Sacramento TGA

Recipient
FY22 Annual Progress Report
March 1, 2022 – February 28, 2023

FY22 ANNUAL RECIPIENT REPORT

EXECUTIVE SUMMARY

By February 28, 2023, the Sacramento Ryan White Program served 2,315 unduplicated clients; compared to 2,405 in FY21. In FY22, the largest age group at 36.07% are clients between the ages of 25-44. The majority of individuals (84.75%) reside in Sacramento County.

Most notably, the TGA assisted 258 **new (never been served in the Sacramento Ryan White Program) clients**. These are new clients in the TGA, which are the counties of Placer, El Dorado, and Sacramento as well as Part B funded Yolo. During the same period last year, the TGA served 206 new clients.

There is a disproportionate impact of HIV/AIDS among African Americans in the TGA. Although they make up only 7.5% of the TGA's general population, African Americans represent 22.7% of the TGA's HIV/AIDS Prevalence (people living with HIV/AIDS) and their representation in the Ryan White system of care is currently 26%, 3.3% higher than their HIV/AIDS prevalence as of December 31, 2021. Also of note is the representation of the Hispanic caseload in the Ryan White system of care. As of February 28, 2023, Hispanics accounted for 26.31% of the caseload or 5.61% higher than their HIV/AIDS prevalence of 20.7%. Thus, these two populations continue to be a priority target for outreach in the TGA, and current caseloads indicate the TGA has been successful in bringing and keeping their population in care.

By the end of FY22, 70.89% (1,641 clients) of the Ryan White clients in the Sacramento Ryan White Program had income ranges between 0 to 138% of the Federal Poverty Level. This is a slight increase over the prior year of 68.36%.

Of the Ryan White clients served in FY22, males are the primary gender group (78.06%) living with HIV/AIDS. Likewise, Men Having Sex with Men (MSM) is the most reported mode of transmission at 57.49%.

The Recipient continues to meet the various reporting requirements and deadlines set forth by the United States Health and Human Resources Administration. The Recipient maintains a delicate balance meeting the federal and state reporting requirements, assisting and contracting with providers, staffing the Planning Council, and responding to inquiries from consumers.

Extensive efforts have been made to correct the data on Viral Suppression. The County has been working to correct many of the data integrity issues. However, the Recipient anticipates possible data integrity issues as the State Office of AIDS is switching from the ARIES system to a new data reporting system, HIV Care Connect (HCC).

The TGA experienced an increase in clients seeking housing and food bank services in FY21 which were augmented with CARES Act COVID Response funding. Since the termination of the CARES Act funding, the Ryan White Program has seen a decrease in the number of clients receiving housing and food bank services, despite the ongoing need.

County Executive
Ann Edwards

Deputy County Executive
Chevon Kothari
Social Services

County of Sacramento

Department of Health Services
Timothy W. Lutz, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

SACRAMENTO TRANSITIONAL GRANT AREA
FY22 ANNUAL PROGRESS REPORT

I. Programmatic Narrative

Utilization and Trends In Care:

Utilization and trend data were compiled for March 2022 through February 2023. Overall, the Sacramento Ryan White Program which includes the Part A Transitional Grant Area (TGA) of Sacramento, Placer, and El Dorado Counties and Part B-funded services in Sacramento and Yolo Counties, served 2,315 unduplicated clients. This represents a 3.7% decrease (90 clients) over the prior year's ***total*** clients of 2,405 in 2021.

During Fiscal Year 2022, the Sacramento Ryan White Program including Yolo County, served a total of 258 ***new*** unduplicated clients, or clients who have never been served by the Ryan White system of care in any previous year. Whereas in Fiscal Year 2021, the Sacramento Ryan White Program served a total of 206 new unduplicated clients. This data reflects a 25.2% increase in new clients over the previous year in the three-county TGA and the Part B funded Yolo County area.

While Yolo County is not part of the Part A Sacramento Transitional Grant Area, the County of Sacramento is the Recipient for the Part B funds from the State of California. These clients may also obtain services in Sacramento. Therefore, the clients are included for reference. It should be noted that any increases in clients in Yolo County also creates a strain on services with the one Ryan White funded provider, CommuniCare Health Center, in that county.

Of the 241 new clients (in the TGA) in 2022, 213 resided in Sacramento, 17 in Placer, and 11 in El Dorado County. In comparison, of the 191 new unduplicated clients in the TGA itself during FY21, 161 resided in Sacramento, 20 in Placer, and 10 in El Dorado County.

Additionally, 17 new clients were reported from Yolo County, a non-TGA Part B-funded county. In the prior year (FY21), there were 15 new unduplicated clients in Yolo County.

Comparisons of year-to-date FY 2022 client demographics and FY 2021 data reveal the following trends:

Total Clients:
In 2022, the Sacramento County Ryan White CARE Program served 2,315 total clients compared to 2,405 in FY21 representing a 3.7% decrease in total clients overall.

Of the total (2,315) Sacramento County Ryan White CARE Program clients above, 114 clients lived in Yolo County, a non-TGA county which is the same number of clients the prior year (FY21).

New Clients:
As mentioned in the Utilization and Trends in Care above, the TGA has served a total of 241 new unduplicated clients who had never been seen in the Ryan White system of care before this year. This represents a 26.2% increase over the prior year, FY21 in which the three-county TGA served 191 new clients.

Clients by CD4:
Based on a comparison between fiscal years 2021 and 2022, clients' CD4 counts showed a slight increase in CD4 counts below 200. There was also a decrease in the number and percent of unknown CD4 counts. Below is a breakdown of the HIV+ client's CD4 counts.

	2021			2022	
CD4 Range	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Below 200	198	8.23%		198	8.55%
200 - 499	671	27.90%		671	28.98%
500 - 749	707	29.40%		655	28.29%
750 - 1,499	784	32.60%		745	32.18%
Greater than 1,500	43	1.79%		45	1.94%
Unknown/Unreported	2	0.08%		1	0.04%
Total Clients	2405	100%		2315	99.88%*

*Percentages may be off due to rounding

Clients by Viral Load:
A review of clients by viral load for fiscal year 2022 in comparison with fiscal year 2021, noted a slight decrease (FY21: 85.94% vs FY22: 83.85%) in clients who are virally suppressed (VL <= 200), including undetectable. Of the clients with undetectable viral loads, there was slight decrease from 64.53% (1552 clients) in FY21 to 62.94% (1457 clients) in FY22.

	2021			2022	
Viral Load	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Unknown/Unreported	2	0.08%		2	0.09%
<= 20 (Undetectable)	1552	64.53%		1457	62.94%
21 - 200 (Virally Suppressed <=200)	515	21.41%		484	20.91%
201 - 999	66	2.74%		64	2.76%
1,000 - 4,999	59	2.45%		51	2.20%
5,000 - 9,999	22	0.91%		24	1.04%
10,000 - 24,999	40	1.66%		58	2.515
25,000 - 74,999	56	2.33%		59	2.55%
75,000 or Higher	93	3.87%		116	5.01%
Total Clients	2405			2315	

Clients by County:

During fiscal year 2022, 84.75% of the clients (1,962) resided in Sacramento County. Placer County was home to 5.96% (138 clients), El Dorado 4.36% (101 clients), and Yolo County 4.92% (114 clients).

In comparison, during fiscal year 2021, 84.91% of the clients (2,042) resided in Sacramento County. Placer County was home to 6.15% (148 clients), El Dorado 4.20% (101 clients), and Yolo County 4.74% (114 clients).

While Yolo County is not part of the Part A Sacramento Transitional Grant Area, the County of Sacramento is the Recipient for the Part B funds from the State of California. These clients may also obtain services in Sacramento. Therefore, the clients are included for reference. It should be noted that any increases in clients in Yolo County also creates a strain on services with the one Ryan White funded provider, CommuniCare Health Center, in that county.

Clients by Age:

In this reporting period, the Sacramento County Ryan White CARE Program observed a 2.3% increase in HIV+ clients between the ages of 0-44 (887 clients in FY 2022 compared to 867 in 2021).

For those 45 years of age and over, there was a 12.5% increase in clients served in 2022 (1,728 clients) compared to 2021 (1,538 clients).

Age Category	**2021** # of HIV+ Clients	**2021** % of HIV+ Clients		**2022** # of HIV+ Clients	**2022** % of HIV+ Clients
Infants 0 - 2 years	1	0.04%		1	0.04%
Children 3 - 12 years	1	0.04%		1	0.04%
Youth 13 - 19 years	8	0.33%		7	0.30%
Youth 20 - 24 years	37	1.54%		43	1.86%
Adults 25 - 44 years	820	34.10%		835	36.07%
Adults 45 - 59 years	794	33.01%		768	33.17%
Adults 60+	744	30.94%		660	28.51%
Total Clients	2405			2315	

Clients by Gender:

In FY22, males represented 78.06% of the clients; transgender represented 2.68% of the clients; and females 19.27%. With a decrease in the total clients served in FY22 (2,315) compared to FY21 (2,405), there was also a slight decrease in the percentage of clients for male clients compared to fiscal year 2021. In fiscal year FY21, 78.34% of the clients were male; transgender represented 2.62% of the clients; and females 19.04%.

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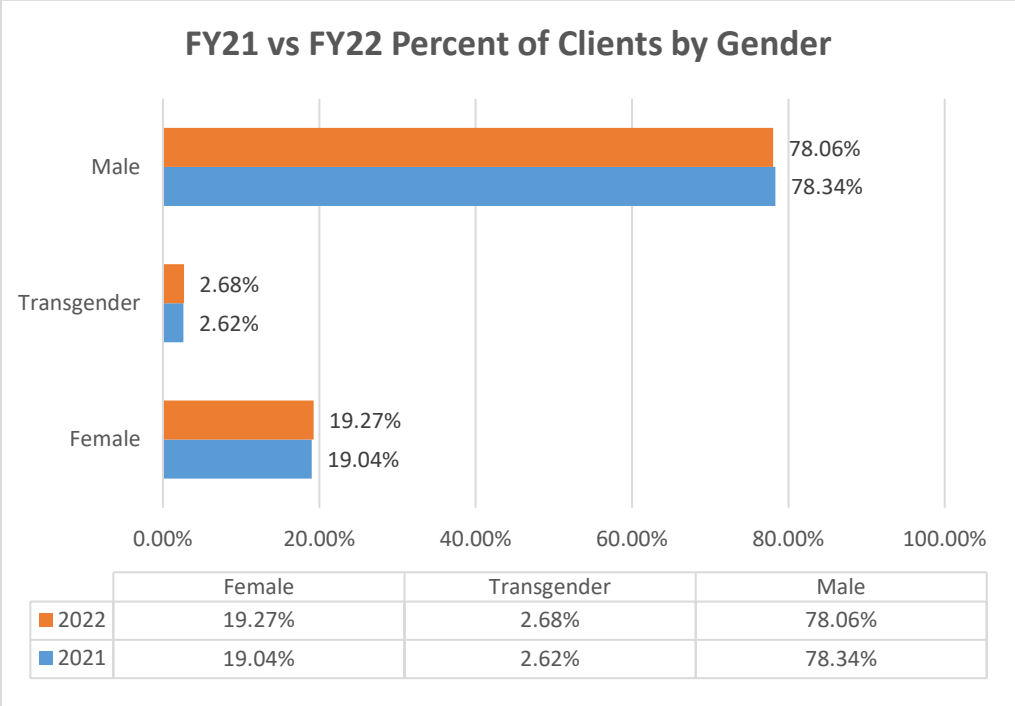
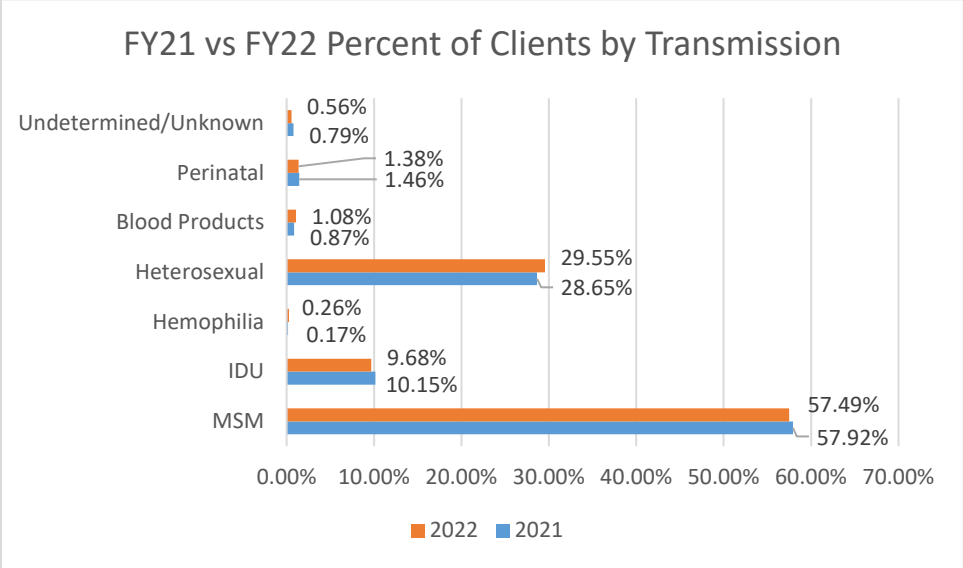


Our final WICY (Women, Infants, Children, and Youth) expenditures show that Sacramento is responding to the needs of women by allocating and expending funds targeted to women in an amount that exceeds their current representation in the epidemic. Total expenditures for WICY must meet a minimum of 18.37% of the total Part A and Part A MAI direct service grant award. At year-end, WICY expenditures ($789,786) represented 26.98% (Part A and Part A MAI) of the grant award total service expenditures. See **Attachment C**.

Clients by Transmission:

There has been no significant change in the transmission methods of the clients in the TGA. Men Having Sex with Men (MSMs) continues to represent the highest transmission level at 57.49%, followed by heterosexual transmission (29.55%). As documented in our FY22 grant application, Heterosexuals experienced an increase in the percentage of people living with HIV (PLWH) transmission between 1995 and 2020 (7% vs 15.8%). Heterosexual transmission is the second largest percentage of PLWH in the TGA.



Clients by Income:

Although there was a decrease in the total clients in FY22 compared to FY21, there was an increase in the percentage of clients with an income of *138% or less* of the federal poverty level. In FY22, clients with an income of *138% or less* accounted for 70.89% of individuals (1,641) receiving Ryan White services. In FY21, they accounted for 68.36% (1,644 clients).

Clients by Income	2021		2022	
	Count	Percent	Count	Percent*
No Income	607	25.24%	623	26.91%
100% of Poverty	676	28.11%	681	29.42%
101- 138% of Poverty	361	15.01%	337	14.56%
139-250% of Poverty	306	12.72%	288	12.44%
251-300% of Poverty	265	11.02%	228	9.85%
Over 300% of Poverty	190	7.90%	158	6.83%
Totals	2405	100%	2315	100%

* Percentage may be off due to rounding

Clients by Ethnicity:

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

I.a.i.1. Program Successes addressing the National HIV/AIDS Strategy Goals

- Accomplishments in reducing new infections:

On behalf of the Sacramento Community, Sacramento County Public Health (SCPH) continues to host an STD/HIV Stakeholder group, the Sacramento Workgroup to Improve Sexual Health (SacWISH) with a goal of intensifying HIV and STD prevention, testing, and treatment efforts in the community to reduce new infections and increase the percentage of persons who know their sero-status and are linked to and receive care. The Coalition is comprised of more than 100 sexual health stakeholders throughout Sacramento (medical clinics, testing agencies, school districts, local and state public health representatives, and non-profit agencies that work closely with high-risk populations).

