

Sacramento Transitional Grant Area (TGA)

2021

YOUNG ADULT HIV NEEDS ASSESSMENT



Prepared for:
The Sacramento HIV Health Services Planning Council

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The HHSPC (Planning Council) would like to recognize the following individuals and organizations for their dedication to plan, coordinate, implement and evaluate a community Young Adult HIV Needs Assessment for RW clients:

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Most importantly, the Planning Council would like to thank each Person Living with HIV/AIDS (PLWH) who took the time and effort to participate in the needs assessment process by completing the extensive survey. Without each of these PLWH in the target population of young adult RW clients, ages 19-29, the needs assessment would not have been possible. Of the 190 FY20 RW clients in the young adult target population, 18 completed the HIV Needs Assessment survey. Although this is a small number of respondents, it is 9.5% of the target population which is higher than the 7.3% of RW clients who completed the 2018 HIV Needs Assessment survey which included RW clients ages 19 and older.

Appreciation is extended to every survey respondent for their openness to the survey process, and for their truthful responses to detailed questions. The results presented in this Young Adult HIV Needs Assessment represent their individual and cumulative input about a vast array of Unmet Service Needs, which are those services that RW clients needed but were not able to receive due to Barriers to Care. By learning more about young adults living with HIV, their Unmet Service Needs, and their Barriers to Care, the Sacramento TGA will be more effectively focus its resources to further meet the service needs of young adult PLWH in the region.

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**SACRAMENTO REGION RYAN WHITE CARE PROGRAM
2021 YOUNG ADULT
HIV NEEDS ASSESSMENT**

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EXECUTIVE SUMMARY

A. BACKGROUND

The Ryan White (RW) HIV Health Services Planning Council (HHSPC) is required by the federal Health Services Resource Administration (HRSA) to conduct a 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) of Sacramento, El Dorado, and Placer Counties. The goal of the HIV Needs Assessment is to collect and analyze data on Service Needs, Unmet Needs and Barriers to Care to assist the Council with effective planning for service funding and delivery.

Due to the challenges and delay due to COVID-19, HRSA decided that each TGA could conduct a smaller needs assessment survey process that targeted a specific subpopulation once it could be safely conducted according to CDC guidelines. Given the trends of the HIV epidemic over time, the Planning Council voted to target young adults ages 19-29 in the 2021 survey process. In total, of the 190 RW clients in the target population served in FY20, 18 PLWH completed the HIV Needs Assessment survey. Although this is a small number of respondents, it is 9.5% of the target population which is higher than the 7.3% of RW clients who completed the 2018 HIV Needs Assessment survey which included RW clients of all ages.

B. FINDINGS

B-1. Demographics of Need Assessment Respondents

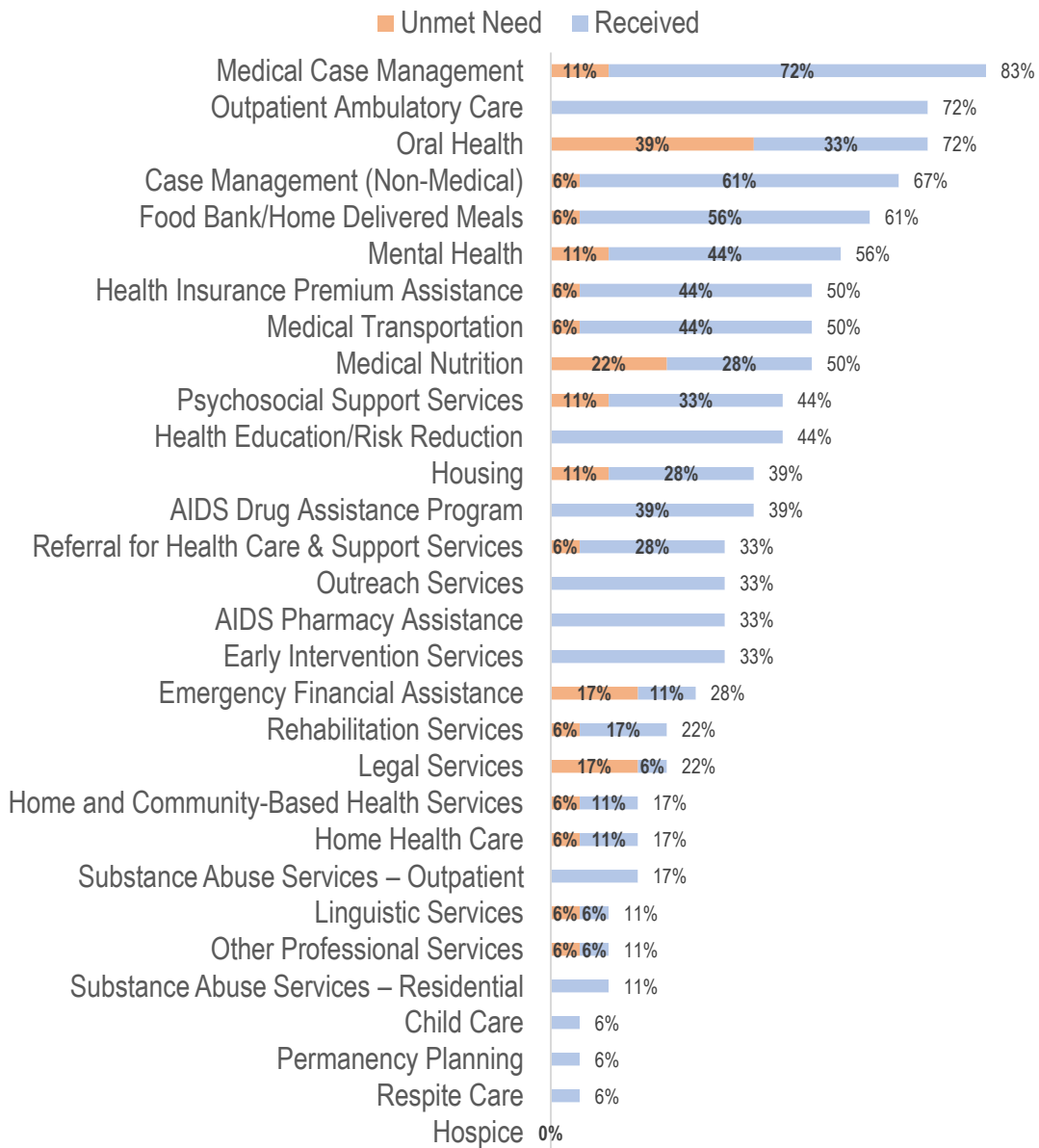
The Young Adult Needs Assessment survey respondents were representative of the TGA's HIV/AIDS epidemiology and RW client caseload in terms of race, gender and mode of HIV transmission, with few exceptions. Asian/Pacific Islanders/American Indian/Alaska Natives were 11% of the young adult survey population in 2021 as compared to 1% of the total survey (all ages) population in 2018. Latinx were 33% of young adults surveyed in 2021 as compared to 18% in 2018. Transgender/Non-binary/Unspecified young adult survey respondents in 2021 were represented at two times the rate of 2018 survey respondents (6% and 3%, respectively). Pediatric Exposure/Other/Undetermined was reported as HIV mode of transmission in 2021 at two times the rate of 2018 survey respondents (56% and 22%, respectively).

22% of young adult survey respondents reported that they were currently homeless or unstably housed, which was slightly higher than the 18.7% of 2018 Needs Assessment clients of all ages. These high rates of homelessness among RW clients continues to be very high when compared to the TGA's general population homelessness rate of 0.32% based on 2019 US Census Bureau data.

B-2. Service Demand: Need Met 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 Needed and Received the Service (Need Met) *plus* the percent who needed the service but could not receive it due to at least one Barrier to Care (Unmet Need).

Service Demand by Service Category 2021
 Service Demand (Total Need) = Unmet Need + Need Met



B-3. Unmet Need by Service Category

Unmet Need by service category is the percent of respondents who needed but did not receive the service due to at least one Barrier to Care for that service. As can be noted from the definition above, Unmet Need is a subset of Service Demand. Unmet Need is a critical factor to analyze in determining the services RW clients having the greatest difficulty obtaining. Among 2021 Young Adult Needs Assessment survey respondents, Oral Health had the highest Unmet Need (39%); followed by Medical Nutrition (22%); Emergency Financial Assistance (17%); Legal Services (17%); Medical Case Management (11%); Mental Health Services (11%); Housing (11%); and Psychological Support Services (11%).

It also is important to highlight the successful finding in 2021 that 12 services had NO unmet need, meaning that all of the young adult RW clients who reported that they needed the following services were able to receive them: Substance Abuse Services (Outpatient and Residential); Child Care; Health Education/Risk Reduction; Outreach Services; AIDS Drug Assistance Program; AIDS Pharmacy Assistance; Early Intervention Services; Hospice; Permanency Planning and Respite Care.

B-4. Services with High Service Demand AND High Unmet Need

There were several services that were ranked with both a high Service Demand AND a high Unmet Need by survey respondents. This shows that clients need these services at high rates, but they have not been able to receive them due to high rates of Barriers to Care. The following five services ranked the highest for combined Service Demand and Unmet Need in both 2021 Needs Assessment that targeted young adults, and the 2018 Needs Assessment, which surveyed all ages of RW clients.

**SERVICES WITH HIGH SERVICE DEMAND
AND
HIGH UNMET NEED
2018 AND 2021**

| Service Category | 2018 Needs Assessment | | 2021 Young Adult Targeted Needs Assessment | |
|-------------------------|-----------------------|------------|--|------------|
| | Service Demand | Unmet Need | Service Demand | Unmet Need |
| Oral Health | 82% | 27% | 72% | 39% |
| Medical Case Management | 82% | 29% | 83% | 11% |
| Mental Health | 81% | 18% | 56% | 11% |
| Housing | 80% | 48% | 39% | 11% |
| Medical Nutrition | 78% | 41% | 50% | 22% |

B-5. 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 can be noted below, of the top 10 Barriers to Care in 2021, 50% were Access Barriers, 20% were Personal and 20% were Financial.

Follows are the top 10 Barriers to Care reported by survey respondents in the 2021 Young Adult HIV Needs Assessment as compared to the 2018 All Ages HIV Needs Assessment:

| TOP 10 BARRIERS TO CARE 2021 YOUNG ADULTS AND 2018 ALL AGES NEEDS ASSESSMENT SURVEY RESPONDENTS | | | |
|--|--|---------------|--|
| 2021 Young Adults* | | 2018 All Ages | |
| 1 | Did not know service was available (Access) | 1 | Did not know service was available (Access) |
| 2 | Did not know how to get service (Access) | 2 | Did not think I was eligible for service (Financial) |
| 3 | Did not think I was eligible for service (Financial) | 3 | Did not know how to get service (Access) |

| TOP 10 BARRIERS TO CARE 2021 YOUNG ADULTS AND 2018 ALL AGES NEEDS ASSESSMENT SURVEY RESPONDENTS | | | |
|---|--|---------------|---|
| 2021 Young Adults* | | 2018 All Ages | |
| 4 | Did not know where to go to receive service (Access) | 4 | Privacy of HIV status concerns (Personal) |
| 5 | No transportation (Access) | 5 | Did not know where to go (Access) |
| 6 | Co-pay was too high (Financial) | 6 | Wait times too long (Access) |
| 7 | Wanted privacy of HIV status (Personal) | 7 | Treated with disrespect (Personal) |
| 8 | Hard to navigate system (Personal) | 8 | Was told I wasn't eligible (Financial) |
| 9 | Was treated with disrespect (Personal) | 9 | Appointment times not convenient (Access) |
| 10 | Next available appointment not soon enough (Access) | 10 | Co-pay was too high (Financial) |

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

80% of top 10 Barriers to Care were the same for 2021 Young Adult survey respondents and 2018 All Ages survey respondents. The barriers of “no transportation” and “hard to navigate system” were in the top 10 in 2021. Due to COVID-19, public transportation was more limited in 2020 and 2021 and did impact RW clients. In 2018, however, “wait times too long” and “appointment times not convenient” were in the top 10 Barriers to Care.

