8	2	6	5	12	56	1	1	
13 Linguistic Services	24	8	6	9	0	0	1	20	3	0	1	0	0	0	5	14	4	1	9	2	1	3	4	5	1	6	22	1	1		
14 Medical Case Management	27	5	15	5	0	0	2	21	4	1	1	0	0	0	1	7	14	3	2	15	1	1	4	3	3	1	9	21	5	1	
15 Medical Transportation	36	8	18	7	0	0	3	29	5	1	1	0	0	0	1	10	20	3	2	22	2	1	5	2	4	2	12	31	4	1	
16 Nutritional Supplements	38	7	17	12	0	0	2	31	5	1	1	0	0	0	1	10	19	4	4	19	3	1	6	3	6	1	10	33	4	1	
17 Mental Health Services	17	6	3	7	0	0	1	13	3	0	1	0	0	0	0	6	8	2	1	6	2	0	4	2	3	0	5	16	0	1	
18 Oral Health Care	31	8	12	10	0	0	1	24	5	1	1	0	0	1	1	8	17	2	2	13	3	0	7	3	5	2	10	26	4	1	
19 Psychosocial Support	19	5	5	8	0	0	1	14	4	0	1	0	0	0	0	6	10	2	1	8	2	0	4	2	3	1	6	18	0	1	
20 Referral for Health Care Supportive Services	23	6	8	7	0	0	2	18	3	1	1	0	0	0	1	6	12	2	2	12	2	1	3	3	2	1	8	21	1	1	
21 Substance Abuse Treatment (Inpatient)	26	7	8	10	0	0	1	20	5	0	1	0	0	0	0	7	15	2	2	11	3	1	4	4	3	1	7	24	1	1	
22 Substance Abuse Treatment (Outpatient)	23	5	8	9	0	0	1	19	3	0	1	0	0	0	0	7	12	2	2	10	2	1	3	4	3	1	7	21	1	1	
23 Treatment Adherence Counseling	22	5	6	9	0	0	2	18	3	0	1	0	0	0	0	6	10	3	3	10	3	1	2	3	3	1	3	20	1	1	
Q1 column 5 not checked (not receive service) + Q3 one or more fiscal barriers (% of TOTAL SURVEY RESPONDENTS)	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified	
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
1 ADAP	13.6	12.5	14.5	11.7	0.0	0.0	28.6	15.2	6.5	25.0	50.0	0.0	0.0	0.0	33.3	9.3	14.1	11.8	23.1	16.7	0.0	0.0	14.3	16.7	9.5	0.0	21.9	13.5	11.8	20.0	
2 AIDS Pharmaceutical Assistance	16.4	12.5	17.1	15.0	0.0	1.0	42.9	20.8	2.2	25.0	50.0	0.0	0.0	0.0	33.3	14.0	14.1	23.5	30.8	17.8	11.1	50.0	14.3	5.6	23.8	0.0	25.0	16.1	17.6	20.0	
3 Case Management (non-Medical)	10.2	6.3	6.6	15.0	0.0	2.0	28.6	10.4	6.5	25.0	50.0	0.0	0.0	0.0	33.3	9.3	8.1	17.6	15.4	12.2	5.6	0.0	7.1	5.6	14.3	8.3	15.6	11.0	0.0	20.0	
4 Early Intervention Services	9.6	6.3	7.9	13.3	0.0	3.0	14.3	11.2	2.2	25.0	50.0	0.0	0.0	0.0	33.3	9.3	8.1	11.8	15.4	13.3	11.1	0.0	3.6	0.0	9.5	0.0	9.4	9.0	11.8	20.0	
5 Emergency Financial Assistance	26.6	25.0	27.6	25.0	0.0	4.0	42.9	29.6	17.4	25.0	50.0	100.0	0.0	0.0	33.3	25.6	26.3	29.4	23.1	32.2	22.2	100.0	17.9	16.7	19.0	16.7	40.6	28.4	11.8	20.0	
6 Food Bank	14.7	12.5	11.8	18.3	50.0	5.0	14.3	19.2	2.2	0.0	50.0	0.0	0.0	0.0	0.0	20.9	13.1	11.8	15.4	17.8	5.6	100.0	7.1	11.1	14.3	4.2	15.6	14.2	17.6	20.0	
7 Health Education/Risk Reduction Counseling	9.6	6.3	7.9	11.7	0.0	6.0	28.6	9.6	8.7	0.0	50.0	0.0	0.0	0.0	0.0	9.3	8.1	17.6	15.4	8.9	11.1	0.0	7.1	16.7	9.5	4.2	12.5	9.0	11.8	20.0	
8 Health Insurance Assistance	19.2	9.4	22.4	15.0	0.0	7.0	71.4	23.2	6.5	25.0	50.0	0.0	0.0	0.0	33.3	14.0	19.2	29.4	23.1	23.3	11.1	50.0	10.7	11.1	23.8	0.0	25.0	18.7	23.5	20.0	
9 HIV Medical Care	7.3	12.5	6.6	5.0	0.0	8.0	14.3	8.8	2.2	0.0	50.0	0.0	0.0	0.0	4.7	7.1	17.6	7.7	4.4	5.6	50.0	3.6	5.6	23.8	0.0	9.4	5.8	17.6	20.0		
10 Home/Community Based Health Services	23.7	25.0	26.3	20.0	0.0	9.0	28.6	28.4	15.2	25.0	50.0	0.0	0.0	0.0	33.3	23.3	23.2	38.3	15.4	25.6	11.1	50.0	21.4	22.2	28.6	8.3	28.1	22.6	35.3	20.0	
11 Home Delivered Meals	31.1	34.4	28.9	31.7	50.0	10.0	28.6	33.6	23.9	25.0	50.0	0.0	0.0	0.0	33.3	25.6	35.4	23.5	30.8	28.9	33.3	50.0	35.7	27.8	33.3	20.8	37.5	32.3	23.5	20.0	
12 Housing	32.2	34.4	28.9	33.3	50.0	11.0	42.9	36.0	21.7	25.0	50.0	100.0	0.0	0.0	33.3	30.2	32.3	35.3	30.8	35.6	38.9	100.0	28.6	11.1	28.6	20.8	37.5	35.5	5.9	20.0	
13 Linguistic Services	13.6	25.0	7.9	15.0	0.0	12.0	14.3	16.0	6.5	0.0	50.0	0.0	0.0	0.0	11.6	14.1	23.5	7.7	10.0	11.1	50.0	10.7	22.2	23.8	4.2	18.8	14.2	5.9	20.0		
14 Medical Case Management	15.3	15.6	19.7	8.3	0.0	13.0	28.6	16.8	8.7	25.0	50.0	0.0	0.0	0.0	33.3	16.3	14.1	17.6	15.4	16.7	5.6	50.0	14.3	16.7	14.3	4.2	28.1	13.5	29.4	20.0	
15 Medical Transportation	20.3	25.0	23.7	11.7	0.0	14.0	42.9	23.2	10.9	25.0	50.0	0.0	0.0	0.0	33.3	23.3	20.2	17.6	15.4	24.4	11.1	50.0	17.9	11.1	19.0	8.3	37.5	20.0	23.5	20.0	
16 Nutritional Supplements	21.5	21.9	22.4	20.0	0.0	15.0	28.6	24.8	10.9	25.0	50.0	0.0	0.0	0.0	33.3	23.3	19.2	23.5	30.8	21.1	16.7	50.0	21.4	16.7	28.6	4.2	31.3	21.3	23.5	20.0	
17 Mental Health Services	9.6	18.8	3.9	11.7	0.0	16.0	14.3	10.4	6.5	0.0	50.0	0.0	0.0	0.0	14.0	8.1	11.8	7.7	6.7	11.1	0.0	14.3	11.1	14.3	0.0	15.6	10.3	0.0	20.0		
18 Oral Health Care	17.5	25.0	15.8	16.7	0.0	17.0	14.3	19.2	10.9	25.0	50.0	0.0	0.0	100.0	33.3	18.6	17.2	11.8	15.4	14.4											

