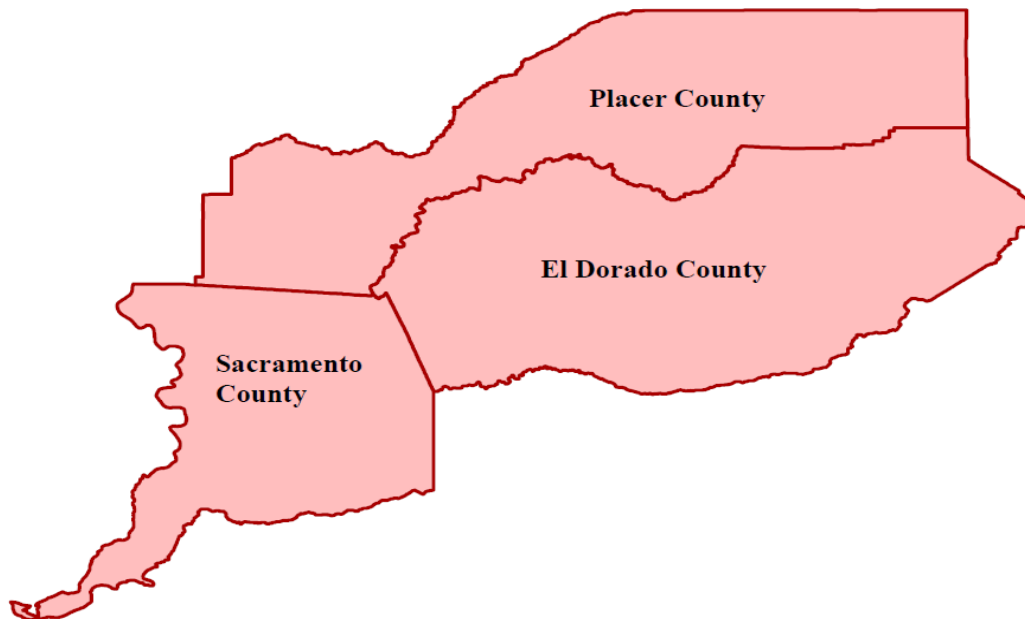


RYAN WHITE C.A.R.E. ACT

SACRAMENTO REGION
PART A APPLICATION
2018 - 2019



SUBMITTED OCTOBER 24, 2017

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FY 2018 RYAN WHITE PART A GRANT APPLICATION

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SACRAMENTO REGION RYAN WHITE CARE ACT PART A GRANT APPLICATION FY 2018

EXECUTIVE SUMMARY

The Ryan White (RW) CARE Act Part A Grant Application is a comprehensive document that serves not only to compete for federal funding for HIV/AIDS services in the Sacramento Transitional Grant Area (TGA), which consists of Sacramento, El Dorado and Placer Counties; but it serves as a planning tool to improve and expand access to critical services to meet the complex needs of all subpopulations of Persons Living with HIV/AIDS (PLWH) in the TGA. This Executive Summary provides an overview of the application; as well as a summary of the Needs Assessment Section, the section most critical for planning, priority setting and resource allocation purposes.

GRANT APPLICATION SECTIONS

SECTION 1: INTRODUCTION

SECTION 2: NEEDS ASSESSMENT

The Needs Assessment section provides a quantitative and qualitative analysis of the severity of the HIV/AIDS epidemic in the TGA over time, using detailed data on epidemiology, co-morbidities, RW service costs, RW service utilization, and unique service needs of the TGA's sub-populations. This section also describes the TGA's Unmet Needs Estimate, Minority AIDS Initiative (MAI) and Early Identification of Individuals with HIV/AIDS (EIIHA) findings and strategies. The TGA's Continuum of Care is described, including data management efforts to ensure that PLWH are identified; informed of their status; referred to, linked to and retained in HIV/AIDS primary medical care; maintained on antiretroviral therapy; and virally suppressed. These National HIV/AIDS Strategy (NHAS) Performance Measures for the RW Program are compared to TGA, State, and National statistics; and demonstrate how well the Sacramento TGA's RW Program is doing in meeting the NHAS standards.

SECTION 3: METHODOLOGY

The Methodology section describes how the functioning of the Planning Council meets RW and Health Resources and Services Administration/HIV/AIDS Bureau (HRSA/HAB) program requirements; and how the Council carries out its mandated roles and responsibilities, such as priority setting and resource allocation. This section explains how the Council analyzes the impact of the Affordable Care Act (ACA); trends in HIV/AIDS epidemiology; RW cost and service utilization data; Needs Assessment data; Unmet Need data; EIIHA data; and the availability of other funding sources to plan for use of RW Part A funding.

SECTION 4: WORKPLAN

The HIV Care Continuum Table illustrates how RW Part A and Minority AIDS Initiative (MAI) core medical services and support services are funded in the TGA. It is comprised of service categories, priority number, funding amount, unduplicated clients served, service units and target populations for FY18. A narrative for the HIV Care Continuum describes how the plan is used in planning, prioritizing, targeting and monitoring resources; and evaluation of efforts to impact the HIV Care Continuum in the TGA. The 2017 HIV Care Continuum Work Plan describes how RW service category allocations will continue to be used to improve NHAS indicator outcomes along the HIV Care Continuum.

SECTION 5: RESOLUTION OF CHALLENGES

Challenges that have been encountered throughout the year while integrating the HIV Care Continuum into planning and implementing the Part A Program throughout the TGA, and approaches that are being used to resolve those challenges, are discussed in this section.

SECTION 6: EVALUATION AND TECHNICAL SUPPORT CAPACITY

The TGA's Clinical Quality Management (CQM) program is provided, including overall infrastructure; specific quality improvement projects; performance measures; data management systems; and use of CQM results to improve service delivery.