C. IMPLICATIONS

C-1. Implications for Priority Setting, Allocations, and Programmatic Decisions

The 2021 Targeted Young Adult Needs Assessment provides input from RW clients ages 19-29 who are living with HIV. The analysis of their input regarding Service Demand, Unmet Need and Barriers to Care for treatment services, as well as their input regarding prevention and support services, provides the HIV Planning Council with options to consider when making priority setting and allocations decisions for the Sacramento TGA.

The following services were most highly ranked for both Service Demand (Service Need plus Unmet Need) and Unmet Need (unable to receive service) due to barriers to care in both 2021 Young Adult and 2018 All Ages Needs Assessments:

- **Oral Health** had the highest ranked combination of Service Demand, Unmet Need and Barriers to Care in the 2021 Needs Assessment; and had the second highest ranked combination in 2018. This input clarifies that additional funding for and access to Oral Health continues to be of primary importance to RW clients.
- **Medical Case Management** ranked #2 in combined Service Demand, Unmet Need and Barriers to Care for both 2021 young adult and 2018 all ages survey respondents. Given the importance of retention in ongoing medical care, the Council should continue to monitor and address barriers that clients are facing while trying to access Medical Case Management.
- **Mental Health Care** ranked #3 in combined Service Demand, Unmet Need and Barriers to Care in the last two Needs Assessments providing input that more resources should be put towards this service, especially with the recent impact and isolation of the COVID-19 pandemic.

- **Housing** ranked #4 for combined Service Demand, Unmet Need and Barriers to Care in both 2021 and 2018, continuing to be a critical need for RW clients. It is necessary to keep PLWH in HIV medical care and to support their ambulatory medical care needs, the Council's highest priority.
- **Medical Nutrition Therapy** had the 5th highest ranking for combination of Service Demand, Unmet Need and Barriers to Care, demonstrating that many PLWH continue to need additional assistance with nutrition which is foundational to support HIV healthcare for all PLWH. Medical Nutrition Therapy should be offered to all RW clients as part of their comprehensive HIV medical care services.
- **Partner Services**, which assists HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV, was reported as being significantly underutilized by young adults. 61% reported that they had NOT been informed of Partner Services before this survey. 56% reported that they would be willing to use Partner Services. Only 6% had used Partner Services before. There is more work that needs to educate PLWH about Partner Services and to facilitate their use of such services.
- **Pre-Exposure Prophylaxis (PrEP)**, which is the use of medications to reduce the likelihood of HIV negative people from becoming infected with HIV, also was reported as significantly underutilized by young adults. 22% of 2021 survey respondents had never heard of PrEP. Of those who had heard about PrEP, 11% were not sure how PrEP would affect their sex life; 67% reported that they do not feel comfortable talking to their HIV negative partner(s) about PrEP; and 83% reported that they would not use condoms for anal or vaginal sex if their partner was on PrEP. Discussions about PrEP and referrals to PrEP navigation services need to be an integral part of the HIV Continuum of Care.

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 RW Care Program and HIV Health Services Planning Council to consider in its efforts to address the most highly reported Barriers to Care among 2021 Young Adult HIV Needs Assessment survey respondents:

- Lack of patient awareness (including “didn’t know this was available, “didn’t know how to get” and “didn’t think I was eligible”) were the top 3 most commonly reported barriers. Improved outreach and case management for PLWH should continue to be prioritized and models of care should continue to be enhanced. Service providers should work to improve awareness of available services through direct client contact at all levels of care and targeted marketing and social media campaigns. Case Managers and other support staff should connect 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 could increase efforts to contact patients directly to inquire about and encourage re-entry into medical care. All RW service agencies should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining “no-show” tracking and follow up protocols.
- RW service agencies should be encouraged to increased use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.

- The Council could consider increased technical assistance, capacity building and networking with current RW service organizations throughout the TGA to educate them about findings and implications of the Needs Assessments to improve the overall HIV system of care.
- The Council should continue to network with other organizations throughout the Sacramento Region to maximize additional funding opportunities and services for PLWH.
- The HIV Health Services Planning Council's Quality Advisory Committee should continue to involve RW consumers in quality improvement efforts by collecting feedback through the annual postcard survey to evaluate services. Expanded efforts to solicit input from PLWH and service providers should be explored as part of the RW Program's Continuous Quality Improvement (CQI) efforts. For example, facilitated focus groups and client satisfaction surveys could be conducted to evaluate the TGA's overall program delivery system, including coordination of care and collaboration between service providers.
- The RW Program should continue to use its sophisticated database, Sacramento HIV/AIDS Reporting Engine (SHARE) to keep RW service providers informed about clients who are not staying retained in outpatient medical care. SHARE generates a "Clients Not In Care" report which should be distributed monthly to RW service providers to assist them in identifying clients who are out of HIV medical care; to resolve data issues; to track progress of CQI projects; to identify areas for program improvement; and to assist with retaining clients in ongoing medical care.

SECTION A: METHODOLOGY

A-1. BACKGROUND

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

In 2020, 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 Transitional Grant Area (TGA), which includes the counties of Sacramento, El Dorado, and Placer. Unfortunately, the COVID-19 pandemic hit the TGA in early 2020. Because the HIV Needs Assessment is conducted through in-person surveys with PLWH served by the RW program, the pandemic resulted in a delay in implementation of the survey process until 2021 when it could be conducted safely according to Center for Disease Control (CDC) guidelines.

Due to the challenges and delay due to COVID-19, HRSA decided that each TGA could conduct a needs assessment survey process that targeted a specific subpopulation. The Sacramento TGA voted to target young adults ages 19-29, given the trends of the HIV epidemic in this population over time. The goal of the Targeted Young Adult HIV 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, mode of HIV transmission, co-morbidities, complicating factors, etc.) to assist with effective planning for service funding and service delivery.

A-2. NEEDS ASSESSMENT PROCESS

a. Consumer Survey Process

Ryan White HIV Health Services Planning Council (HHSPC) and RW service provider agency staff conducted survey sessions, both in group and one-on-one settings. The Young Adult HIV Needs Assessment survey tool was created in English but was administered in Spanish during survey sessions as needed. All surveys were completed anonymously.

In total, of the 190 clients in the target population of young adult ages 19-29 served by the RW Program in FY20, 18 PLWH completed the targeted needs assessment survey. Although this is a small number of respondents, it is 9.5% of the target population. This response rate is higher than the 7.3% (177 of 2,425 RW clients) who completed the 2018 HIV Needs Assessment survey of all ages of RW clients. Surveys were conducted at several RW Service Providers in the TGA including Sunburst Projects, CommuniCare Health Centers, and One Community Health.

Participants of the time-consuming survey process received a \$20 grocery food certificate. Surveys with incentives such as gift cards are vulnerable to duplicate respondents who want an additional incentive. To address the issue of potential duplicative surveys, staff maintained a list of each unique confidential identifier that was created for each survey participant to ensure that identifier was never used twice.

Another quality control issue included the accuracy of the information provided by survey respondents and the consistency in 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 interpretation of each question.

Data for all survey respondents have been analyzed and are presented in the charts and graphs throughout this narrative report. In addition, to provide as complete a data set as needed for readers of this Young Adult HIV Needs Assessment, the complete anonymous data set can be requested by contacting Paula Gammell, MPA, Human Services Program Planner, RW CARE Program, at (916) 876-5548.

b. Revised Needs Assessment Survey Tool

The original HIV Needs Assessment survey instrument for the Sacramento TGA was designed and approved in 2003. The survey tool has been periodically modified over the years to clarify questions without changing the foundation of the original survey. In 2016, and again in 2021, the Sacramento TGA's HIV Health Services Planning Council, through its Needs Assessment Committee, conducted a more extensive revision of the survey tool. Revisions were based on feedback from survey participants, and those who assisted with survey administration over the years, that the survey was lengthy and had several sections that were duplicative and confusing.

The survey tool was revised and streamlined further for this 2021 Young Adult Targeted Survey Tool to increase the clarity of the Serviced Need / Serviced Received section. These improvements resulted in a significant decrease the length of the survey tool and increased usability (see Appendix, Attachment 1). Questions were revised to get a specific understanding of which RW services had an "Unmet Need", which means that the client needed the service but was not able to receive it due to Barriers to Care. Survey respondents were asked to check one of the following boxes for each RW service:

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

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

The Barriers to Care section was improved by specifying that the section only needed to be completed for those services that had an Unmet Need (client checked box that they needed the service but did not receive it due to a Barrier to Care). To streamline the survey tool further, Barriers to Care were no longer asked separately for each service category.

To help the TGA gain a better understanding about which level of the service system that the Barriers to Care exist, they were classified into three barrier categories which span from examining broad-based TGA-wide "Access" issues to more specific client-based "Financial" and "Personal" issues.

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

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

c. Data Analysis

2021 Needs Assessment data from each completed survey was entered by staff of the HIV Health Services Planning Council using Microsoft Excel. All open-ended questions and survey comments were compiled. Data was checked for consistency and skip patterns. Survey data were analyzed by Lili Carbone Joy, MPH, Community Health Impact, using Microsoft Excel. Data were analyzed to identify meaningful findings in distributions of PLWH demographics, co-morbidities, services needed, services with unmet need and barriers to care (including personal, access and financial barriers).

The 2021 Young Adult HIV Needs Assessment respondents are a sample of RW clients within the target population of all PLWH ages 19-29 in the Sacramento TGA. The data are analyzed to find disparities both within the 2021 Needs Assessment respondents and, to the extent possible, between the 2021 and the 2018 survey respondents (which included a sample of all ages of RW clients). Because the focus of the 2021 Needs Assessment was targeted to young adults and the sample size was 18 (9.5% of all RW clients in 19-29 age group), comparisons with the 2018 Needs Assessment, which surveyed 177 clients (7.3% of RW adult clients) the comparative analysis was somewhat limited.

Even with these limitations, however, there were some clear differences that stood out between the survey cohorts. The data and analytic findings are presented throughout this report through graphs and tables, as well as in narrative form. Numbers are rounded to the nearest integer (e.g., 16.7% rounded to 17%). In cases where multiple rounded numbers are added together, the total may not appear to equal the sum of the parts.