Objective 1: Health Education and Outreach was conducted in many regions and methods across Sacramento. Outcomes are listed below.

- To date, 2000 Sacramento County Sexual Health Clinic (SHC) referral cards and branded materials have been disseminated to patients, community agencies, and at testing/outreach events.
    - 600 SHC referral cards have been distributed to Wind Youth Services.
    - 400 have been given out to Sexual Health Clinic patients.
    - 800 clinic branded handouts were given away during community outreach/education and testing events.
- To date, digital advertising of Undetectable=Untransmittable, HCV, and Monkeypox campaigns on social media and dating applications, have gained 11,481 click-throughs to our Sacramento County Sexual Health Clinic's website www.SacSexualHealth.com

- Eight Sexual Health Clinic Billboards were posted in high morbidity Zip codes from May-July 2022 - on El Camino Ave, Florin Rd, Florin Perkins, Fruitridge Rd, Gerber Rd, Rio Linda, and Auburn Blvd.
    - These billboards yielded 570,310 weekly impressions with a total of 2,281,241 impressions.
- Nine SHC Bus Transit Shelter advertisements were posted May-July 2022 on Florin Rd, Exposition Blvd, Mack Rd, Natomas Park Dr, Franklin Blvd, Calvine Rd, Stockton Blvd and Power Inn Rd.
    - These shelter advertisements yielded 645,444 weekly impressions with a total of 2,581,778 impressions.
- Four digital advertisements were placed on dating applications targeting priority populations in Sacramento County (Skout, MeetMe, Tagged, Grindr, Si.com, and etonline.com).
    - These displays ran in March of 2022 and generated 4,164 clicks through to www.SacSexualHealth.com.
- During the reporting period (January-December 2022) we distributed a total of 35,640 condoms, 640 dental dams, and 17,420 packets of lube to various community-based organizations, school clinics, high schools, and community events such as Pride and National HIV Testing Day

Objective 2: Referrals for Testing

In 2022, Harm Reduction Services (HRS) and Golden Rule Services (GRS) were funded to provide community-based data-driven testing among priority populations including people who are African American/Black, LGBTQ+, and those who can become pregnant. Our CBO's report combined CT/GC testing & results.

	Number	Percentage
Tested for CT/GC	1,262	
Positive for CT/GC	143	11%
Treated for CT/GC	142	99%

In 2022 Sacramento County SHPU conducted STI screening among people experiencing homelessness utilizing our W3 Mobile van, which launched in September of 2022.

	Number	Percentage
Tested for CT/GC	23	
Positive for CT/GC	0	0%
Treated for CT/GC	0	0%

Tested for Syphilis	35	
Reactive Syphilis Test	2	6%
Treated for Syphilis	2	100%

HCV Data

	Number	Percentage
Clients tested for HCV antibody	436	
Clients with a reactive HCV antibody result	39	9%
Clients who received follow up HCV RNA testing	9	23%
Clients tested for HCV RNA	9	100%
Clients who test HCV RNA positive among clients tested for HCV RNA	3	33%

Through funding from the California Department of Public Health, Office of AIDS (OA), HIV Prevention Branch, provided by the Centers for Disease Control and Prevention (CDC), the Sacramento County Sexual Health Promotion Unit (SHPU) integrates HIV prevention and surveillance activities and goals to utilize surveillance data to inform prevention activities.

The approved activities outlined within the LHJ's Work Plans are informed by the HIV Prevention Branch's guidanceto LHJs, ***Enhanced Integration: 2020 Guide to HIV Prevention and Surveillance***. OA's guidance outlines three core required HIV prevention activities, six recommended activities, and program requirements for each strategy. These include:

Funding Requirements

1. Strengthen Disease Investigation Infrastructure
2. Expand and Provide Navigation Services
3. Expand Access to Syringe Services for People Who Inject Drugs

Recommended Activities

1. Health Care Provider Engagement
2. Conduct HIV Testing
3. Linkage to Care Coordinator
4. Condom Distribution
5. Strengthen Community Engagement
6. Strengthen Structural/System-Level Interventions

Overall successes include:

Strengthen Disease Investigation Infrastructure:

During 2022, Sacramento County hired additional personnel to assist with disease investigation. Four (4) new Communicable Disease Investigators (CDIs) were hired with Spanish and Hmong language skills, representing Latinx, Black, and Asian as well as non-binary

identities. They are being fully trained to assist with surveillance investigations and prevention efforts.

In efforts to expand HIV, STI, and HCV testing services for high-risk populations, SHPU has collaborated with Sacramento County Primary Care to launch a new mobile health clinic. The mobile testing unit (Wellness Without Walls-W3) launched in September 2022 and provides services that include HIV, sexual health, and broader services (e.g., wound care, assistance with prescription refills, mental health, and substance counseling)-to unhoused communities and transitional aged youth.

Lastly, eight (8) of our staff that are Certified Phlebotomy Technicians (CPT) began rotating through the Sexual Health Clinic (SHC) to assist with HIV testing and venipuncture.

I.a.i.2. Program Challenges addressing the National HIV/AIDS Strategy Goals

Due to its large three-county area of over 4,000 square miles, the TGA has unique characteristics that create challenges to the efficient and effective delivery of HIV/AIDS services. Most specialized services for HIV/AIDS medical care are centrally located in the City of Sacramento. PLWH in the rural counties of El Dorado and Placer Counties must travel, sometimes up to 90 miles in each direction, to access HIV/AIDS care. Increasing HIV/AIDS cases throughout the TGA have increased the need for HIV related services in all three counties.

In addition to geographic challenges in the TGA, another impact over the last several years has been the implementation of the Affordable Care Act (ACA). Due to the limited availability of HIV specialists in the health care plans under the ACA, additional PLWH are continuing to turn to the RW Program for specialized HIV care and treatment. In addition, increases in poverty throughout the TGA, combined with significant increases in the cost of living, including housing and transportation, continue to have a significant impact on PLWH throughout the TGA.

Staff turnover has continued to plague subrecipients in the Sacramento TGA. Hiring and retaining trained staff has been an ongoing struggle. Ryan White program staff continues to provide technical assistance as needed however ongoing technical assistance creates strains on Ryan White staff as well.

Transportation and housing are not only challenges for people living with HIV, but they create challenges for addressing the goals of the HIV Care Continuum. People living with HIV are more concerned about where they're going to sleep each night than their next medical appointment. Then, once the medical appointment is approaching, transportation to and from the appointment creates another problem.

I.a.ii. FACTORS IMPACTING HIV CARE CONTINUUM OUTCOMES

I.a.ii.1. Expanded/reduced resources

Expand and Provide Navigation Services:

In 2021 Sacramento County began expanding access to quality HIV care and treatment services for People Living with HIV/AIDS (PLWH) at the SHC. This year (2022), Sacramento County expanded the SHC to add physical space specifically for HIV treatment and care services.

To ensure patients receive well-rounded quality care, Sacramento County has hired six (6) new healthcare staff. The SHC now houses a full team that includes three (3) new Nurse Practitioners (NP), one (1) new RN Case-Manager, one (1) MD, and one (1) Master of Social Work (MSW) Social Worker. Our clinic services expansion includes the addition of onsite HPV and Hepatitis B vaccination; 24/7 web access to PrEP AP enrollment via the MedAssist Client Portal; 24/7 web access to Gilead Enrollment and the continued offering of our expanded home-testing program including the following tests: HIV oral swab test, HIV finger stick test, Hepatitis C finger stick test, Syphilis finger stick test, multisite (rectal/throat/urine) gonorrhea and chlamydia testing, and creatinine (for PrEP Panels). Additionally, the SHC has begun offering same-day access to PrEP via prescribing patients a 10-day supply of PrEP after a clinical assessment while waiting for their lab results and submission of a longer prescription, as well as language interpretation assistance for medical services. Medication delivery is now available via participating pharmacies and public health staff, in a limited capacity.

Sacramento County has expanded access to quality HIV care and treatment services for PLWH at our SHC. We are currently providing services for 38 HIV + clients.

- 19 Male, 4 Female, 15 Unknown/Declined
- Race/Ethnicity
  - 13 White
  - 2 Latinx
  - 7 Black/AA
  - 1 Asian
  - 15 Unknown/Declined

- Age
  - 10 Under 35 years of age
  - 12 ages 35-40
  - 16 over age 45

Clients are provided incentives such as juice boxes, snacks, masks, transportation vouchers (including cab rides with Yellow Cab), and gift cards. The SHC is continuing to work to adopt and implement youth friendly practices.

Furthermore, in our efforts to guide HIV negative clients to PrEP, in 2022 the Sacramento County SHC received 110 PrEP referrals and provided PrEP care to 75 patients. This total brings us to an initiation rate of 68%; **19** of the referrals came from Golden Rule Services, **33** from the SHC, **9** from The Sacramento LGBT Center, **5** from our SAMHSA Navigator Program, **2** from Wind Youth Services, **2** from Sacramento County CDIs, **3** from Harm Reduction Services, **1** from WellSpace, **1** from One Community Health, **1** from Kaiser, **1** from Loaves and Fishes, **25** from Sunburst Projects, **7** were referred from friends/family and **2** were from Other Sources.

Furthermore, in partnership with a popular LGBT bar, we conducted PrEP outreach at a weekly drag competition, the Maxx Drag Show on 9/27/22, 11/1/22, 11/8/22. At the show we distributed items that included SHC cards, PrEP materials and branded items, condoms, lube, STI information, partner services cards, PrEP AP information, confidential service cards, youth rights

brochures, in-home HIV tests and CA sexual health rights information. Overall, our tabling at the drag show resulted in 321 encounters with local community members (135 at show one, 82 at show two, and 104 at show three).

In partnership with a local marketing firm, Runyon Saltzman Incorporated, we created four digital media PrEP advertisements to run on dating applications targeting those disproportionately impacted by HIV in the greater Sacramento area. The goal of the ads is to inform users about HIV prevention strategies, decrease stigma, and promote PrEP uptake. This activity was completed with private foundation funding. These ads ran through July 2022 and garnered 2,041,837 impressions and 4,164 clicks.

Sacramento County has also focused on building new partnerships and strengthening current partnerships with agencies in the HIV/STD field. These efforts have led to a partnership with Pucci's Pharmacy. Pucci's is a locally owned pharmacy that has offered extensive care and resources related to HIV and PrEP in Sacramento County. This partnership will allow the Sacramento County SHC to offer Injectable PrEP for our new and current PrEP patients.

Lastly, Sacramento County continues to expand options for in home testing for members of the Sacramento County community. We expand this through www.TakeMeHome.org, implementing an at home testing program through Building Health Online Communities (BHOC). This at home testing option increases access to PrEP panels (includes dried Blood Spot (DBS), HIV and creatinine level (kidney function), and STI multisite (Gonorrhea, Chlamydia, Syphilis, Hepatitis C) for harder to reach populations. In 2022 we saw a total of 2,042 TakeMeHome.org website hits, resulting in 185 test kits ordered; with 17 people testing positive for STIs (4 syphilis, 8 CT, and 7 GC) and 1 HIV+ result.

I.a.ii.1.b. <u>Expand Access to Syringes for People Who Inject Drugs:</u>

During 2022, Sacramento County SHPU funded Harm Reduction Services (HRS), a local SSP to provide integrated HIV/HCV/STI testing services with their SSP services to unhoused folks and people who inject drugs. HRS also provides Narcan on demand and training on how to administer it to prevent overdose. HRS presented at our SacWISH meeting, highlighting the current work they are doing in Sacramento County and laminating how we as a collective can better support folks who are affected by drug use.

Additionally, Sacramento County established a new MOU with SANE (Safer Alternatives through Networking and Education). SANE is an additional syringe exchange program located in the Del Paso area of Sacramento. Their services include a needs-based Syringe Exchange Program, distribution of safer sex supplies, HIV & HCV education and referral, overdose prevention education, outreach to people experiencing homelessness, and a low barrier Medication Assisted Treatment (MAT) program. We have worked with SANE to integrate testing activities into their existing SSP activities. SANE is set to begin HIV/STD testing in 2023 after hiring an experienced HIV/STD counselor with more than 20 years of experience in the field.

I.a.ii.2. Unmet need

- Increasing access to care:

The Ryan White CARE Program continued its funding support for Non-Medical Case Management for Benefit and Enrollment Counselors to ensure clients receive assistance in enrolling in any public benefits for which they may be eligible, including Medi-Cal (Medicaid), Covered California (ACA) health plans, California's ADAP program, and the State Health Insurance Premium Payment programs. There were 1097 clients receiving Benefits and Enrollment Services in FY22, a slight increase of 0.9% over FY21 when 1087 clients received those same services.

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

- Reducing Health-Related Disparities:

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

I.a.ii.3. Public health emergencies (e.g., COVID-19, mpox) and/or natural disasters

The COVID-19 Pandemic brought many changes to people's personal and professional lives. Businesses, community-based organizations, social service providers, professional services, government services, and alike, all initiated social distancing practices and purchased personal protective equipment and plastic barriers for their organizations. Whether it be for a medical appointment, counseling appointment, business meeting, collaborative meeting, or staff meeting, teleconferencing became the norm. Everyone experienced a learning curve utilizing technology-based services and not everyone was happy or adjusted easily to virtual meetings, conferences, appointments, etc. For some, technology is a financial burden that some simply cannot afford. For others, keeping appointments was easier with the use of telehealth.

As the pandemic and various restrictions continued through FY21 and into FY22, there was a continued increase in the need for mental health services, food vouchers, and housing to keep clients safe. The 2020 Coronavirus Aid, Relief and Economic Security Act (CARES Act) funding supplemented these services at five agencies in the Sacramento TGA. CalFresh, the California Food Assistance Program, also supplemented qualifying individuals with additional funds during the COVID-19 pandemic. However, those additional funding sources related to COVID-19, have been terminated despite the need.

During 2022, the Monkeypox (Mpox) outcome became another public health emergency to address. Utilizing relationships and lessons learned during COVID-19, the Sacramento TGA was able to mobilize Mpox vaccines in a timely manner at several community-based organizations.

I.a.ii.4. Evolving healthcare landscape (e.g., changes in healthcare coverage options)

- <u>Impact on Planning and Allocations:</u>

The Sacramento TGA's HIV Health Services Planning Council's Priorities and Allocations Committee (PAC) is tasked with recommendations for priority setting and allocations. With Fiscal Year 2013 marking the implementation of the Affordable Care Act (ACA), the Committee, in addition to considering historical utilization data, Needs Assessments, and year-end reports also accounted for potential cost-savings from clients who had enrolled in ACA insurance plans. The primary cost savings have been in viral load and CD4 lab tests. The Planning Council did fund the Health Insurance Premium and Cost-Sharing Assistance Program service category in an attempt to ensure clients could meet their deductibles and co-pays. In both FY22 there were 11 clients receiving Health Insurance Premium and Cost-Sharing Assistance. Whereas in FY21, nine clients received Health Insurance Premium and Cost-Sharing Assistance.