SECTION 7: ORGANIZATIONAL INFORMATION

The extent to which the RW Grantee (Fiscal Agent) has met the legislative requirements to disburse funds quickly; to closely monitor the use of funds; and to ensure that the RW Program is payer of last resort; are issues addressed in this section. Fiscal and program monitoring, including the administrative assessment; RW provider site visits; corrective action plans; technical assistance; fiscal audits; and contracting processes are described. This section also details how RW Part A grant funds are used to supplement, not supplant (or replace) local funding for HIV/AIDS services in the region.

NEEDS ASSESSMENT SECTION TREND SUMMARY

The Needs Assessment section is most important for the Planning Council's efforts, particularly for priority setting and resource allocation. Significant trends in the TGA's HIV/AIDS epidemiology, co-morbidities, RW client demographics, service cost, and service utilization over time are included, with specific attention to the TGA's emerging and disproportionately impacted populations with unique service needs.

TRENDS IN HIV/AIDS EPIDEMIOLOGY, RW CLIENT DEMOGRAPHICS AND MORTALITY

Overall Trends

- HIV/AIDS Prevalence (living cases of HIV and AIDS) rose 33.1% in the TGA between 2010 and 2016 (from 3,696 to 4,918).
- There was a 14% increase in the number of RW clients over the last five years (from 2,098 to 2,622).
- The rise in PLWH is occurring throughout the TGA, in the large urban County of Sacramento (+33.1%), as well as the rural counties of Placer (+39.8%) and El Dorado (+23.6%).

Race Trends

Trends in the TGA since the inception of the RW Program underscore the disproportionate spread of HIV/AIDS among people of color (African Americans, Hispanics, Asian/Pacific Islanders and American Indian / Alaska Natives combined), combined with decreased RW service utilization in some service categories, as follows:

People of Color:

- When the TGA's RW Program began in the TGA in 1995, people of color comprised only 27% of AIDS incidence (new cases of AIDS). Since then, new AIDS cases among people of color doubled to the current rate of 54%.
- In FY 2013, for the first time in the TGA, persons of color became the majority of RW clients (from 37.7% to 50.6%), while White RW clients became the minority.

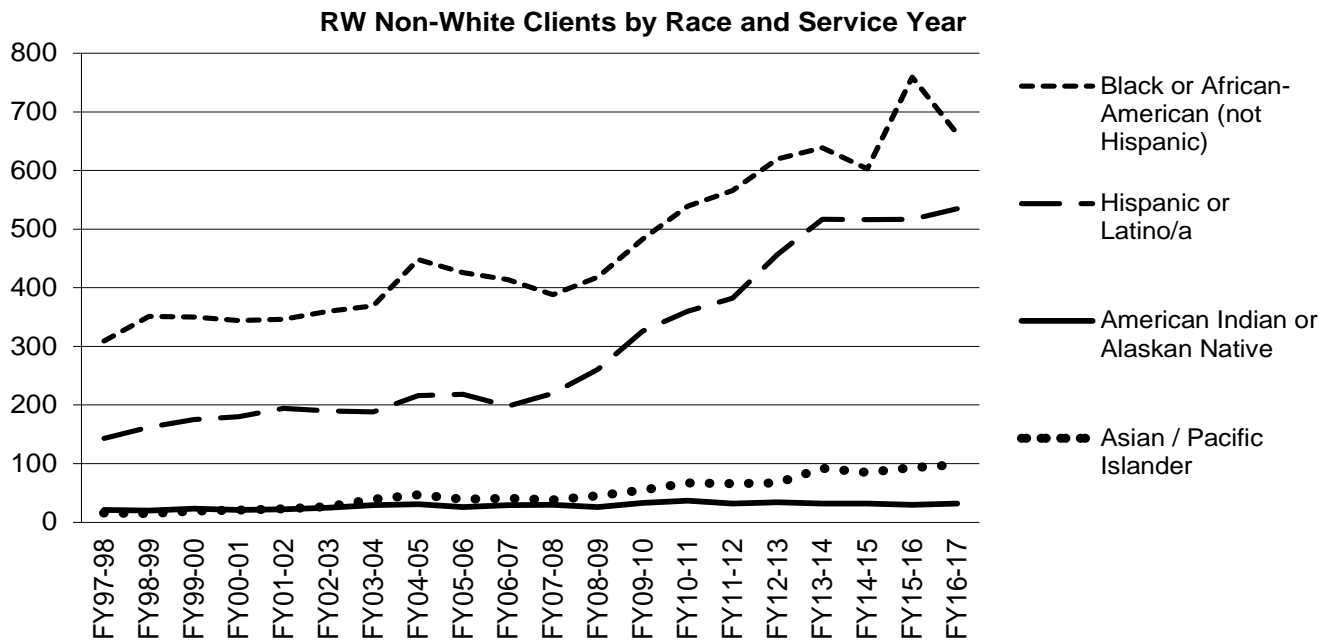
- The number of Hispanic clients more than tripled (from 143 to 535 clients); African Americans more than doubled (309 to 663); and the number of Asian / Pacific Islanders grew by six times (from 16 to 98 clients) between 1996 and 2016.
- Between 1995 and 2016, the proportion of new Hispanic AIDS cases increased from 6.0% to 26.2%; African Americans increased from 18.0% to 19.8%, and Asian / Pacific Islanders (API) increased from 2.0% to 5.0% of new AIDS cases.