SECTION B: SURVEY RESPONDENTS

B-1. DEMOGRAPHICS, COMORBIDITIES AND COMPLICATING FACTORS

a. TGA Geography and HIV Epidemiology

The Sacramento Transitional Grant Area (TGA) is a large three-county area of 4,287 square miles, with a geography that includes the primarily urban and suburban County of Sacramento, and the primarily rural El Dorado and Placer Counties. Sacramento County is geographically the smallest of the three counties, but the most populous, accounting for 72.4% of the TGA's population and 88.7% of the PLWH in the TGA as of 12/31/19. El Dorado County accounted for 9.0% of the TGA's population and 4.1% of the PLWH, while Placer accounted for 18.6% of the population and 7.1% of the PLWH.

The impact of the HIV epidemic on the Sacramento TGA continues to grow. Just over the last five years, between 12/31/14 and 12/31/19, the number of Persons Living with HIV/AIDS (PLWH) in the TGA grew 18.2%, from 4,299 to 5,081. The growth in HIV/AIDS cases in the TGA was 3 times the growth of the TGA's general population during the same time period from 2,025,283 to 2,143,230, or 5.8%.

This growth in the region's HIV epidemic continues to impact the RW Part A Comprehensive AIDS Resources Emergency (CARE) Act Program. During the first quarter of FY20, the RW Program saw a 32.7% increase in new (never been served in the TGA) clients (65 new clients). As comparison, during the first quarter of FY19, 49 clients were new to the RW system of care.

b. Demographic Analysis and Trends

In total, of the 190 PLWH in the target population of young adult ages 19-29 who were served by the RW Program in FY20, 18 PLWH completed the Young Adult HIV Needs Assessment. Although this is a small number of respondents, it is 9.5% of the target population (18/190) which is higher than the 7.3% (177 of 2,425 RW clients) who completed the survey of all ages of RW clients in 2018.

It is important to the HIV Health Services Planning Council (HHSPC or "the Council") that PLWH from all areas of the TGA be represented in the HIV Needs Assessment survey process and historically this has been accomplished. However, due to COVID-19 and the condensed timeframe and scope of the survey process, the RW clients in the targeted age group of 19-29 who responded to the survey recruitment process were residents of Sacramento County (83%) and Yolo County (17%) and were not from the TGA's rural counties, El Dorado and Placer. All RW TGA counties had been represented in previous bi-annual HIV Needs Assessments.

Although Yolo County is not part of the RW Part A TGA, it receives RW Part B funds and many of its recipients receive care at One Community Health, a RW funded medical clinic in Sacramento County. Therefore, inclusion of RW clients from Yolo County is relevant to the 2021 Young Adult Needs Assessment.

Similar to geographic representation, it is 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. However, because the 2021 Needs Assessment targets young adults ages 19-29, comparisons to the HIV epidemic in the TGA's general population or the RW Part A CARE Program's total case load are not applicable. Therefore, in this report, demographic analyses are made primarily between the RW clients surveyed in the 2021 and 2018 HIV Needs Assessments.

DEMOGRAPHICS
2021 YOUNG ADULT (AGES 19-29) NEEDS ASSESSMENT
2018 FULL POPULATION (ALL AGES) NEEDS ASSESSMENT

| DEMOGRAPHICS | | 2018 All Ages Needs Assessment | 2021 Young Adult Needs Assessment |
|---------------------------------|---|---|--|
| Race | African American | 34% | 22% |
| | White | 43% | 33% |
| | Asian/ Pacific Islander* | 1% | 11% |
| | Latinx** | 18% | 33% |
| | Other/Not Specified | 4% | 0% |
| Gender | Male | 71% | 72% |
| | Female | 26% | 22% |
| | Transgender / Nonbinary Unspecified | 2.6% | 6% |
| Age | <19 | 2% | |
| | 19-24 this year (born >1996) | | 44% |
| | 25-29 this year (born <1997) | | 50% |
| | 20-44 | 26% | |
| | 45+ | 66% | |
| | Not specified | 7% | 6% |
| Mode of Transmission | MSM | 51% | 44% |
| | MSM/IDU | 1% | |
| | IDU | 10% | |
| | Heterosexual | 16% | |
| | Pediatric Exposure | | 28% |
| | Other Undetermined | 22% | 28% |

**American Indian/Alaska Natives included*

***may also self-identify as White, Black / African American, and American Indian / Alaska Native Respondents; shown here unduplicated under Latinx*

The table above provides a basic demographic profile of the 18 young adult RW clients who completed the 2021 Young Adult Needs Assessment compared to the 177 RW clients who completed the 2018 Needs Assessment survey that included all ages of RW clients. The analysis shows that the following subpopulations were over or underrepresented in 2021 compared to 2018:

Racial Disparities

- Asian/Pacific Islanders/American Indian/Alaska Natives were 11% of the young adult survey population in 2021 as compared to 1% of the total survey population in 2018.
- Latinx were 33% of young adult survey population in 2021 as compared to 18% in 2018.

Gender Disparities

- Transgender/Non-binary/Unspecified survey respondents were represented in the 2021 Young Adult Needs Assessment at two times the rate (6%) of 2018 respondents of all ages (2.6%).

Mode of HIV Transmission

- Pediatric Exposure/Other/Undetermined was reported as the mode of HIV transmission in 2021 at two times the rate (56%) of 2018 survey respondents (22%).
- No young adult survey respondents in 2021 reported Heterosexual or Injection Drug Use mode of transmission, compared to 16% and 10% in 2018, respectively.
- Men who have Sex with Men (MSM) HIV transmission was reported at a lower rate in the young adult survey (44%) as compared to full HIV Needs Assessment in 2018.

B-2. HIV HEALTHCARE STATUS

a. HIV Medical Care Engagement

Young Adult RW clients reported high levels of engagement in meeting their HIV medical care needs over the past 12 months. 94% of clients reported that they had taken HIV medication; 89% had a viral load and CD4 test; and 82% had seen a doctor, nurse or physician assistant for HIV care. 50% reported seeing their HIV doctor every 6 months; 39% every 3 months; and only 11% saw their doctor only once in the last year.

| HIV Medical Care Services Received 2021 Young Adult Needs Assessment | | |
|---|-------|------|
| In the past 12 months, what HIV medical care have you received? | % Yes | % No |
| Seen a doctor, nurse or physician's assistant for HIV. | 82% | 18% |
| Taken HIV medication (Antiretroviral Treatment - ART). | 94% | 6% |
| Had a test for your Viral Load. | 89% | 11% |
| Had a test for your CD4 count (t-cell) | 89% | 11% |

| HIV Medical Care Visit Schedule 2021 Young Adult Needs Assessment | | | | | | | |
|--|-----|---------------|-----|-----------------------|----|--------------------|----|
| How often do you see your HIV doctor? | | | | | | | |
| Every 3 months | 39% | Once a year | 11% | When I feel sick | 0% | Never / I don't go | 0% |
| Every 6 months | 50% | Every 2 years | 0% | I don't have a doctor | 0% | | |

b. Factors Increasing HIV Medical Care Engagement

The most highly reported factor that helps to keep PLWH in care was wanting to stay healthy and live longer (83%); reducing the risk of transmission to others (61%) and being afraid of getting sick (56%). Additional factors keeping young adults in care were the following: getting support from family and friends (39%); seeing the benefits of treatment (33%); their HIV case manager or social worker (33%); my doctor, nurse or clinician (22%); and staying sober (22%).

| Factors Increasing HIV Medical Care Engagement 2021 Young Adult Needs Assessment | | | | | |
|---|-----|--------------------------------------|-----|------------------------------------|-----|
| What kinds of things help you keep up with your HIV medical care? | | | | | |
| I want to stay healthy and live longer | 83% | Seeing the benefits of treatment | 33% | My faith, religion or spirituality | 17% |
| To reduce risk of transmission to others | 61% | My HIV case manager or social worker | 33% | An HIV group or program | 6% |
| I'm afraid of getting sick | 56% | My HIV doctor, nurse or clinician | 22% | A mentor at my clinic/agency | 0% |
| The support of family and friends | 39% | Staying sober | 22% | I have never been in medical care | 0% |

c. Health Status Self Rating

Although the goal is to see the RW clients rate their health status even higher, 55% of young adult RW clients who were surveyed reported that their physical health was either “much better” (44%) or “a little better” (17%) now than when they first sought treatment for their HIV infection. Unfortunately, 17% reported that their physical health was either “a little worse” (11%) or “much worse” (6%).

| 2021 Young Adult Needs Assessment Health Status Self Rating | |
|---|-----|
| How do you rate your physical health now as compared to when you first sought treatment for your HIV infection? | |
| Much Better | 44% |
| About the Same | 17% |
| A Little Better | 11% |
| A little Worse | 11% |
| Much Worse | 6% |

B-3. CO-MORBIDITIES, COMPLICATING FACTORS AND TRENDS

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

| Co-Morbidities 2021 Young Adult and 2018 All Ages HIV Needs Assessment | | |
|---|------------------|----------------------|
| Co-Morbidity | 2018 All Ages | 2021 Young Adults |
| Syphilis (New cases) | 11.3% | 17% |
| Gonorrhea (New Cases) | 5.6% | 17% |
| Chlamydia (New Cases) | 6.2% | 17% |
| HCV All Cases | 16.9% | 0% |
| Uninsured | 4% | 6% |
| Under 100% of Poverty | 68.5% | 63%* |
| Homeless / Unstable Housing (Current) | 18.7% | 22% |
| Recently Incarcerated | 8.5% | 0% |

*Out of 16 respondents in the 2021 Needs Assessment (vs.18 for all other questions)

a. Sexually Transmitted Infections (STIs) and Hepatitis C

The co-morbidity of STIs is a big issue for the TGA and RW program, especially when considering that over 73% of the FY20 RW caseload contracting HIV through sexual contact. Overall, STIs were reported at much higher rates among young adults in 2021 than all ages in 2018, as follows:

Gonorrhea. 2021 young adult survey respondents reported Gonorrhea at a much higher rate than 2018 all ages (17% vs. 5.6%).

Chlamydia. Among 2021 young adult respondents, 17% reported being diagnosed with Chlamydia in the past year, which is much higher than the 6.2% of 2018 respondents.

Syphilis. 2021 young adult respondents reported Syphilis at a much higher rate than 2018 all ages (17% vs. 11.3%). These syphilis rates among RW clients are exponentially higher than the syphilis rate in the general population in 2019 (0.027%).