- <u>Enrollment</u>

Of the 2,051 clients indicating an insurance source, 90.4% of the clients in the Ryan White system of care had a third-party payer: 8.44% had employer-based private insurance and 81.96% had some form of public insurance through Medicare, Medicaid, or local other governmental programs. However, 9.4% had no insurance.

At the end of FY 2021, 91.96% of the clients in the Ryan White system of care had a third-party payer: 9.62% had employer-based private insurance and 82.35% had some form of public insurance through Medicare, Medicaid, or local other governmental programs. However, 8.04% had no insurance.

I.a.iii. Sharing HIV care continuum outcome information with community stakeholders

The Sacramento HIV Care Continuum is disseminated to the subrecipients, Ryan White Planning Council, and community stakeholders, including the Sacramento Work Group to Improve Sexual Health (SacWISH). Additionally, the HIV Care Continuum was used in coordination/conjunction with a presentation from the AIDS Education and Training Center at a community based organization in January 2023.

I.b. Planning Council Activities

I.b.i. Planning Council Accomplishments

Allocations and Reallocations:

The FY22 Allocations were approved by the Sacramento HIV Health Services Planning Council (HHSPC) in June of 2021, during the Priorities and Allocations Committee Part A Grant Application Planning meeting. In May of 2022, PAC and HHSPC approved a General Directive, which provides direction to the Recipient on how to allocate funds should the award come in at various percentages higher or lower than projected.

In September of 2022, PAC and HHSPC approved the reallocation of $110,569 in funds based on services categories and client utilization needs.

At the time of Reallocation, funds were reallocated to Ambulatory Care, Medical Case Management, Mental Health, Medical Transportation, and Non-Medical Case Management as the categories were over-spending.

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

Reflectiveness:

At the end of FY21, the Council's reflectiveness was 41.7%. However, at the end of FY22, the Council's reflectiveness was 39.1%. Nine out of the 23 seated Council members were non-aligned consumers. Additionally, there are two aligned consumers on the Council. Several providers and consumers reached out to people living with HIV and encouraged participation. While the COVID pandemic limited outreach/recruitment opportunities, our existing members stepped up and found active participants.

California Planning Group:

The California Planning Group (CPG) is the statewide HIV planning body that enables key stakeholders, communities, and providers to engage in active and ongoing dialogue with the

Office of AIDS (OA) to reach the goals of the National HIV/AIDS Strategy and the statewide Integrated Plan. The main functions of this group are to work collaboratively with OA to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan; to monitor the implementation of this plan; and to provide timely advice on emergent issues identified by OA and/or other key stakeholder parties.

The Sacramento TGA has two members, Richard Benavidez and Clarmundo Sullivan, appointed to the CPG. In addition to being the Chair of the Planning Council, Richard Benavidez has been a volunteer and advocate for those living with HIV and also sits on the Board of Directors for the Sierra Foothills AIDS Foundation. Both members provide valuable feedback to the State Office of AIDS on the needs of the people living with HIV and high-risk populations in the Sacramento TGA.

Richard Benavidez is able to provide regular updates to the Sacramento HIV Health Services Planning Council on the activities and achievements made by the CPG.

Clarmundo Sullivan is the Executive Director of Golden Rule Services and a subrecipient of the Sacramento County's HIV Prevention Program and Ryan White CARE Program. He regularly participates in the Ryan White Providers Caucus and HIV Prevention Program's Sacramento Workgroup to Improve Sexual Health (SacWISH) where he provides updates from CPG.

Member Education and Training:

Through Fiscal Year 2022, the Sacramento HIV Health Services Planning Council received training on various topics related to the Ryan White system of care. The trainings were a mixture of both guest presenters and staff/member-lead presentations. Member trainings and presentations included training on the *Mechanics of the Planning Council* and presentations on services provided by Ryan White subrecipients and non-Ryan White funded community based organizations. These trainings provide programmatic updates, as well as an overview and update of services available from both Ryan White funded subrecipients and other community based organizations.

In FY22, these **trainings** included:

- Mechanics of the Planning Council
- Brown Act Overview
- Priority Setting and Resource Allocation Overview
- Administrative Assessment Overview
- Understanding Reallocation

In FY22, the **presentations** included:

- County of Sacramento PrEP & Linkage to Care
- Sacramento LGBT Center

- Cultural Humility
- Diversity and Equity

I.b.ii. Planning Council Challenges

Needs Assessment:

In FY22, the Ryan White (RW) HIV Health Services Planning Council (HHSPC) conducted its tri-annual assessment of people living with HIV/AIDS (PLWH/A) as part of its RW Part A funding for the Sacramento Transitional Grant Area (TGA), which includes Sacramento, El Dorado, and Placer Counties. The goal of the Needs Assessment is to collect and analyze data on Service Needs; Service Gaps; and Barriers to Care for PLWH/A to assist the Council with effective planning for service funding and service delivery. RW Program staff, subrecipient staff, and volunteers conducted surveys in one-on-one sessions.

In 2022, the Council initiated its Needs Assessment with a target of surveying 200 people living with HIV in the Sacramento region. Council Staff reached out to subrecipients for assistance in conducting the surveys. Twenty-two of the participating clients were from the rural counties of either Placer, Yolo, or El Dorado County. The 169 remaining participants were from Sacramento County. Despite an incentive of a $20 gift card, clients are reluctant to take the time to complete the survey. The Council may wish to consider increasing the incentive due to the amount of information gathered.

Substance Abuse Epidemic:

The Sacramento TGA has experienced an increase in its substance abuse issues in recent years. In an article published by the Sacramento Bee on August 17, 2015, (http://www.sacbee.com/site-services/databases/article31324532.html), opioid overdoses in Sacramento, El Dorado, and Placer Counties were higher than the statewide average. On March 29, 2016, the Sacramento Bee (http://www.sacbee.com/opinion/editorials/article68896827.html) published an article in which Sacramento County's Public Health Officer, Dr. Olivia Kasirye, called a public health emergency when 28 people had overdosed on Fentanyl since the prior Thursday (March 24, 2016). A review of the California Department of Public Health's California Opioid Overdose Surveillance Dashboard (https://skylab.cdph.ca.gov/ODdash/) indicated that 159 people died in 2019, in the three-county TGA of Sacramento, El Dorado, and Placer Counties.

In 2016, Sacramento County created an Opioid Coalition committed to saving lives by preventing overdoses through expanding treatment access, promoting safe disposal, encouraging early intervention, treatment and recovery, enhancing opioid surveillance, and expanding public education and media outreach.

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

program and is providing local law enforcement supplies of Naloxone and providing them with training on its administration.

In 2019, the California Department of Public Health released a Request for Applications to create California Opioid Safety Coalitions throughout the State. 23 coalitions were awarded, including the Sierra Sacramento Valley Medical Society. Coalitions are using a data-informed approach to implement multiple objectives and prevention strategies at the local level. These approaches include: expand access to medication assisted treatment; develop/adopt local policies and procedures; promote public education and awareness, safe prescribing practices, and harm reduction services; increase access to naloxone and care/services for high-risk populations; and collaborate with local law enforcement to promote primary prevention best practices. Also in 2019, the Sacramento County Division of Behavioral Health Services, Substance Use Prevention and Treatment Services launched the Methamphetamine Coalition, which continues to meet quarterly.

Harm Reduction Services (HRS), a Ryan White funded provider, has utilized other funding sources to offer Overdose Recognition and Response Training since 2014. As of 12/31/20, this training by HRS resulted in 1900 opiate overdose reversals. 781 of these reversals were in 2020. In December of 2021, the Sacramento County Sexual Health Promotion Unit participated in the training as well.

In November 2021, the Sacramento County Department of Health Services partnered with the Sacramento County District Attorney's Office to sponsor a Fentanyl Safety Awareness Fair. The safety fair featured demonstrations on how to use on Narcan, as well as distribution of free Narcan kits, gift card giveaways, food trucks and resource information from more than 25 community-based organizations.

According to Sacramento County, Sacramento County had 116 Fentanyl-involved deaths in 2021 and 50 died during the first seven months of 2022[1]. Fentanyl continues to be a serious problem in our TGA. The County has invested an additional $11.2 million in programs/services including Medication Assisted Treatment and residential treatment services.

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

Housing and Homelessness:

Housing is a particular struggle for individuals with low or no income, past evictions, mental health issues, criminal records, and current or past drug use. In fact, in an April 14, 2021, Fox40 online article, it was reported that "the median sales price in the Sacramento region, which

[1] https://www.saccounty.gov/news/latest-news/Pages/Overdose-Is-On-The-Rise-In-Sacramento-County.aspx#:~:text=Fentanyl%20poisoning%20impacts%20Sacramento%20residents,first%207%20months%20of%202022.

encompasses Sacramento, Placer, El Dorado and Yolo counties, has gone up over 20% between March 2020 and March 2021. Since January of 2021, the market has shot up 9% and is on track to keep rising". (https://fox40.com/news/local-news/experts-say-influx-of-buyers-from-san-francisco-creating-major-challenges-for-sacramentos-housing-market/). The article further states that "out of the 30 largest metro areas in the U.S., Sacramento is ranked number one in terms of net move-ins, which are mostly from San Francisco".

Finding affordable rentals in the region is a challenge as well. In a Sacramento Bee article, dated July 1, 2019, (https://www.sacbee.com/news/local/article232162102.html) Sacramento was ranked the 26th most expensive city in the United States. In 2019, the average rent on a one-bedroom apartment in Sacramento was $1,260. In an online article by Sage Singleton, (https://www.apartmentguide.com/blog/average-rent-in-sacramento/) dated February 4, 2021, it is noted that the cost of living in Sacramento is 23.4% more expensive than the national average and that the average rent for a one bedroom is apartment is now $2,064.

Both the City Council and the County Board of Supervisors in Sacramento, as well as Placer County have initiated projects aimed at assisting homeless and low-income individuals, but their efforts are still in the planning stages. With approximately 70.89% of the TGA's Ryan White clients served in FY2022 living at or below 138% of poverty, coupled with housing shortages and rent increases, the TGA anticipates these efforts to be insufficient to meet the needs in the region.

The California State University in Sacramento (CSUS) in coordination with Sacramento Steps Forwards conducted a *Point in Time* (PIT) homeless study in February 2022. Findings (https://sacramentostepsforward.org/continuum-of-care-point-in-time-pit-count/2022-pit-count/) indicated that there has been an estimated 67% increase, since 2019, of individuals experiencing homelessness on any given night in Sacramento.

Capacity Issues:

The TGA continues to experience an increased demand for Mental Health services. The demand stretches the capacity of the providers. Finding qualified Mental Health providers who understand the intricacies of HIV and mental health continues to be a challenge. Having a serious health issue, such as HIV, can lend itself to a source of major stress, and the mere diagnosis can negatively impact one's well-being, cause depression, and/or complicate any existing mental health conditions. With the lack of qualified mental health practitioners, people living with HIV who are experiencing increased mental health issues may be left untreated. Untreated mental health conditions can lead to increased medical problems, not to mention negative interactions with others, which may affect employment, housing, and negative interactions with law enforcement. One Ryan White funded agency expanded services and opened a mental health program in FY2021, which helped address the need.

The TGA experienced an increase in clients seeking housing and food bank services in FY21 which were augmented with CARES Act COVID Response funding. Sine the termination of the CARES Act funding, the TGA has seen a decrease in the number of clients receiving housing and food bank services, despite the ongoing need.

Below is an indicator of the service categories which experienced an increase in clients in FY22 compared to FY21.

Service Category	2022 Number of Total Clients	2021 Number of Total Clients	Percent Different	Decrease or Increase
Substance Abuse Residential (Detox)	19	9	111.1%	Increase
Health Education/Risk Reduction	235	191	23.0%	Increase
Health Insurance Premium Payment and Co-Pay Assistance	11	9	22.2%	Increase
Mental Health	501	433	15.7%	Increase
Medical Transportation	525	467	12.4%	Increase
Non-Medical Case Management	1158	1104	4.9%	Increase
Oral Health	634	613	3.4%	Increase
Medical Case Management	1592	1547	2.9%	Increase
Emergency Financial Assistance	147	143	2.8%	Increase
Outpatient Ambulatory Care	1794	1750	2.5%	Increase
Outreach Services	388	379	2.4%	Increase

I.b.iii. Challenges related to compliance with planning council/body legislative requirements and steps taken to address the challenges.

Reflectiveness and Representation

The Sacramento TGA continues to strive for reflectiveness. One limitation is the mandate that the participants must be recipients of Part A funds. The Sacramento TGA has a combined Part A and Part B Planning Council. Many applicants are unaware of how their services are funded. It can be disheartening to a person living with HIV who wishes to volunteer only to realize that do not meet the mandated funding source requirement. It is not the client's decision whether a provider invoices Part A or Part B services. The Planning Council continues to recruit, and appointment members as needed.

I.c. Early Identification of Individuals with HIV/AIDS (EIIHA) Update

I.c. Outline the activities of the TGA's EIIHA Plan Implemented during FY22:

I.c.i.1. <u>Achieving successful outcomes</u>:

With years of community collaboration and coordination, the TGA has a solid framework for the implementation of its EIIHA Plan by targeting demographic characteristics, specific needs, and barriers to HIV testing and care for the TGA's most at risk populations.

The following EIIHA Activities were successfully implemented in 2022:

Activity	Outcome
Provide HIV testing to high-risk populations to make them aware of their HIV status.	• During CY 2022, the Sacramento County Sexual Health Clinic and affiliated community-based testing sites successfully tested 2,453 high-risk individuals to make them aware of their HIV status and identified 19 newly diagnosed individuals.
Provide prevention and harm reduction education information, including PrEP information and referrals, to individuals at testing.	• In addition to providing PrEP education to the 1,800 individuals who received testing services, more than 2,000 PrEP educational materials were distributed during CY2022. • In 2022 the Sacramento County Sexual Health Clinic received 110 PrEP referrals and provided PrEP care to 75 patients. • More than 35,600 condoms, 640 dental dams, and 17,400 packets of lubricant were distributed during CY 2022 • Additionally in 2022, advertising included 8 Sexual Health Clinic billboards (2,281,241 impressions), 9 Sexual Health Clinic bus shelter advertisements (2,581,778 impressions), and 4 digital advertisements on dating apps (4,164 clicks through to www.SacSexualHealth.com)
Increase percent of newly diagnosed HIV+ people linked to medical care within one month of diagnosis.	• 100% of the community-based testing program's newly identified HIV+ clients (10), were linked to medical care within one month of diagnosis on CY 2022. Nine of these were linked within 7 days of specimen collection date.
Make testing sites accessible to targeted populations through venues associated with their culture, geography, and lifestyles. Once tested, ensure that individuals are made aware of their HIV status.	• As traditional testing venues began to open up in CY2021 we saw a rise in testing partners reported testing numbers. Our testing partners began allowing limited onsite testing, and resumed canvassing of high-risk areas, such as encampments. Many partners also continued limited at-home testing and follow up to increase access. • Although not a traditional testing site, the TakeMeHome.org program saw 2,042 website

	visits resulting in 185 test kits ordered with 17 people testing positive for STIs and 1 HIV+ result. • Sacramento County established contracts with two CBOs and a community pharmacy to provide educational materials related to MPOX and collectively administered more than 8,000 doses of JYNNEOS vaccinates to the LGBTQ+ community.
Expand testing venues with additional trained testers, who reach more of the targeted populations by increasing the number of individuals who know their HIV status.	• In CY2022, two new sites were established in Sacramento, and one site was "re-launched". Both SANE and Sunburst Projects became new testing sites and the Sacramento County Probation Department Drug Court re-launched testing services. • This resulted in 13 new test counselors being certified in CY 2022
Increase the number of TGA residents at high risk for HIV infection who are on PrEP by 500 individuals in CY21 to achieve a total goal of 3,100 persons by 2021.	• In CY 2022, the Sacramento County Sexual Health Clinic successfully initiated PrEP with 75 clients. Countywide PrEP data indicates, as of 2021 there were 1054 PrEP users in Sacramento County (this is the most recent data available: https://aidsvu.org/local-data/united-states/west/california/sacramento-county/#prep). In addition, we partnered with a local marketing firm, Runyon Saltzman Incorporated to create four digital media PrEP advertisements to run on dating applications targeting those disproportionately impacted by HIV in the greater Sacramento area. The goal of the ads was to inform users about HIV prevention strategies, decrease stigma, and promote PrEP uptake.