African Americans:

- Although African Americans made up only 7.5% of the TGA’s general population in 2016, they were 22.8% of PLWH, 23.8% of new HIV cases and 19.8% of new AIDS cases.
- There was virtually no growth among African Americans in the TGA’s general population between 2011 and 2016 (0.8%). However, there was a 19.6% increase in the number of African American PLWH during that time.
- African Americans RW clients had 13.7% lower cost per client for ambulatory medical care than all RW clients.

Hispanics:

- Between 2011 and 2016, there was an 11.8% increase in the number of Hispanics living in the TGA. However, the number of Hispanic PLWH in the TGA grew at nearly 5 times that rate (55.9%).
- The rate of increase in Hispanic PLWH over the last five years (55.9%) was over twice the rate of increase in HIV/AIDS prevalence in the TGA overall (25.1%).
- Hispanic RW clients had the lowest cost per client in FY16 (\$1,567) as compared to the overall cost per RW client overall (\$1,768).
- RW Hispanics had 21.9% lower costs for medical case management; 13.7% lower for mental healthcare, and 13.0% lower costs for ambulatory medical care than all RW clients.

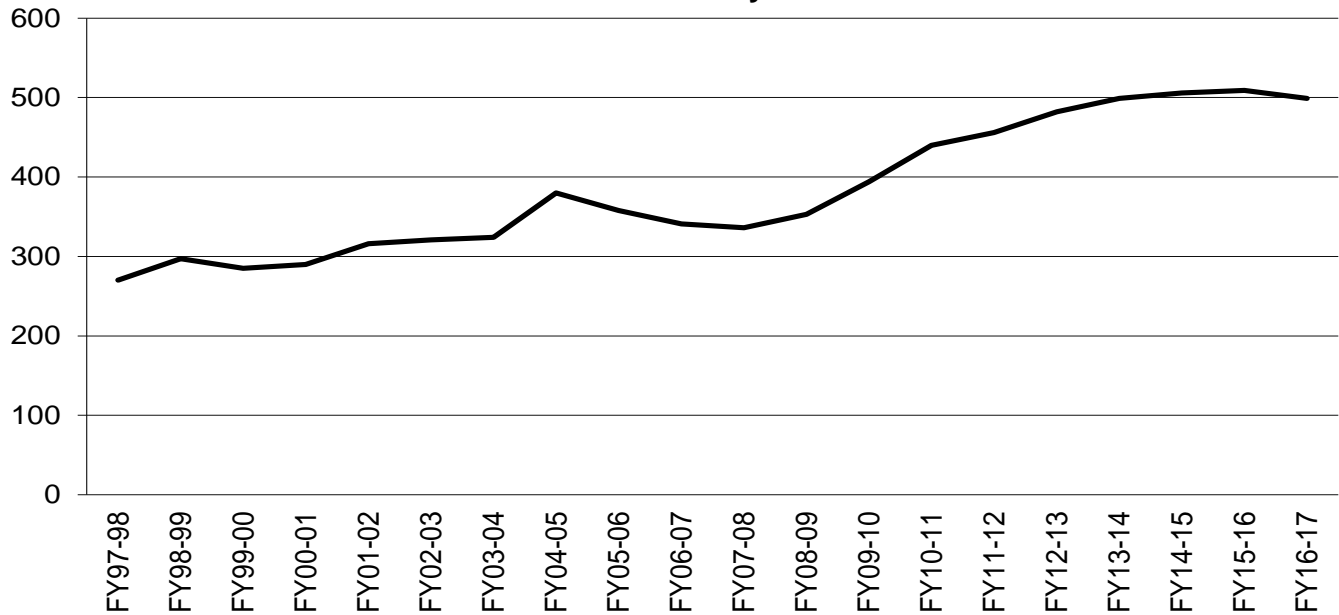


Gender Trends

The proportion of female HIV and AIDS cases has increased steadily since the inception of the RW Program in the TGA.

- The proportion of new female AIDS cases has increased by two-thirds, from 10% to 16.6% of all new AIDS cases, between 1995 and the current (2014-16) reporting period.
- The total number of RW females increased 84.8% between FY 1997 and FY 2016.
- The 34.9% of females who were African American was much higher than the 22.8% of the total RW population who were African American and the 7.5% of the TGA's population who were African American.
- African American women represented 41.8% of all women Out of Care in the CY16 Unmet Need data.
- The TGA's increase in HIV/AIDS among females is associated with a very large increase in the percent of new AIDS cases from heterosexual HIV/AIDS transmission, which more than doubled since the inception of the RW program, from 7% in 1995 to 17.5% in 2016
- Female RW clients had 15.1% lower costs per client for ambulatory medical care.