Hepatitis C (HCV). In addition to the STIs described above, 16.9% of 2018 respondents reported HCV diagnosis, as compared to a 1.0% HCV infection rate among the TGA’s 2018 general population. As comparison, none of the 2021 Young Adult Needs Assessment respondents reported HCV infection.

b. Health Insurance Coverage

6% of 2021 young adults reported health insurance coverage, which is an increase over the 4% of 2018 respondents. As seen in the table below, of the 2021 who reported a known source of health insurance coverage, only a small minority (6%) had a private insurance source, and the vast majority were on Medi-Cal (78%).

| Health Insurance Coverage 2021 Young Adult Needs Assessment Respondents | |
|--|---------|
| Health Insurance Type | Percent |
| Medi-Cal | 78% |
| Covered California / ACA | 11% |
| Employer-Based | 6% |
| No Insurance | 6% |
| Medicare | 0% |
| Veterans Administration | 0% |
| COBRA or OBRA | 0% |
| Not Enrolled | 0% |

c. 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 2021 and 2018 Needs Assessment surveys, demonstrating increased rates of poverty among young adult respondents. 63% of young adult respondents were at or below 100% of poverty as compared to 55% of 2018 respondents.

| INCOME STATUS | 2018 All Ages Respondents | 2021 Young Adult Respondents |
|---|---------------------------|------------------------------|
| 100% of poverty (\$0-\$12,800) | 55% | 63% |
| 101% to 300% of poverty (\$12,801-\$38,400) | 37% | 25% |
| Over 300% of poverty (> \$38,001) | 8% | 13% |
| | 100% | 100% |

d. Supplementary Income Sources

Income supplements of 2021 young adult respondents were in much fewer categories than 2018 all ages respondents. Notably, 28% of 2021 survey respondents reported unemployment as a source of supplementary income as compared to 1.1% in 2018. This finding is likely due to the COVID-19 Pandemic Unemployment Assistance (PUA) program at the federal and state levels in 2020 and 2021. As noted in the table below, the following supplementary income sources were also reported at higher levels for 2021 young adults as compared to all age groups surveyed in 2018: Food Stamps (39% vs. 28%) and Subsidized Housing (17% vs. 11%).

| SUPPLEMENTARY INCOME | 2018* | 2021* |
|---|-------|-------|
| SSI | 40% | 0% |
| SSDI | 31% | 0% |
| CalFresh (Food Stamps) | 28% | 39% |
| Long Term Disability | 16% | 0% |
| Subsidized Housing | 11% | 17% |
| Not Eligible for Benefits | 7% | 17% |
| Short Term Disability | .6% | 0% |
| State Disability Insurance (SDI) | 11% | 0% |
| Veteran’s Benefits (VA) | 2% | 0% |
| Worker’s Compensation | 0.6% | 0% |
| Annuity/Life Insurance | 0.6% | 0% |
| Retirement | 6% | 0% |
| Rent Supplement | 2% | 0% |
| General Assistance | 5% | 0% |
| Women’s Infants and Children (WIC) | 3% | 0% |
| TANF/Cal WORKS | 1% | 0% |
| RW Emergency Financial Assistance (EFA)** | 1% | 0% |
| Unemployment** | n/a | 28% |
| Other (non-unemployment)*** | 1.1% | 11% |

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

** EFA paid by RW doesn’t cover rental assistance, utilities, or food, but provides medication reimbursements in Sac Co. In rural counties, EFA may be used for these needs when there are minimal or no other sources. All EFA must be accessed through a RW Medical Case Manager to verify need, income and payer of last resort documentation.

*** 28% of 2021 respondents indicated unemployment income source under “Other”; unemployment was not calculated separately in the 2018 survey.

e. Employment Status

A greater percentage of 2021 young adult survey respondents were employed, both full and part time, as compared to 2018 respondents. 11% of 2021 young adult respondents were employed full-time (33-40 hours per week) as compared to 5.1% of 2018 respondents. 17% were employed part time in 2021 vs. 10.2% in 2018.

f. Housing Status

Young Adult PLWH in the 2021 survey were asked about their current living arrangements. A large percentage, 22%, reported that they were currently homeless or unstably housed in shelter or motel. This was slightly higher than the 18.7% of 2018 respondents of all ages that reported homeless/unstable housing. These

rates of homelessness/unstable housing among RW clients is incredibly high when compared to the TGA's general population of 0.32% based on 2019 US Census Bureau data.

g. Former Incarceration Status

No young adults in the 2021 Needs Assessment reported that they had been incarcerated within the previous year as compared to 8.5% of the 2018 respondents.

h. Substance Use

The comorbidity of substance use and HIV includes non-prescription drugs that are both injected and non-injected. Overall, the percentage of needs assessment survey respondents using substances within the last 6 months was fairly comparable between 2021 and 2018. 2021 young adults had a slightly higher rate of alcohol use (44% vs. 41%) while 2018 respondents had a higher rate of stimulant use (15% vs. 11%) and marijuana use (41% vs. 33%).

| Substance Use Trend Analysis 2018 and 2021 HIV Needs Assessments | | |
|---|--------------------------|------------------------------|
| Substance Used | 2018 All Ages | 2021 Young Adults |
| Illegal Substances (excludes marijuana) | 27% | 22% |
| Alcohol | 41% | 44% |
| Marijuana (medically prescribed or recreational) | 41% | 33% |
| Illegal Substances (excludes marijuana) | n/a | 22% |
| Poppers (rush, amyl nitrate) | n/a | 11% |
| Ketamine | n/a | 11% |
| Gamma Hydroxybutyrate (GHB, Liquid X, Gina, G) | n/a | 11% |
| Stimulants (methamphetamine, cocaine, speed, crack) | 15% | 11% |
| Heroin | n/a | 11% |
| Prescription Opiates | n/a | 11% |
| Speedball | n/a | 6% |
| Ecstasy (S, E MDMA, Adam) | n/a | 6% |
| Hallucinogens (LSD, Acid, Peyote, Mescaline, PCP) | n/a | 6% |
| Tranquilizers / Barbiturates | n/a | 6% |

B-4 HIV PREVENTION PRACTICES AND PARTNER SERVICES

The 2021 Young Adult Needs Assessment included questions about HIV Prevention and Partner Services. Although these services are not directly funded by the RW Part A Program, client input about their knowledge and use of HIV prevention strategies is imperative to improving outcomes along the full HIV Continuum of Care.

a. Pre-Exposure Prophylaxis (PrEP)

PrEP is the use of anti-retroviral medications (ART) to keep HIV negative people from becoming infected with HIV. The table below shows the percent of clients responding either yes or no to whether each of the following statements about PrEP were true for them:

| Pre-Exposure Prophylaxis (PrEP) 2021 Young Adult Needs Assessment | | |
|--|--------------|-------------|
| Which of the following statements about PrEP are true for you? | % Yes | % No |
| I have never heard of PrEP. | 22% | 78% |
| I have heard of PrEP, but I am not sure how it will affect my sex life. | 11% | 89% |
| If my partner is on PrEP, I do not need to disclose that I am HIV positive. | 6% | 94% |
| If my partner is on PrEP, I would be less likely to use a condom. | 22% | 78% |
| Even with partner(s) on PrEP, I would disclose that I am HIV positive. | 44% | 56% |
| Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex. | 17% | 83% |
| I feel comfortable talking to my HIV negative partner(s) about PrEP. | 33% | 67% |

There is much more work to do in the Sacramento TGA regarding PrEP education and navigation based on the 2021 Needs Assessment responses from young adults. For example, 22% of survey respondents had never heard of PrEP. Of those who had heard about PrEP, 11% were not sure how PrEP would affect their sex life. 67% reported that they do not feel comfortable talking to their HIV negative partner(s) about PrEP. 83% reported that they would not use condoms for anal or vaginal sex if their partner was on PrEP. This decreased use of condoms increases the risk for additional STIs such as Chlamydia, Gonorrhea and Syphilis.

b. Condom Use and Sexual Health Practices

There is much more education and advocacy work to be done regarding condom use in the TGA based on responses from the young adults in the 2021 HIV Needs Assessment. 56% of survey respondents do not use a condom when they have anal sex. 11% reported that they do not use condoms at all because they don't like them.

| Condom Use and Sexual Health Practices 2021 Young Adult Needs Assessment | | |
|---|--------------|-------------|
| Which of the following statements about condom use are true for you? | % Yes | % No |
| I do not have anal or vaginal sex so condoms are not an issue. | 22% | 78% |
| I use a condom when I have anal sex. | 44% | 56% |
| I only have sex with one person and we choose not to use condoms. | 11% | 89% |
| My sex partner is HIV+ so we don't use condoms. | 0% | 100% |
| My partner is on PrEP so condoms aren't needed | 0% | 100% |
| My viral load is undetectable, so condoms aren't needed any more. | 22% | 78% |
| I don't use condoms because my partner doesn't like them. | 0% | 100% |
| I don't use condoms because they cost too much. | 0% | 100% |
| I don't use condoms because I don't like them. | 11% | 89% |
| Other Sexual Health Practices: | | |
| I have had sex to get money, drugs, housing, etc. | 17% | 83% |

c. HIV Disclosure

61% of young adult PLWH surveyed reported that they always disclose their HIV status to every sex partner. 11% reported that they sometimes disclose their HIV status with some partners. 6% reported that they never report their HIV status because their viral load is undetectable. 6% reported that they never disclose their HIV status because they don't feel comfortable doing so.

| HIV Disclosure 2021 Young Adult Needs Assessment | | |
|---|-------|------|
| When do you disclose your HIV status to sex partners? | % Yes | % No |
| Always, with every partner. | 61% | 39% |
| Sometimes with some partners. | 11% | 89% |
| Never, I always use condoms. | 0% | 100% |
| Never. My viral load is undetectable. | 6% | 94% |
| Never. Most of my partners are HIV+. | 0% | 100% |
| Never. I don't feel comfortable disclosing my HIV status. | 6% | 94% |
| Never. Most of my partners are on PrEP. | 0% | 100% |
| Never. I do not have sex. | 11% | 89% |

d. Syringe Use and Practices

In terms of direct risk of HIV transmission, 17% of 2021 young adult respondents reported use of needles to inject non-prescription substances, and of those, 67% reported sharing of needles or injection equipment. 6% reported having used someone else's syringes to inject themselves. 6% reporting sharing needles for piercings and/or tattooing.

| Syringe Use and Practices 2021 Young Adult Needs Assessment | | |
|---|-------|------|
| Which of the following statements about syringe use practices are true for you? | % Yes | % No |
| I have used needles (syringes) to inject non-prescription substances. | 17% | 83% |
| I have shared needles or injection equipment. | 11% | 89% |
| I have used someone else's syringes to inject myself. | 6% | 94% |
| I have had sex with someone who shares syringes. | 0% | 100% |
| I have shared needles for piercings and/or tattoos. | 6% | 94% |

e. Partner Services

The 2021 Young Adult HIV Needs Assessment asked about Partner Services, which is a free service to assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV. As can be seen below, there clearly is more work that needs to be done in this area to educate PLWH about Partner Services and facilitate their use of such services.

61% of surveyed PLWH reported that they had NOT been informed of Partner Services before this survey. 56% reported that they would be willing to use Partner Services. Only 6% had used Partner Services before.

| Partner Services 2021 Young Adult Needs Assessment | | |
|--|-------|------|
| Which of the following statements about Partner Services are true for you? | % Yes | % No |
| Have you been informed of Partner Services before this survey? | 39% | 61% |
| Have you used Partner Services before? | 6% | 94% |
| Would you be willing to use Partner Services? | 56% | 44% |

SECTION C: SERVICE DEMAND AND UNMET NEED

C-1. SERVICE DEMAND BY SERVICE CATEGORY

a. Service Demand: Need Met Plus Unmet Need

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

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

- I did not need the service (Not Needed)
- I needed the service and received it (Need Met)
- I needed the service but did not receive (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 young adult RW clients, and which services they are having the most difficulty obtaining due to confronting Barriers to Care. As can be seen from the following chart, Service Demand (or Total Need) equals Need Met plus Unmet Need for each service category.

Medical Case Management, for example, had the highest Service Demand at 83%. This 83% total service demand consists of the 72% of survey respondents reported that they *received* Medical Case Management (Need Met) plus the 11% of survey respondents who reported that they needed *but did not receive* Medical Case Management (Unmet Need).