Integration of the HIV/STD Prevention, Surveillance, and Ryan White Care programs – to create the Sacramento County Sexual Health Promotion Unit (SHPU) - within the Sacramento County Division of Public Health has enhanced the TGA's efforts to identify HIV+ individuals and to provide risk reduction counseling. The Sacramento County SHPU relies on the expertise of the Sacramento Workgroup to Improve Sexual Health (SacWISH) to support HIV/STD prevention, testing, and treatment efforts in the TGA.

In the rural counties that make up the TGA, the Sierra Foothills AIDS Foundation (SFAF) has encouraged community clinics in both El Dorado and Placer County to continue HIV testing at their sites. Preliminary figures from the State Office of AIDS for calendar year 2022, indicates

that there were 11 newly diagnosed individuals in Placer County and 3 in El Dorado County. SFAF also conducts HIV testing at their Placer County offices using test kits provided by One Community Health in Sacramento. These test sites inform rural county residents of the availability of treatment and services at One Community Health as well as other providers in the TGA.

I.c.i.2. Resources and Partnerships:

The Sacramento TGA Partners with the following agencies to identify individuals with HIV/AIDS:

- One Community Health,
- Golden Rule Services,
- Safer Alternatives through Networking and Education (SANE),
- Harm Reduction Services (HRS),
- Gender Health Services (GHS),
- Sacramento LGBTQ Community Center,
- Wind Youth Services (Wind),
- Community Against Sexual Harm (CASH),
- Sacramento Native American Health Center,
- Sacramento County Department of Health Services (DHS) Sexual Health Promotion Unit (SHPU),
- El Dorado County Department of Public Health,
- Placer County Department of Public Health,
- Planned Parenthood,
- WellSpace Health, and
- Sierra Foothills AIDS Foundation (SFAF)

Many organizations throughout the TGA are currently funded by public sources and are responsible for ensuring that activities to inform, refer and link individuals are implemented. Sacramento County opened a Sexual Health Clinic in May 2019, which provides sexual health services to high-risk individuals and their partners who come for low/no-cost STD testing and treatment. HRS conducts free HIV and hepatitis C testing and a syringe exchange program and targets the IDU and substance using community members, offering clients' case management services, food, clean syringes, overdose prevention medications, and transportation. Golden Rule Services targets Black/African American and Latinx MSM, offering free HIV testing, case management, and social support services. SANE provides IDUs with clean syringes, risk reduction counseling, referrals to partner services, and medication assisted substance abuse treatment.

The Sacramento County SHPU targets youth and other high-risk populations, by providing testing at venues such as drop-in centers for homeless and runaway youth, and communitywide health fairs. In response to COVID and MPOX, the SHPU staff have made strides to implement innovative testing practices including utilizing home HIV test kits for PrEP patients and developing a "door to door" testing program using technology (Zoom and DocuSign) for counseling and consent paperwork.

All of these organizations work closely with County Public Health to coordinate efforts to target the high-risk populations in the TGA. During 2020, the SHPU staff convened an HIV Test Counselor / PREP Navigator workgroup to coordinate efforts across the county and support one another's programming. This workgroup meets monthly which has continued in 2023.

The Sacramento TGA has used all the available resources, both internal and external, in its efforts to produce favorable outcomes in its effort to achieve the Early Identification of Individuals with HIV/AIDS.

I.c.i.3. Barriers and/or Challenges to Achieving Successful Outcomes:

The Sacramento TGA's EIIHA Plan has numerous approaches to address barriers for its target populations, three of which address barriers to accessing testing and treatment as follows:

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

2. Sacramento County testing agencies, including Golden Rule Services, Harm Reduction Services, Gender Health Center, the Sacramento LGBT Community Center, and other County-affiliated testing sites throughout the TGA, provide Finger Stick HIV testing to targeted populations to provide immediate results of HIV status, and to remove barriers that may prevent people from returning for results. These providers make testing sites accessible to populations at risk for HIV through providing services directly through community-centered venues.

3. All TGA testing sites distribute HIV+ Care Packets to newly diagnosed clients; and provide HIV/AIDS resources and referral information. All testing sites inform newly diagnosed clients of services in the TGA and provide linkage to care.

I.c.i.4. EIIHA Plan's Contribution to the National Goals to End the HIV Epidemic

Reduce New HIV Infections

NHAS Action Steps*:*

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

The TGA's efforts target youth, in particular young gay men, to get tested. In CY21, 14.5% of tests administered through the TGA's community based EIIHA providers were for clients ages 24 years and younger, exceeding their 2.4% representation in the TGA's HIV epidemic as of 12/31/20. Further, 23% of positive tests in CY21 were for those under age 25. The TGA offers a wide range of testing sites accessible to target populations through venues associated with their culture, geography, identity, and sexual orientations. Once tested, individuals are made aware of their HIV status. In addition to young adults, the TGA targets the United States' most at risk and disproportionately impacted populations, for transmission of HIV: MSM, people who use drugs, transgender individuals, Black/Latinx populations, and individuals with a previous STI diagnosis.

Increase Access to Care and Improving Health Outcomes For People Living with HIV

NHAS Action Steps:

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

During 2021, Sacramento County hired additional personnel to assist with disease investigation. Four (4) new Communicable Disease Investigators (CDIs) were hired and fully trained to assist with surveillance investigations and prevention efforts. One (1) of these CDIs serves in the unique role of Linkage to Care Coordinator working directly with both our Prevention and Surveillance teams. She works to ensure linkage to medical care and support services both internally and for our community based testing sites. One (1) CDI was promoted to the newly established position of Senior CDI. This new position assists with training efforts for staff; triage of cases, and coordination of case assignments. In efforts to expand HIV testing services for high-risk populations, 13 of our staff completed training to become Certified Phlebotomy Technician I. These staff include CDIs, Health Educators, Health Education Assistants, and a certified HIV/HCV test counselor from one of our community based testing sites. This training will help our program provide field-based confirmatory testing (specimen collection) options for HIV, HCV, and Syphilis.

Reduce HIV-Related Health Disparities and Health Inequities

Sacramento County continues to foster relationships with our local community HIV testing partners. Harm Reduction Services (HRS) is a funded partner of Sacramento County. HRS provides a free and anonymous needle exchange program, HIV/HCV/STI testing, condom distribution, and Ryan White case management services.

Golden Rule Services (GRS) is a funded partner of Sacramento County. GRS proudly serves People of Color, the lesbian, gay, bisexual, and transgender (LGBT) community, with a focus on Black and Latinx Men who Have Sex with Men (MSM), ex-offenders, youth, and people living with HIV/AIDS. Most of their clients are uninsured and underinsured.

The Sacramento LGBT Community Center (The Center) currently has a testing partner MOU with the County of Sacramento. The Center works to create a region where LGBTQ+

people thrive. They support the health and wellness of the most marginalized, advocate for equality and justice, and work to build a culturally rich LGBTQ+ community.

Gender Health Center (GHC) is a nonprofit organization and community clinic focusing on transgender health. GHC centers Queer and Trans People of Color (QTPOC) in their services, discussions, goals, and visions. In previous years, GHC served as a subcontractor of one of our contracted testing sites. In 2021, Sacramento County reengaged GHC and they have signed a testing partner MOU with the County of Sacramento. They began HIV testing in early 2022.

Achieve a More Coordinated National Response to the HIV Epidemic

NHAS Action Steps:

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

The TGA's EIIHA efforts clearly aim to increase the number of persons who know their sero-status, refer negative clients to PrEP and risk reduction counseling, and immediately link HIV+ clients into care. In an effort to coordinate services, Sacramento County has convened the HIV Test Counselor/ PrEP Navigator Work Group at the local level. This work group provides a space for collaboration and support for our local HIV programs. In addition, Sacramento County participates in the larger Statewide CA PrEP Navigators group in order to stay abreast of what is happening at the State level around HIV prevention and early intervention. Finally, the Sacramento County Sexual Health Promotion Unit leadership works extremely closely to coordinate the various federal funding streams that have been awarded through the Ending the HIV Epidemic (ETHE) Initiative – collaborating on all activities that make up Sacramento's ETHE plan. This plan includes funding from HRSA, CDC, and SAMHSA.

I.c.ii.1. The following EIIHA Activities were unsuccessful in 2022:

Activity	Barriers and Challenges
Educate medical providers on HIV testing and referral resources to increase routine testing of population at large.	• Unfortunately, due to COVID restrictions and staff reassignments in 2021, Sacramento County was unable to complete Provider Detailing activities

I.c.ii.2. Different Approaches:

As a result of the COVID-19 Pandemic, much of the way we do business was completely disrupted. However, this led to innovation and troubleshooting on the part of Sacramento County and affiliated testing sites. Moving forward our programming will continue to utilize innovative practices, including the use of Home HIV Test kits, telemedicine, virtual risk reduction counseling via Zoom, and DocuSign for obtaining required patient consent forms. These

approaches will allow us to continue streamlining our work and reduce barrier to early intervention for HIV patients.

I.c.iii. Efforts Undertaken to Remove Legal Barriers to routine HIV Testing:

None.

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

I.c.iv. Presentations/Dissemination of the EIIHA Plan

Results of the EIIHA Plan and Outcomes were disseminated to publicly funded testing agencies and private testers through updates at various collaborative meetings. All active EIIHA Plan participants received these results and evaluated them to finalize the 2021 EIIHA Plan. The RW Council and the Sacramento Work Group to Improve Sexual Health (SacWISH) received results of the EIIHA Plan and outcomes The Sacramento County Public Health Department's STD/HIV programs participated in the development of the Plan's goals and objectives and disseminated this information to its community partners. These annual updates allow community partners to remain involved in new directions that are continually evaluated to reach the TGA's targeted populations.

I.d: Subpopulations of Focus – Minority AIDS Initiative (MAI)
Id.i. MAI Viral Load Suppression Rates:
(HAB Core Measure: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral Load test during the measurement year. 85% of clients will be virally suppressed.)

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

The TGA's 2020 Service Category Plan Included Minority AIDS (MAI) Initiatives that impact positive health outcomes along the HIV Care Continuum for populations experiencing health inequities. The primary goal of the Sacramento TGA's Minority AIDS Initiative Plan is to

enhance access to ambulatory medical care and provide ongoing assistance to keep high-risk clients in medical care. Services funded through the MAI grant operate street-side and home-based medical case management services targeted to the TGA's emerging high-risk populations: African American and Hispanic men and women who are substance users/IDUs; homeless; and formerly or about to be incarcerated.

Outcomes by Race/Ethnicity:

During FY22, there were 663 MAI Medical Case Management clients. Of the 663 MAI clients, 24 clients (3.06%) did not have a reported viral load test since January 1, 2022, so it is unknown if they were virally suppressed or in medical care during the reporting period.

Of the overall 639 total clients having received a viral load during the reporting period, 63.5% were Black or African American (406 clients), the TGA's largest MAI population. However, of the 406 total Black or African American clients, 87.7% (356 clients) were Virally Suppressed. Whereas Hispanic/Latinx accounted for 23.9% of the total MAI clients and 89.5% were virally suppressed. Please refer to the chart on the next page.

Clients receiving a Viral Load Test in the Reporting Period

Race/Ethnicity	FY22 Total Number of Clients by Race	FY22 Number of Clients within Race Category Achieving Viral Load Suppression	FY22 Percent of Clients within Race Category Achieving Viral Load Suppression
American Indian/ Alaskan Native	22	21	95.5%
Asian	46	45	97.8%
Black or African American	406	356	87.7%
Hispanic or Latinx	153	137	89.5%
Native Hawaiian/ Pacific Islander	12	12	100.0%
Totals	639	571	89.4%

Outcomes by Age:

Of the overall 639 total MAI clients having received a viral load during the reporting period by age group, youth and young adults ages 19-24 had a viral suppression rate of 84.21%;

MAI clients between 25-44 years of age had a viral suppression rate of 86.85%; and adults aged 45 and older had a viral load suppression rate of 91.26%.

Total Clients Receiving a Viral Load during the Reporting Period

Age Group	FY22 Total MAI Clients	FY22 Total Viral Suppression	FY22 Percent Virally Suppressed by Age Group
0-18 Years	3	3	100.0%
19-24 Years	19	16	84.21%
25-44 Years	251	218	86.85%
45+	366	334	91.26%
Totals	639	571	89.36%

Outcomes by Gender:

Of the overall 639 total MAI clients having received a viral load during the reporting period by gender, transgender client decreased their viral suppression rates over the prior reporting period.

Total Clients Receiving a Viral Load during the Reporting Period

Gender	FY22 Total MAI Clients	FY22 Total Viral Suppression	FY22 Percent Virally Suppressed by Gender
Male	457	405	88.62%
Female	159	150	94.34%
Transgender	23	16	69.57%
Totals	639	571	89.36%

I.d.ii. MAI Performance, Programming and/or Interventions Impacting Health Outcomes:

Since the inception of the MAI program in the Sacramento TGA, the field-based medical case management model has demonstrated its effectiveness in keeping clients in care and improving their health outcomes. In FY22, the health outcomes of the MAI clients indicated that 73.6% of RW MAI clients achieved viral load suppression. This is a decrease over the prior year. The health outcomes of the MAI clients at the end of FY21 show that the percentage of RW MAI clients that achieved viral load suppression was 82.7%. Even with the decrease in FY22, these

viral suppression rates among RW MAI clients are well above the most recent National rate (66%)[2] and State rate (63%)[3] of viral suppression.

I.d.iii. MAI Challenges and Barriers:

The Minority AIDS Initiative in the Sacramento Transitional Grant area served 663 clients. The difficult lifestyles of these high-risk clients have demanded an intensive field-based medical case management system that is highly responsive to their on-going needs. The program's success in maintaining clients in medical care has achieved its projected goals. However, it would not be possible without the MAI subrecipients' collaborative efforts with all agencies within the TGA. MAI subrecipients continue to reach the targeted populations and make great in-roads with linking the clients to care.

In Sacramento, the MAI subrecipients have been able to build trust within the community to reach the targeted population and forge the working relationship necessary with clients and other agencies to ensure on-going medical services are received. The subrecipients utilize a combination of in-home medical case management services, street-side medical case management and pre/post incarceration medical case management services to reach those in need. In previous years, many an hour was spent in a client's place of residence or on the side of a river encouraging clients to seek and maintain care. Again, this year with COVID, telehealth was extremely important and once field-based visits resumed, they were vital to keeping clients in care.