Female RW Clients by Service Year



HIV Transmission Trends

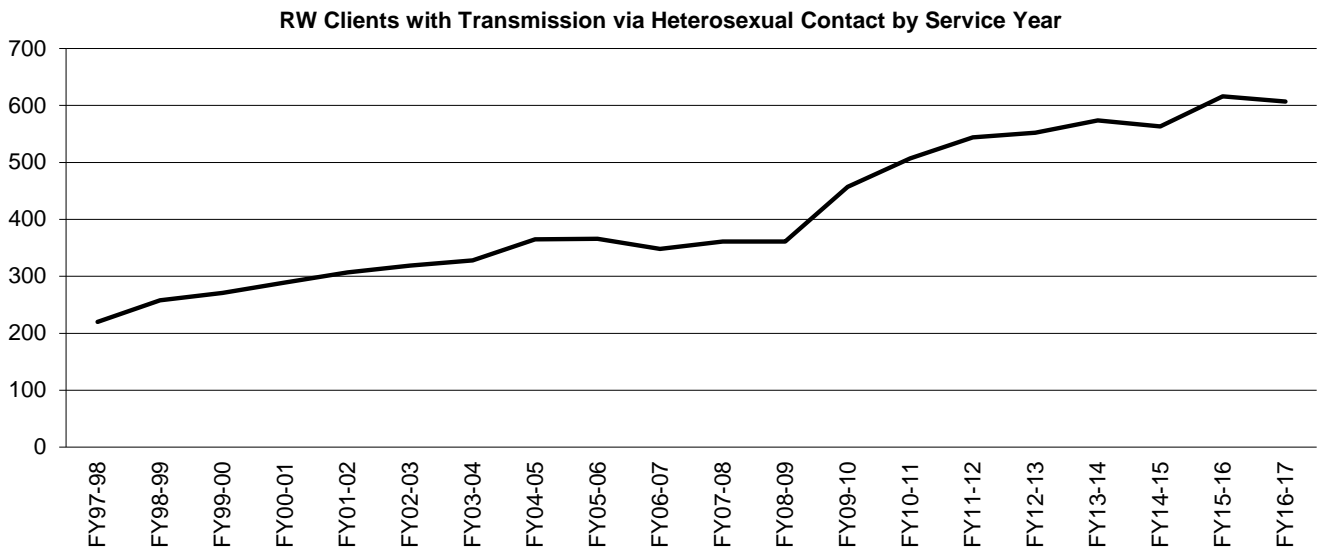
Men who have Sex with Men (MSM), Injection Drug Users (IDU) and Heterosexuals are target populations among PLWH in the TGA due to the disproportionate impact of HIV/AIDS on these populations, as follows:

Men who have Sex with Men (MSM):

- MSM transmission represents 48.4% of new AIDS cases in 2014-16.
- AIDS Prevalence among the MSM transmission category increased 21.6% between 2011 and 2016. HIV (not AIDS) prevalence increased 40.4% between 2011 and 2016.
- MSMs were slightly underrepresented among RW clients in FY16 as compared to representation among PLWH in the TGA (47.5% of RW clients vs. 55.8% of PLWH).
- MSMs had lower service utilization than RW clients overall in FY16: the average cost per MSM client was 14.8% lower than the overall cost per RW client overall (\$1,540 vs. \$1,768).

Heterosexuals:

- Within the RW Program, clients reporting heterosexual transmission increased 176% between 1997 and 2016.



Age Trends

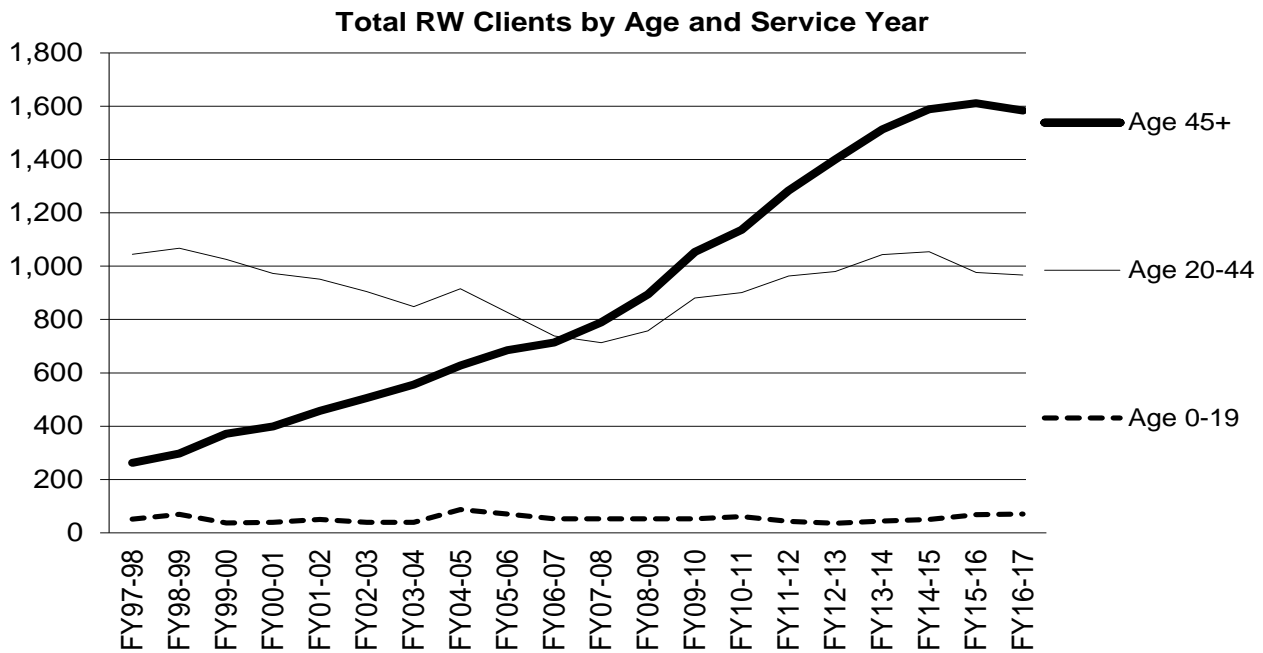
Although older adults represent the majority of PLWH, there are distinctive emerging patterns with younger subpopulations.

Older Adults:

- Among adults 45 and older, AIDS prevalence increased 19.1% and HIV prevalence increased 33.3% between 2011 and 2016.
- The number of RW clients aged 45 and older has increased 5-fold between FY 1997 and FY 2016.