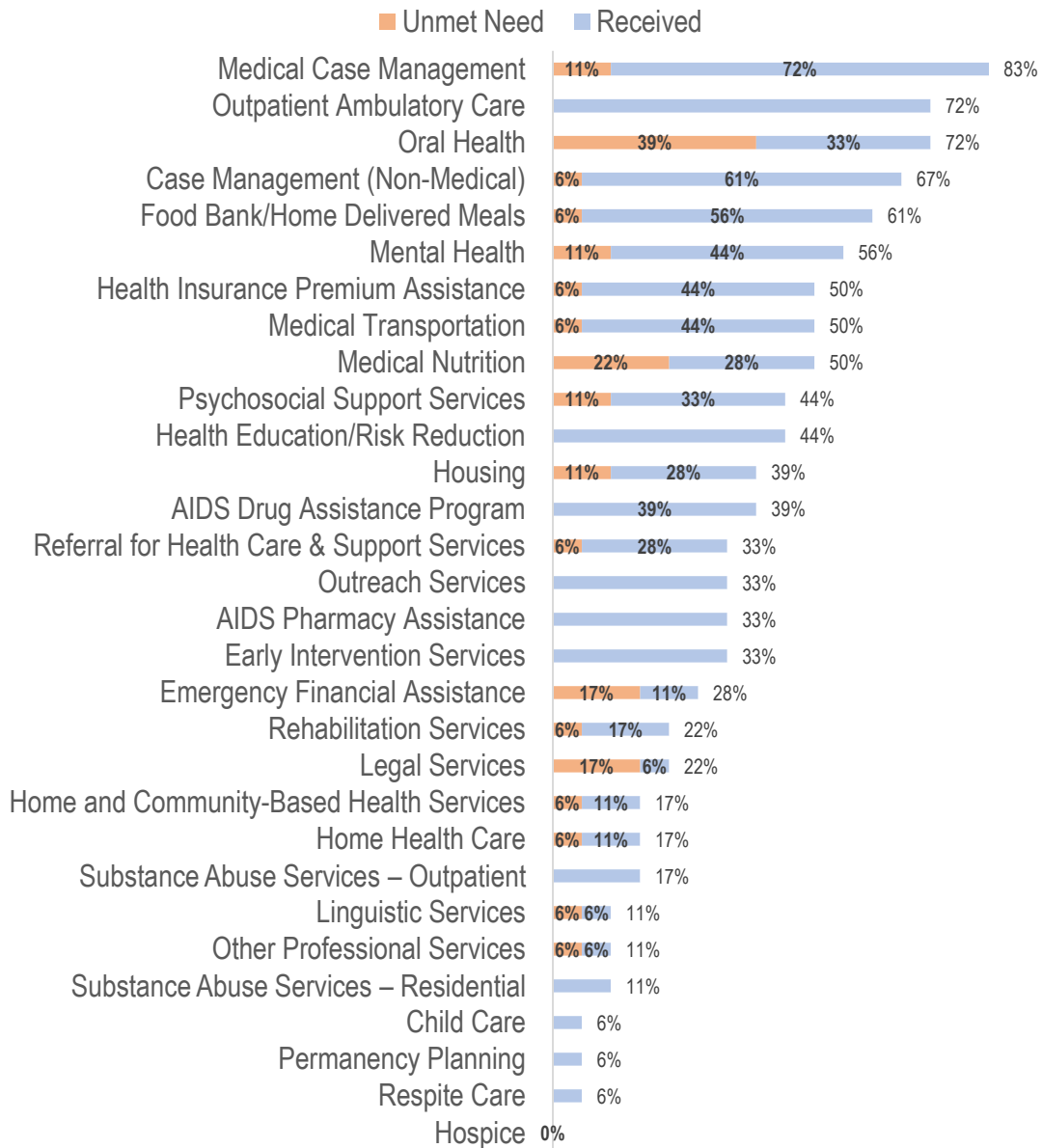
Outpatient Ambulatory Care had the second highest Service Demand at 72%, with 0% Unmet Need and no reported Barriers to Care among Young Adult survey respondents. This finding shows that all young adults who reported needing Outpatient Ambulatory Care were able to receive it, which is a great success for the RW Program.

Oral Health was ranked as high as Outpatient Ambulatory Care for Service Demand at 72%. However, the Unmet Need for Oral Health higher than any other RW service category. Unfortunately, 39% of clients who reported needing Oral Health DID NOT receive it because they confronted Barriers to Care for this service. This is problematic as Oral Health Care is the 4th highest priority service category for the RW Planning Council.

Non-Medical Case Management had the 4th highest Service Demand at 67% with an Unmet Need of 6%.

Mental Health ranked as the 5th highest Service Demand at 56% with an Unmet Need of 11%.

Service Demand by Service Category 2021
Service Demand (Total Need) = Unmet Need + Need Met



b. Trends in Service Demand

A comparison of findings between the 2021 Young Adult HIV Needs Assessment and the prior 2018 Needs Assessment of all ages provides valuable input for program planning, implementation, and allocation of resources for the Sacramento Region’s RW Program.

As can be noted below, the following three highlighted services were among the top five services with highest Service Demand in both the 2021 and 2018 needs assessments: Outpatient Ambulatory Care, Non-Medical Case management and Medical Case Management.

| SERVICE DEMAND (NEED MET + UNMET NEED) | | | |
|---|--------------------------------|----------------------|------------------------------|
| TOP FIVE SERVICES | | | |
| 2021 YOUNG ADULTS AND 2018 ALL AGES | | | |
| 2021 Young Adults | | 2018 All Ages | |
| 1 | Medical Case Management | 1 | Outpatient Medical Care |
| 2 | Outpatient Medical Care | 2 | Non-medical Case Management |
| 3 | Oral Health | 3 | AIDS Drug Assistance Program |
| 4 | Non-Medical Case Management | 4 | AIDS Pharmacy Assistance |
| 5 | Food Bank/Home Delivered Meals | 5 | Medical Case Management |

The most notable finding overall was that the 2021 young adults reported Service Demands at a lower average percentage than 2018 all ages survey respondents (34% in 2021 and 77% in 2018). Only one service category, Medical Case Management, had a Service Demand that was higher among 2021 young adults (83%) than 2018 all ages survey respondents (82%).

The following services had declines in Service Demands of more than 40 percentage points between 2018 all ages survey respondents and 2021 young adult respondents: Housing; AIDS Drug Assistance Program; Early Intervention Services; Residential Substance Abuse Services; and Linguistic Services (see shaded rows below).

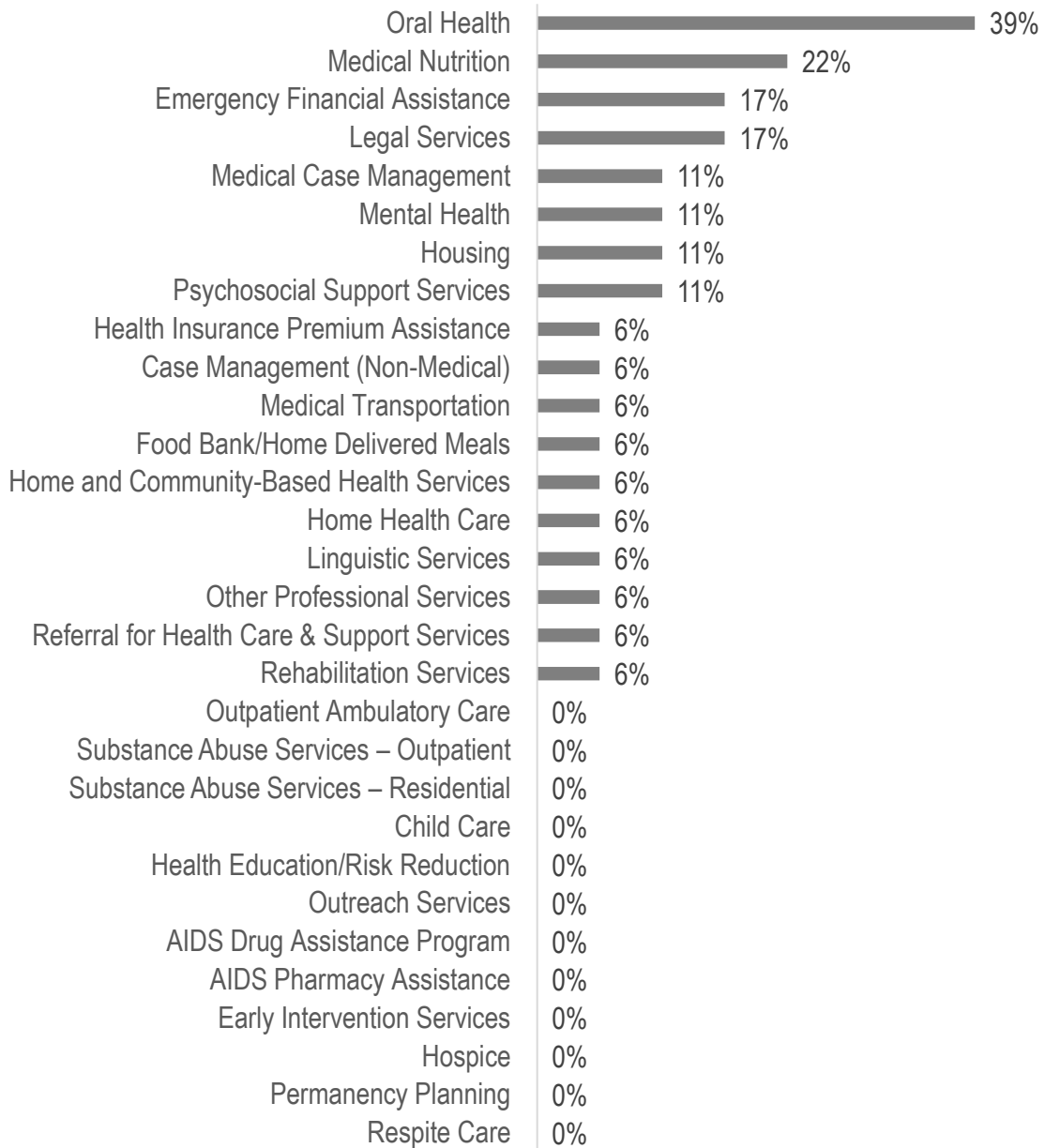
| SERVICE DEMAND TRENDS | | |
|--|------------------------------|----------------------------------|
| 2021 Young Adult and 2018 All Ages Survey Respondents Service Category | Service Demand All Ages 2018 | Service Demand Young Adults 2021 |
| Medical Case Management | 82% | 83% |
| Outpatient Ambulatory Care | 92% | 72% |
| Oral Health | 82% | 72% |
| Case Management (Non-Medical) | 90% | 67% |
| Food Bank/Home Delivered Meals | 82% | 61% |
| Mental Health | 81% | 56% |
| Health Insurance Premium Assistance | 79% | 50% |
| Medical Transportation | 73% | 50% |
| Medical Nutrition | 78% | 50% |
| Health Education/Risk Reduction | 78% | 44% |
| Psychosocial Support Services | 73% | 44% |
| Housing | 80% | 39% |
| AIDS Drug Assistance Program | 88% | 39% |
| Outreach Services | n/a | 33% |
| AIDS Pharmacy Assistance | 88% | 33% |
| Early Intervention Services | 82% | 33% |
| Referral for Health Care & Support Services | 75% | 33% |
| Emergency Financial Assistance | 81% | 28% |
| Legal Services | n/a | 22% |
| Rehabilitation Services | n/a | 22% |
| Substance Abuse Services – Outpatient | 56% | 17% |
| Home and Community-Based Health Services | 72% | 17% |
| Home Health Care | 72% | 17% |
| Substance Abuse Services – Residential | 58% | 11% |
| Linguistic Services | 53% | 11% |
| Other Professional Services | n/a | 11% |
| Child Care | n/a | 6% |
| Permanency Planning | n/a | 6% |
| Respite Care | n/a | 6% |
| Hospice | n/a | 0% |

C-2. UNMET NEED BY SERVICE CATEGORY

a. Unmet Need Overview

Unmet Need is the percent of clients who needed a service but were unable to obtain the service because they confronted one or more Barriers to Care. Unmet Need is a critical factor to analyze in determining the services RW clients are having the greatest difficulty obtaining. As can be seen in the graph below, Oral Health had the highest Unmet Need (39%): followed by Medical Nutrition (22%); Emergency Financial Assistance (17%); Legal Services (17%); Medical Case Management (11%); Mental Health Services (11%); Housing (11%); and Psychological Support Services (11%).