O1 column 5 not checked (Not receive Service) + O4 one or more personal barriers	TOTAL	Race/Ethnicity						Gender				Age Group							Risk						Live County				
		Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Unstable Housing / Homeless	Sacramento County	Other Counties
TOTAL SURVEY RESPONDENTS	177	32	76	60	2	0	7	125	46	4	2	1	0	1	3	43	99	17	13	90	18	2	28	18	24	32	155	17	5
1 ADAP	13	3	3	6	0	0	1	11	1	0	1	0	0	0	3	8	1	1	5	0	0	4	3	1	1	6	12	0	1
2 AIDS Pharmaceutical Assistance	16	3	5	6	0	0	2	13	2	0	1	0	0	0	3	9	2	2	7	2	0	3	2	2	1	6	15	0	1
3 Case Management (non-Medical)	15	3	3	8	0	0	1	10	4	0	1	0	0	0	3	9	2	1	8	1	0	2	2	2	3	4	14	0	1
4 Early Intervention Services	15	3	3	8	0	0	1	12	2	0	1	0	0	0	4	8	1	2	6	2	0	2	2	1	5	14	0	1	
5 Emergency Financial Assistance	21	4	7	9	0	0	1	15	5	0	1	1	0	0	4	13	2	1	9	2	1	4	3	2	3	6	20	0	1
6 Food Bank	15	4	2	7	1	0	1	13	1	0	1	0	0	0	3	8	2	2	6	1	1	3	2	2	1	4	14	0	1
7 Health Education/Risk Reduction Counseling	9	2	1	5	0	0	1	6	2	0	1	0	0	0	2	4	1	2	3	2	0	1	2	1	2	8	0	1	
8 Health Insurance Assistance	12	4	3	4	0	0	1	10	1	0	1	0	0	0	1	6	3	2	3	3	1	2	1	2	0	2	11	0	1
9 HIV Medical Care	13	5	4	3	0	0	1	10	2	0	1	0	0	0	3	7	2	1	4	1	1	2	2	3	1	2	11	0	1
10 Home/Community Based Health Services	21	7	5	8	0	0	1	17	3	0	1	0	0	0	5	12	3	1	7	3	1	3	3	4	2	5	20	0	1
11 Home Delivered Meals	20	9	3	7	0	0	1	16	3	0	1	0	0	0	4	12	1	3	5	4	1	4	4	2	2	6	19	0	1
12 Housing	28	9	6	10	1	0	2	23	4	0	1	1	0	0	7	13	4	3	11	4	1	5	3	4	3	7	27	0	1
13 Linguistic Services	17	5	3	8	0	0	1	12	4	0	1	0	0	0	5	8	3	1	4	2	1	4	3	3	3	3	16	0	1
14 Medical Case Management	15	5	4	5	0	0	1	10	4	0	1	0	0	0	5	7	2	1	5	1	1	3	3	2	2	3	14	0	1
15 Medical Transportation	13	6	3	3	0	0	1	9	3	0	1	0	0	0	3	7	2	1	4	2	1	2	2	2	1	3	12	0	1
16 Nutritional Supplements	16	5	4	6	0	0	1	12	3	0	1	0	0	0	5	8	2	1	6	1	1	2	3	3	2	4	15	0	1
17 Mental Health Services	16	5	3	7	0	0	1	12	3	0	1	0	0	0	4	10	1	1	7	1	0	3	3	2	1	5	15	0	1
18 Oral Health Care	16	6	5	4	0	0	1	13	2	0	1	0	0	0	7	7	1	1	7	2	0	3	2	2	1	6	15	0	1
19 Psychosocial Support	15	6	2	6	0	0	1	10	4	0	1	0	0	0	4	8	1	1	5	2	0	2	4	2	2	2	13	1	1
20 Referral for Health Care Supportive Services	18	6	5	6	0	0	1	14	3	0	1	0	0	0	5	11	1	1	8	2	1	3	3	1	1	6	17	0	1
21 Substance Abuse Treatment (Inpatient)	17	7	1	8	0	0	1	13	3	0	1	0	0	0	6	8	1	2	4	3	1	3	4	2	2	4	16	0	1
22 Substance Abuse Treatment (Outpatient)	16	7	1	7	0	0	1	12	3	0	1	0	0	0	6	7	1	2	4	3	1	2	4	2	2	4	15	0	1
23 Treatment Adherence Counseling	15	5	2	7	0	0	1	11	3	0	1	0	0	0	4	7	2	2	4	3	1	2	3	2	2	2	14	0	1

O1 column 5 not checked (Not receive Service) + O4 one or more personal barriers (% of TOTAL SURVEY RESPONDENTS)	TOTAL	Latino	White	African American	Asian / Pacific Islander	American Indian / Alaskan Native	Race Not Specified	Male	Female	Trans / Intersex	Gender Not Specified	Age 0-2	Age 3-12	Age 13-19	Age 20-24	Age 25-44	Age 45-64	Age 65+	Age Not Specified	MSM	IDU	MSM and IDU	Heterosexual	Other Transmission	Transmission Not Specified	African American Female	Homeless	Sacramento County	Other Counties	County Not Specified
PERCENT OF SURVEY RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 ADAP	7.3	9.4	3.9	10.0	0.0	0.0	14.3	8.8	2.2	0.0	50.0	0.0	0.0	0.0	7.0	8.1	5.9	7.7	5.6	0.0	0.0	14.3	16.7	4.8	4.2	18.8	5.7	0.0	20.0	
2 AIDS Pharmaceutical Assistance	9.0	9.4	6.6	10.0	0.0	1.0	28.6	10.4	4.3	0.0	50.0	0.0	0.0	0.0	7.0	9.1	11.8	15.4	7.8	11.1	0.0	10.7	11.1	9.5	4.2	18.8	9.7	0.0	20.0	
3 Case Management (non-Medical)	8.5	9.4	3.9	13.3	0.0	2.0	14.3	8.0	8.7	0.0	50.0	0.0	0.0	0.0	7.0	9.1	11.8	7.7	8.9	5.6	0.0	7.1	11.1	9.5	12.5	12.5	9.0	0.0	20.0	
4 Early Intervention Services	8.5	9.4	3.9	13.3	0.0	3.0	14.3	9.6	4.3	0.0	50.0	0.0	0.0	0.0	9.3	8.1	5.9	15.4	8.9	11.1	0.0	7.1	11.1	4.8	4.2	15.6	9.0	0.0	20.0	
5 Emergency Financial Assistance	11.9	12.5	9.2	15.0	0.0	4.0	14.3	12.0	10.9	0.0	50.0	100.0	0.0	0.0	9.3	13.1	11.8	7.7	10.0	11.1	50.0	14.3	16.7	9.5	12.5	18.8	12.9	0.0	20.0	
6 Food Bank	8.5	12.5	2.6	11.7	50.0	5.0	14.3	10.4	2.2	0.0	50.0	0.0	0.0	0.0	7.0	8.1	11.8	15.4	6.7	5.6	50.0	10.7	11.1	9.5	4.2	12.5	9.0	0.0	20.0	
7 Health Education/Risk Reduction Counseling	5.1	6.3	1.3	8.3	0.0	6.0	14.3	4.8	4.3	0.0	50.0	0.0	0.0	0.0	4.7	4.0	5.9	15.4	3.3	11.1	0.0	3.6	11.1	4.8	4.2	6.3	5.2	0.0	20.0	
8 Health Insurance Assistance	6.8	12.5	3.9	6.7	0.0	7.0	14.3	8.0	2.2	0.0	50.0	0.0	0.0	0.0	2.3	6.1	17.6	15.4	3.3	16.7	50.0	7.1	5.6	9.5	0.0	6.3	7.1	0.0	20.0	
9 HIV Medical Care	7.3	15.6	5.3	5.0	0.0	8.0	14.3	8.0	4.3	0.0	50.0	0.0	0.0	0.0	7.0	7.1	11.8	7.7	4.4	5.6	50.0	7.1	11.1	14.3	4.2	6.3	7.1	5.9	20.0	
10 Home/Community Based Health Services	11.9	21.9	6.6	13.3	0.0	9.0	14.3	13.6	6.5	0.0	50.0	0.0	0.0	0.0	11.6	12.1	17.6	7.7	7.8	16.7	50.0	10.7	16.7	19.0	8.3	15.4	12.9	0.0	20.0	
11 Home Delivered Meals	11.3	28.1	3.9	11.7	0.0	10.0	14.3	12.8	6.5	0.0	50.0	0.0	0.0	0.0	9.3	12.1	5.9	23.1	5.6	22.2	50.0	14.3	22.2	9.5	8.3	18.8	12.3	0.0	20.0	
12 Housing	15.8	28.1	7.9	16.7	50.0	11.0	28.6	18.4	8.7	0.0	50.0	100.0	0.0	0.0	16.3	13.1	23.5	23.1	12.2	22.2	50.0	17.9	16.7	19.0	12.5	21.9	17.4	0.0	20.0	
13 Linguistic Services	9.6	15.6	3.9	13.3	0.0	12.0	14.3	9.6	8.7	0.0	50.0	0.0	0.0	0.0	11.6	8.1	17.6	7.7	4.4	11.1	50.0	14.3	16.7	14.3	12.5	9.4	10.3	0.0	20.0	
14 Medical Case Management	8.5	15.6	5.3	8.3	0.0	13.0	14.3	8.0	8.7	0.0	50.0	0.0	0.0	0.0	11.6	7.1	11.8	7.7	5.6	5.6	50.0	10.7	16.7	9.5	8.3	9.4	9.0	0.0	20.0	
15 Medical Transportation	7.3	18.8	3.9	5.0	0.0	14.0	14.3	7.2	6.5	0.0	50.0	0.0	0.0	0.0	7.0	7.1	11.8	7.7	4.4	11.1	50.0	7.1	11.1	9.5	4.2	9.4	7.7	0.0	20.0	
16 Nutritional Supplements	9.0	15.6	5.3	10.0	0.0	15.0	14.3	9.6	6.5	0.0	50.0	0.0	0.0	0.0	11.6	8.1	11.8	7.7	6.7	5.6	50.0	7.1	16.7	14.3	8.3	12.5	9.7	0.0	20.0	
17 Mental Health Services	9.0	15.6	3.9	11.7	0.0	16.0	14.3	9.6	6.5	0.0	50.0	0.0	0.0	0.0	9.3	10.1	5.9	7.7	7.8	5.6	0.0	10.7	16.7	9.5	4.2	15.4	9.7	0.0	20.0	
18 Oral Health Care	9.0	18.8	6.6	6.7	0.0	17.0	14.3	10.4	4.3	0.0	50.0	0.0	0.0	0.0	16.3	7.1	5.9	7.7	7.8	11.1	0.0	10.7	11.1	9.5	4.2	18.8	9.7	0.0	20.0	
19 Psychosocial Support	8.5	18.8	2.6	10.0	0.0	18.0	14.3	8.0	8.7	0.0	50.0	0.0	100.0	0.0	9.3	8.1	5.9	7.7	5.6	11.1	0.0	7.1	22.2	9.5	8.3	6.3	8.4	5.9	20.0	
20																														