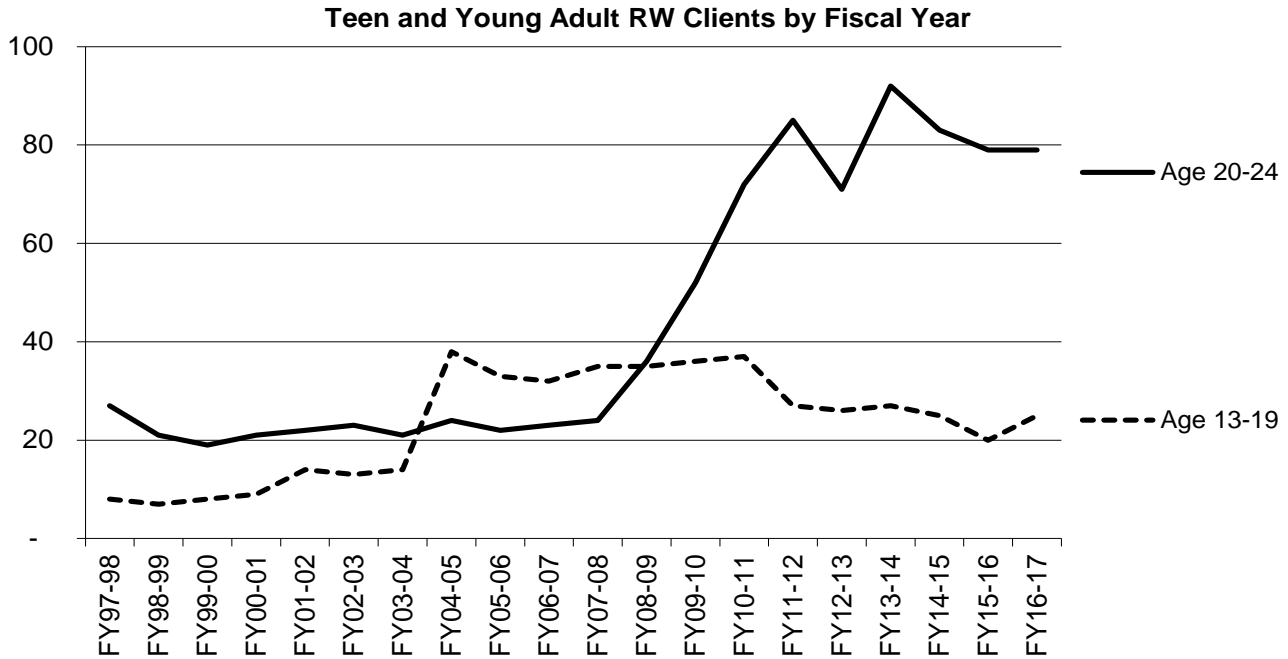
Adults Ages 20-44:

- Although the number of RW clients between the ages of 20-44 had decreased between FY 1997 and FY 2007 (from 1,010 to 644), that number increased to 967 clients by FY 2016.
- Average cost per RW client ages 20-44 was 19.1% lower than the overall cost per RW client overall (\$1,484 vs. \$1,768).
- PLWH ages 20-44 were significantly underrepresented among RW clients in FY16 (36.9%) compared to their representation among PLWH in the TGA (77.1%).
- RW clients ages 20-44 had 11.7% lower cost per client for medical case management and 17.9% lower costs for outpatient medical care in FY16 as compared to FY15.



Youth and Young Adults ages 13-24:

- Caseloads for youth (ages 13-19) increased more than 3-fold between 1997 and 2016.
- RW caseloads for young adults ages 20-24 increased more than 3-fold between FY03 and FY16
- The proportion of young adults RW clients ages 20-24 who are MSM more than doubled between 2007 and 2016, from 25% to 53%.
- The percent of RW clients aged 20-24 with HIV acquired through heterosexual contact dropped from 38% in 2007 to 15% in 2016.



RW Client Housing, Poverty, and Insurance Trends

Homelessness:

- 7.4% of FY16 RW clients (up from 4.8% in FY15) reported themselves as either homeless or in unstable housing, as compared to a 2015 homeless/unstable housing rate of 0.22% of the general population in the Sacramento TGA.
- The average annual cost in FY16 per RW client who was homeless or in unstable housing was 14.6% lower than the average cost per RW client who was permanently housed (\$1,675 vs. \$1,962)
- Overall RW expenditures per homeless client decreased 16.2% between FY14 and FY16.
- African Americans made up 36% of the RW clients who were homeless vs. 25% of the overall RW population in FY16.

Poverty:

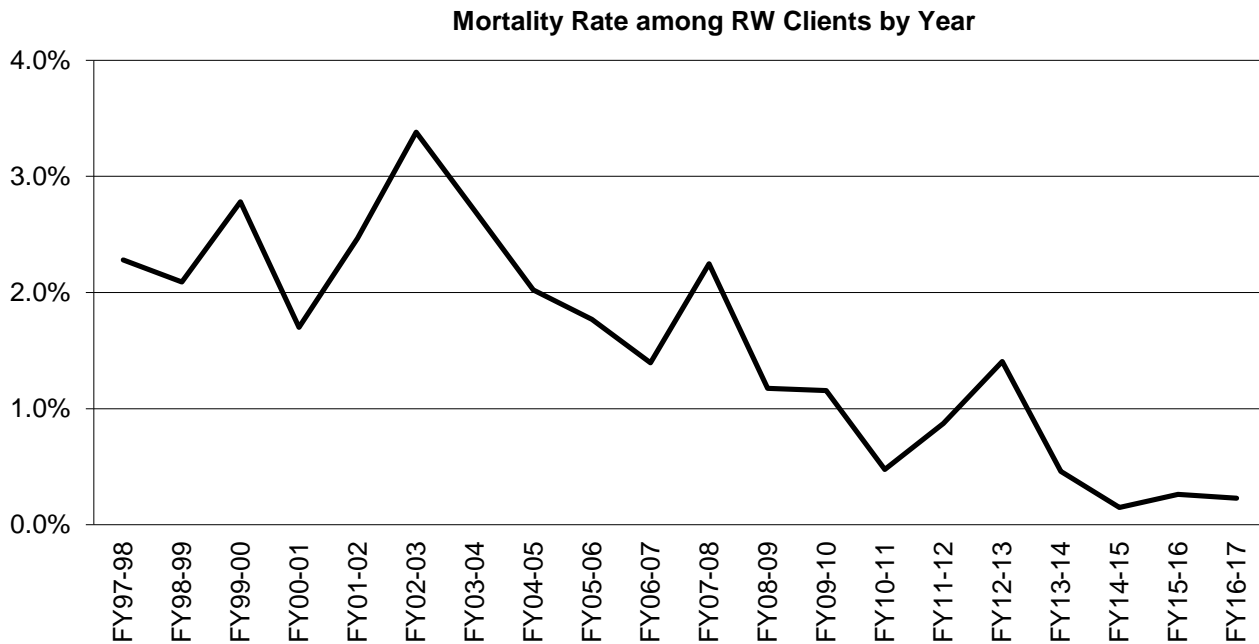
- Currently, 61% of RW clients earn less than 100% FPL compared to 16% of the overall TGA population in 2015.