UNMET NEED BY SERVICE CATEGORY 2021



b. Trends in Unmet Need

The most notable finding is that the 2021 Young Adult HIV Needs Assessment respondents reported Unmet Needs at a lower average percentage, on average, than 2018 respondents (8% in 2021 and 31% in 2018). Only one service category, Oral Health Care, had a higher Unmet Need among 2021 young adults (39%) than 2018 all ages survey respondents (27%).

The following services had decline in Unmet Need of more than 30 percentage points between 2018 all ages and 2021 young adult respondents: Medical Nutrition; Emergency Financial Assistance; Housing; Food Bank/Home Delivered Meals; Home and Community-Based Health Services; Linguistic Services; Outpatient Substance Abuse; Residential Substance Abuse and AIDS Pharmacy Assistance (see shaded rows below).

| UNMET NEEDS TRENDS | | |
|---|----------------------|--------------------------|
| 2018 ALL AGES | | |
| 2021 YOUNG ADULTS (AGES 19-29) | | |
| Service Category | All Ages 2018 | Young Adults 2021 |
| Oral Health | 27% | 39% |
| Medical Nutrition | 41% | 22% |
| Emergency Financial Assistance | 42% | 17% |
| Legal Services | n/a | 17% |
| Medical Case Management | 29% | 11% |
| Mental Health | 18% | 11% |
| Housing | 48% | 11% |
| Psychosocial Support Services | 24% | 11% |
| Health Insurance Premium Assistance | 30% | 6% |
| Case Management (Non-Medical) | 16% | 6% |
| Medical Transportation | 37% | 6% |
| Food Bank/Home Delivered Meals | 58% | 6% |
| Home and Community-Based Health Services | 50% | 6% |
| Home Health Care | n/a | 6% |
| Linguistic Services | 41% | 6% |
| Other Professional Services | n/a | 6% |
| Referral for Health Care & Social Support | 21% | 6% |
| Rehabilitation Services | n/a | 6% |
| Outpatient Ambulatory Care | 15% | 0% |
| Substance Abuse Services – Outpatient | 27% | 0% |
| Substance Abuse Services – Residential | 31% | 0% |
| Child Care | n/a | 0% |
| Health Education/Risk Reduction | 18% | 0% |
| Outreach Services | n/a | 0% |
| AIDS Drug Assistance Program | 21% | 0% |
| AIDS Pharmacy Assistance | 36% | 0% |
| Early Intervention Services | 24% | 0% |
| Hospice | n/a | 0% |
| Permanency Planning | n/a | 0% |
| Respite Care | n/a | 0% |

It also is important to highlight the successful finding in 2021 that 12 services had NO Unmet Need, meaning that all of the young adult RW clients who reported that they needed the following services were able to receive them: Substance Abuse Services (Outpatient and Residential), Child Care, Health Education/Risk Reduction, Outreach Services, AIDS Drug Assistance Program, AIDS Pharmacy Assistance, Early Intervention Services, Hospice, Permanency Planning, and Respite Care.

C-3 SERVICES WITH HIGH UNMET NEED AND HIGH SERVICE DEMAND

There were several services that were ranked with both a high Service Demand AND a high Unmet Need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of Barriers to Care. The following five services ranked the highest for combined Service Demand and Unmet Need in both 2021 and 2018 HIV Needs Assessments:

SERVICES WITH HIGH SERVICE DEMAND AND HIGH UNMET NEED 2018 AND 2021

| Service Category | 2018 All Ages HIV Needs Assessment | | 2021 Young Adult Needs Assessment | |
|--------------------------------|---|-------------------|--|-------------------|
| | Service Demand | Unmet Need | Service Demand | Unmet Need |
| Oral Health | 82% | 27% | 72% | 39% |
| Medical Case Management | 82% | 29% | 83% | 11% |
| Mental Health | 81% | 18% | 56% | 11% |
| Housing | 80% | 48% | 39% | 11% |
| Medical Nutrition | 78% | 41% | 50% | 22% |

SECTION D: BARRIERS TO CARE

D-1. BARRIERS TO CARE OVERVIEW

a. Barriers to Care Categories

In the 2021 Young Adult Needs Assessment Survey Tool, the Barriers to Care section was improved by specifying that the section only needed to be completed for those services that had an Unmet Need (client checked box that they needed the service but did not receive it due to a Barrier to Care). To streamline the survey tool further, Barriers to Care were no longer asked separately by each service category.

To help the TGA gain a better understanding about which level of the service system the Barriers to Care exist, they were classified into three barrier categories of “Access,” “Financial,” and “Personal” Barriers to Care. These categories go from examining broad-based TGA-wide “Access” issues to more specific client-based “Financial” and “Personal” issues. The following provides a description of Barriers to Care categories covered in the 2021 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.”

b. Barriers to Care Rankings and Trends

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 in 2021, 50% were Access Barriers, 20% were Personal and 20% were Financial.

Follows are the top 10 Barriers to Care reported by survey respondents in both the 2021 and 2018 HIV Needs Assessments:

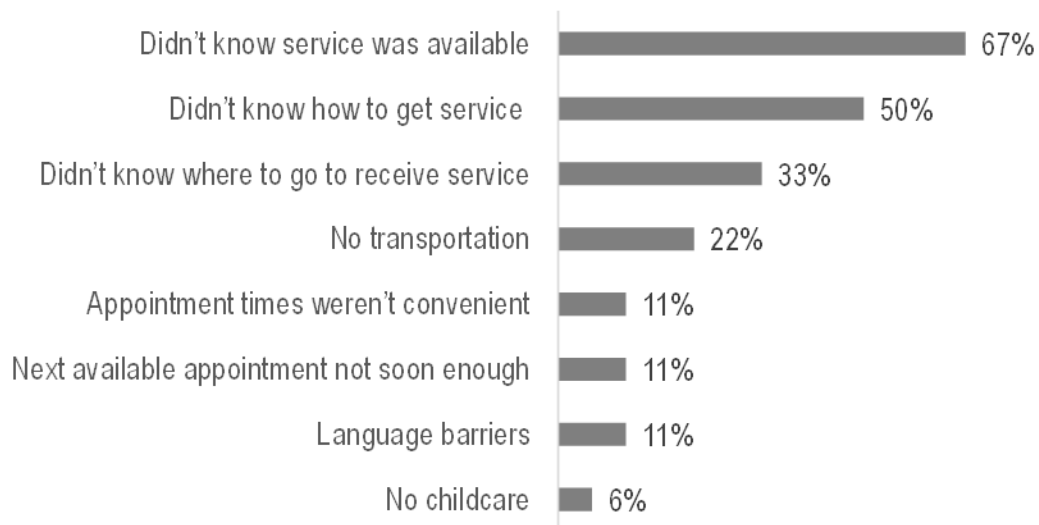
| TOP 10 BARRIERS TO CARE 2021 YOUNG ADULTS AND 2018 ALL AGES NEEDS ASSESSMENT SURVEY RESPONDENTS | | | |
|---|--|---------------|--|
| 2021 Young Adults* | | 2018 All Ages | |
| 1 | Did not know service was available (Access) | 1 | Did not know service was available (Access) |
| 2 | Did not know how to get service (Access) | 2 | Did not think I was eligible for service (Financial) |
| 3 | Did not think I was eligible for service (Financial) | 3 | Did not know how to get service (Access) |
| 4 | Did not know where to go to receive service (Access) | 4 | Privacy of HIV status concerns (Personal) |
| 5 | No transportation (Access) | 5 | Did not know where to go (Access) |
| 6 | Co-pay was too high (Financial) | 6 | Wait times too long (Access) |
| 7 | Wanted privacy of HIV status (Personal) | 7 | Treated with disrespect (Personal) |
| 8 | Hard to navigate system (Personal) | 8 | Was told I wasn't eligible (Financial) |
| 9 | Was treated with disrespect (Personal) | 9 | Appointment times not convenient (Access) |
| 10 | Next available appointment not soon enough (Access) | 10 | Co-pay was too high (Financial) |

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

80% of top 10 Barriers to Care were the same for 2021 and 2018 survey respondents. The differences were that the barriers of “no transportation” and “hard to navigated system were in the top 10 in 2021, whereas “wait times too long” and “appointment times not convenient“ were in the top 10 in 2018.