However, affordable housing is reported as the client's greatest barrier. In a Sacramento report by Apartment List.com[4], Sacramento's January rent growth ranked number 73 among the nation's 100 largest cities. The median rent is 20.7% higher in Sacramento than in similar national areas. Additionally, housing shortages result in increased rental costs.

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

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

[2] https://www.cdc.gov/nchhstp/newsroom/2021/2019-national-hiv-surveillance-system-reports.html#:~:text=In%202019%2C%2066%25%20of%20people,diagnosis%20in%2045%20U.S.%20jurisdictions

[3] https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2020_ADA.pdf

[4] https://www.apartmentlist.com/rent-report/ca/sacramento

II. Final FY 2022 Service Category Plan Table and HIV Care Continuum Services Table

FY2022 Final Service Category Table
See **Attachment A**

FY2022 Final Care Continuum
See **Attachment B**

III. Certification of Aggregate Administrative Expenditures

CERTIFICATION OF AGGREGATE ADMINISTRATIVE COSTS
See Attachment F.

IV. FY 2022 WOMEN, INFANTS, CHILDREN AND YOUTH (WICY) REPORT:

Women, Infants, Children and Youth (WICY): Part A and Part A MAI Only: By February of 2023, the TGA had exceeded its required expenditures for Women, Infants, Children and Youth. Total expenditures for WICY must meet a minimum of 18.37% of the total Part A grant award less the fiscal administrative costs. At year-end, WICY total expenditures represented 26.98% (Part A and Part A MAI) of the grant award direct service expenditures.

	% Women	% Infants	% Children	% Youth
CDC Epidemiological	15.95%	0.00%	0.04%	2.37%
FY22 Sacramento TGA Data	**22.43%**	**0.00%**	**0.15%**	**4.4%**

See Attachment C.
Total expenditures for WICY must meet a minimum of 18.32% of the total Part A and Part A MAI direct service grant award. At year-end, WICY expenditures ($789,786) represented 26.98% (Part A and Part A MAI) of the grant award direct service expenditures. See **Attachment C**.

FY22 Annual Progress Report Attachments

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Attachment A

FY 22 Sacramento TGA Service Category Table and Comments

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Attachment A: Service Category Plan Table

Recipient Name: County of Sacramento
Grant Number: H89HA00048

Part A Service Category Plan Table

Service Categories	FY 2022 Estimated					FY 2022 Actual						
	Priority #	Allocated Amount	Unduplicated Clients	Service Unit Definition	Service Units	Expended Amount	Variance %	Unduplicated Clients	Variance %	Service Units	Variance %	Average Cost per Service Unit
Core Medical Services												
AIDS Drug Assistance Program (ADAP) Treatment	2	Not Presently Funded				Not Presently Funded						-
AIDS Pharmaceutical Assistance (LPAP)	Not Ranked	Not Presently Funded				Not Presently Funded						-
Early Intervention Services	Not Ranked	Not Presently Funded				Not Presently Funded						-
Health Insurance Premium & Cost Sharing Assistance	3	$ 20,540	14	1 unit = 1 Vendor Paid Insurance, Medical Visit or Deductible Co-pay dollar	18673	$ 10,232.00	-50%	11	-21%	9322	-50%	$1.10
Home & Community Based Health Service	Not Ranked	Not Presently Funded				Not Presently Funded						-
Home Health Care	Not Ranked	Not Presently Funded				Not Presently Funded						-
Hospice	Not Ranked	Not Presently Funded				Not Presently Funded						-
Medical Case Management (Incl. Treatment Adherence)	5	$ 991,565	743	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	50773	$ 1,095,443.00	10%	1592	114%	64554	27%	$16.97
Medical Nutrition Therapy	16	$ 16,660	75	1 unit - 1 Medical Nutritional Therapy face-to-face encounter	666	$ 3,037.00	-82%	25	-67%	61	-91%	$49.79
Mental Health Services	7	$ 399,764	551	1 unit = 1 face to face or other encounter	6571	$ 464,789.00	16%	488	-11%	9221	40%	$50.41
Oral Health Care	4	$ 383,119	463	1 unit = 1 visit or vendor dollar	135454	$ 276,794.00	-28%	365	-21%	156868	16%	$1.76
Outpatient/ Ambulatory Health Services	1	$ 442,406	893	1 unit = 1 visit or vendor dollar	61239	$ 387,791.00	-12%	1339	50%	61313	0%	$6.32
Substance Abuse Outpatient Care	11	$ 201,661	190	1 unit = 1 face to face or other encounter	5618	$ 159,661.00	-21%	146	-23%	5899	5%	$27.07
CORE MEDICAL TOTAL		$ 2,455,715.00				$ 2,397,747.00						
Support Services												
Child Care Services	14	$ 30,931	12	1 unit = 1 Vendor Child Care Dollar	28119	$ 20,000.00	-35%	9	-25%	18433	-34%	$1.09
Emergency Financial Assistance	15	$ 65,447	151	1 unit = 1 Vendor Paid Other Critical Need	59497	$ 84,383.00	29%	144	-5%	76925	29%	$1.10
Food Bank/ Home Delivered Meals	14	Funded by Part B Only				Funded by Part B Only						-

Attachment A: Service Category Plan Table

Health Education/ Risk Reduction	17	$ 11,334	25	1 unit = 1 face to face or other encounter	453	$ 11,334.00		82	228%	303	-33%	$37.41
Housing	13	$ 21,861	31	1 unit = 1 Vendor paid lodging dollar	19874	$ 9,957.00	-54%	14	-55%	9052	-54%	$1.10
Legal Servies (Other Professional Services)	Not Ranked	Not Presently Funded				Not Presently Funded						-
Linguistics Services	Not Ranked	Not Presently Funded				Not Presently Funded						-
Medical Transportation	10	$ 85,736	301	1 unit = 1 One-Way trip or Vendor transportation dollar	62815	$ 101,898.00	19%	426	42%	82000	31%	$1.24
Non-Medical Case Management Services	6	$ 54,582	49	1 unit = 1 Benefits Counseling face to face or other encounter	2183	$ 45,082.00	-17%	132	169%	2837	30%	$15.89
Outreach Services	18	$ 17,506	75	1 unit = 1 face to face or other encounter	700	$ 14,980.00	-14%	19	-75%	685	-2%	$21.87
Outreach Services MAI	19	Funded by Part B Only				Funded by Part B Only						
Permanency Planning	Not Ranked	Not Funded with Part A Funds				Not Funded with Part A Funds						-
Psychosocial Support	Not Ranked	Not Funded with Part A Funds				Not Funded with Part A Funds						-
Referral For Health Care Supportive Services	Not Ranked	Not Presently Funded				Not Presently Funded						-
Rehabilitation Services	Not Ranked	Not Presently Funded				Not Presently Funded						-
Respite Care	Not Ranked	Not Presently Funded				Not Presently Funded						-
Substance Abuse-residential	12	$ 63,408	21	1 unit = 1 Detox Hour	9501	$ 58,408.00	-8%	19	-10%	9672	2%	$6.04
SUPPORT SERVICES TOTAL		$ 350,805.00				$ 346,042.00						
GRAND TOTAL		$ 2,806,520.00				$ 2,743,789.00						

FY 2022 PART A Allocations		
	Core Medical Services	**Support Services**
FY 2022 Percentages	87.50%	12.50%

FY 2022 PART A Expenditures		
	Core Medical Services	**Support Services**
FY 2022 Percentages	87.39%	12.61%

FY 2022 PART A + MAI Allocations		
	Core Medical Services	**Support Services**
FY 2022 Percentages	88.27%	11.73%

FY 2022 PART A + MAI Expenditures		
	Core Medical Services	**Support Services**
FY 2022 Percentages	88.18%	11.82%

Part A Service Category	Comments
AIDS Drug Assistance Program (ADAP) Treatment	Not funded with Part A Funds
AIDS Pharmaceutical Assistance (LPAP)	Not funded with Part A Funds
Early Intervention Services	Not funded with Part A Funds
Health Insurance Premium & Cost Sharing Assistance	The TGA expended less funds in this service category than anticipated.
Home & Community Based Health Service	Not funded with Part A Funds
Home Health Care	Not funded with Part A Funds
Hospice	Not funded with Part A Funds
Medical Case Management (Incl. Treatment Adherence)	This service category is the gateway to Ryan White services. Additional funds were allocated to meet the service demand.
Medical Nutrition Therapy	The service provider experienced a staffing shortage which resulted in fewer clients receiving services until a nutritionist was hired.
Mental Health Services	Although fewer clients were served than anticipated, additional funds were allocated to meet the service demand of those receiving mental health services.
Oral Health Care	Although there were decreases in expenditures and unduplicated clients, units of services increased indicating clients experienced greater dental needs.
Outpatient/ Ambulatory Health Services	This service category was 12% overspent, the TGA served 50% more unduplicated clients. All of the other categories are to support clients keeping their ambulatory care appointments.
Substance Abuse Outpatient Care	While there were decreases in expenditures and the number of unduplicated clients, there was a 5% increase in the unit of service provided.
Child Care Services	With the initiation of tele-health services, fewer clients were in need of child care services.
Emergency Financial Assistance	Despite a decrease in unduplicated clients, EFA expenditures and units of service provided exceeded the projected allocations.
Food Bank/ Home Delivered Meals	Not funded with Part A Funds

Health Education/ Risk Reduction	Health Education/Risk Reduction expenditures were on target with anticipated allocations despite a 228% increase in the number of unduplicated clients.
Housing	There were decreases in expenditures, units of services and the number of unduplicated clients.
Linguistics Services	Not funded with Part A Funds
Medical Transportation	Transportation expenditures increased 19% while unduplicated clients increased 42%. Transportation continues to be a reported barrier for clients.
Non-Medical Case Management Services	Despite Non-Medical Case Management (NMCM) services underspending in anticipated allocations at year-end, NMCM exceeded projections in unduplicated clients and units of service.
Other Professional Services	Not funded with Part A Funds
Outreach Services	Not funded with Part A Funds
Psychosocial Support	Not presently funded with Part A Funds
Referral For Health Care Supportive Services	Not funded with Part A Funds
Rehabilitation Services	Not funded with Part A Funds
Respite Care	Not funded with Part A Funds
Substance Abuse-residential	Residential Substance Abuse services slightly under performed in expenditures and unduplicated clients however there was an increase in units of service provided.

Attachment A: Service Category Plan Table

Recipient Name:
Grant Number: H89HAXXXXX

MAI Service Category Plan Table

Service Categories	FY 2022 Estimated						FY 2022 Actual						
	Priority #	Allocated Amount	Unduplicated Clients	Service Unit Definition	Service Units	Subpop(s) of Focus	Expended Amount	Variance %	Unduplicated Clients	Variance%	Service Units	Variance %	Average Cost per Service Unit
Core Medical Services													
Medical Case Management (Incl. Treatment Adherence)	5	$ 135,112	443	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	23469	Black/African American	$ 125,920	-7%	429	-3%	13933	-41%	$9.04
Medical Case Management (Incl. Treatment Adherence)	5	$ 37,777	200	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	3929	Hispanic/Latino	$ 43,229	14%	156	-22%	5379	37%	$8.04
Medical Case Management (Incl. Treatment Adherence)	5	$ 5,355	43	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	454	Asian	$ 7,049	32%	47	9%	593	31%	$11.89
Medical Case Management (Incl. Treatment Adherence)	5	$ 5,040	21	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	840	American Indian/Alaskan Native	$ 5,814	15%	22	5%	699	-17%	$8.32
Medical Case Management (Incl. Treatment Adherence)	5	$ 833	8	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	491	Native Hawaiian/ Pacific Islander	$ 2,104	153%	12	50%	132	-73%	$15.94
CORE MEDICAL TOTAL		$ 184,117					$ 184,117						
Support Services													
SUPPORT SERVICES TOTAL		$ -					$ -						
GRAND TOTAL		$ 184,117.0					$ 184,117						

FY 2022 MAI Allocations		
	Core Medical Services	**Support Services**
FY 2022 Percentages	100.00%	

FY 2022 MAI Expenditures		
	Core Medical Services	**Support Services**
FY 2022 Percentages	100.00%	

Attachment A: Service Category Plan Table

MAI Service Category	Comments
MAI Medical Case Management Black/African American Men, Women and Youth	This service category is the gateway to Ryan White services. There was a decrease in expenditures, units of service and unduplicated Black/African American clients.
MAI Medical Case Management Hispanic/Latinx Men, Women and Youth	This service category is the gateway to Ryan White services. Although there was a a decrease in the number of unduplicated clients, expenditures and units of service increased for Hispanic/Latinx clients.
MAI Medical Case Management Asian Men, Women and Youth	This service category is the gateway to Ryan White services. There was an increase in unduplicated Asian clients, units of services and expenditures during the reporting period.
MAI Medical Case Management American Indian/Alaskan Native Men, Women and Youth	This service category is the gateway to Ryan White services. Despite a decrease in the units of servies, there was an inrease in expenditures and unduplicated Amerian Indian/Alaskan Native clients.
MAI Medical Case Management Native Hawaiian/Pacific Islander Men, Women and Youth	This service category is the gateway to Ryan White services. Despite a decrease in the units of servies, there was an inrease in expenditures and unduplicated Native Hawaiian/Pacific Islander clients.

Attachment B

FY 22 Care Continuum

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Diagnosis-Based HIV Care Continuum Services Table					
Indicate surveillance data source as local, jurisdictional or CDC. Data source should remain the same for each year in the 3-year grant cycle. Client level data is not an acceptable source of surveillance data.	**Jurisdictional - California State Office of AIDS**				
Stages of the HIV Care Continuum					
I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.					
Goal	Prevent new HIV infections.	**Objective**	By 2025, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: HNSP, Indicator 1***)		
FY 2022 Baseline					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 31*).	151		**Denominator:** Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	151	100%
FY 2022 Actual				Percentage Change from Baseline to Actual	**#VALUE!**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 31*).	N/A		**Denominator:** Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	N/A	#VALUE!
Comments for any stage with percentage change less than 1% or greater than 6%:	Sacramento Ryan White funds do not support Testing and therefore cannot report "Diagnosed" within the Ryan White system.				
II. Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6***).		
FY 2022 Baseline					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	3913		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	4793	82%
FY 2022 Actual				Percentage Change from Baseline to Actual	**18%**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	2315		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	2315	100%
Comments for any stage with percentage change less than 1% or greater than 6%:	Extensive work was done by subrecipients to make sure the information was put into our database to ensure data was obtained and recorded.				

III. Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6***).		
FY 2022 Baseline					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	2668		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	4793	56%
FY 2022 Actual			Percentage Change from Baseline to Actual		**-11%**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	1030		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	2315	44%
Comments for any stage with percentage change less than 1% or greater than 6%:	As we have expressed to our Project Officers, healthy people only go to their doctor once a year and labs are ordered once as well. It hard to achieve this objective as a result.				
IV. Viral Suppression: Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6***).		
FY 2022 Baseline					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	3913		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	4793	82%
FY 2022 Actual			Percentage Change from Baseline to Actual		**3%**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	1948		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	2315	84%
Comments for any stage with percentage change less than 1% or greater than 6%:	We exceeded this goal				

V. Linkage to Care: Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with newly diagnosed HIV infection who are linked to HIV medical care within one month of diagnosis to at least 95%. (Source: NHSP, Indicator 5***).		
FY 2022 Baseline					
Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	131		**Denominator:** Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.	151	87%
FY 2022 Actual			Percentage Change from Baseline to Actual		**-49%**
Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 25 No 2**).	82		**Denominator:** Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.	219	37%
Comments for any stage with percentage change less than 1% or greater than 6%:	We have consistantly been working on data integrity issues with our subrecipients and our IT department to achieve this goal.				

Numerator and Denominator Definitions Sources:

*2018 Updated Edition: Volume 31, Diagnoses of HIV Infection in the United States and Dependent Areas, 2018
**Volume 25, Number 2: Monitoring Selected HIV Prevention and Care Objectives using Surveillance Data, United States and 6 Dependent Areas, 2018
***HIV National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025, 2021
****The Diagnosed stage measures the percentage of the total number of people with HIV whose infection has been diagnosed. To determine this percentage, the denominator for the Diagnosed

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Attachment C

FY 22 WICY Report

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FY2022 PART A WICY EXPENDITURES REPORT

Section A: Identifying Information		FY 2022 TOTAL Service Expenditures		$ 2,927,906.00				
County of Sacramento								
Grant Number: H89HA00048								

Section B: Percent of HIV/AIDS Cases in the EMA/TGA	Note: *In some cases the below cells will automatically convert the percentage based upon the numbers entered. Therefore, if the percent of estimated living HIV/AIDS cases for children in your EMA/TGA is 0.02%, you must input the number as .0002 so when the cell converts it, it becomes 0.02%.*							
CDC Data Percentage (insert based on applicable percentages on CDC data tab)	Women:	15.95%	Infants:	0.00%	Children:	0.04%	Youth	2.37%
Total Part A Funds Used to Provide Services in FY 2022:	#1. Amount	#2. Percent	#3. Amount	#4. Percent	#5. Amount	#6. Percent	#7. Amount	#8. Percent
	$656,626.00	**22.43%**	**$50.00**	**0.00%**	**$4,317.00**	**0.15%**	**$128,793.00**	**4.40%**
Are you requesting a WICY Waiver? (select "**yes**" or "**no**" in the dropdown menu in cell B13):	No							

Section C: WICY Waiver Expenditures FY 2022 *(If you have Part A Expenditures less than the Percent of HIV/AIDS Cases in the EMA/TGA for any WICY Population, complete the Expenditure information below. This information will serve as the justification for the Waiver)*	Use CDC Data from Calendar Year 2021 for FY 2022 Reporting of WICY Expenditure Report							
Total Part B Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Total Part C Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Total Part D Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Total Medicaid Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Total Medicare Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Total CHIP Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Other Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Other Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Other Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Other Funds Used to Provide Services in FY 2022:	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
Total	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%

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Attachment D

FY22 Client Demographic Reports

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County of Sacramento
Department of Health Services
Public Health

Clients by CD4 Report

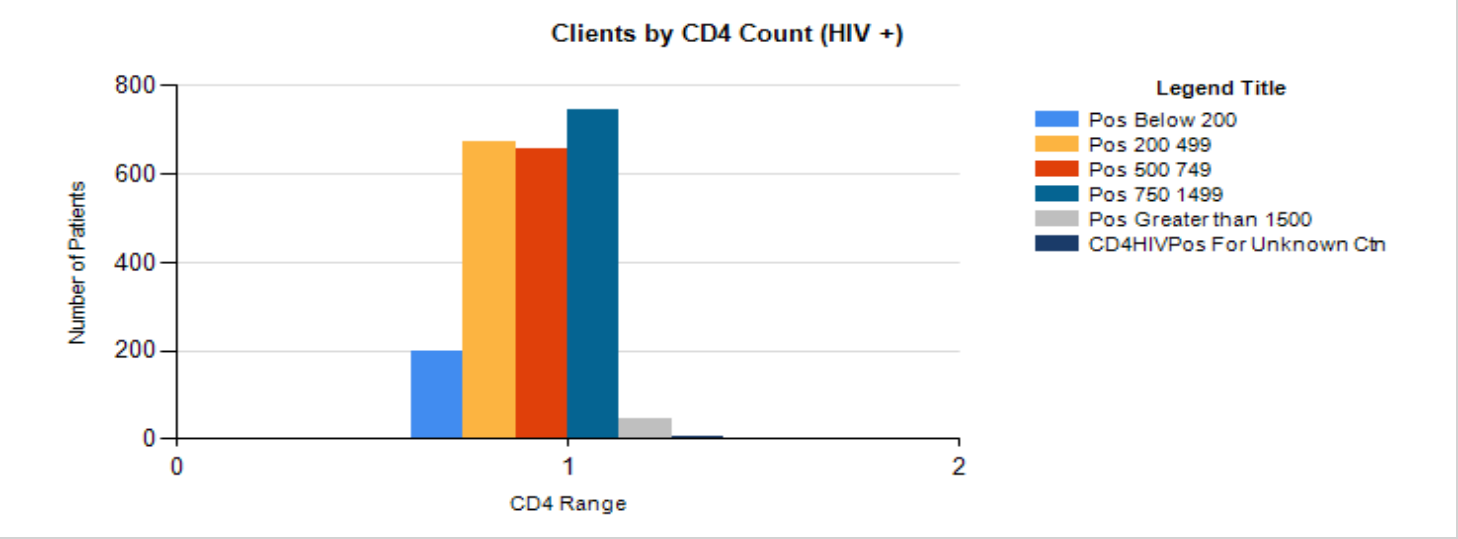
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Numeric Analysis	CD4 Range	Number of Clients HIV+	Number of Clients HIV-	Percentage HIV+
	Below 200	198	0	8.55%
	200 - 499	671	0	28.98%
	500 - 749	655	0	28.29%
	750 - 1499	745	0	32.18%
	Greather than 1500	45	0	1.94%
	Unknown/Unreported	1	0	0.04%
	Group Total	**2,315**	**0**	**99.98%**
	Total Clients	**2315**		**99.98%**

Visual Analysis:



This report is a summary of client counts by age group (ie. clients who had service details within a specific date range)

County of Sacramento
Department of Health Services
Public Health

Clients by Viral Load Report

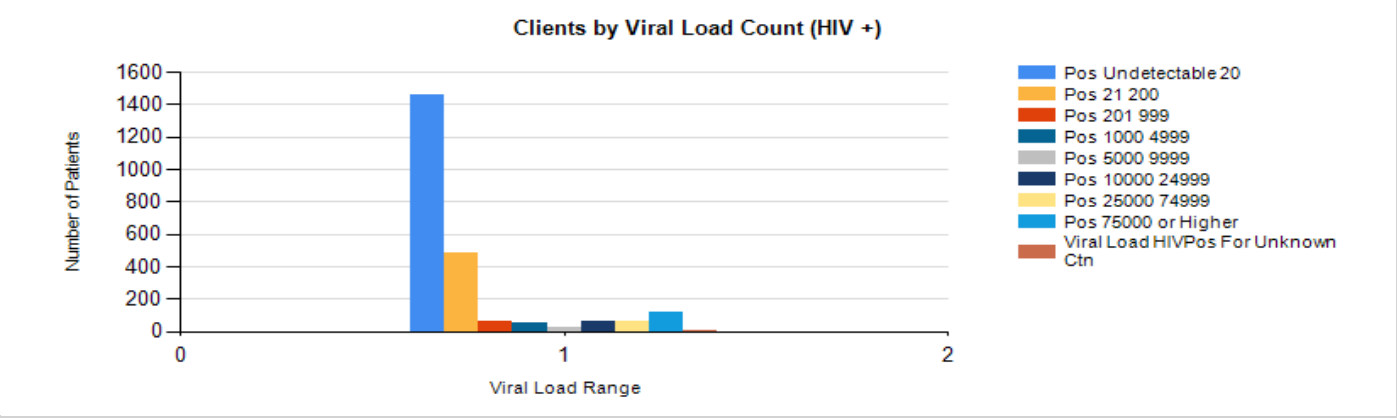
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Numeric Analysis	CD4 Range	Number of Clients HIV+	Number of Clients HIV-	Percentage HIV+
	Unknown/Unreported	2	0	0.09%
	<= 20 (Undetectable)	1,457	0	62.94%
	21 - 200 (Virally suppressed <=200)	484	0	20.91%
	201 - 999	64	0	2.76%
	1,000 - 4,999	51	0	2.20%
	5,000 - 9,999	24	0	1.04%
	10,000 - 24,999	58	0	2.51%
	25,000 - 74,999	59	0	2.55%
	75,000 or Higher	116	0	5.01%
	Group Total	**2,315**	**0**	**100.00%**
	Total Clients	**2315**		**100.00%**

Visual Analysis:



This report is a summary of client counts by age group (ie. clients who had service details within a specific date range)

County of Sacramento
Department of Health Services
Public Health

Clients by County Report

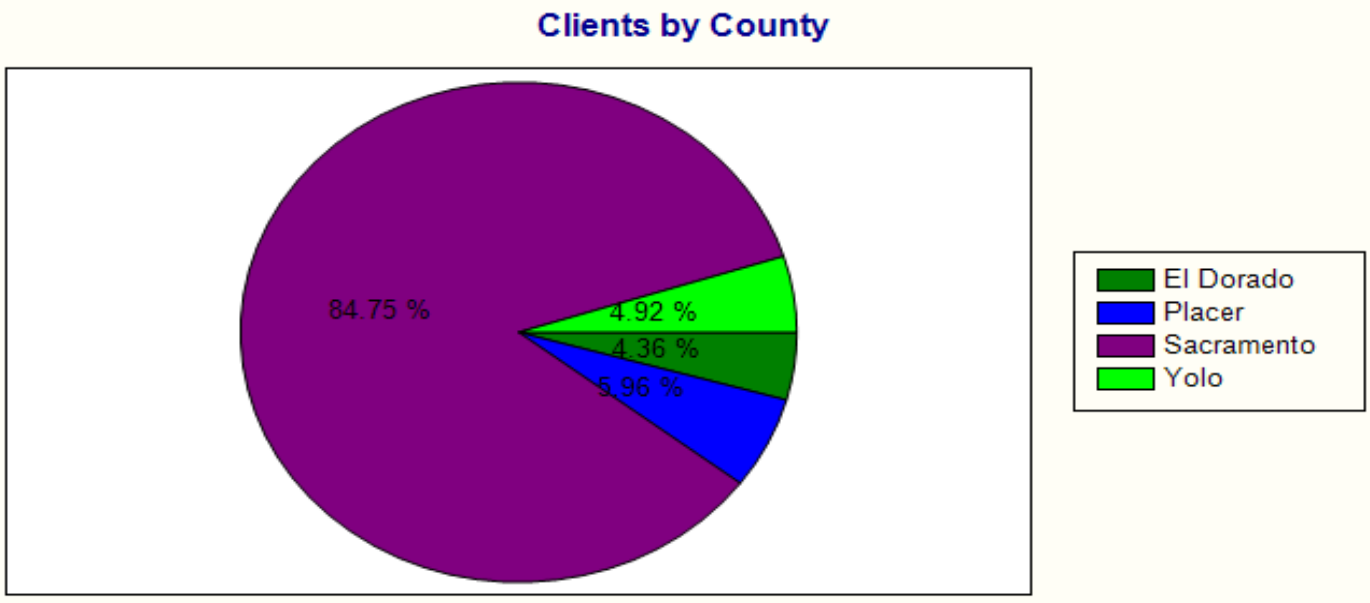
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Numeric Analysis	County	Number of Clients	Percentage
	El Dorado	101	4.36%
	Placer	138	5.96%
	Sacramento	1,962	84.75%
	Yolo	114	4.92%
	Total Clients	2,315	99.99%

Visual Analysis:



This report is a distinct count of clients for each county who had services details within the specified date range.

County of Sacramento
Department of Health Services
Public Health

Clients by Age Report

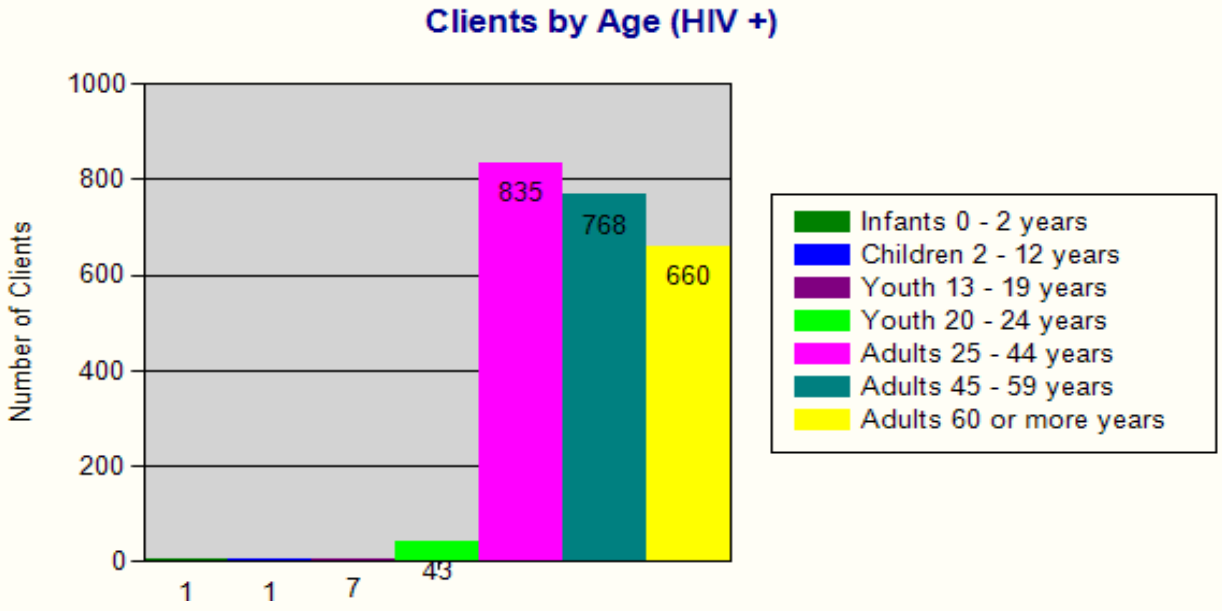
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Numeric Analysis	Age Category	Number of Clients HIV+	Number of Clients HIV-	Percentage HIV+	Percentage HIV-
	Infants 0 - 2 years	1	0	0.04%	0.00%
	Children 3 - 12 years	1	0	0.04%	0.00%
	Youth 13 - 19 years	7	0	0.30%	0.00%
	Youth 20 - 24 years	43	0	1.86%	0.00%
	Adults 25 - 44 years	835	0	36.07%	0.00%
	Adults 45 - 59 years	768	0	33.17%	0.00%
	Adults 60 or more years	660	0	28.51%	0.00%
	Group Total	2,315	0	99.99%	0.00%
	Total Clients	2315		99.99%	

Visual Analysis:



This report is a summary of client counts by age group (ie. clients who had service details within a specific date range)

County of Sacramento
Department of Health Services
Public Health

Clients by Gender Report

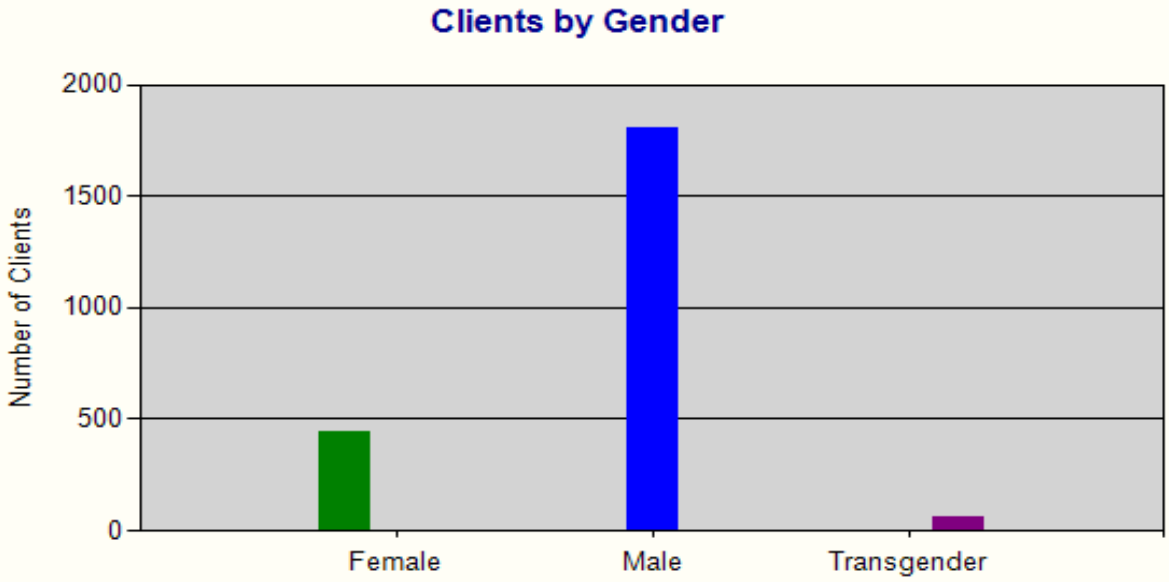
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Numeric Analysis	Age Category	Number of Clients	Percentage
	Female	446	19.27%
	Male	1,807	78.06%
	Transgender	62	2.68%
	Total Clients	2,315	100.01%

Visual Analysis:



This report is a distinct count of clients for each gender who had services details within the specified date range.

County of Sacramento
Department of Health Services
Public Health

Clients by Transmission Method Report

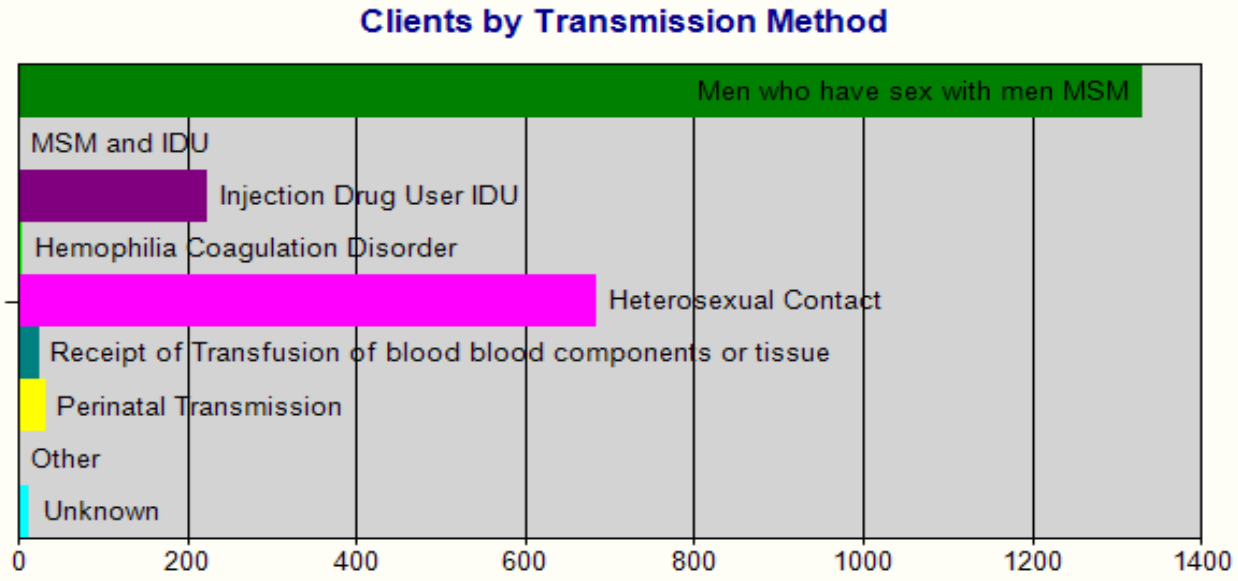
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Numeric Analysis	Transmission Method	Number of Clients	Percentage
	Men who have sex with men (MSM)	1,331	57.49%
	Injection Drug Use (IDU)	224	9.68%
	MSM and IDU	0	0.00%
	Hemophilia/Coagulation disorder	6	0.26%
	Heterosexual contact	684	29.55%
	Receipt of blood transfusion, blood components, or tissue	25	1.08%
	Perinatal transmission	32	1.38%
	Other	0	0.00%
	Undetermined/Unknown/Risk not reported or identified	13	0.56%
	Total Clients	2,315	100.00%

Visual Analysis:



This report gives a count of clients for each transmission method (who had service details for the passed period)

County of Sacramento
Department of Health Services
Public Health

Income By Persons in Household Report

DHS - CARE System
Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2022 To February, 2023
Using US Poverty Guidelines from 2022

Persons in Household	No Income			100% of Poverty			101-138% of Poverty			139-250% of Poverty			251-300% of Poverty			Over 300%		
	Guide	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct
1	0	560	24.19%	$13,590	548	23.67%	$18,754	273	11.79%	$33,975	228	9.85%	$40,770	182	7.86%	$40,771	121	5.23%
2	0	36	1.56%	$18,310	75	3.24%	$25,268	40	1.73%	$45,775	34	1.47%	$54,930	27	1.17%	$54,931	29	1.25%
3	0	15	0.65%	$23,030	30	1.30%	$31,781	10	0.43%	$57,575	8	0.35%	$69,090	11	0.48%	$69,091	3	0.13%
4	0	7	0.30%	$27,750	11	0.48%	$38,295	11	0.48%	$69,375	11	0.48%	$83,250	4	0.17%	$83,251	4	0.17%
5	0	2	0.09%	$32,470	8	0.35%	$44,809	2	0.09%	$81,175	5	0.22%	$97,410	4	0.17%	$97,411	0	0.00%
6	0	3	0.13%	$37,190	7	0.30%	$51,322	1	0.04%	$92,975	2	0.09%	$111,570	0	0.00%	$111,571	1	0.04%
7	0	0	0.00%	$41,910	0	0.00%	$57,836	0	0.00%	$104,775	0	0.00%	$125,730	0	0.00%	$125,731	0	0.00%
8	0	0	0.00%	$46,630	2	0.09%	$64,349	0	0.00%	$116,575	0	0.00%	$139,890	0	0.00%	$139,891	0	0.00%
Total		623	26.91%		681	29.42%		337	14.56%		288	12.44%		228	9.85%		158	6.83%

Total Clients 2,315

Returns a result set of client counts by income level and number of persons in household. Client counts include only those clients with

County of Sacramento
Department of Health Services
Public Health

Clients by Ethnicity Report

DHS - CARE System
Client Demographic Reports

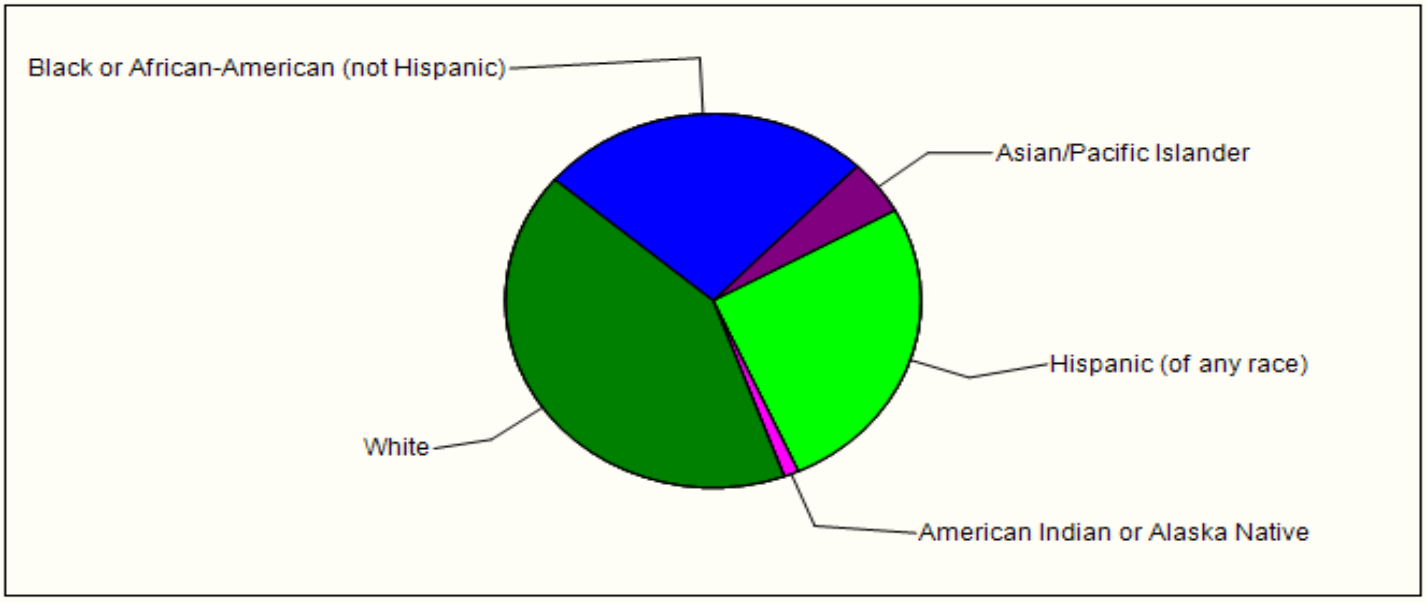
Selection Criteria: Reporting on Dates From March, 2022 To February, 2023

Ethnicity	Number of Clients	Percentage of Current Clients	Percentage of AIDS Prevalence	Percentage of HIV & AIDS	Percentage of General Population
White	967	41.77%	50.50%	48.30%	51.90%
Black or African-American (not Hispanic)	602	26.00%	23.70%	22.70%	7.50%
Asian/Pacific Islander	110	4.75%	3.30%	4.10%	13.00%
Hispanic (of any race)	609	26.31%	18.90%	20.70%	22.80%
American Indian or Alaska Native	27	1.17%	0.40%	0.40%	0.40%
Total Clients	2,315	100.00%	96.80%	96.20%	95.60%

*AIDS and HIV Prevalence rates for Native Hawaiian/Pacific Islander are included in the Asian prevalence figures.

**Percentage of AIDS Prevalence and Percentage of HIV/AIDS Prevalence does not total 100%. The race categories above are the required categories for the Ryan White Services Report. Whereas, the State Epidemiological information includes Multi-Race and Unspecified/Other which account for the remaining percentages.

Visual Analysis:



This report calculates ethnicity totals based on both race (tblClients.lngRaceID) and hispanic distribution (tblClients.strHispanicDist). Client counts include those clients who had service detail records in the specified date range.

Attachment E

FY22 Performance Outcomes

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FY2022
Performance Outcomes

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

CHILD CARE		**Total Clients: 9**
Performance Measure	**Indicator**	**Outcome**
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	1. 3/9, 33.3%
	Quality of Care	
1. Standards of Care for Child Care are met.	1. 100% of child care providers will comply with child care service standards. *(site visit)*	1. 100%
2. Awareness of child care services.	2. 75% of clients with children under 15 living in the home will be made aware of available child care resources funded by Ryan White. *(client satisfaction survey)*	2. Overall 67.5% of the clients stated the question was not applicable; however 17 clients (12.5%) stated child care was made available to them.
3. Child care for HIV-related service appointments.	3. 100% of clients surveyed who requested child care services for medical or support service appointments will have referrals or financial assistance made available, as funding is available. *(postcard survey)*	3. Only one response which stated Not Applicable.

EMERGENCY FINANCIAL ASSISTANCE		**Total Clients 147**
Performance Measure	**Indicator**	**Outcome**
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	1. 48/147, 32.65%
	Quality	
1. Adherence to Standards of Care for Direct Emergency Assistance.	1. 100% of providers will comply with applicable Emergency Financial Assistance service standards. *(site visit)*	1. 100%

FOOD BANK/HOME DELIVERED MEALS		**Total Clients: 265**
Performance Measure	**Indicator**	
1. HAB Core Measure: HIV Viral Load Suppression.	1. Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	1. 222/265, 83.77%
	Quality	
1. Standards of Care for Food Bank/Home Delivered Meals are met.	1. 100% of providers offering Food Bank/Home Delivered Meals will comply with Food and Nutrition service standards. *(site visit)*	1. 96.6%
2. Improved Management of HIV/AIDS	2. 60% of clients receiving Food Bank/Home Delivered Meal services will report that these services have allowed them to better manage living with HIV/AIDS. *(postcard survey)*	2. 14/14, 100%
3. Improved Quality of Life	3. 60% of clients receiving Food Bank/Home Delivered Meal services will report improved quality of life. *(postcard survey)*	3. 11/14, 79%
4. Improved Medical Status	4. 60% of clients receiving Food Bank/Home Delivered Meal services will report improved ability to remain in medical care. *(postcard survey)*	4. 13/14, 92.9%

HEALTH EDUCATION AND RISK REDUCTION		**Total Clients: 235**
Performance Measure	**Indicator**	**Outcome**
1. HAB Systems-Level Measures: Linkage to HIV Medical Care	1. Number/Percentage of newly diagnosed HIV+ persons linked to care within 30 days of their HIV+ diagnosis.	1. 28/43 65.12%
	Quality	
1. Standards of Care for Health Education and Risk Reduction are met.	1. 100% of Health Education and Risk Reduction (PS) providers will comply with Health Education and Risk Reduction service standards. *(site visit)*	1. 100%

HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE		**Total Clients: 11**
Performance Measure	**Indicator**	
1. HAB Core Measure: HIV Viral Load Suppression.	1. Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	1. 9/11, 81.82%
Quality		
1. Standards of Care for Health Insurance Premium and Cost-Sharing Assistance are met.	1. 100% of Health Insurance Premium and Cost-Sharing Assistance providers will comply with Health Insurance Premium and Cost-Sharing Assistance service standards. *(site visit)*	1. 95.7%
2. Linkage documentation.	2. 100% of all referrals and linkages to services for HIV+ clients receiving Health Insurance Premium and Cost-Sharing Assistance services shall be documented.	2. 100%
3. Health care referrals.	3. 100% of HIV+ clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic. *(chart review)*	3. 95.7%
4. Payment processing.	4. 100% of clients who received Health Insurance Premium and Cost Sharing Assistance will indicate payments had been processed and approved for medical co-payments and/or health insurance premiums. (chart review)	4. 100%

HOUSING		**Total Clients: 22**
Performance Measure	**Indicator**	**Outcome**
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1. 10/22, 45.45%
Quality		
1. Standards of Care for Housing are met.	1. 100% of providers will comply with applicable Housing Assistance service standards. *(site visit)*	1. 98.5%
2. Improved or stable housing.	2. 60% of all clients surveyed who received housing assistance will report improved or stable housing. *(postcard survey)*	2. 3/8, 33.3% One client responded not applicable.
3. Improved quality of life.	3. 60% of clients surveyed who received housing assistance will report improvements in or maintenance of their general health status and/or quality of life. *(postcard survey)*	3. 8/9, 88.9%

MEDICAL CASE MANAGEMENT including PEDIATRIC TREATMENT ADHERENCE		**Total Clients: 1,592**
Performance Measure	**Indicator**	**Outcome**
Medical Case Management: 1. HAB MCM Measure: Medical Case Management: Care Plan.	1. 95% of clients will have a care plan developed based upon assessment. *(chart review)*	1. 94.75%
2. HHS Measure: Retention in HIV Medical Care.	2. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	2. 416/1592, 26.13%
3. HAB Core Measure: HIV Viral Load Suppression.	3. Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	3. 1161/1592, 72.93%
4. HHS Measure: Housing Status.	4. Number/Percent of Ryan White clients stably/permanently housing.	4. 1225/1592, 76.95%
Pediatric Treatment Adherence: 1. HHS Measure: Retention in HIV Medical Care.	**Pediatric Treatment Adherence** 1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year. *(year-end report)*	1. 8/10, 80%
2. HAB Core Measure: Prescription of HIV Antiretroviral Therapy.	2. Number/Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy. *(year-end report)*	2. At year end: 10/10, 100%. Some clients transitioned to adult services.
3. HAB Core Measure: HIV Viral Load Suppression.	3. Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year. *(year-end report)*	3. 9/10, 90%
Continued on next page		

MEDICAL CASE MANAGEMENT including PEDIATRIC TREATMENT ADHERENCE Continued:		
Quality of Care		
Medical Case Management: 1. Standards of Care for medical case management are met.	**Medical Case Management:** 1. 95% of medical case management charts reviewed will comply with Medical Case Management service standards. *(site visit)*	1. 91.6%
2. Acuity Scale is used as client assessment tool.	2. 95% of clients will be assessed using an acuity scale. *(chart review)*	2. 94.5%
3. Care Plan Development.	3. 95% of clients will have a care plan developed based upon assessment. *(chart review)*	3. 94.75%
4. Maintenance or improvement of health status and quality of life.	4a. 60% of clients surveyed who received medical case management services will report adherence to their anti-retroviral drug treatment plans. *(postcard survey)* 4b. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. *(chart review)*	4a. 95/101, 94.1% 4b. 100%
Pediatric Treatment Adherence: 1. 1. Accurate antiretroviral agents for HIV dispensed.	**Pediatric Treatment Adherence:** 1. 100% of Medication Adherence (Pediatric) providers will dispense medications (including prescriptions for antiretroviral agents for HIV) according to PHS Pediatric HIV Treatment guidelines. *(site visit)*	1. 100%
2. Medication dispensation.	2. 100% of pediatric clients will receive their needed medication within 48 hours.	2. 10/10, 100%
3. Assessed for sensitivities, resistance, and side effects	3. 100% of clients receiving treatment adherence services will be assessed for sensitivities, resistance, and side effects at least once every six months by a registered nurse AND a pharmacist. *(chart review)*	3. 100%
4. Medication Adherence.	4. 75% of clients receiving treatment adherence services will adhere to medication program. *(year-end outcomes from UCD)*	4. 90%
5. Improved health indicators.	5. 70% of pediatric clients receiving treatment adherence services will show improved health indicators. *(chart review)*	5. 50% have improved over the past reporting period.
6. Adherence counseling.	6. 85% of pediatric clients will receive HIV medication adherence counseling at least twice in a 6 month period. *(database)*	6. 100%

MEDICAL NUTRITIONAL THERAPY 66111\4		**Total Clients: 66**
Performance Measure	**Indicator**	
1. HAB Core Measure: HIV Viral Load Suppression.	1. Number/Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	1. 57/66, 86.36%
Quality		
1. Standards of Care for Medical Nutritional Therapy are met.	1. 100% of Medical Nutritional Therapy providers will comply with Medical Nutritional Therapy service standards. *(site visit)*	1. 100%
2. Individualized nutritional plans.	2. 100% of clients receiving medical nutritional therapy will have an individualized nutritional plan developed within 60 days of assessment by the licensed registered dietitian. (chart review)	2. 100%

MEDICAL TRANSPORTATION		**Total Clients: 525**
Performance Measure	**Indicator**	
1. HAB Systems-Level Measures: Linkage to HIV Medical Care	1. Number/Percentage of newly diagnosed HIV+ persons linked to care within 30 days of their HIV+ diagnosis.	1. 12/22, 54.55%
2. HHS Measure: Retention in HIV Medical Care.	2. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	2. 171/525, 32.57%
Quality		
1. Standards of Care for Medical Transportation are met.	1. 100% of Transportation providers will comply with Medical Transportation service standards. *(site visit)*	1. 98.5%
2. Availability of medical transportation services.	2. 75% of clients surveyed who showed evidence of need for medical transportation services will receive medical transportation for HIV/AIDS-related care appointments. *(postcard survey)*	2. 15/20, 75% report they "always" receive services.

MENTAL HEALTH THERAPY		**Total Clients: 501**
Performance Measure	**Indicator**	**Outcomes**
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1. 170/501, 33.93%
Quality of Care		
1. Standards of Care for Mental Health Therapy are met.	1. 100% of mental health providers will comply with Mental Health service standards. *(site visit)*	1. 95.6%
2. Health Care Referrals	2. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. *(chart review)*	2. 100%
3. Decreased mental health symptoms.	3. 60% percent of clients who receive Mental Health services will report a decrease in symptoms that initiated referral into mental health services. *(postcard survey)*	3. 9/10, 90%
4. Improved functionality.	4. 60% of clients surveyed who received mental health counseling will report improved functionality. *(postcard survey)*	4. 10/10, 100%

NON-MEDICAL CASE MANAGEMENT		**Total Clients: 1,158**
Performance Measure	**Indicator**	**Outcome**
1. HAB Core Measure: Prescription of HIV Antiretroviral Therapy.	1. Number/Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	1. 1051//1158, 90.76%
2. HAB Core Measure: HIV Viral Load Suppression.	2. Number/Percentage of HIV+ patients, regardless of age, with a HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	2. 894/1158, 77.2%
Quality of Care		
1. Standards of Care for Benefits and Enrollment Case Management are met.	1. 90% of Benefits and Enrollment Case Management charts reviewed will comply with Case Management (non-medical) service standards. *(site visit)*	1. 14.7%
2. Benefits and Enrollment assistance.	2. 95% of people requesting Benefits and Enrollment case management will receive advice and assistance in obtaining needed services. *(site visit)*	2. 100%
3. Referrals to non-Ryan White entitlement programs.	3. 95% of clients receiving Benefits and Enrollment case management services will be referred to all appropriate (non-Ryan White) entitlement programs to maximize benefits. *(site visit)*	3. 100%
4. Health care referrals.	4. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic. *(chart review)*	4. 100%
5. Improved quality of life.	5. 60% of clients surveyed who received Case Management (non-medical) services will report improved quality of life. *(postcard survey)*	5. 10/12, 83.3%
6. Follow-up	6. 100% of clients will receive case management (non-medical) follow-up. *(site visit)*	6. 100%

ORAL HEALTH CARE		**Total Clients: 634**
Performance Measure	**Indicator**	**Outcomes**
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	1. 202/634, 31.86%
2. HAB Oral Care Measures: Oral Health Services: Dental Treatment Plan.	2. Number/Percent of clients receiving oral health care services will have a dental treatment plan. (Chart review)	2. 100%
Quality		
1. Adherence to Standards of Care for Dental Services.	1. 100% of dental care providers will comply with Oral Health Care service standards. *(site visit)*	1. 100%
2. Appropriate specialty care.	2. 100% of clients receiving specialty oral health services will receive appropriate dental care as determined by County authorization review. *(database)*	2. 100%
3. Improved oral health.	3. 60% of clients surveyed who received Oral Health Care will report improved oral health through self-report. *(postcard survey)*	3. 2/2, 100%

OUTPATIENT/AMBULATORY CARE		**Total Clients: 1,794**
Performance Measure	**Indicator**	**Outcomes**
1. Receipt of Care	1. Number/Percentage of HIV+ patients, regardless of age, with at least one CD4 or viral load test.	1. 1538/1794, 85.73%
2. HHS Measure: Retention in HIV Medical Care.	2. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year.	2. 428/1794, 23.86%
3. HAB Core Measure: Prescription of HIV Antiretroviral Therapy.	3. Number/Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy.	3. 1585/1794, 88.35%
4. HAB Core Measure: HIV Viral Load Suppression.	4. Number/Percentage of HIV+ patients, regardless of age, with a HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	4. 1307/1794, 72.85%
5. HHS Measure: Housing Status.	5. Number/Percent of Ryan White outpatient/ambulatory care HIV+ clients stably/permanently housing.	5. 1275/1794, 71.07%
6. Minimize health disparities by ensuring access to primary medical care services by people of color.	6. Number/Percent of clients accessing primary medical care will be reflective of TGA's proportion of PLWH/A by race/ethnicity. *(database)*	6. See Note 1
7. Minimize health disparities by ensuring access to primary medical care services by women, infants, children and youth (WICY).	7. Number/Percent of clients accessing primary medical care will be reflective of TGA's proportion of WICY living with HIV/AIDS. *(database)* Number and percentage of persons with HIV viral suppression.	7. See note 2
Quality of Care		
1. Improved adherence to Public Health Service Guidelines for the treatment of people living with HIV/AIDS.	1. 100% of primary care services offered will meet PHS guidelines. *(site visit)*	100%
2. Mortality Rate Reduction.	2. Decreased or stable mortality rate for all HIV+ persons in routine outpatient/ambulatory care. *(database)*	2. FY22: 49 clients FY21: 25 clients 96% increase in FY22 over FY21.
3. Viral Load Suppression.	3. Number/Percentage of persons with HIV Viral Load Suppression will exceed National standards. (National Data: Viral Suppression 66% in 2019)	3. 1307/1794, 72.85%

Note 1: Black, Hispanic and people of color are over-represented in the Sacramento TGA as they exceed their percent of the HIV/AIDS Prevalence in the TGA.

Number/Percent of ambulatory care clients is reflective of TGA's proportion of PLWH/A by race/ethnicity.	Number of Ambulatory Care Clients	Percent of Ambulatory Care Clients	Percent of TGA's HIV/AIDS Prevalence as of 12/31/20
White	744	41.5%	46.5%
Black/African American	502	28.0%	22.0%
Hispanic	425	23.7%	21.3%
Asian/Pacific Islander	91	5.1%	3.9%
American Indian/Alaskan Native	32	1.8%	0.4%

Note 2: WICY Ambulatory Care expenditures in FY22 are 28.12% of the total Part A Ambulatory Care expenditures. ($104,662 out of $377,206). 8.61% over the TGA's WICY proportion established by CDC at 18.36%.

Number/Percent of ambulatory care clients is reflective of TGA's proportion of PLWH/A by WICY.	Number of Ambulatory Care WICY Clients	WICY Percent of All Ambulatory Care Clients	Percent of TGA's HIV/AIDS WICY Prevalence
Women	257/1794	14.3%	15.95%
Infants	0/1794	-	0%
Children	1/1794	0.06%	0.04%
Youth	29/1794	1.6%	2.37%

OUTREACH SERVICES See note below **Total Clients: 388**		
Performance Measure	**Indicator**	**Outcome**
1. HAB Systems-Level Measures: Linkage to HIV Medical Care	1. Number/Percentage of newly diagnosed HIV+ persons linked to care within 30 days of their HIV+ diagnosis.	1. 12/20, 60%
Quality		
1. Standards of Care for Outreach services are met.	1. 100% of outreach providers will comply with Outreach service standards. *(site visit)*	1. 97.9%
2. Outreach referrals	2. 100% of all referrals and linkages to services for HIV+ clients receiving Outreach services shall be documented.	2. 100%
3. Health care referrals.	3. 100% of HIV+ clients who do not have an identified primary care provider at initial contact will receive a referral to an appropriate physician or clinic. *(chart review)*	3. 100%

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

SUBSTANCE ABUSE TREATMENT		**Total Clients: 165 (Residential 19; Outpatient: 146)**
Performance Measure	**Indicator**	**Outcomes**
	Health	
1. HHS Measure: Retention in HIV Medical Care.	1. Number/Percentage of HIV+ patients, regardless of age, with at least two medical visits at least three months apart in the measurement year	1a. Outpatient: 52/146, 35.62% 1b. Residential: 6/19, 31.58%
2. HAB Core Measure: HIV Viral Load Suppression.	2. Number/Percentage of HIV+ patients, regardless of age, with a HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year.	2a. Outpatient: 108/146, 73.97% 2b. Residential: 15/19, 78.95%
	Quality of Care	
1. Standards of Care for Substance Abuse Treatment are met.	1. 100% of substance abuse providers will deliver services according to Standards of Care. *(site visit)*	1. 100%
2. Residential Treatment Participation	2. 25% of clients entering residential substance abuse treatment will complete residential treatment program. (provider exit reports)	2. Although there were only 19 clients, these clients participated in residential/detox services 27 times during the fiscal year. Of the 27 attempts, 2 client outcomes are unknown. 15/25, 60% completed detox and/or residential services.
3. Health Care Referrals	3. 100% of clients who do not have an identified primary care provider will receive a referral to an appropriate physician or clinic upon completion of substance abuse treatment. *(database)*	3a. Outpatient: 100% 3b. Residential: 100%
4. Current care plan.	4. 80% of clients will have a current care plan in their files. (chart review)	4a. Outpatient: 100% 4b. Residential: 100%
5. Reduced risk behaviors.	5. a. 60% of clients surveyed who received outpatient substance abuse services will reduce risk behaviors for substance use as measured by self-report. *(postcard survey)* b. 60% of clients surveyed who received outpatient substance abuse services will reduce risk behaviors for transmission of HIV and other communicable diseases as measured by self-report. *(postcard survey)*	5a. 13/13, 100% 5b. No responses in FY22

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Attachment F

FY 22 Aggregate Administrative Costs

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RYAN WHITE HIV/AIDS PROGRAM PART A
FINAL CERTIFICATION OF AGGREGATE ADMINISTRATIVE EXPENDITURES

REPORTING PERIOD - March 1, 2022 – February 28, 2023

RECIPIENT	County of Sacramento
GRANT NUMBER	H89HA00048
AGGREGATE TOTAL OF ALL HIV SERVICE DOLLARS EXPENDED	$3,367,961
AVAILABLE AGGREGATE ADMIN EXPENDITURES	$351,840
ACTUAL AGGREGATE ADMINISTRATIVE EXPENDITURES	$322,204
ACTUAL AGGREGATE ADMIN EXPENDITURE PERCENTAGE	9.57%

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts were for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Print Name of Financial Officer: Adriane Rosemond	Date: 6/6/2023
Signature of Financial Officer:	

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