Insurance Status:

- 32.2% of the overall TGA population qualify for and receive Medicaid benefits in California (Medi-Cal). 47.5% of the TGA's FY16 RW clients, in comparison, were on Medi-Cal.

RW Client Mortality Trends

- The average annual mortality rate among RW clients between FY97 and FY16 was 1.3%.
- After peaking at 3.4% in FY2002, RW client mortality has since dropped to 0.2% in FY2016.



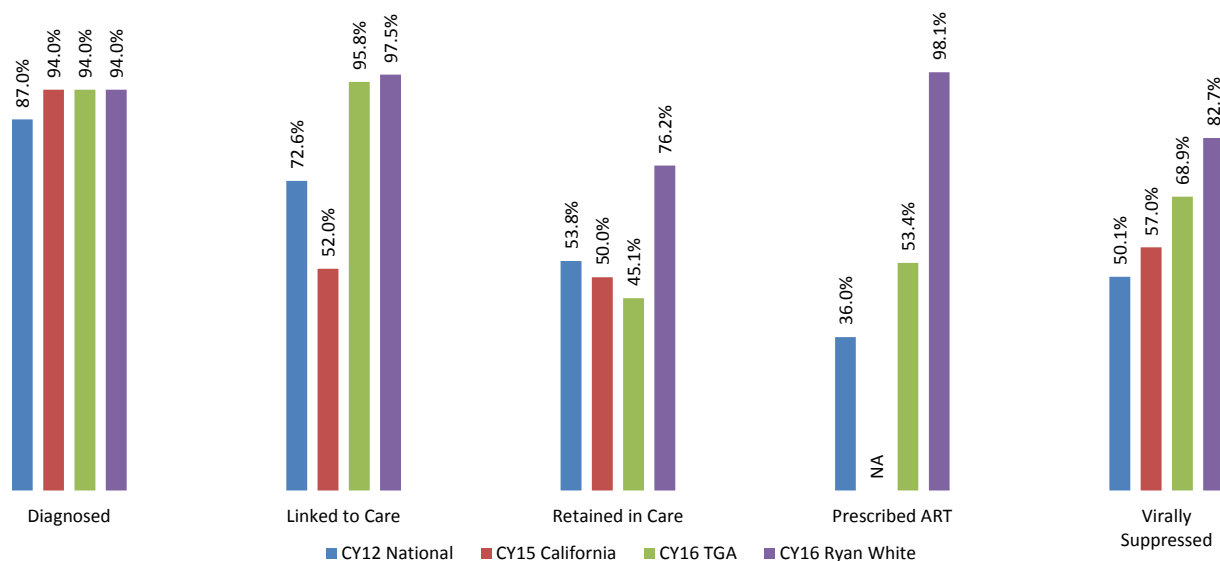
STATUS OF RW PROGRAM'S HIV CARE CONTINUUM

The establishment, operation and continued successes of the HIV/AIDS Continuum of Care in the TGA have been made possible through RW Part A funding since 1996. The TGA's Care Continuum, which was developed at the national level by Health and Human Services (HHS), and tailored by the RW HIV Health Services Planning Council (the Council) to address local needs, includes the following five levels of care: 1) Diagnosis of HIV Infection; 2) Linkage to care; 3) Retention in Care; 4) Access to Antiretroviral Therapy (ART); and 5) Viral Suppression. The TGA's RW Program's successes in linking and retaining clients in care is documented in the following bar graph in which the baseline rates of RW clients are compared not only to the National and California rates, but to the TGA's general population HIV/AIDS rates for five HHS measures that comprise the National HIV/AIDS Strategy (NHAS).

The following Chart provides a graphic depiction of the HIV Continuum of Care in the Sacramento TGA using the diagnosis-based HIV care continuum. Comparative data on progress toward NHAS objectives show the following:

- A greater proportion of PLWH with a new HIV diagnosis are linked to HIV care within three months following initial diagnosis in the TGA (97.5%) than in the state (52.0%) or nation (72.6%). 97.5% of RW clients with a new diagnosis were linked to care during the most recent CY16.
- RW clients are more likely to be retained in care in CY16 (76.2%) than PLWH in the TGA during CY15 (45.1%). Additionally, a greater proportion of RW clients were retained in care than were nationwide (53.8%) and in California in CY15 (50%).
- A greater proportion of RW clients were prescribed ART (98.1%) and were virally suppressed (82.7%) than PLWH nationwide (36.0% and 50.0% respectively). PLWH in the TGA were more likely to be virally suppressed (68.9%) than in California (57.0%).