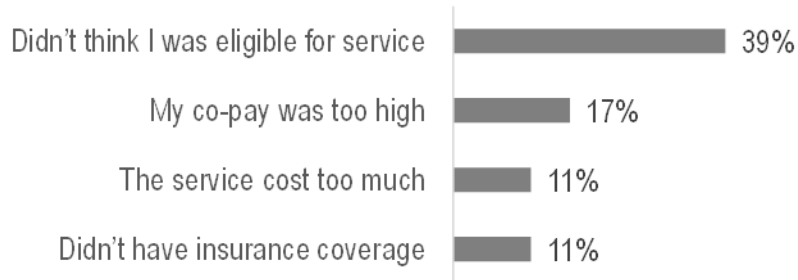
c. Access Barriers to Care Rankings

ACCESS BARRIERS TO CARE RANKINGS 2021



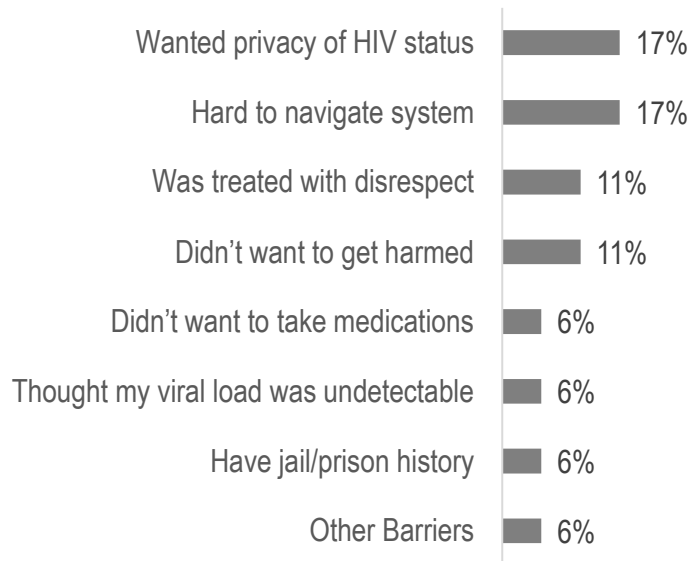
d. Fiscal Barriers to Care Rankings and Trends

FISCAL BARRIERS TO CARE RANKINGS 2021



e. Personal Barriers to Care Rankings and Trends

PERSONAL BARRIERS TO CARE RANKINGS 2021



SECTION E: IMPLICATIONS OF NEEDS ASSESSMENT FINDINGS

E-1. IMPLICATIONS FOR RW PRIORITY SETTING, ALLOCATIONS AND SERVICES

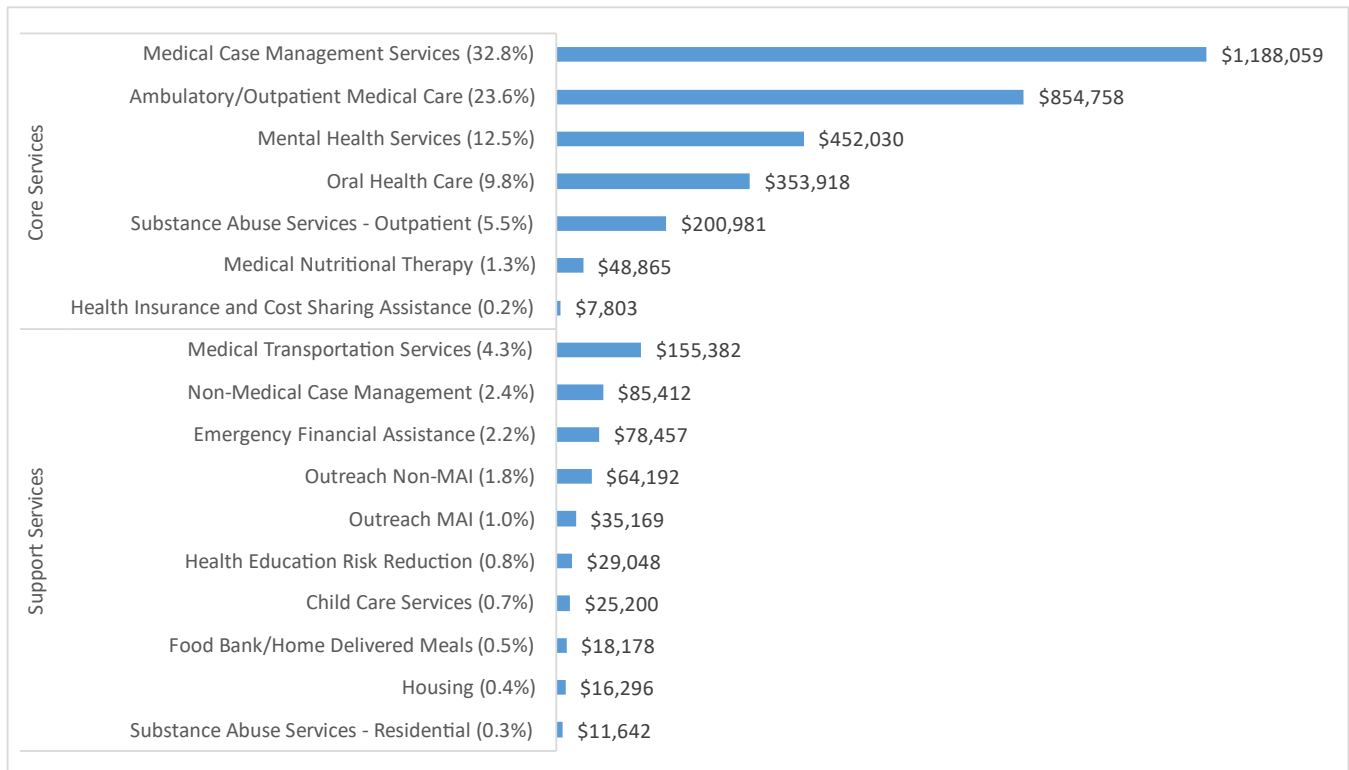
a. FY20 RW Program Direct Service Allocations

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

Within the Sacramento TGA, FY20 expenditures for each direct service category of the Ryan White Part A, RW Part A Minority AIDS Initiative (MAI), and California State RW Part B and Part B MAI programs, for each service category, are shown in the following bar graph. Medical Case Management was the largest direct service expenditure at 32.8%; Ambulatory/Outpatient Medical Care was the second largest expenditure at 23.6% and Mental Health Services was the third highest expenditure at 12.5%.

FY20 RW CARE Program (Part A, Part A MAI, Part B and RW Part B MAI Funds)

Direct Service Expenditures



b. Implications for RW Priority Setting, Allocations and Services

The 2021 Targeted Young Adult Needs Assessment provides input from RW clients ages 19-29 who are living with HIV. The analysis of their input regarding Service Demand, Unmet Need and Barriers to Care for treatment services, as well as their input regarding prevention and support services, provides the HIV Planning Council with options to consider when making priority setting and allocations decisions for the Sacramento TGA.

The following services were most highly ranked for both Service Demand (Service Need plus Unmet Need) and Unmet Need (unable to receive service) due to barriers to care in both 2021 Young Adult and 2018 All Ages Needs Assessments:

- **Oral Health** had the highest ranked combination of Service Demand, Unmet Need and Barriers to Care in the 2021 Needs Assessment; and had the second highest ranked combination in 2018. This input clarifies that additional funding for and access to Oral Health continues to be of primary importance to RW clients.
- **Medical Case Management** ranked #2 in combined Service Demand, Unmet Need and Barriers to Care for both 2021 young adult and 2018 all ages survey respondents. Given the importance of retention in ongoing medical care, the Council should continue to monitor and address barriers that clients are facing while trying to access Medical Case Management.
- **Mental Health Care** ranked #3 in combined Service Demand, Unmet Need and Barriers to Care in the last two Needs Assessments providing input that more resources should be put towards this service, especially with the recent impact and isolation of the COVID-19 pandemic.
- **Housing** ranked #4 for combined Service Demand, Unmet Need and Barriers to Care in both 2021 and 2018, continuing to be a critical need for RW clients. It is necessary to keep PLWH in HIV medical care and to support their ambulatory medical care needs, the Council's highest priority.
- **Medical Nutrition Therapy** had the 5th highest ranking for combination of Service Demand, Unmet Need and Barriers to Care, demonstrating that many PLWH continue to need additional assistance with nutrition. Medical Nutrition Therapy should be offered to all RW clients as part of their comprehensive HIV medical care services.
- **Partner Services**, which assists HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV, was reported as being significantly underutilized by young adults. 61% reported that they had NOT been informed of Partner Services before this survey. 56% reported that they would be willing to use Partner Services. Only 6% had used Partner Services before. There is more work that needs to educate PLWH about Partner Services and to facilitate their use of such services.
- **Pre-Exposure Prophylaxis (PrEP)**, which is the use of medications to reduce the likelihood of HIV negative people from becoming infected with HIV, also was reported as significantly underutilized by young adults. 22% of 2021 survey respondents had never heard of PrEP. Of those who had heard about PrEP, 11% were not sure how PrEP would affect their sex life; 67% reported that they do not feel comfortable talking to their HIV negative partner(s) about PrEP; and 83% reported that they would not use condoms for anal or vaginal sex if their partner was on PrEP. Discussions about PrEP and referrals to PrEP navigation services need to be an integral part of the HIV Continuum of Care.

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 RW Care Program and HIV Health Services Planning Council to consider in its efforts to address the most highly reported Barriers to Care among 2021 Young Adult HIV Needs Assessment survey respondents:

- Lack of patient awareness (including “didn’t know this was available, “didn’t know how to get” and “didn’t think I was eligible”) were the top 3 most commonly reported barriers. Improved outreach and case management for PLWH should continue to be prioritized and models of care should continue to be enhanced. Service providers should work to improve awareness of available services through direct client contact at all levels of care and targeted marketing and social media campaigns. Case Managers and other support staff should connect 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 could increase efforts to contact patients directly to inquire about and encourage re-entry into medical care. All RW service agencies should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining “no-show” tracking and follow up protocols.
- RW service agencies should be encouraged to increased use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.
- The Council could consider increased technical assistance, capacity building and networking with current RW service organizations throughout the TGA to educate them about findings and implications of the Needs Assessments to improve the overall HIV system of care.
- The Council should continue to network with other organizations throughout the Sacramento Region to maximize additional funding opportunities and services for PLWH.
- The HIV Health Services Planning Council’s Quality Advisory Committee should continue to involve RW consumers in quality improvement efforts by collecting feedback through the annual postcard survey to evaluate services. Expanded efforts to solicit input from PLWH and service providers should be explored as part of the RW Program’s Continuous Quality Improvement (CQI) efforts. For example, facilitated focus groups and client satisfaction surveys could be conducted to evaluate the TGA’s overall program delivery system, including coordination of care and collaboration between service providers.
- The RW Program should continue to use its sophisticated database, Sacramento HIV/AIDS Reporting Engine (SHARE) to keep RW service providers informed about clients who are not staying retained in outpatient medical care. SHARE generates a “Clients Not In Care” report which should be distributed monthly to RW service providers to assist them in identifying clients who are out of HIV medical care; to resolve data issues; to track progress of CQI projects; to identify areas for program improvement; and to assist with retaining clients in ongoing medical care.

E-3. IMPLICATIONS FOR FUTURE NEEDS ASSESSMENTS

a. Needs Assessment Survey Tool

The revised Young Adult HIV Needs Assessment Survey Tool streamlined the questions of Service Need and Unmet Need due to Barriers to Care. This format resulted in more consistent answers from survey respondents as compared to the TGA's past needs assessments. The survey was able to be completed in less time and with less confusion among survey respondents than in previous surveys. It would be beneficial for the HIV Health Services Planning Council to consider the use of this streamlined version in future Needs Assessments. There were a couple of questions that the Council may consider making a few adjustments to, as follows:

- Question 8 about substance use should ask about medically prescribed marijuana separately from recreational marijuana use
- Question 9 about injection of substances should ask where person gets their needle supply and how many times, on average, they use each syringe
- Question 10 should also ask if a person has been diagnosed with tuberculosis (TB)

**CONSENT FORM
FY20-21 SACRAMENTO TGA HIV/AIDS CARE NEEDS ASSESSMENT SURVEY**

- To give you a voice in planning for HIV and AIDS services, the HIV Health Services Planning Council of the Sacramento Transitional Grant Area (TGA) is conducting this survey of people living with HIV and AIDS in Sacramento, Placer, Yolo and El Dorado Counties.
- You've been invited to participate and contribute your experiences, knowledge, and opinions about the service needs of people like yourself living with HIV/AIDS.
- This survey is entirely confidential. You will set up your own confidential identifier on the next page to protect your confidentiality and your name will not be associated with your survey answers.
- No information about your participation can be obtained by anyone outside of the Needs Assessment Committee. While there are some questions about your background, 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 receive or the relationships you have with caregivers at any agency.