Attachment 3
2018 HIV Needs Assessment
Survey Tool

CONSENT FORM
2018 SACRAMENTO TGA HIV/AIDS CARE NEEDS ASSESSMENT

The HIV Health Services Planning Council of the Sacramento Transitional Grant Area (TGA) is conducting an assessment of the service needs of people living with HIV and AIDS in Sacramento, Placer, Yolo and El Dorado Counties.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs of people like yourself living with HIV/AIDS. Completing this survey gives you a voice in the planning for HIV and AIDS treatment services throughout the Sacramento TGA.

This survey is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment group. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at any agency.

By signing below, you consent to complete the survey for which you will receive a \$20 Gift Card for your time. The gift card is not to be used to purchase alcohol, tobacco, illegal drugs or firearms.

PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S NAME: _____

Address: _____

City _____ CALIFORNIA Zip Code _____

Telephone: _____ - _____ - _____ Date: ____/____/20__

If you have any questions, please call Paula Gammell, Staff to the HIV Health Services Planning Council, at (916) 876-5548.

SACRAMENTO TGA NEEDS ASSESSMENT SURVEY OF PEOPLE LIVING WITH HIV AND AIDS

A Project of the Sacramento HIV Health Services Planning Council

INTRODUCTION

Thank you for agreeing to participate in this important survey. Completing this survey gives you a voice in the planning of HIV and AIDS treatment services throughout the Sacramento TGA.

For each question below, circle or write in an answer. There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need help reading the survey or interpreting the questions, please ask for assistance.

Your responses are completely confidential. Your name will never be linked to your answers.

Thank you in advance for completing this survey. Please go to the next page.

Confidential ID Needed

We will be obtaining responses from many people living with HIV and AIDS over the next few weeks. Please create a confidential identifier which you will place on the top of every page of your survey. This ID is unique to you, and will protect your confidentiality.

What is the *first* letter of your first name

What is the *last* letter of your last name

What is the month of your birthday

(For January through September use a leading "0" e.g. 01 for January)

What is the day of your birthday

(For days 1 - 9 use a leading "0" e.g. 01)

What is the first letter of your mother's first name?
(If you don't know, list the first letter of your father's first name)

(01=Jan, 02=Feb, 03=Mar, 04=Apr, 05=May, 06=June, 07=July, 08=Aug, 09=Sept, 10=Oct, 11=Nov, 12=Dec)

Please copy the confidential ID you have created to the top right of each page of the survey.

1. Please tell us about any of the following HIV services that you needed in the past 12 months. Please check all that apply to you.

	Didn't know this was available	Needed Service	Asked for Service	Received Service
AIDS DRUG ASSISTANCE PROGRAM (ADAP): help paying for HIV medications or prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS PHARMACEUTICAL ASSISTANCE: pays for a pharmacist to dispense HIV medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE MANAGEMENT: help understanding available programs, insurance benefits, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARLY INTERVENTION SERVICES: help finding a doctor, getting into/staying in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY FINANCIAL ASSISTANCE: help to pay bills, copays or insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD BANK: help getting extra food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH EDUCATION/ RISK REDUCTION COUNSELING: someone to talk with about HIV, how it is spread and how to live a healthy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH INSURANCE ASSISTANCE: help paying for copays, deductibles or premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV MEDICAL CARE: visits with a doctor, nurse or physician assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME/COMMUNITY-BASED HEALTH SERVICES: help with cleaning when I'm too sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME DELIVERED MEALS: meals delivered to my home when I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSING: help to pay for rent or a hotel stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINGUISTIC SERVICES: help with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CASE MANAGEMENT: help to coordinate my medical care with other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL TRANSPORTATION: transportation to and from medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTRITIONAL SUPPLEMENTS: nutrition supplements and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH SERVICES: mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL HEALTH CARE: visits with a dentist or hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOSOCIAL SUPPORT: a support group to talk about HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES: referrals for other health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (INPATIENT): treatment in an inpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (OUTPATIENT): treatment in an outpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT ADHERENCE COUNSELING: help with how to stay on medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please let us know if you encountered any of the following barriers while trying to access the services you needed in the past 12 months. Please check all that apply to you.

	Didn't know how to get	Didn't know where to go	Location not convenient	Appointment times not convenient	Wait times too long
AIDS DRUG ASSISTANCE PROGRAM (ADAP): help paying for HIV medications or prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS PHARMACEUTICAL ASSISTANCE: pays for a pharmacist to dispense HIV medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE MANAGEMENT: help understanding available programs, insurance benefits, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARLY INTERVENTION SERVICES: help finding a doctor, getting into/staying in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY FINANCIAL ASSISTANCE: help to pay bills, copays or insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD BANK: help getting extra food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH EDUCATION/ RISK REDUCTION COUNSELING: someone to talk with about HIV, how it is spread and how to live a healthy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH INSURANCE ASSISTANCE: help paying for copays, deductibles or premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV MEDICAL CARE: visits with a doctor, nurse or physician assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME/COMMUNITY-BASED HEALTH SERVICES: help with cleaning when I'm too sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME DELIVERED MEALS: meals delivered to my home when I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSING: help to pay for rent or a hotel stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINGUISTIC SERVICES: help with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CASE MANAGEMENT: help to coordinate my medical care with other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL TRANSPORTATION: transportation to and from medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTRITIONAL SUPPLEMENTS: nutrition supplements and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH SERVICES: mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL HEALTH CARE: visits with a dentist or hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOSOCIAL SUPPORT: a support group to talk about HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES: referrals for other health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (INPATIENT): treatment in an inpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (OUTPATIENT): treatment in an outpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT ADHERENCE COUNSELING: help with how to stay on medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please tell us if you have encountered any of the following financial barriers while trying to access HIV services in the past 12 months. Please check all that apply to you.

	Didn't think I was eligible	Was told I wasn't eligible	Service Costs too much	No insurance coverage	Co-pay was too high
AIDS DRUG ASSISTANCE PROGRAM (ADAP): help paying for HIV medications or prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS PHARMACEUTICAL ASSISTANCE: pays for a pharmacist to dispense HIV medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE MANAGEMENT: help understanding available programs, insurance benefits, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARLY INTERVENTION SERVICES: help finding a doctor, getting into/staying in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY FINANCIAL ASSISTANCE: help to pay bills, copays or insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD BANK: help getting extra food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH EDUCATION/ RISK REDUCTION COUNSELING: someone to talk with about HIV, how it is spread and how to live a healthy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH INSURANCE ASSISTANCE: help paying for copays, deductibles or premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV MEDICAL CARE: visits with a doctor, nurse or physician assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME/COMMUNITY-BASED HEALTH SERVICES: help with cleaning when I'm too sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME DELIVERED MEALS: meals delivered to my home when I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSING: help to pay for rent or a hotel stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINGUISTIC SERVICES: help with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CASE MANAGEMENT: help to coordinate my medical care with other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL TRANSPORTATION: transportation to and from medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTRITIONAL SUPPLEMENTS: nutrition supplements and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH SERVICES: mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL HEALTH CARE: visits with a dentist or hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOSOCIAL SUPPORT: a support group to talk about HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES: referrals for other health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (INPATIENT): treatment in an inpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (OUTPATIENT): treatment in an outpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT ADHERENCE COUNSELING: help with how to stay on medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please tell us if any of the following reasons limited your ability to use HIV services in the past 12 months. Please check all that apply to you.

	Treated with disrespect	Jail/prison history	Privacy of HIV status
AIDS DRUG ASSISTANCE PROGRAM (ADAP): help paying for HIV medications or prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS PHARMACEUTICAL ASSISTANCE: pays for a pharmacist to dispense HIV medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE MANAGEMENT: help understanding available programs, insurance benefits, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARLY INTERVENTION SERVICES: help finding a doctor, getting into/staying in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY FINANCIAL ASSISTANCE: help to pay bills, copays or insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD BANK: help getting extra food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH EDUCATION/ RISK REDUCTION COUNSELING: someone to talk with about HIV, how it is spread and how to live a healthy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH INSURANCE ASSISTANCE: help paying for copays, deductibles or premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV MEDICAL CARE: visits with a doctor, nurse or physician assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME/COMMUNITY-BASED HEALTH SERVICES: help with cleaning when I'm too sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME DELIVERED MEALS: meals delivered to my home when I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSING: help to pay for rent or a hotel stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINGUISTIC SERVICES: help with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CASE MANAGEMENT: help to coordinate my medical care with other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL TRANSPORTATION: transportation to and from medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTRITIONAL SUPPLEMENTS: nutrition supplements and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH SERVICES: mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL HEALTH CARE: visits with a dentist or hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOSOCIAL SUPPORT: a support group to talk about HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES: referrals for other health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (INPATIENT): treatment in an inpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT (OUTPATIENT): treatment in an outpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT ADHERENCE COUNSELING: help with how to stay on medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please tell us if any of the following reasons limited your ability to use HIV services in the past 12 months. Please check all that apply to you.

If you experienced any of these barriers, please indicate how they may have prevented you from accessing specific services.

	To a great extent	Somewhat	Occasionally	Never
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What other kinds of services do you need to help you remain in HIV medical care? Please check all that apply to you.

- Child care services or reimbursement
- Food vouchers to purchase food
- Home health care: health services in your home
- Hospice
- Legal services to help with discrimination, breach of confidentiality, end-of-life decisions
- Outreach services to help people learn their status and get into care

Other (please specify)

7. Do you have health insurance? Yes No

7a. What type of insurance do you have? Please check all that apply to you.

- Insurance through Work Medicare Medi-Cal Private Insurance (not through work)
- Veteran's Administration COBRA or OBRA (insurance through my last employer)
- No insurance: I did not enroll. No insurance: I did not know how to apply.

Other (please specify)

7b. Which of the following benefits do you receive? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> None/Not Eligible | <input type="checkbox"/> CHAMPUS (VA Assistance for non-military personnel) |
| <input type="checkbox"/> Cal Fresh (Food Stamps) | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Long-term disability | <input type="checkbox"/> Annuity/Life insurance payments |
| <input type="checkbox"/> Short-term disability | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Rent Supplement |
| <input type="checkbox"/> Bureau of Indian Affairs | <input type="checkbox"/> Subsidized Housing (HOPWA, Section 8, Shelter Plus Care) |
| <input type="checkbox"/> State Disability Insurance (SDI) | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Veteran's Benefits (VA) | <input type="checkbox"/> TANF/CalWORKS (formerly AFDC) |
| <input type="checkbox"/> Other: Specify: | <input type="checkbox"/> Emergency Financial Assistance – from: |

8. If you have gained insurance coverage (or Medicaid) over the past 12 months, has this helped to make the following services easier or harder to get?

	Easier than before	About the same	Harder than before
HIV Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>		

9. How many years have you been diagnosed with HIV? Check one.

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 6 - 10 years	<input type="checkbox"/> 21 - 30 years
<input type="checkbox"/> 1 - 5 years	<input type="checkbox"/> 11 - 20 years	<input type="checkbox"/> 30+ years

10. After you got your HIV diagnosis when did you first see a doctor for HIV care?

Check one.

- Within 3 months after being diagnosed More than 3 months after being diagnosed
 Don't remember Never

11. If you waited more than 3 months to see a doctor, why did you wait? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Didn't wait more than 3 months | <input type="checkbox"/> Didn't know where to get HIV care | <input type="checkbox"/> Didn't want to believe I was infected |
| <input type="checkbox"/> Felt fine; wasn't sick | <input type="checkbox"/> Couldn't afford HIV care | <input type="checkbox"/> Afraid of people finding out my status |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> Drinking/doing drugs | <input type="checkbox"/> Don't remember |
| <input type="checkbox"/> Didn't want to take meds | <input type="checkbox"/> Had a mental health issue | |
| <input type="checkbox"/> Viral load was undetectable | <input type="checkbox"/> Other priorities | |

Other (please specify)

12. In the past 12 months, have you done any of the following?

	Yes	No	Don't know/ Can't remember
Seen a doctor, nurse or physician's assistant for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken HIV medication (ART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a test for your Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a test for your CD4 count (t-cell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How frequently do you see your HIV doctor? Please check one.

- Every 3 months Every 2 years I don't have a doctor.
 Every 6 months When I feel sick Never/I don't go
 Once a year

14. Did you miss any medical appointments in the last year? Yes No

14a. If you missed an appointment, did you reschedule for the next available appointment? Yes No

If no, why?

14b. If rescheduled, did you make it to the rescheduled appointment? Yes No

If no, why?

15. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Never stopped seeing a doctor | <input type="checkbox"/> Couldn't afford it | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Felt fine; wasn't sick | <input type="checkbox"/> Lost health insurance | <input type="checkbox"/> Doctor or case manager left |
| <input type="checkbox"/> Wanted a break | <input type="checkbox"/> Lost Ryan White supported services | <input type="checkbox"/> Bad experience at clinic |
| <input type="checkbox"/> Didn't want to take meds | <input type="checkbox"/> Drinking/doing drugs | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Side effects of medications | <input type="checkbox"/> Had a mental health issue | <input type="checkbox"/> Inconvenient appointment times |
| <input type="checkbox"/> Viral load was undetectable | <input type="checkbox"/> Other Priorities | <input type="checkbox"/> Don't remember |

Other (please specify)

16. Are you currently taking any of the following? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Anti-retrovirals (HIV medications) | <input type="checkbox"/> Antibiotics (such as Bactrim) that fight off infections | <input type="checkbox"/> Antifungal (such as Diflucan) that are for body rashes or thrush |
| <input type="checkbox"/> Steroids which help you with your appetite or build weight | <input type="checkbox"/> Antidepressants for depression or anxiety | <input type="checkbox"/> Herbal and/or other supplements |

16b. If you are not currently taking HIV medications, why are you not taking them? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Side effects | <input type="checkbox"/> Felt they didn't work | <input type="checkbox"/> Just didn't want to |
| <input type="checkbox"/> Forgot to take | <input type="checkbox"/> Could not afford | <input type="checkbox"/> Didn't have a safe place to keep them |
| <input type="checkbox"/> Didn't want others to see medications | <input type="checkbox"/> Difficult schedule/requirements | <input type="checkbox"/> Felt I didn't need to take them anymore |
| <input type="checkbox"/> Didn't understand directions | <input type="checkbox"/> Hard to coordinate with food | <input type="checkbox"/> Doctor advice |

Other (please specify):

17. What kinds of things help you keep up with your HIV medical care? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> N/A - I have never been in HIV medical care | <input type="checkbox"/> To reduce the risk of transmission to others | <input type="checkbox"/> My HIV doctor, nurse or clinician |
| <input type="checkbox"/> I want to stay healthy and live longer | <input type="checkbox"/> The support of family and friends | <input type="checkbox"/> My HIV case manager or social worker |
| <input type="checkbox"/> Seeing the benefits of treatment | <input type="checkbox"/> My faith, religion or spirituality | <input type="checkbox"/> A mentor at my clinic/agency |
| <input type="checkbox"/> I'm afraid of getting sick | <input type="checkbox"/> Staying Sober | <input type="checkbox"/> An HIV group or program |
- Other (please specify)

18. What is your current HIV viral load? Check one answer.

- Detectable Undetectable Don't know/Can't remember

19. What is your current CD4 (t-cell) count? Please check one.

- Less than 50 200-499 Don't know/Can't remember
- 50-199 500+

20. In the past 6 months have you used any of the following? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Stimulants (Meth, cocaine, speed, crank, crack) | <input type="checkbox"/> Ketamine (Special K, K) |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> GHB (Gamma Hydroxybutyrate, liquid x, gina, G) | <input type="checkbox"/> Hallucinogens (LSD, acid, peyote, mescaline, PCP) |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Poppers (rush, amyl nitrate) | <input type="checkbox"/> Tranquilizers/Barbiturates |
| <input type="checkbox"/> Speedball | <input type="checkbox"/> Ecstasy (X, E, MDMA, Adam) | <input type="checkbox"/> Other: Specify: |
| <input type="checkbox"/> Prescription Opiates (Oxycontin, Percoset, Morphine, Methadone, Codeine, Fentanyl, Buprenorphine, Norco, Vicodin).
Specify: | | |

21. Have you EVER used any of the following? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Stimulants (Meth, cocaine, speed, crank, crack) | <input type="checkbox"/> Ketamine (Special K, K) |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> GHB (Gamma Hydroxybutyrate, liquid x, gina, G) | <input type="checkbox"/> Hallucinogens (LSD, acid, peyote, mescaline, PCP) |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Poppers (rush, amyl nitrate) | <input type="checkbox"/> Tranquilizers/Barbiturates |
| <input type="checkbox"/> Speedball | <input type="checkbox"/> Ecstasy (X, E, MDMA, Adam) | <input type="checkbox"/> Other: Specify: |
| <input type="checkbox"/> Prescription Opiates (Oxycontin, Percoset, Morphine, Methadone, Codeine, Fentanyl, Buprenorphine, Norco, Vicodin). | | |

22. Have you ever injected any substance NOT prescribed by a medical person? Yes No

22a. Have you used a needle to inject drugs in the past 12 months? Yes No

23. Have you ever shared needles or drug injection equipment? Yes No

23a. Have you shared needles or drug injection equipment in the past 12 months? Yes No

24. How would you rate your *physical* health now as compared to when you first sought treatment for your HIV infection? Select one.

Much better A little better About the Same A little worse Much worse

25. Since infected with HIV, have you had any of the following mental health counseling or treatments? Select all that apply:

Inpatient (in a hospital at least overnight) Individual counseling/therapy

Group counseling/therapy Medication for psychological or behavioral problems None

26. Have you been diagnosed with any of these *mental* health disorders since you first sought treatment for your HIV infection? Select all that apply:

Anxiety Bipolar Disorder Dementia Depression

Other: Specify: _____ None

27. Has a medical or service provider *ever* told you that you have hepatitis C? [] Yes [] No

27a. At any time in the last year, have you been diagnosed with any of the following diseases? Select all that apply.

Hepatitis A or B Genital Herpes Genital Warts

Hepatitis C Gonorrhea Yeast Infections

Syphilis Chlamydia Other:

I have not been told I have any of these

I have not tested for these STDs in the past 12 months

Opportunistic Infections:

An opportunistic infection is an infection caused by bacterial, viral, fungal, or protozoan pathogens that take advantage of a host with a weakened immune system. Many of these pathogens do not cause disease in a healthy host that has a normal immune system. A compromised immune system, however, presents an "opportunity" for the pathogen to infect.

28. At any time in the last year, have you been diagnosed with any of the following opportunistic infections?

Select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Candidiasis (Thrush) | <input type="checkbox"/> Histoplasmosis | <input type="checkbox"/> Salmonella |
| <input type="checkbox"/> Cryptococcosis | <input type="checkbox"/> Isosporiasis | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Cryptosporidiosis (chronic intestinal) | <input type="checkbox"/> Kaposi's Sarcoma (KS) | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Cytomegalovirus disease (usually of the retina) | <input type="checkbox"/> Lymphoma (including Burkitts, Immunoblastic, or the brain) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> HIV encephalopathy | <input type="checkbox"/> Mycobacterium avium complex (MAC) Pneumonia or pneumocystis carinii | <input type="checkbox"/> Wasting syndrome |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> pneumonia (PCP) | <input type="checkbox"/> Other: |

29. Where do you currently live? Please check one option.

- | | | |
|--|--|--|
| <input type="checkbox"/> In a house/apartment | <input type="checkbox"/> Temporary Housing | <input type="checkbox"/> Institutionalized |
| <input type="checkbox"/> Unstable Housing | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Hotel/Motel/Single Room Occupancy | <input type="checkbox"/> Other _____ | |

30. How much do you pay monthly for housing? _____

Does the rent include utilities? Yes No

31. Is your living situation?

Safe.....Yes No
 Habitable (clean and livable).....Yes No
 Stable.....Yes No

32. If you receive housing assistance, what assistance do you receive? Check one option.

- | | |
|--|---|
| <input type="checkbox"/> HOPWA | <input type="checkbox"/> Help from an AIDS Service Organization |
| <input type="checkbox"/> Housing Choice Voucher (formerly Section 8) | <input type="checkbox"/> I do not receive housing assistance |
| <input type="checkbox"/> Emergency Financial Assistance | |
| <input type="checkbox"/> Other (please specify) _____ | |

33. Are you currently on a waiting list to get into housing? Yes No

34. Have you ever been on a waiting list for housing? Yes No

34a. If yes, did it result in placement? Yes No

34b. If no, why not? (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Significant Other's Criminal Record | <input type="checkbox"/> Housing location |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Rental History | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Significant Other's Rental History | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Not enough money | <input type="checkbox"/> Other |

If other, please specify:

35. Have you ever received a referral for housing? Yes No

35a. If yes, did it result in a housing placement? Yes No

36a. How many adults are living with you? _____

36b. How many children/teens are living with you? _____

37. If anyone else in your household is HIV positive, who are they?

- Partner/wife/husband Adult family member/relative Other adults Children Don't know

38. Over the last two (2) years, have you lived in any of the following places? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> In a half-way house or transitional housing | <input type="checkbox"/> In a treatment facility (drug or psychiatric) |
| <input type="checkbox"/> Homeless (on the street) | <input type="checkbox"/> Homeless (in a car or rv) |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Jail or correctional facility |
| <input type="checkbox"/> Other: Specify: _____ | |

39. What is your reported estimated yearly income from all sources and before taxes?

- | | |
|--|--|
| <input type="checkbox"/> \$ 0 - \$8,600 (up to \$716 per month) | <input type="checkbox"/> \$23,201 - \$26,000 (\$1,934 - \$2,167 a month) |
| <input type="checkbox"/> \$8,601 - \$11,600 (\$717 - \$967 a month) | <input type="checkbox"/> \$26,001 - \$35,000 (\$2,168 - \$2,917 a month) |
| <input type="checkbox"/> \$11,601 - \$16,500 (\$968 - \$1,375 a month) | <input type="checkbox"/> Greater than \$35,001 (\$2,918 or more a month) |
| <input type="checkbox"/> \$16,501 - \$23,200 (\$1,376 - \$1,933 a month) | |

39a. How many people, including you, depend on this income? _____

39b. Of these, how many are children under 18 years of age? _____

40. What is your current job status? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time (33 - 40 hours a week) | <input type="checkbox"/> Not working - not looking for work |
| <input type="checkbox"/> Employed part-time (less than 33 hours a week) | <input type="checkbox"/> Not working - disabled |
| <input type="checkbox"/> Not working - looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not working - student/homemaker/other | <input type="checkbox"/> Other |

If other, please specify:

41. Which of the following benefits do you receive? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> None/Not Eligible | <input type="checkbox"/> CHAMPUS (VA Assistance for non-military personnel) |
| <input type="checkbox"/> Cal Fresh (Food Stamps) | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Long-term disability | <input type="checkbox"/> Annuity/Life insurance payments |
| <input type="checkbox"/> Short-term disability | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Rent Supplement |
| <input type="checkbox"/> Bureau of Indian Affairs | <input type="checkbox"/> Subsidized Housing (HOPWA, Section 8, Shelter Plus Care) |
| <input type="checkbox"/> State Disability Insurance (SDI) | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Veteran's Benefits (VA) | <input type="checkbox"/> TANF/CalWORKS (formerly AFDC) |
| <input type="checkbox"/> Other: Specify: | <input type="checkbox"/> Emergency Financial Assistance – from: |

42. What county do you live in?

- | | | |
|-------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Sacramento | <input type="checkbox"/> El Dorado | <input type="checkbox"/> Placer |
| <input type="checkbox"/> Yolo | <input type="checkbox"/> Other: | |

43. What zip code do you live in? _____**44. What is the year of your birth?** _____**45. Are you of Hispanic or Latino origin?** Yes No If you are Hispanic/Latino, what is your nationality?

- Mexican, Mexican American, Chicano(a) Puerto Rican Cuban Another Hispanic, Latino/a, or Spanish Origin

46. What is your primary race? Please check one.

- White Asian American Indian/Alaska Native
 Black/African American Pacific Islander/Native Hawaiian

46a. If Pacific Islander/Native Hawaiian:

- Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

46b. If Asian:

- Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian

47. How much school have you finished? Please check one option.

- | | |
|---|---|
| <input type="checkbox"/> Grade school or less | <input type="checkbox"/> Some college/2 year college degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed 4 year college |
| <input type="checkbox"/> Graduated high school/GED/trade school | <input type="checkbox"/> Graduate level or professional study |

48. In the past 12 months, have you been incarcerated in jail or prison for more than 48 hours? Yes No**48a. If yes, did jail staff know your HIV status?** Yes No**48b. If yes, did you have a plan for how to:**

1. Get HIV medical care Yes No
2. Get HIV meds after release? Yes No

48c. What was your plan? _____**48d. Did you do it?** Yes No

If no, why not? _____

49. What is the most likely way that you contracted HIV?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Men who has sex with men (MSM) | <input type="checkbox"/> Injection drug user (IDU) | <input type="checkbox"/> MSM and IDU |
| <input type="checkbox"/> Hemophilia/Coagulation disorder | <input type="checkbox"/> Heterosexual contact | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Mother with/at risk for HIV infection (Peri-natal transmission) | <input type="checkbox"/> Receipt of blood transfusion, blood components or tissue | <input type="checkbox"/> Other |

If other, please specify:

50. Gender at Birth Male Female**51a. What is your primary gender identity or gender expression today? Please check one option.**

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender - Male to Female |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender - Female to Male |
| <input type="checkbox"/> Intersex | |

51. Are you currently pregnant? Yes No Don't know Not applicableIf you are currently pregnant, are you in prenatal care? Yes No**52. How do you identify in terms of your sexual orientation? Please check one option.**

- | | |
|--|---|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Homosexual - Gay male | <input type="checkbox"/> Transgender - Male to Female |
| <input type="checkbox"/> Homosexual - Lesbian | <input type="checkbox"/> Transgender - Female to Male |
| <input type="checkbox"/> Other - Specify: | |

53. HIV Pre-Exposure Prophylaxis (also known as PrEP) is the use of anti-retroviral medications to keep HIV negative people from becoming infected with HIV. Which of the following statements about PrEP are true for you? Please check all that apply.

- I have never heard of PrEP
- I have heard of PrEP, but am not sure how it will affect my sex life
- If my partner is on PrEP, I do not need to disclose that I am HIV positive.
- If my partner is on PrEP, I would be less likely to use a condom.
- Even with partner(s) on PrEP, I would disclose that I am HIV positive.
- Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex.
- I feel comfortable talking to my HIV negative partner(s) about PrEP.

54. Which of the following statements about condom use are true for you? Check all that apply.

- I do not have anal or vaginal sex, so condoms are not an issue
- I use a condom when I have anal sex.
- I use a condom when I have vaginal sex.
- I only have sex with one person and we choose not to use condoms.
- My sex partner is HIV+ so we don't use condoms.
- My partner is on PrEP so condoms aren't needed.
- My viral load is undetectable, so condoms aren't needed any more.
- I don't use condoms because my partner doesn't like them.
- I don't use condoms because they cost too much.
- I don't use condoms because I don't like them.

55. When do you disclose your HIV status to sex partners?

- Always; with every partner
- Sometimes with some partners
- Never. I always use condoms
- Never. My viral load is undetectable
- Never. Most of my partners are HIV+
- Never. I don't feel comfortable disclosing my HIV status
- Never. Most of my partners are on PrEP
- Never. I do not have sex

PARTNER SERVICES

Partner Services is a free service which provides assistance to HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV.

56. Have you been informed of Partner Services before this survey: Yes No

57. Have you used Partner Services before: Yes No

58. Would you be willing to use Partner Services: Yes No

59. In the past 12 months, have you done any of the following? Please remember this survey is anonymous and none of your answers will be linked to you.

	Yes	No	Don't Know	Don't remember	N/A - I don't do this
Had sex to get money, drugs, housing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex while drunk or high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used someone else's syringes to inject yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with someone who shares syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Have you *EVER* done any of the following? Please remember this survey is anonymous and none of your answers will be linked to you.

	Yes	No	Don't Know	Don't remember	N/A - I don't do this
Had sex to get money, drugs, housing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex while drunk or high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used someone else's syringes to inject yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with someone who shares syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is one final/optional question on the next page.

61. Is there anything you would like to tell us?