INDICATORS AND PROGRESS FOR THE NATIONAL HIV/AIDS STRATEGY NATIONAL, STATE, LOCAL HEALTH JURISDICTION AND RYAN WHITE PROGRAM CLIENTS



Data Notes:

- Data Source for Diagnosed is a calculated estimate based on data reported to the National HIV Surveillance System: the denominator is the estimated number of persons living with HIV (1.2 million nationally); the numerators are the actual numbers of reported cases for California (CY15) and the TGA through CY 2016. The RW Programs do not fund testing, and cannot report "Diagnosed," therefore RW is based on algorithm used by the California SOA to determine number of diagnosed cases.
- Data Source for National: National HIV/AIDS Strategy 2020, released July 2015.
- Data Source for California: E-Hars Surveillance Data system, California SOA, as of December 31, 2016 released April 2017.
- Data Source for TGA: E-Hars Surveillance Data System, California SOA, as of Dec 2016 released 7-14-17.
- Data Source for Ryan White clients receiving Medical Care: Sacramento TGA SHARE Client level database CY 2016 as of August 2017.
- Linked to Care definition: Ryan White Clients linked to care within 90 days.

HEALTH DISPARITIES AMONG DEMOGRAPHIC GROUPS WITHIN HIV CARE CONTINUUM

Comprehensive data from California State Office of AIDS (SOA) for the National NHAS indicators for the HIV Care Continuum has allowed for an in-depth analysis of linkage to, and retention in, HIV/AIDS medical care. The data show the following health disparities among certain demographic groups within the TGA:

Mode of Transmission Disparities:

- Newly diagnosed IDUs (60%) were less likely to be linked to care (at least one HIV-related medical visit within 3 months of diagnosis) compared to the TGA's overall rate for newly diagnosed PLWH (97.5%).
- IDUs (59.6%) were less likely to be virally suppressed than PLWH in the TGA overall (68.9%).

Age Group Disparities:

- Newly diagnosed young adults aged 25-34 (83%) were less likely to be linked to care compared to the overall rate for newly diagnosed in the TGA (97.5%).
- Within the RW system of care, 19.2% of youth between the ages of 13-24 are out of care compared to the 16.2% of the TGA's overall population of out of care PLWH.

- A smaller proportion of younger adults aged 25-44 were virally suppressed (44%) than in the TGA overall (68.9%).
- Youth aged 13-24 were less likely to be virally suppressed (59.9%) than PLWH in the TGA overall (68.9%).

Racial Disparities:

- Newly diagnosed Hispanics were less likely to be linked to care (88.7%) vs. the TGA overall (97.5%).
- African Americans less likely to be virally suppressed (63.5%) compared to the overall TGA rate (68.9%).

Not surprisingly, most of the same demographic groups that are less likely to be linked to and retained in care were identified as more highly represented in the TGA's out of care population in its FY 15 Unmet Need Estimate; Early Identification of Individuals with HIV/AIDS (EIIHA) analysis; and its most recent Needs Assessment.

TARGETING EMERGING AND DISPROPORTIONATELY IMPACTED POPULATIONS

The Sacramento TGA has identified three subpopulations as newly emerging and disproportionately impacted populations that require special attention, as identified through analysis of data from the following sources: a) HIV/AIDS epidemiological trends; b) data from the California SOA electronic HIV/AIDS Reporting System (e-HARS); c) RW SHARE data; and, d) TGA's FY13 HIV/AIDS Needs Assessment. These populations also are targeted for EIIHA. Unique challenges for each subpopulation, as well as estimated costs to the Part A program, are described below.

Youth and Young Adults

Youth and young adults are among the emerging and disproportionately impacted populations.

- Among youth aged 0-19, HIV Prevalence increased by 52.9% between the 2011 and 2016 reporting periods compared to a 35.8% increase in HIV prevalence in the TGA overall.
- AIDS prevalence among youth ages 0-19 during the same 5-year period grew 38.7% compared to a 17.4% increase in AIDS prevalence in the TGA overall.
- In FY16, 40% of RW clients age 13-24 were African American compared to 25% of RW clients overall.
- There was a 36% increase in the number of Hispanic RW clients age 13-24 since FY15.
- Only 7% of clients ages 13-24 accessed oral health services compared to 24% of RW clients overall, and there was a 30% decrease in the number of clients ages 13-24 who used oral health care between FY15 and FY16.

High-Risk (HR) Heterosexuals

The HR Heterosexual category is defined by the State of California to include those who are in one or more of the following risk groups: Partners of PLWH; Sex Workers; Partners of IDU; Partners of MSM, Partners of Sex Workers, Heterosexuals with a Syphilis/Gonorrhea Diagnosis; and Stimulant users. The Sacramento TGA also includes Heterosexuals with Multiple Partners in its definition of High-Risk.

HR Heterosexuals are among the emerging and disproportionately impacted populations in the TGA.

- The percent of PLWH with transmission due to heterosexual contact (HR and non-HR combined) more than doubled between 1995 and 2016 (7% vs. 17.6%).
- The High-Risk Heterosexual category represents the second largest percentage of PLWH in the TGA (17.6%).
- 26% of High-Risk Heterosexuals were African American Females, compared to African American females only representing 3.9% of the TGA's general population.

- African American women represented the highest percentage (26%) of heterosexuals infected with HIV, followed by Caucasian women (20.2%) and Caucasian men (16.4)%
- High-Risk Heterosexuals also represented the second highest population out of care (20.5%), and the second highest category of newly diagnosed PLWH (9.0%).
- African American female HR Heterosexuals ranked highest out of care (20.4%), followed by African American males (18.6%), and White male and females equally (16.1%).
- Within the High-Risk Heterosexual category, the largest ethnic group among FY16 RW clients was African American (41.5%) followed by Whites (38.6%), Hispanic (15.2%), Asian/Pacific Islander (4.0%) and American Indian/Alaskan Native (0.8%).

Men who have Sex with Men

MSMs are among the disproportionately impacted populations that also are targeted for EIIHA.

- MSM continue to represent the highest percentage of PLWH (55.8%) in the TGA as of 12/31/16.
- Among MSMs, Caucasian MSMs are the largest population (31.8% of total PLWH) followed by Hispanic MSMs (10.7%) and African American MSMs (8.8%).
- Whites were the largest population MSM population with unmet need (53.4%), followed by Hispanics (20%) and African Americans (18.6%).
- The MSM population represented the highest percentage of PLWH with Unmet Need (51.1%), and the greatest number and percent of newly diagnosed (65.7%) in 2016.

Injection Drug Users

IDUs are among the disproportionately impacted populations that also are targeted for EIIHA.

- AIDS Prevalence among IDUs increased 18.3% and HIV Prevalence increased 12.1% since 13-15.
- CY16 data indicates that IDUs rank third among all PLWH in terms of percentages not only in the epidemic for the TGA (8.9%), but in the Out of Care population (10.5%).
- The IDU population's AIDS incidence shows they are more likely to be diagnosed with Stage 3 at the time of diagnosis.
- White male IDUs (30.2%) were the highest out of care IDU population followed by African American male and female IDUs equally at (15.7%) and Hispanic male IDUs (12.1%).
- The Centers for Disease Control (CDC) estimates that only 0.3% of the TGA's general population were injection drug users in 2014, but in 2016 IDUs represented 8.9% of PLWH in the TGA, and MSM/IDUs represented an additional 8.2% of PLWH.
- Retention in care for MSM/IDU RW clients was 50.8% as compared to 76.2% for RW clients overall.

Project Abstract

Project Title: Ryan White (RW) CARE Act Part A Grant Application - FY 2018
Applicant Name: Sacramento Transitional Grant Area (TGA) **HRSA Grant #:** H89HA00048
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a) HIV Epidemic in Sacramento TGA: HIV and AIDS Prevalence (People Living with HIV or AIDS - PLWH) increased 19.0% (from 4,123 to 4,918 cases) between the most recent reporting period (1/1/13-12/31/15) and the current reporting period (1/1/14-12/31/16). In FY16, there continued to be a disproportionate impact on African Americans, who represented 23.1% of AIDS Prevalence, 22.5% of HIV Prevalence, and 23.8% of new HIV cases, yet comprised only 7.5% of the TGA's general population as of 12/31/16. The rate of increase in Hispanic PLWH over the last five years also has been disproportionately high (55.9%), which is over two times the HIV/AIDS prevalence rate increase in the TGA overall (25.1%). Among youth ages 0-19, HIV prevalence increased by 52.9% compared to a 35.8% increase in HIV prevalence in the TGA overall between 2011 and 2016. Among the MSM population, the total number of PLWH population increased 29.8% (from 2,115 to 2,745 cases) over the same five years. Among the heterosexual population, AIDS prevalence increased 12.4%, HIV prevalence increased 8.6%, and total PLWH increased 10.8%. The IDU transmission category was the only demographic group to experience a decrease in both HIV Prevalence and AIDS Prevalence over the last five years (-3.3%).

b) Comprehensive System of Care in TGA: The TGA is a large three-county area of 4,287 square miles, with a geography that presents unique challenges to efficient delivery of health care to PLWH. Sacramento County accounted for 89.3% of the PLWH in the TGA, and the rural counties of El Dorado and Placer accounted for 3.9% and 6.7% as of 12/31/16. Most specialized services for HIV/AIDS are centrally located in Sacramento, though the TGA's rural counties participate in telemedicine clinical consultation as needed. Since 1996, Part A funding has been the major contributor to the establishment, operation and successes of the Continuum of Care for PLWH in the TGA. In the FY18 RW HIV Care Continuum Table and the FY18 Service Category Plan, the TGA has continued to prioritize a continuum of care that emphasizes core services, while enhancing support services. Core services enable PLWH to maintain health and quality of life, and include services such as primary medical care; medical case management; oral health care; mental health treatment; and outpatient substance abuse services. Support services (such as medical transportation, social service case management, child care, housing assistance, emergency financial assistance, outreach services and residential substance abuse services) enable PLWH to access core services; ensure that they remain in care; and further enhance their health and quality of life. The Sacramento TGA has received Ryan White Part A for over 20 years, since 1996; and has received MAI funding for 14 years, since 2003. MAI funds are used to ensure that targeted services are provided to the TGA's disproportionately impacted subpopulations.

c) Overall HIV Viral Suppression Rate for TGA: In 2016, the overall HIV viral suppression rate for the Sacramento RW Program was 82.7%, while the HIV viral suppression rate for the TGA was 68.9%. In 2015, the HIV viral suppression rate for the State of California was 57.0%, and the National HIV suppression rate was 50.1%. The TGA is diligent in terms of analyzing disparities in the HIV viral suppression rate outcome measures across various subpopulations, and targeting services accordingly. For example, according to data from the California State Office of AIDS in 2016, PLWH whose mode of HIV transmission was Injection Drug Use had a viral suppression rate of 59.6%, as compared to 68.9% in the Sacramento TGA overall. Youth ages 13-24 were less likely to be virally suppressed (59.9%) and younger adults were less likely to be virally suppressed (44.0%) than PLWH in the TGA overall (68.9%) in 2016.