SIGNATURE:

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.

CONFIDENTIAL IDENTIFICATION (ID) SET UP

We are obtaining responses from 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 will be 7-characters long and will be unique to you so it will protect your confidentiality

| | | | | |
|--|--|--|---|--|
| _____ | _____ | _____ | _____ | _____ |
| First letter of your first name | Last letter of your last name | Month of your birthday (January through September use a leading "0" e.g., 01 for January) | Day of your birthday (Days 1 - 9 use a leading "0" (e.g., 01) | 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 every page of your survey.

| SECTION 1: SERVICES NEEDED / RECEIVED | | | |
|--|--------------------------|--------------------------------|---------------------------------------|
| Which services have you needed? Which services have you been able to receive? | | | |
| INSTRUCTIONS: | | | |
| 1. For each Service Row, check box A, B or C before moving to the next Service Row. | | | |
| 2. If you check box C for any service, please complete Barriers Table after you complete this table for all services. | | | |
| Service Category | A | B | C |
| | Did not need service | Needed service and received it | Needed service but did not receive it |
| 1 Outpatient Ambulatory Care: Diagnostic and treatment activities by a healthcare provider. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Health Insurance Premium and Cost Sharing Assistance: help paying for health insurance or co-pays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Oral Health: Diagnosis, prevention and treatment by dental health professionals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Medical Case Management: medically oriented activities including assessment, care plans, and client monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Case Management (Non-Medical): help understanding available programs, insurance benefits, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Mental Health: Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment and counseling. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Medical Transportation: transportation that enables a client to access core medical and support services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Substance Abuse Services – Outpatient: treatment of drug or alcohol use disorders in an outpatient setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Substance Abuse Services – Residential: treatment of drug or alcohol use disorders in a residential setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Housing: referrals, advocacy, placement assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Child Care: to enable clients to attend medical visits or HIV-related meetings without their children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Emergency Financial Assistance: help to pay bills, co-pays or insurance premium | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Food Bank/Home Delivered Meals: help getting extra food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Medical Nutrition: dietary/nutritional assistance by registered dietitian or licensed nutrition professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Health Education/Risk Reduction: education to clients on how to reduce the risk of HIV transmission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Outreach Services: linking out of care clients to medical care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 AIDS Drug Assistance Program: help paying for HIV medications or prescription drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 AIDS Pharmacy Assistance: pays for a pharmacist to dispense HIV medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Early Intervention Services: help finding a doctor, getting into/staying in care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SECTION 1: SERVICES NEEDED / RECEIVED | | | | |
|---|--|--------------------------|--------------------------------|---------------------------------------|
| Which services have you needed? Which services have you been able to receive? | | | | |
| INSTRUCTIONS: | | | | |
| 1. For each Service Row, check box A, B or C before moving to the next Service Row. | | | | |
| 2. If you check box C for any service, please complete Barriers Table after you complete this table for all services. | | | | |
| Service Category | | A | B | C |
| | | Did not need service | Needed service and received it | Needed service but did not receive it |
| 20 | Home and Community-based Health Services: in home support services such as mental health, rehabilitation, and medical equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Home Health Care: services provided by licensed professionals such as prevention and specialty care, wound care, and diagnostic testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Hospice: end of life care services to terminal HIV patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Legal Services: see Other Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Linguistic Services: interpretation and translation activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Other Professional Services: provision of professional services such as matter related to HIV disease, income tax prep, permanency planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Permanency Planning: see Other Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Psychosocial Support Services: individual or group support counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Referral for Health Care & Support Services: referrals to access other health insurance programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Rehabilitation Services: outpatient HIV-related therapies including physical, occupational, speech and vocational therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Respite Care: non-medical assistance to relieve primary caregiver for client's day-to-day care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SECTION 2: BARRIERS | | |
|--|---|--------------------------|
| If you needed a service but weren't able to receive it, why not? What barriers did you have? | | |
| INSTRUCTIONS: | | |
| 1. Look on last two pages you just completed to see if you checked any box in Column C (services that you needed but you did not receive). | | |
| 2. If you checked any box in Column C, then check boxes below for ALL BARRIERS that decreased your access to services | | |
| Check all that apply | | |
| 1 | Didn't know service was available | <input type="checkbox"/> |
| 2 | Didn't know how to get service | <input type="checkbox"/> |
| 3 | Didn't know where to go to receive service | <input type="checkbox"/> |
| 4 | Appointment times weren't convenient | <input type="checkbox"/> |
| 5 | Next available appointment not soon enough | <input type="checkbox"/> |
| 6 | No transportation | <input type="checkbox"/> |
| 7 | No childcare | <input type="checkbox"/> |
| 8 | Language barriers | <input type="checkbox"/> |
| 9 | Didn't think I was eligible for service | <input type="checkbox"/> |
| 10 | The service cost too much | <input type="checkbox"/> |
| 11 | Didn't have insurance coverage | <input type="checkbox"/> |
| 12 | My co-pay was too high | <input type="checkbox"/> |
| 14 | Didn't want to take medications | <input type="checkbox"/> |
| 15 | Thought my viral load was undetectable | <input type="checkbox"/> |
| 16 | Was treated with disrespect | <input type="checkbox"/> |
| 17 | Have jail/prison history | <input type="checkbox"/> |
| 18 | Wanted privacy of HIV status | <input type="checkbox"/> |
| 19 | Hard to navigate system due to mental health, substance abuse or other issues | <input type="checkbox"/> |
| 20 | Didn't want to get harmed, in trouble or find out my status | <input type="checkbox"/> |

If you had additional barriers not listed above, please list below:

SECTION 3: RESOURCE, HEALTHCARE, HOUSING NEEDS

1. Do you have health insurance? Yes No

1a. What type of insurance do you have? Please check all that apply to you

- Insurance through Work Medicare Private Insurance (not through work)
- Veteran's Administration Medi-Cal COBRA or OBRA (insurance through my last employer)
- Covered California (Affordable Care Act/Obamacare) Other (please specify) _____

1b. 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: |

2. How long have you known you were HIV+? Check one.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 1 years | <input type="checkbox"/> 1 - 5 years | <input type="checkbox"/> 6 - 10 years |
| <input type="checkbox"/> 11 - 15 years | <input type="checkbox"/> 15- 20 years | <input type="checkbox"/> 20+ years |

3. In the past 12 months, what HIV medical care have you received? Check all that apply

| | 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"/> |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> Every 2 years | <input type="checkbox"/> I don't have a doctor. |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> When I feel sick | <input type="checkbox"/> Never/I don't go |
| <input type="checkbox"/> Once a year | | |

5. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? 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 |
| <input type="checkbox"/> Other (please specify) | | |

6. 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 |
| <input type="checkbox"/> Other (please specify) | | |

7. 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

8. 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 (please specify): |
| <input type="checkbox"/> Prescription Opiates (Oxycontin, Percocet, Morphine, Methadone, Codeine, Fentanyl, Buprenorphine, Norco, Vicodin). Specify: | | |

9. Have you ever injected any substance NOT prescribed by a medical person? Yes No**9a. Have you used a needle to inject substances in the past 12 months?** Yes No**9b. Have you ever shared needles or injection equipment?** Yes No**9c. Have you ever shared needles for piercings and/or tattoos?** Yes No**9d. Have you shared needles or injection equipment in the past 12 months?** Yes No**10. Has a medical or service provider ever told you that you have hepatitis C ?** Yes No**10a. At any time in the last year, have you been diagnosed with any of the following diseases? Select all that apply.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Genital Herpes | <input type="checkbox"/> Genital Warts |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Yeast Infections |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> I have not been tested for these STDs in the past 12 months |
| <input type="checkbox"/> I have not been told I have any of these | | |
| <input type="checkbox"/> Other (please specify): | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Stable housing /house / apartment | <input type="checkbox"/> Temporary housing / shelter / motel |
| <input type="checkbox"/> Group home / treatment facility / halfway house | <input type="checkbox"/> Unstable housing / couch surfing |
| <input type="checkbox"/> Homeless / car / camping / street | <input type="checkbox"/> Jail or correctional facility |
| <input type="checkbox"/> Other (please specify): | |

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

- | | |
|--|---|
| <input type="checkbox"/> HOPWA | <input type="checkbox"/> Help from an HIV/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): |

13. Have you been on a waiting list for housing over the last 12 months? Yes No

13a. If yes, did it result in a housing placement? Yes No

13b. If not, why not? (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Currently on Waiting List | <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"/> Substance Abuse |
| <input type="checkbox"/> Other please specify: | | |

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

14a. If yes, did it result in a housing placement? Yes No

15. Over the last 12 months, have you lived in any of the following places? Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Stable housing /house / apartment | <input type="checkbox"/> Temporary housing / shelter / motel |
| <input type="checkbox"/> Group home / treatment facility / halfway house | <input type="checkbox"/> Unstable housing / couch surfing |
| <input type="checkbox"/> Homeless / car / camping / street | <input type="checkbox"/> Jail or correctional facility |
| <input type="checkbox"/> Other (please specify): | |

SECTION 4: CLIENT DEMOGRAPHICS:

16. What is your reported estimated yearly income from all sources and before taxes? \$ _____

16a. How many family members in your household, including you, depend on this income? _____

16b. Of these, how many are children under 18 years of age? _____

17. 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 |
| <input type="checkbox"/> Other, please specify: | |

18. 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: | |

19. What is the year of your birth? _____

20. Are you of Hispanic or Latinx origin? Yes No

20a. If you are Hispanic/Latinx, what is your nationality?

- | | |
|--|---|
| <input type="checkbox"/> Mexican, Mexican American, Chicano(a) | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Hispanic, Latinx/a or Spanish Origin |

SECTION 5: HIV PREVENTION**HIV PRE-EXPOSURE PROPHYLAXIS (PrEP):**

PrEP is the use of anti-retroviral medications to keep HIV negative people from becoming infected with HIV.

27. Which of the following statements about PrEP are true for you? Please check all that apply.

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

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

- | | |
|--|--|
| <input type="checkbox"/> I do not have anal or vaginal sex, so condoms are not an issue | <input type="checkbox"/> My partner is on PrEP so condoms aren't needed. |
| <input type="checkbox"/> I use a condom when I have anal sex. | <input type="checkbox"/> My viral load is undetectable, so condoms aren't needed any more. |
| <input type="checkbox"/> I use a condom when I have vaginal sex. | <input type="checkbox"/> I don't use condoms because my partner doesn't like them. |
| <input type="checkbox"/> I only have sex with one person and we choose not to use condoms. | <input type="checkbox"/> I don't use condoms because they cost too much. |
| <input type="checkbox"/> My sex partner is HIV+ so we don't use condoms. | <input type="checkbox"/> I don't use condoms because I don't like them. |
| <input type="checkbox"/> Other (please specify): | |

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

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

PARTNER SERVICES:

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

30. Have you been informed of Partner Services before this survey? Yes No

31. Have you used Partner Services before? Yes No

32. Would you be willing to use Partner Services? Yes No

33. 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 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Had sex to get money, drugs, housing, etc. | <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"/> |
| Had sex with someone who shares syringes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |