Health and Human Services Department
Sherri Z. Heller, Ed.D., Director

County of Sacramento

Divisions
Behavioral Health Services
Child Protective Services
Departmental Administration
Primary Health Services
Public Health
Senior and Adult Services

FY16 Annual Progress Report, Sacramento Transitional Grant Area

I.a. FY2016 FINAL IMPLEMENTATION PLAN

See **Attachment A**

I.b. LOCAL PHARMACY ASSISTANCE PROFILE

Not Applicable

I.c. ACCOMPLISHMENTS

I.c. UTILIZATION AND TRENDS IN CARE:

Utilization and trend data are compiled for March 2016 through February 2017. Overall, the Transitional Grant Area (TGA) served 2,623 unduplicated clients. This represents a 1% decrease (10 fewer clients) over the prior year ***total*** clients of 2,649 in 2015.

During Fiscal Year 2016, the TGA served a total of 345 ***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 2015, the TGA served a total of 218 new unduplicated clients. This data reflects a 58.3% increase in new clients over the previous year in the three-county TGA and the Yolo County area.

Of the 345 new clients in 2016, 282 resided in Sacramento, 32 in Placer, and 13 new clients were reported in El Dorado County. However, of the 218 new unduplicated clients in 2015, 184 resided in Sacramento, 14 in Placer, and 7 in El Dorado County. While this marks a 53.3% increase in clients in Sacramento, it reflects an 85.7% increase in new clients in El Dorado County and a 128.6% increase in clients in Placer County.

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Additionally, there were 18 new clients were reported from Yolo County, a non-TGA county compared to the prior year (FY15) when there were 13 new unduplicated clients. This accounted for 38.5% increase in new unduplicated clients in Yolo County during FY16.

Comparisons of year-to-date FY2016 client demographics and FY 2015 data reveal the following trends:

Total Clients:

In 2016, the TGA served 2,623 total clients compared to 2,649 last year representing a 1% decrease in total clients overall. Of the 2,623 clients served in FY16, 2,578 were people living with HIV/AIDS and there were an additional 45 Affected/Indeterminate clients receiving services. In FY15, 2,605 were people living with HIV/AIDS and there were an additional 44 Affected/Indeterminate clients receiving services.

New Clients:

As mentioned in the Utilization and Trends in Care above, the TGA has served a total of 345 new unduplicated clients who had never been seen in the Ryan White system of care before this year. This represents a 58.3% increase over the prior year in which the three-county TGA served 218 new clients.

Clients by CD4:

Based on a comparison between fiscal years 2015 and 2016, clients' CD4 counts appear to remain fairly constant with minor shifts in percentages between ranges. Below is a breakdown of the HIV+ client's CD4 counts.

	2016					**2015**			
CD4 Range	# of HIV+ Clients	% of HIV+ Clients	# of HIV- Clients*	% of HIV- Clients*		# of HIV+ Clients	% of HIV+ Clients	# of HIV- Clients*	% of HIV- Clients
Below 200	253	9.65%	0	0.00%		231	8.72%	0	0.00%
200 - 499	775	29.55%	0	0.00%		783	29.56%	0	0.00%
500 - 749	771	29.39%	0	0.00%		747	28.20%	0	0.00%
750 - 1,499	675	25.73%	0	0.00%		705	26.61%	0	0.00%
Greater than 1,500	36	1.37%	0	0.00%		39	1.47%	0	0.00%
Unknown/Unreported	68	2.59%	45	1.72%		100	3.78%	44	1.66%
Group Total	2,577	98.28%	45	1.72%		2,605	98.34%	44	1.66%
Total HIV+ Clients	2577/2623		98.28%			2605/2649		98.34%	

Clients by Viral Load:

A review of clients by viral load for fiscal year 2016 in comparison with fiscal year 2015, notes a 0.94% decrease in the number of clients who are virally suppressed.

	2016					2015			
Viral Load	# of HIV+ Clients	% of HIV+ Clients	# of HIV- Clients*	% of HIV- Clients*		# of HIV+ Clients	% of HIV+ Clients	# of HIV- Clients*	% of HIV- Clients*
Unknown/Unreported	79	3.01%	45	1.72%		122	4.68%	44	1.66%
<= 20 (Undetectable)	1,600	60.99%	0	0.00%		1,447	55.55%	0	0.00%
21 - 200 (Virally Suppressed <=200)	441	16.81%	0	0.00%		604	23.19%	0	0.00%
201 - 999	77	2.94%	0	0.00%		74	2.84%	0	0.00%
1,000 - 4,999	81	3.09	0	0.00%		81	3.11%	0	0.00%
5,000 - 9,999	42	1.60%	0	0.00%		36	1.38%	0	0.00%
10,000 - 24,999	58	2.21%	0	0.00%		57	2.19%	0	0.00%
25,000 - 74,999	104	3.96%	0	0.00%		90	3.45%	0	0.00%
75,000 or Higher	96	3.66%	0	0.00%		97	3.61%	0	0.00%
Group Total	2,578	98.28%	45	1.72%		2605	98.34	44	1.66%
Total HIV+ Clients	2,578/2623		98.28%			2,605/2649		98.34%	

Clients by County:

During fiscal year 2016, 85.93% of the clients (2,254) resided in Sacramento County. Placer County was home to 6.06% (159 clients); El Dorado 3.66% (96 clients); 0.04% in Alpine (1 client); and, Yolo County 4.23% (111 clients).

In comparison, during fiscal year 2015, 87.84% of the clients (2,327) resided in Sacramento County. Placer County was home to 5.10% (135 clients); El Dorado 3.36% (89 clients); 0.04% in Alpine (1 client); and, Yolo County 3.59% (95 clients).

Of significant note is the increase in clients in both El Dorado and Placer Counties. There is only one Ryan White provider, Sierra Foothills AIDS Foundation, operating in both counties. The increase of clients creates a strain on the limited resources in those counties and increases transportation costs for clients seeking medical care at Cares Community Health in Sacramento County.

While the Counties of Alpine and Yolo are not part of the Part A Sacramento Transitional Grant Area, the County of Sacramento is the Fiscal Agent 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 there was an increase in clients in Yolo County as well which 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 TGA observed increases in the clients between the ages of 0-44 (946 clients in FY2016 compared to 892 in 2015). The age group of 25-44 years of age saw both the greatest increase in the ***percent*** of clients; however youth 20-24 showed the highest increase in ***actual*** number of clients in any age group. For those 45 years and over, there was a decrease in clients served in 2016 compared to 2015. Additionally, during the current year, the Ryan White system has been following the exposed infants who must be medically followed until they are two years old before they can be confirmed as negative clients. These client are HIV Indeterminant (under age 2), and the TGA followed a total of 10 exposed infants during this time period.

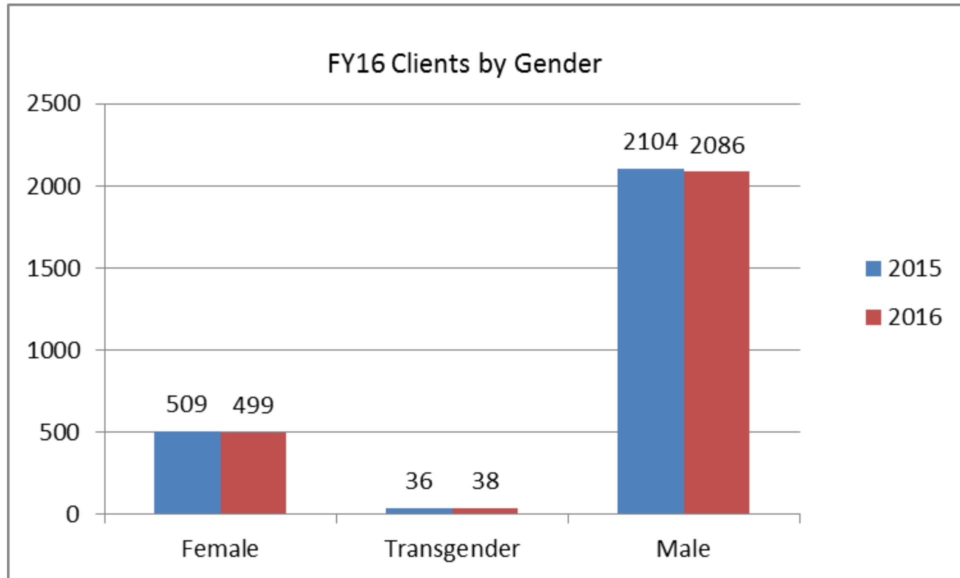
	2016					**2015**			
Age Category	# of HIV+ Clients	# of HIV- Clients	% of HIV+ Clients	% of HIV- Clients		# of HIV+ Clients	# of HIV- Clients	% of HIV+ Clients	% of HIV- Clients
Infants 0 - 2 years	0	10	0.00%	0.38%		0	11	0.00%	0.42%
Children 3 - 12 years	8	23	0.30%	0.88%		8	21	0.30%	0.79%
Youth 13 - 19 years	11	12	0.42%	0.46%		8	11	0.30%	0.42%
Youth 20 - 24 years	68	0	2.59%	0.00%		41	0	1.55%	0.00%
Adults 25 - 44 years	859	0	32.75%	0.00%		835	1	31.52%	0.04%
Adults 45 - 59 years	1182	0	45.06%	0.00%		1229	0	46.39%	0.00%
Adults 60+	449	0	17.12%	0.00%		484	0	18.27%	0.00%
Unknown	1	0	0.04%	0.00%		0	0	0.00%	0.00%
Group Total	2578	45	98.28%	1.72%		2605	44	98.33%	1.67%
Total Clients	2623		100.00%			2649		100.00%	

Clients by Gender:

There were 38 transgendered clients [1.45%], 2,086 male clients [79.53%] and 499 female clients [19.02%] served in Fiscal Year 2016. During fiscal year 2015, there were 36 transgendered clients [1.36%], 2,104 male clients [79.43%] and 509 female clients [19.21%].

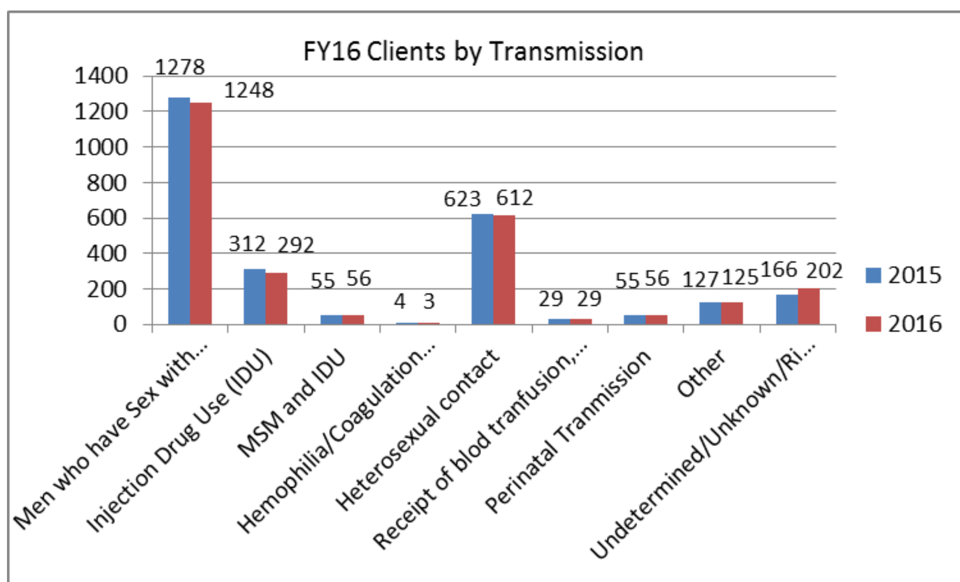
Our final WICY (Women, Infants, Children and Youth) expenditures show that Sacramento is responding to the needs of women by allocating and expending funds targeted to women in an amount that exceeds their current representation in the epidemic. Total expenditures for WICY must meet a minimum of 19.92% of the total Part A and Part A MAI direct service grant award. At

year-end, WICY expenditures ($998,721) represented 35.48% (Part A and Part A MAI) of the grant award direct service expenditures.



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 49.72% (MSM and MSM/IDU combined), followed by heterosexual transmission (23.33%) and Intravenous Drug Use (11.13%). As documented in our FY17 grant application, High-Risk Heterosexuals experienced a 3-fold increase in the percent of people living with HIV (PLWH) transmission between 1995 and 2015 (7% vs 20%). This category now represented the second largest percent of PLWH in the TGA and has overtaken the IDU transmission category.



Clients by Income:

The percentage of clients by income has remained relatively constant, with a small increase in the number of clients with no income. In FY15, clients with an income of 138% or less accounted for 74.52% of individuals (1,974) receiving Ryan White services. In FY16, they accounted for 75.64% (1,984 clients).

Clients by Income	2016		2015	
	Count	Percent	Count	Percent
No Income	532	20.28%	491	18.54%
100% of Poverty	1,115	42.51%	1,120	42.28%
101- 138% of Poverty	337	12.85%	363	13.70%
139-250% of Poverty	425	16.20%	439	16.57%
251-300% of Poverty	73	2.78%	72	2.72%
Over 300% of Poverty	141	5.38%	164	6.19%
Totals	2,623	100.00%	2,649	100.00%

Clients by Ethnicity:

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

I.c.1. National Goals to End the HIV Epidemic:

- Accomplishments in reducing new infections:

On behalf of the Sacramento Community, Sacramento County Public Health Division 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 in order to reduce new infections and increase the percentage of persons who know their serostatus and are linked to and receive care. The Coalition is comprised of a broad range of community partners including medical clinics, testing agencies, school districts, local and state public health representatives and non-profit agencies that work closely with high-risk populations. Additionally, in an effort to provide more integrated and enhanced services, the Public Health Department itself merged its STD, HIV and Surveillance programs, and all Communicable Disease Investigators and STD Investigators have been cross-trained to ensure that follow up with persons with any reportable STD or HIV condition receive appropriate testing for all of these conditions. Intensive follow-up is conducted to ensure that all clients access medical care as soon as possible. The Ryan White CARE program is working closely with the surveillance staff and STD/CDI staff to share information to determine a client's status of care.

Additionally, the ZERO New HIV Infections TOGETHER campaign, initiated last year by the Cares Community Health FQHC clinic utilizing private foundation funding, continues its collaborative community-wide campaign to advance information and activities to reduce new HIV infections including the distribution of provider tool kits and client information on the availability of PrEP in our community. The Strategic Plan is included as **Attachment C.**

- Increasing access to care:

The Ryan White CARE Program continued its funding support for Benefit and Enrollment Counselors in FY16 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 1,483 clients receiving Benefits and Enrollment Services in FY16, a decrease of approximately 8.3% over FY15 when 1,618 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 these aforementioned programs and have the ability to provide electronic applications on behalf of the client. This service has significantly improved client's 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. 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 only outpatient HIV clinic 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 they have assistance when needed, and eligible, 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 process 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.

I.c.2. Evolving Healthcare Landscape

- Impact on Planning and Allocations:

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 FY15, 26 clients received Health Insurance Premium and Cost-Sharing Assistance while 44 clients received those same services in FY16, representing a 69.2% increase in clients receiving Health Insurance Premium and Cost-Sharing Assistance over the prior year.

- Enrollment

At the end of FY 2016, 92.22% of the clients in the Ryan White system of care had a third party payer: 8.2% had private insurance, 84.02% had some form of public insurance through Medicare, Medicaid, or local other governmental programs, and 7.78% had no insurance.

At the end of FY 2015, 92.26% of the clients in the Ryan White system of care had a third party payer: 8.94% had private insurance, 83.32% had some form of public insurance through Medicare, Medicaid, or local other governmental programs, and 7.74% had no insurance.

We estimate that 5% of the clients with no insurance were undocumented and therefore ineligible for public health insurance benefits, and some clients were awaiting approval from government funded insurance carriers.

I.c.3. Improving Health Outcomes for People Living with HIV:

Quality-of-Care issues are addressed through on-going technical assistance training by the Recipient at mandatory Service Provider/Subrecipient meetings. Reports on Clients In/Not in Medical Care, Incomplete Intake Reports, HAB information, AAHIV National Advocacy updates, and various HIV related articles are distributed to subrecipients at meetings and via e-mail. Subrecipients are apprised of new Service Standards under review by the Planning Council and encouraged to provide input toward the development of standards within their areas of expertise. Once adopted by the Council, Service Standards are distributed to all subrecipients for implementation with training and assistance provided by the Recipient at various meetings. Subrecipients are also provided with a "Provider Orientation Manual" which contains on-going up-dates of Service Standards and Service Directives adopted by the Planning Council each year. This system of subrecipients participation in the development of new or up-dated standards promotes acceptance and immediate implementation of new standards. These activities improve the quality of care issues involving all of the TGA's funded service categories and address HRSA's emphasis to improve quality of care to all Ryan White service recipients.

On-going monitoring of performance and outcome indicators has revealed that the TGA is doing an exceptional job of providing quality care to its clients. Refer to **Attachment D**, "FY16 Outcome Indicators". During the fiscal year 2016, the Sacramento Transitional Grant Area served 2,623 unduplicated clients. Of the total clients who received Ryan White Ambulatory Care services from the continuum of care, 76.22% (1,503 out of 1,972) met the definition of "retained in medical care", 82.66% (1,630) were virally suppressed and 98.07% (1,934) were on HAART. Quality management monitoring has demonstrated that care is being provided in accordance with high quality services to our clients.

I.c.3.i. <u>Comprehensive TGA Quality Management Assessment:</u>

During FY 2016, the Fiscal Agent conducted all site visits including reviews of subcontractors Quality Management activities and plans. One subrecipient required some technical assistance in updating their quality management program, and one subrecipient was provided technical assistance on improve the document of their quality management activities/meetings.

During FY2016, the Sacramento TGA's HIV Health Services Planning Council updated the TGA's Quality management Plan to align local effort with RSA/HAB and NHAS performance measures. (**See Attachment E**)

The TGA's ambulatory care clinic utilizes an Electronic Health Record System (EHR). This system provides up-to-date client-level quality management data which assists with on-going assessment of HIV Quality outcomes. The system provides flags for physicians to remind them of required labs, vaccinations, etc. The process has improved the TGA's provision of high quality medical care and its ability to provide accurate and timely monitoring of Public Health Guidelines and adopted performance measures. The Ambulatory Care Clinic's quarterly "data upload" into the TGA's client-level database provides up-to-date client level medical information to the TGA's data system.

I.c.3.ii. <u>Development of New Service Standards and Outcome Indicators:</u>

The HIV Health Services Planning Council's Quality Advisory Committee reviewed and updated the FY16 Outcome Indicators to include HAB Systems-Level Measures and HAB Core Measures. The Quality Advisory Committee reviewed/updated four service standards during the Fiscal Year.

I.c.3.ii. <u>Medical Case Management System Improvements:</u>

Evaluation of prior years' data has documented the success of this specialized medical case management process in reaching high-risk populations and assisting them in remaining in care. While the three-county TGA saw an increase of 327 new unduplicated clients, 232 of these new clients (70.9%) received ambulatory care services from the Ryan White program as a result of the medical case management services. This is testimony to the critical work performed by medical case managers to facilitate clients into care.

As for Yolo County, medical case management services enhanced access to Ryan White Part B medical care for 61.1% of the new unduplicated clients (11 out of 18).

I.c.3.iv. <u>Increased Access to the Continuum of Care:</u>

Utilization reports for the web-based system allow identification of clients who are not in care by subrecipient. Reports are sent on a regular basis to alert subrecipients of the specific clients who need follow-up because they are either not in medical care, have dropped out of care, or the electronic records need updating. The system also provides tools to alert subrecipients that Client

Intake information is incomplete or incorrect, with specific lists of items needing further clarification.

The ***new*** 327 unduplicated clients in the three-county TGA utilized Ambulatory Care, Medical Case Management, non-Medical Case Management, Mental Health, Oral Health, Housing, Child Care, Emergency Financial Assistance, Health Education and Risk Reduction Services, Health Insurance Premium and Cost Sharing Assistance, Medical Nutritional Therapy, Outreach Services, Substance Abuse Services – both residential and outpatient, Medical Transportation and Pediatric Treatment Adherence services, effectively demonstrating the TGA's successes in increasing access to the region's continuum of care. The category which assisted the greatest number of new unduplicated clients was Outpatient Ambulatory Medical Care providing medical services to 232 new unduplicated clients. Clients in Yolo County received Ambulatory Care, Emergency Financial Assistance, Medical Case Management, non-Medical Case Management, Medical Nutritional Therapy, Medical Transportation, Mental Health and Oral Health Care services.

It should be noted that while the number of unduplicated clients receiving oral health services decreased between Fiscal Year 2015 and 2016, with 695 and 625 clients respectively, the oral health care provider has a waiting list for services due to capacity issues. During the last quarter of FY 15, the main oral health care provider augmented its services with the purchase of a mobile dental van; however, a waiting list remains due to the critical oral health needs of people living with HIV.

The TGA continues to strive to provide 100% access and 0% disparity in providing "comprehensive high quality, client-centered, timely and cost-effective outpatient medical services to HIV infected persons at all stages of disease. The following table provides the total number of unduplicated clients served within each service category for the combined Ryan White Part A and B funds.

All Counties-Parts A & B	**FY13 UDC**	**FY14 UDC**	**FY15 UDC**	**FY16 UDC**
Case Management – Non-Medical	802	1,203	1,618	1,483
Child Care Services	17	39	37	35
Emergency Financial Assistance	101	164	162	183
Health Education and Risk Reduction (PCRS)	146	224	190	116
Health Insurance Premium and Cost-Sharing Assistance	-	18	26	44
Housing Services	16	20	24	44
Medical Case Management	794	1,114	1,153	1,320
Medical Nutrition Therapy	349	279	406	421
Medical Transportation Services	313	340	387	437
Mental Health Services	699	879	895	918
Oral Health Care	589	587	695	625
Outpatient Ambulatory Care	1,771	1,792	1,673	1,972
Outreach Services	777	766	718	329
Substance Abuse - Residential	22	17	18	30
Substance Abuse - Outpatient	297	310	298	327
(Pediatric) Treatment Adherence	25	25	37	25

I.c.3.v. <u>Administrative Assessment Mechanism:</u>

The Sacramento Transitional Grant Area's Administrative Assessment Committee (AdAC) conducted monitoring assessments of the Fiscal Agent for Fiscal Year 2016. Of the 79 outcomes reviewed, 96.2% of the findings ***met and exceeded*** the intent of the standard and 3.8% met the standard with room for improvement. There were no deficiencies reported. See **Attachment F**, FY16 Final Administrative Assessment Report.

During Fiscal Year 2009, the Fiscal Agent assumed the duties of the Planning Council staff responsibilities due to budget reductions and contract limitations. In 2016, the Council's Executive Committee reviewed the Planning Council's staff performance. Staff continually met or exceeded standards. Additionally, Fiscal Agent staff for the Planning Council maintains the website for the Sacramento TGA which provides information to the general public on meetings, providers, services, etc. The website is www.sacramento-tga.com.

I.c.3.vi. <u>Strategic Initiative:</u>

In 2014, Cares Community Health launched the "Equally Well" Initiative for the community's underserved populations. Cares Community Health's goal is to continue working to end new cases of HIV, reduce disparities experienced by the mentally ill and help those without insurance obtain it to live healthier lives. Cares Community Health believes health isn't a privilege. It is a human right. Everyone must have the opportunity to be **equally well**.

To do so, in the most basic terms, here are the steps they intended to undertake with their Equally Well Campaign:

- Find everyone who does not know they have HIV and link them to health care.
- Find all those who were once in medical care and get them to return to care.
- Keep everyone who is currently in medical care engaged in their care.
- Keep high risk negatives from getting HIV by providing free condoms, access to post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).

Accomplishments 2014-2016:

- Distributed nearly 2 million condom and lube packets in greater Sacramento through 254 locations. Offered free phone apps to locate condom distribution sites listed on condomfinder.org
- Reengaged 536 people in medical care
- Over a two-year period, linked 103 newly diagnosed HIV+ individuals to care through their STD testing clinic and an additional 106 HIV+ individuals from community testing sites
- 2015 Exceptional Women of Color Conference – PrEP workshop.
- Established Zero Together, a prevention coalition of service agencies and funding sources, to work as a group to reduce HIV transmission rates in the Sacramento region
- Maintained funding for syringe exchange programs in the community.
- Continued free drop in STD/HIV testing and marketed to the highest impacted communities

- 2015 PrEP Town Hall was held in partnership with the Sacramento Gay and Lesbian Center for the community.
- Launched PrEP website GetPrEPSac.org with resources on what PrEP is, patient resources, and provider resources. Sponsored Facebook ads, hook-up site ads, and other social media site ads targeting gay men in Sacramento to promote PrEP awareness
- 2016 Gay Pride celebration focused on a promotion of PrEP with parade walkers behind a wrapped transit bus, exterior and interior bus ads, and major festival presence educating LGBT community on PrEP.
- 2016 Hosted Know Your Status PrEP and PEP Talk in partnership with National Coalition of 100 Black Women to spread information on PrEP in the African American communities

As mentioned above, Cares Community Health launched the "Zero Together" Initiative in 2015 focused on reducing the number of new HIV infections by educating the community about PrEP through various marketing methods including a site specific website, www.getprepsac.org. For patients and prospective patients, they provide a diverse resource database for a variety of patients on what PrEP is, what it does, how to pay for PrEP, its usefulness to particular communities, PrEP statistics and more so clients and their health provider can make informed decisions when it comes to starting a PrEP regimen. For providers, the website includes clinical practice guidelines, patient education tools, and training assistance information. The coalition is currently working on Sacramento local modifications to a Provider Tool Kit developed and shared by the San Jose TGA. This Provider Tool Kit will be available on the Sacramento GetPrepSac website and disseminated widely to local physicians.

Diagnosis and Linkage to Care

Nationwide, CDC estimates that about 13% of the people who are HIV+ don't know they are infected. Using the Current Method for the Unmet Need Framework, there are about 4,125 people who are HIV+ aware as of December 31, 2015, in the Sacramento area. 1,086 of these people living with HIV are out of care according to the FY15 Unmet Need Estimate. Finding these people is a challenge. Promotion of universal HIV testing, as recommended by the Center for Disease Control, would greatly increase opportunities to identify unknown positives. Cares Community Health will continue to remind providers that all insurance plans are required to pay for HIV testing even if there are no symptoms or perceived risk. In the meantime, other activities include:

- Increasing testing in the free drop in STD clinic by advertising on social media with a focus on Latino and African American men who have sex with men
- Advocating for all community clinics to test all patients for HIV
- Insure that 100% of people who test positive for HIV are linked to a medical provider and remain in medical care
- Increase Partner Services for newly diagnosed people so that people who may have been exposed are brought in for testing

Finding those who have fallen out of care and re-engage them in care

In the United States, 61% of those who know they are HIV+ are not retained in care. The reasons are varied but most cases involve mental health or substance abuse issues. Because of the work of HIV providers in the Sacramento area, the *out of care* percentage identified through our 2015 unmet need process was 26.33%. While this is laudable, it is unacceptable and more work needs to be done to bring this number closer to zero. Activities to find those out of care include:

- Work as a consortium to identify all those who have fallen out of care and research where we can find them
- Develop a strong patient navigation program to aggressively engage people in care by providing needed supportive services and community resources
- Provide adherence counseling as needed

Surveillance figures for the FY 2016 out of care figures have not yet been received from the State, but are anticipated by August 1 of 2017.

Keep everyone in medical care

Finding people who have fallen out of care is difficult, so ***keeping*** people in care is a priority. Cares Community Health will work with its staff and community partners to provide services that do everything possible to engage patients. Activities include:

- Monitoring appointments to insure that people on the verge of falling out of care remain in care
- Providing care that meets the needs of various cultures and life styles
- Strengthen medical case management & case conferencing services to include retention in care activities

Keep High Risk people from getting HIV

The number of interventions proven to prevent HIV infection is small but robust in their effectiveness. The Zero Together Initiative partners (**See Attachment C)** will insure that these activities continue until the epidemic is over. These include:

- Aggressively publicize appropriate utilization of PrEP and PEP
- Increase needle exchange activities as needed
- Aggressively publicize the availability of free condoms in areas where STD's and HIV are most prevalent

I.c.4. <u>Ensuring Programmatic and Fiscal Accountability:</u>

During FY 2016, the Fiscal Agent completed all of its required on-site visits to subrecipients utilizing a comprehensive monitoring tool and all subrecipients were thoroughly reviewed and received corrective action notices.

The TGA's web-based client data system provides for electronic submission of invoices as well as client-level data. As a result, monitoring tools have been developed to provide on-going tracking of client utilization and expenditures, both at a subrecipient level as well as a system-wide level. The Recipient is able to identify over and/or under expenditure of funds in a timely manner which facilitates the reallocation of funds and minimizes the potential for carryover. This year, the TGA expended all but $56,991.49 of its Part A funds.

I.d. Difference between 2016 Implementation Plan Targeted Outcomes vs Actual Outcomes:

The Sacramento TGA contracts with subrecipients to provide Ryan White funded services to a projected number of clients and units of services to be provided. These are projections as actual outcomes may vary depending on staffing changes or the level of client need/demand for any service. However, the amount allocated and/or re-allocated by the HIV Health Services Planning Council is a specific set amount. As such, this report will address differences between Targeted Outcomes versus Actual Outcomes in terms of allocations and expenditures. The original Targeted Allocations reflect the Planning Council's allocations at the beginning of the fiscal year as approved by HRSA. The Actual Outcomes reflect the Planning Council's year-end allocations with funds having been reallocated from subrecipients who were underspending to services demonstrating greatest need.

The chart below identifies the TGA's original allocations as provided on our approved Implementation Plan and the final budgets as reallocated by the HIV Health Services Planning Council during the year. Final expenditures in each service category are also provided.

Service Priority #	Service Category	Original Allocation	Reallocation	Year-End Expenditures
1	Outpatient Ambulatory Care	$ 423,807	$ 392,636	$ 373,734
2	ADAP - RX Medications	$ -	$ -	$ -
3	Health Insurance	$ 14,100	$ 14,100	$ 26,740
4	Oral Health	$ 416,117	$ 416,117	$ 441,782
5	Mental Health	$ 456,279	$ 456,279	$ 455,635
6	Medical Case Management (MCM)	$ 848,856	$ 860,417	$ 830,650
7	Case Management (Non-Medical)	$ 60,817	$ 60,817	$ 60,817
8	Medical Transportation	$ 60,520	$ 88,959	$ 79,113
9	Substance Abuse Outpatient	$ 210,633	$ 210,633	$ 209,926
10	Pediatric Treatment Adherence	$ 22,509	$ 22,509	$ 21,533
11	Child Care	$ 30,696	$ 35,696	$ 35,695
12	Emergency Financial Assistance	$ 66,785	$ 66,785	$ 61,515
13	Medical Nutrition	$ -	$ 10,000	$ -
14	Health Education and Risk Reduction	$ 4,769	$ 4,769	$ 4,759
15	Outreach	$ 17,172	$ 17,172	$ 3,597
16	Outreach - MAI	$ 3,597	$ 3,597	$ 17,173
17	Substance Abuse Residential	$ 65,435	$ 52,435	$ 38,722
6	MAI Medical Case Management - Black or African American	$ 101,748	$ 101,748	$ 102,359
6	MAI Medical Case Management - Hispanic or Latino(a)	$ 42,324	$ 42,324	$ 35,309
6	MAI Medical Case Management - Asian	$ 1,174	$ 1,174	$ 1,530
6	MAI Medical Case Management - Alaskan Native/American Indian	$ 5,975	$ 5,975	$ 11,430

6	MAI Medical Case Management - Native Hawaiian/Pacific Islander	$ 2,744	$ 2,744	$ 3,335
N/A	Clinical Quality Mgmt - Part A	$ 158,946	$ 158,946	$ 156,372
N/A	Clinical Quality Mgmt - Part A MAI	$ 9,056	$ 9,056	$ 9,056
N/A	Grantee Administration - Part A	$ 317,892	$ 317,892	$ 315,007
N/A	Grantee Administration - Part A MAI	$ 18,113	$ 18,113	$ 18,113
N/A	Total	$ 3,360,064	$ 3,370,893	$ 3,313,902

Differences between the Targeted versus Actual Outcomes can be found in Health Insurance and Cost-Sharing Assistance service category. The targeted allocation was $14,100. However, actual expenditures were $26,740 indicating a greater need for assistance. Insurance payments and deductibles accounted for 93% of the expenditures.

Oral Health is another service category that falls short in meeting the needs of clients in the Sacramento TGA. In FY16, the HIV Health Services Planning Council originally allocated $416,117 to fund Oral Health. However, by year-end, expenditures totaled $441,782 which would have been higher if not for capacity issues. The Ryan White dental provider is unable to meet the need of all the clients seeking oral health services due to the limited number of the dental providers and limited number of dental chairs available. Should they be able to expand services in the future, this service category will continue to increase expenditures.

Due to staffing issues in the two rural counties, Medical Case Management services were under-utilized.

Residential Substance Abuse services expended 73.8% of its total allocations. In the prior fiscal year, the TGA experienced an increased demand for residential treatment services in the rural counties of the TGA but not in this fiscal year. The TGA's residential substance abuse (detox only) subrecipient has a limited number of beds available for residential treatment services which inhibits the TGA's ability to provide residential services to clients.

The Sacramento TGA's HIV Health Services Planning Council's Priorities and Allocations Committee determines allocations based on historical service trends over the past fiscal years which include the number of clients served, units of services and expenditures. During reallocation, funds from under-spending service categories, such as residential substance abuse mentioned above, are re-allocated to services categories that are over-spending due to client demand/need. The Committee makes every effort to fund the services appropriately; however. increases in client service demands and capacity issues prevent the TGA from providing services to every client due to limited funding and service availability.

II. PLANNING COUNCIL ACTIVITIES

II.a. PLANNING COUNCIL ACCOMPLISHMENTS

II.a.1. Member Education and Training:

Through Fiscal Year 2016, 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.

Mechanics of the Planning Council:

Council staff, Paula Gammell, conducted the annual Mechanics of the Planning Council training. The training highlighted the interrelated duties and tasks to be completed by the Recipient and members of the Council. Some duties are separate but many are interrelated. Various Committees meet to conduct the business of the Council which is then reviewed by the Executive Committee before being presented to the Council for vote when necessary. A calendar of committee dates, times and locations were provided and members were encouraged to participate in committee work.

2-1-1 Sacramento

Bob Diercks with ***Community Link*** presented on 2-1-1 Sacramento, a 24 hour, seven days a week information and referral service.

The program began in 1975 and currently receives approximately 100,000 calls a year for information or referrals. Assistance is available in multiple languages, and services are accessible to people with disabilities. Their Call Specialists speak: Spanish, Russian, Ukrainian, Thai, Lao, Mien and English. All other languages can be assisted with the use of a Language Line translation service.

Utilizing a comprehensive computerized database of more than 2,000 nonprofit and public agency programs, trained information and referral specialists give personalized attention to each caller. Specialists can refer callers to a variety of services that best meet their needs. 2-1-1 is a one-stop source of information for people looking for community services and resources, especially for those who need essential services, such as food, shelter, counseling, employment assistance, and more. Callers receive personalized information from a live resource specialist. 2-1-1 is confidential. Housing resources tend to be the biggest source of calls to 2-1-1, as well as food and utility assistance.

All Titles Conference Update:

The Fiscal Agent and Planning Council Chair reported on finding from the HRSA sponsor All titles Conference, and as a result from that conference, collaboration with Ryan White

subrecipients resulted in applying for and receiving significant Part B Supplemental Funds to implement a demonstration program to provide residential substance abuse treatment and housing to home HIV+ clients who are currently at-risk for or out-of-care.

WEAVE

Erienne Ramos with ***WEAVE*** presented on the various services available at WEAVE.

WEAVE provides an array of services including Accompaniment Services, Financial Empowerment Education and Mentoring, assistance with Victim's Compensation, 24/7 Support and Information Line, Online Message Boards, Counseling, an Emergency Shelter, and Legal support. Services are available to all individuals regardless of gender identity. Individual counseling fees are on a sliding fee scale, but group counseling is free.

Planned Parenthood

Vi Gonzalez from Planned Parenthood presented on the various services available at Planned Parenthood.

Planned Parenthood provides an array of services including birth control, testing for sexually transmitted infections, HIV testing, education and outreach, pre-natal care and family planning services. They have several locations throughout the region and online appointment scheduling is available. Clients between 20 – 34 years of age represent 66.8% of the clients served at Planned Parenthood.

Teen Success is a weekly support group for pregnant and parenting teens, up to the age of 20. They offer a chlamydia and gonorrhea testing by mail through a pilot program. Their website includes information for Teens, Parents and Health Educators.

Sacramento Native American Health Center

Rachel Alvarez, Health Educator with the Sacramento Native American Health Center (SNAHC), stated that in addition to being a primary care provider, SNAHC provides a variety of services including dental, vision, behavioral health, substance abuse treatment, pediatrics and more. Services are open to the public and a variety of insurances are accepted as well. SNAHC hosted an event for National Native American HIV/AIDS Awareness Day on March 20, 2017 beginning with a Sunrise Ceremony and Prayer, followed by a Walk of Unity, and a Resource Fair and Rapid HIV and Hepatitis C testing.

II.a.2. Reflectiveness of the Local Epidemic:

Though an ongoing challenge, the Sacramento HIV Health Services Planning Council continues to make inroads at reflecting the demographics of the local HIV/AIDS epidemic each fiscal year.

At the close of calendar year 2016, 27.3% of the Council's non-conflicted consumers represented Latino communities in the region. Of the total Planning Council Members, the Latino Planning Council members' representation is 5.6% higher than the actual demographics with Latinos accounting for 17.1% of the local PLWH/A. African American Planning Council members account for 27.3% on the Council exceeding the local epidemic of 23.3% of the local African American PLWH/A. Although women make up 16.8% of the total epidemic in the TGA, the Planning Council has been unable to encourage participation by any female consumers. However 54.5% of the current Planning Council membership is female. Through continued outreach efforts, the Council anticipates growing stronger in its reflectiveness into the future. The Planning Council has forwarded, to the Project Officer, its Roster of Planning Council membership and Council Reflectiveness within thirty days of any membership changes.

II.a.3. Mandated Membership Categories:

There were several membership changes during FY2016. The Council went from 21 members at the beginning of the fiscal year to 22 at year end.

Mandated seats which are not filled on the full Planning Council are well represented within the committee structure. Particularly noteworthy, the Priorities and Allocations Committee seats a hospital/health care provider, a representative of an organization that exclusively serves HIV+ women, children and families, and the TGA's rural Placer and El Dorado county subrecipient.

The Council successfully filled the State of California's Medi-Cal and California State Part B representative seats during FY16.

II.a.4. Consumer Leadership:

The Affected Communities Committee (ACC) members of the Planning Council continue to be active in a number of community events including tabling at various outreach events and coordinating with Gilead to host community forums on various topics associated with HIV.

II.a.5. Sacramento TGA's Comprehensive Plan and Needs Assessment Update:

Comprehensive Plan Update:

The Sacramento TGA partnered with the State of California and two other Part A EMA/TGAs in the development of the 2016 Integrated HIV Prevention, Care and Surveillance Plan. Now that the Plan has been finalized, the local Planning Council has begun expanding the goals and objectives to include additional activities deemed necessary at the local level to achieve the shared outcomes of the Statewide Integrated Plan.

There are several purposes of the comprehensive planning process, and all are aimed at assisting the Council in reaching the overarching vision for the TGA's HIV service delivery system. It serves as a reference manual assisting the TGA by developing a detailed picture of the current and future HIV/AIDS epidemic in the TGA. It also serves as a decision making tool in which the planning process guides decision making about HIV-related services and resources throughout the TGA, across the full spectrum of services, across all service providers, and across all funding sources. The Comprehensive Plan provides an accountability structure for all stakeholders to assess

the TGA's success in reaching its goals and objectives, and provides measures by which the Council's progress can be monitored. For consumers, the Comprehensive Plan documents the HIV/AIDS Continuum of Care, and provides a voice for people living with HIV/AIDS (PLWHA) in evaluation of this continuum.

Most importantly, the Comprehensive Plan is to be used as a document for action. The Work Plan sets short and long-term goals, objectives and strategies for addressing the service needs of PLWH/A throughout the TGA, whether or not those services are funded with RW funds. The Work Plan provides direction for decreasing HIV/AIDS mortality and morbidity; improving the quality and availability of comprehensive services to PLWH/A; increasing integration of the RW Program with broader community services to assess and identify emerging HIV/AIDS service delivery needs and populations; and facilitating a coordinated and community-based viable regional voice for HIV-impacted populations. The Work Plan sets goals and objectives that work towards an improved, more efficient and more cost effective HIV service delivery system that is well coordinated throughout the TGA.

Needs Assessment Update

In 2013, the Ryan White (RW) HIV Health Services Planning Council (HHSPC) conducted its bi-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, service agency staff, and volunteers conducted survey sessions in group and one-on-one sessions in both English and Spanish. In total, 232 Persons Living with HIV/AIDS completed the survey, a 28.9% increase over the FY11 Needs Assessment survey.

In 2015 and 2016, the RW HHSPC did not conduct a local Needs Assessment. However, the Sacramento TGA participated in Needs Assessment activities developed by the State of California in the process of finalizing the California Integrated prevention, Care and Surveillance Plan. Local representatives and clients had input into the Needs Assessment process through several avenues, including surveys, teleconferences and town halls. Ryan White Part A co-authors also had the opportunity to provide local information within the statewide plan.

Although Council was awaiting the release of the Comprehensive Plan Guidance which was expected to drive the direction of the Assessment, the Needs Assessment Committee did update its survey tool and made significant changes to the data collection and structure of the survey tool itself; also incorporating a number of questions surrounding prevention and partner counseling services. This new tool is currently being used as the Council has initiated its Needs Assessment process with a final report expected in FY 2017.

II.a.6. Affected Communities Committee:

The Affected Communities Committee (ACC) participated in activities at various events including the Sacramento City College Health Fair and the Sacramento Recovery Happens. The Committee collaborated with Gilead to host several community forums, including Understanding Your Lab Tests, Inflammation and HIV, as well as, HIV and Latinos. The Council utilizes these opportunities to outreach and recruit potential new members. Outreach efforts recruited several new applicants that were seated during the fiscal year.

II.a.7. Administrative Assessment Process:

The mid-year Administrative Assessment for FY2016 was conducted in November 2016 and the final Administrative Assessment Report by the Planning Council was conducted on May 19, 2017. The final report indicated the Fiscal Agent met or exceeded standards in all categories, and there were no findings of deficiencies. ***The final FY16 Administrative Assessment Report is included as Attachment F.***

II.a.8. Planning Council Self-Assessment:

The Planning Council conducts an annual self-assessment to gather impressions from the Council membership as to how the overall mechanisms of the Planning Council are functioning. The goals of the self-assessment are to identify areas needing improvement; to determine appropriate areas for member training; and, to highlight and foster the successful practices of the Council. Each Committee of the Council also conducts a self-assessment. Overall in FY16, 78.3% of standards were rated as completed. The Governance Structure category attained the highest overall rating (89.8%), having exceeded the minimum standards rated in that category. The Priority Setting and Resource Allocation category scored the second greatest percentage (81%) of members rating the category as completed.

II.b. PLANNING COUNCIL CHALLENGES

II.b.1. Administrative Assessment Process:

The Sacramento TGA has a well-defined administrative assessment process that provides for regular monitoring. In years past, it had been difficult for the Planning Council to recruit and train members for this committee. During FY15, several Council members, including non-aligned consumers, joined the Administrative Assessment Committee (AdAC) and continue to participate in the process. AdAC members have shared their experiences and encouraged other Council members to participate and increase their understanding of the Fiscal Agent functions.

II.b.2. Planning Council Reflectiveness:

At the end of Fiscal Year 2016, the Council re-appointed two non-aligned consumers. As reflectiveness is based on the epidemiological data which changes annually, and the fact that Planning Council seats span a three year term, the ability to maintain reflectiveness of the TGA is a constant struggle. The Council, through subcommittee outreach activities, always seeks applications from prospective community members.

II.b.3. <u>Planning Council Mandated Seats:</u>

Meeting the requirements of filling mandated seats remains a challenge due to the scheduling conflicts of individuals both interested in serving, those qualified to serve in specific roles and personnel/budget restrictions of community based agencies and subrecipients to permit staff to participate in Council activities. Council staff routinely tries to recruit participants from community based organizations. The Council was successful in having the Sacramento County Board of Supervisors appointment the Part B representative from the State Office of AIDS. Council staff successfully reached out to the Deputy Director of the Health Care Benefits and Eligibility section of the California Department of Health Care Services and was able to fill the Medi-Cal seat as well.

II.b.4. <u>Reductions in Federal, State and Local Funding:</u>

Reductions in funding can have had a substantial impact on services in the Sacramento TGA. The Priorities and Allocations Committee, faced with addressing funding reductions, has been faced with eliminating and/or reducing allocations to some support services for several years. The reduction in services offered by Ryan White, [i.e. food bank, among others] has in turn, increased the need for services provided by the community. The community is now adversely impacted by other dire economic environments in California, and their inability to maintain these services is evident. The Council uses comprehensive and reliable data to assist in the decision-making process for service funding and seeks alternate funding and service sources for any services that have been reduced. Transportation is an ongoing barrier for clients in the Sacramento TGA. Due to supplemental Part B funding, the TGA has funded a transportation coordinator to coordinate transportation services for Part B funded services. Increased funding from Part A, would permit the expansion of this transportation coordinator position, thus expanding services to all clients within the TGA.

III. Early identification of Individuals with HIV/AIDS (EIIHA) Update

III.a. Describe the activities of the TGA's EIIHA Plan Implemented during FY16:

The Sacramento TGA's EIIHA Goals are identified in the first column of the table below, with the planned outcomes, as well as the CY2015 accomplishments identified in the final column. The Plan can only include goals for the government funded agencies, as the private partners (Cares Community Health and the Sierra Foothills AIDS Foundation) do not have a specific number of test goals. Rather, they test any individual who comes to the clinic or test site, regardless of residence, income, insurance or immigration status. Thus, the actual number of tests performed in 2014 (2,943) exceeded the stated goal of 2,890 tests. The percentages of the target populations were developed based on the total number of tests administered by government funded providers (2,943), but exclude the additional testing in rural counties funded solely by private funds and tests by private agencies.

Strategies to Improve EIIHA	Responsible Parties / Timeframe	Success Indicator and Monitoring Status 12/31/15
1. Conduct testing at venues accessible and familiar to high risk populations to maximize the number of high risk individuals who become aware of their status.	Testing Providers 1/1/14-12/31/16	Indicator: Testing provided at 136 locations, 128% of goal of 106. Status: Standard met and exceeded.
2. Certify and train new testers on Ora-Quick Rapid HIV testing to expand the region's ability to administer a minimum of 2,890 tests and inform individuals of their HIV status.	Government – funded Testing Providers 1/1/14-12/31/16	Indicator: 2,943/2,890 tests were conducted by government agencies or 101.8% of goal of 2,890. Total of 14,684 tests were provided by government and private agencies combined. Status: Standard met and exceeded
3. Provide community level and social network Ora-Quick rapid testing to the following risk populations to make them aware of their HIV status: ▪ IDUs and other Substance Abusing Individuals: 9.9% of total tests will be administered to IDUs. ▪ Men having Sex with men (MSMs): a 53.8% of total tests will be administered to MSM ▪ Men Who Have Sex with Men and are Injection Drug Users (MSM/IDU) 8.6% of total tests will be administered to MSM/IDU. ▪ High-Risk Heterosexuals: 22.6% of total tests will be administered to High-Risk Heterosexuals: HIV+ Sex Partner; Sex Worker; IDU Partner; MSM Partner; Sex Worker Partner; Syphilis/Gonorrhea Diagnosis; Stimulant User; Heterosexual Multiple Partners. ▪ Transgender: .3% of those tested will be transgender ▪ Low and Moderate Risk Community: 14.8% of total tests will be administered to Low Risk or Risk Not Reported individuals. Target Population Goals by Race: ▪ 1,572 or 54.1% of total clients tested will be	Government-funded Testing Providers and Cares Community Health 1/1/14-12/31/16	Indicator: 640/6,051 or 10.6% of clients tested were IDUs and other Substance-Abusing individuals. Status: 116.6% of goal of 549 achieved. Indicator: 1736/6,051 tests or 28.7% of total tests were MSM Status: 158.1% of goal of 1,098 achieved Indicator: 78/6,051 or 1.3% of total tests was MSM/IDU. Status: 136.8% of goal of 57 achieved Indicator: 2,029/6,051 or 29.33.5% of total tests were High-Risk Heterosexuals Status: 198.3% of goal of 1,023 achieved. Indicator: 91/6,051 tests or 1.5% of total tests were Transgender individuals. Status: 325% of goal of 28 achieved. Indicator: 1,477/6,051 tests or 24.444% of total tests were Other/Unreported risk. Status: 24.4% of goal (4.7%) achieved. Indicator: 2,097/6,051 or 34.72% of total clients tested were White

White ▪ 676 or 23.4% of total clients tested will be African American ▪ 471 or 16.3% of total clients tested will be Hispanic ▪ 112 or 3.9% of total clients tested will be Asian/Pacific Islander ▪ 20 or .7% of total clients tested will be American Indian ▪ 39 or 1.6% of total clients tested will be Other/Undeclared		Status: 133.4% of goal of 1,572 achieved. Indicator: 971/6,051 or 16% of total clients tested were African-American. Status: 143.6% of goal of 676 achieved. Indicator: 1,185/6,051 or 19.6% of total clients tested were Hispanic Status: 251.6% of goal of 471 achieved Indicator: 371/6051or 6.1% of total clients tested were Asian/Pacific Islander. Status: 331.3% of goal of 112 achieved. Indicator: 96 or 1.6% of total clients tested were American Indian. Status: 480% of goal of 20 achieved. Indicator: 277 or 4.6% of total clients tested were Other/Undeclared. Status: 710.3% of goal of 39 was achieved.
4. Inform medical providers that HIV testing is now covered by private insurance and Medicare to encourage testing at their sites.	Recipient HHSPC ACC Cares Sac. Co. DHHS-HIV Prevention 1/1/2014-12/31/2016	Indicator: 100% of Community Health Centers offering HIV testing and all Sacramento Hospital Emergency Rooms have been informed that HIV testing is now covered by private insurance. Status: Goal for 2017
5. Provide medical providers with outreach materials identifying free testing and treatment sites to improve private referrals for testing.	Sacramento Co. DHHS-HIV Prevention Cares 1/1/2014-12/31/2016	Indicator: 50% of all Community Health Centers in Sacramento and the four major hospital systems will be provided outreach materials identifying free testing and treatment sites. Status: Goal for 2017

6. Enlist African American and other religious community leaders to provide outreach messages and on-site testing to their congregations to expand the number of persons in African American community to get tested.	Recipient Planning Council Faith-based organizations African American Community Leaders 1/1/2014-12/31/2016	Indicator: One major African American congregation will participate on a regular basis scheduling HIV testing at their church functions. This church is located in an area of Sacramento with a significant African American population. Status: Standard met at minimum.
7. Enlist State and community leaders to advocate for routine HIV testing statewide. 7a. Encourage local providers to redesign their lab slips to accommodate Opt In HIV tests in routine blood work unless Opted Out.	Recipient Providers Planning Council Community Leaders SOA Cares 1/1/2014-12/31/2016	Indicator: Congresswomen Doris Matsui and State Senator Pro Tem Darrell Steinberg attend annual update events of Cares' Strategic Initiative to end HIV in 5 Years and are advocating for routine HIV testing statewide. Status: Standard met at minimum. Indicator: SacWISH providers/clinics were provided an educational update and request for this goal. Status: TBD

Data for the outcomes on EIIHA activities for CY16 are just now being compiled and will not be available for another month.

III.b. EIIHA Plan's Contribution to the National Goals to End the HIV Epidemic

b.i. Contribution to the Goals of the NHAS:

The goals of the TGA's EIIHA strategy correlate closely with the NHAS. Goals 1 through 6 of the TGA's EIIHA strategy are designed to achieve the following NHAS Goals:

NHAS Strategy: "Reducing New Infections by 2020, increasing from 79% to 90% the percentage of people living with HIV who know their sero-status."

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".*

NHAS Strategy: Achieving 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."*

While the TGA's EIIHA efforts clearly aim to increase the number of persons who know their sero-status, the coordinated work of the Sacramento TGA to refer negative clients to risk reduction counseling, and the immediate transition of HIV+ clients into care, will accomplish the following NHAS goal:

"By 2020, NHAS Strategy: "Increasing Access to Care and Improving Health Outcomes for People Living with HIV: increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%."

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."*

b.ii. Contribution to the Goals of the White House Continuum of Care Initiative:

The TGA's FY17 EIIHA goals correlate with the Goals of the White House Continuum of Care Initiative; with goals 1 through 6 designed to achieve the following National Continuum of Care Performance Indicators:

"Increase knowledge of HIV-positive status to 90%. Nationally, across age groups, young persons, 13-24 years, are most likely to be undiagnosed with fewer than half aware of their infection." The TGA's efforts target youth, in particular young gay men, to get tested. In CY15, 31% of tests administered through the TGA's EIIHA providers were for clients ages 24 years and younger, exceeding their 21.9% representation in the TGA's HIV epidemic as of 12/31/15. Further, 22% of positive tests were for those under age 25, a 5.3% increase in positive tests for this age group over CY14, and a 3.4% increase for persons under age 14. The TGA offers a wide range of testing sites accessible to target populations through venues associated with their culture, geography, lifestyles, 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 populations for transmission of HIV: MSM and Intravenous Drug Users. The TGA's efforts of providing testing at needle exchange sites, and offering incentives to clients who get tested, are proving successful at increasing the number of IDUs in the TGA aware of their HIV status. Another finding in the TGA's analysis of HIV epidemiology, Unmet Need, Continuum of Care and HIV testing data show that the High-Risk (HR) Heterosexual category has surpassed, in absolute numbers and percentages, the IDU category across all demographic aspects. CY15 efforts to target this population proved successful with 33.5% of total tests administered to HR Heterosexual individuals compared to 19.8% of their representation in the epidemic.

"Increase linkage of newly diagnosed persons to HIV medical care within three months to 85%." The TGA's service providers implementing the EIIHA Plan coordinate efforts to link each client to care when

they test positive for HIV, ensuring they get a confirmatory test; and providing each client with access to Partner Services and Risk Reduction Counseling. Surveillance teams follow up with all positive tests to ensure that clients promptly access medical care, and are linked to a RW Case Manager to access services such as benefits counseling and transportation. The TGA's CY15 rate of 88% for linkage to HIV medical care within three months for newly diagnosed PLWH exceeds the 2020 NHAS goal.

III.c. Incorporating and Addressing Activities Surrounding Unmet Need by EIIHA:

The Council comprehensively considers the service needs, gaps, barriers to care and costs of the unmet needs population (those aware but not in care) and the unaware population, in determining the TGA's priorities and allocations. The Council also uses the demographics of the "unmet need" population to presume similar demographics of the unaware population and its corresponding needs. Tracking the annual goals of the EIIHA Strategy and Plan, the Planning Council has updated the demographics of the targeted high risk populations for testing, and has updated the outcomes of newly diagnosed populations.

The Unmet Need Population closely follows the TGA's HIV/AIDS epidemiology data for CY15. Comparing Epidemiology, Unmet Need, and EIIHA data for 2015, the FY17 EIIHA Plan indicates that the MSM population continues to rank the highest at-risk population in the TGA; the High-Risk Heterosexual population continues to rank second and the IDU population ranks third. These findings mirror the surprising shift in 2014 where High-Risk Heterosexuals overtook IDUs as the second highest at-risk population in the TGA. The Unmet Need data stratifies these transmission populations even further, identifying the most at risk by gender and race. This breakdown is not fully available for HIV testing data in the TGA, as only government funded testing providers and Cares maintain client transmission information. Therefore, the Unmet Need data is used to presume similar demographics of the unaware population.

III.d. Efforts Untaken 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 promote routine testing, and the Fiscal Agent's Ryan White Program Coordinator, who has been appointed as the AIDS DIRECTOR for Sacramento County Public Health, participates on monthly calls of the California Conference of Local AIDS Directors (CCLAD). CCLAD 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 CCLAD.

III.e. Impact of EIIHA Plan Outcomes for January 1, 2015 through December 31, 2015*:

Newly Diagnosed HIV Test Events-Government and Cares Private Funding 1/1/15 – 12/31/15						
	MSM	***High Risk Hetero-Sexual***	***MSM/IDU***	***IDU***	***Other Risk Groups***	***Total***
(a) Test events: Government Testers and Private Testers Cares Community Health and Sierra Foothills AIDS Foundation.	***1,736***	***2,029***	***78***	***640***	***1,568***	***6,051***
(b) Newly diagnosed positive test events. *(see note below)*	***95***	***15***	***1***	***4***	***18***	***133***
(c) Newly diagnosed positive test events with client linked to HIV medical care	***94***	***15***	***1***	***4***	***18***	***132***
(d) Newly diagnosed confirmed positive test results	***95***	***15***	***1***	***4***	***18***	***133***
(e) Newly diagnosed confirmed positive test events; client interviewed for Partner Services	***95***	***15***	***1***	***4***	***18***	***133***
(f) Newly diagnosed confirmed positive test events; client referred to prevention services	***95***	***15***	***1***	***4***	***18***	***133***
(g) Newly diagnosed confirmed positive test events received CD4 count and viral load test	***94***	***15***	***1***	***4***	***18***	***132***
Previously Diagnosed HIV Test Events-Government and Cares Private Funding 1/1/15 – 12/31/15						
	MSM	***High Risk Hetero-Sexual***	***MSM/IDU***	***IDU***	***Other Risk Groups***	***Total***
(a) Test events	***456***	***282***	***26***	***154***	***750***	***1668***
(b) Previously diagnosed preliminary positive test events.	***0***	***0***	***0***	***0***	***1***	***0***
(c) Previously diagnosed preliminary positive test events with client linked to HIV medical care	***0***	***0***	***0***	***0***	***0***	***0***
(d) Previously diagnosed preliminary positive test results	***0***	***0***	***0***	***0***	***1***	***0***
(e) Previously diagnosed preliminary positive test events; client interviewed for Partner Services	***0***	***0***	***0***	***0***	***1***	***1***
(f) Previously diagnosed preliminary positive test events; client referred to prevention services	***0***	***0***	***0***	***0***	***1***	***0***
(g) Previously diagnosed preliminary positive test events received CD4 count and viral load test	***0***	***0***	***0***	***0***	***0***	***0***

As reflected in the above statistics, the Sacramento TGA is doing an outstanding job in identifying newly infected HIV+ clients and all but one of those clients have been transitioned to care. We believe this is a direct result of the tremendous effort put forth by the community partners in the newly formed STD Stakeholder group.

III.f. FY16 EIIHA Target Populations

a. The Target Groups in the TGA's 2016 EIIHA Plan will include the following populations that are most likely to be unaware of their HIV status, are most in need of being referred to supportive services, and are most in need of being linked to medical care in the TGA:

Target Groups in 2016 EIIHA Plan			
Men who have Sex with Men (MSM)	*High-Risk (HR) Heterosexuals*	*Intravenous Drug Users (IDU)*	*Men who have Sex with Men and Inject Drugs (MSM/IDU)*
• White MSM • African American MSM • Hispanic MSM • Youth MSM	• Female African American Partners • Female and Male • Caucasian Partners • Hispanic Male Partners	• Male White IDUs • Male African American IDUs • White Female IDUs • Male Hispanic IDUs	• White MSM/IDU • African American MSM/IDU

The TGA's EIIHA Strategy has customized its approach to uniquely target its prevention and testing efforts in each affected community. These advisory boards, made up of members of affected communities, provide the basis for strategies, goals and plans to reach their targeted communities. Provider organizations incorporate their advice into the best practices identified by the State and local HIV Prevention Plans. The Youth Initiative, funded by Kaiser Permanente, trained a group of young people to distribute prevention and testing information, as well as condoms; and to recruit other youth to get tested. This testing recruitment has resulted in a dramatic increase in the number of people under the age of 30 who tested positive for HIV in the TGA.

a.i. Achieving successful outcomes: The integration of the STD and HIV Surveillance Units within the Sacramento County Department of Public Health has enhanced the TGA's efforts to identify HIV+ individuals and to provide risk reduction counseling. In addition, the Sacramento County Health Division recently formed an STD/HIV Stakeholder Group, Sacramento Workgroup to Improve Sexual Health (SacWISH) to intensify HIV and STD prevention, testing and treatment efforts in the TGA.

In the rural counties, the Sierra Foothills AIDS Foundation (SFAF) has encouraged community clinics in both El Dorado and Placer County to resume HIV testing at their sites. In CY16 three clients were positively diagnosed in the rural counties. SFAF also conducts HIV testing at their Placer County offices using test kits provided by Cares Community Health in Sacramento. These test sites inform rural county residents of the availability of treatment and services at Cares Community Health as well as other providers in the TGA. As a result of the RW Medical Case Managers who assist the clients in overcoming barriers to care, all of the newly diagnosed clients in the rural counties have been transitioned into care, are on medication and are virally suppressed.

The TGA's EIIHA strategy has expanded its ability to obtain testing data from the few privately funded sites that provide HIV testing. Since these providers are already members of the STD/HIV Stakeholder group, they have cooperated in the development of the EIIHA Plan. With years of community collaboration and coordination, the TGA has a solid framework for

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. In addition to these efforts, Cares Community Health created the CARES Foundation in 2011 to provide grants to organizations in the TGA that directly serve the needs of PLWH or aid in the prevention of HIV transmission. The CARES Foundation has expanded to providing over 1 million dollars in grant funds during 2016 to nonprofit agencies for services such as needle exchange, HIV/AIDS education, healthcare navigation, condom distribution, health outreach, and other essential services for PLWH that strengthen outcomes across the HIV Care Continuum.

a.ii. Resources and Partnerships: Cares Community Health, Golden Rule Services, SANE, HRS, Gender Health Services (GHS), Sacramento LGBTQ Center, Wind Youth Services (Wind), Community Against Sexual Harm (CASH), Sacramento Native American Health Center, Sacramento County DHHS Education, Prevention and Testing Unit, El Dorado County Department of Public Health, Placer County Department of Public Health, Planned Parenthood, WellSpace Health, Sierra Foothills AIDS Foundation (SFAF), Strategies for Change and Molina Health Centers are entities responsible for ensuring activities to identify individuals are implemented. Cares Community Health used funding from a prior CDC grant in 2014, but that funding ended and was replaced by CARES Foundation funding for CY 2015 and 2016. Additional funding has been provided by a Sacramento County EPT grant, RW Part C funds (test kits only), and private funds for its testing efforts (CARES Foundation). Golden Rule Services, HRS and the Sacramento County DHHS EPT Unit use federal CDC funds through a SOA grant; Cares and Molina Health Centers are federally qualified health centers and utilize some federal funds for testing, and Planned Parenthood uses State and private funds for testing and reproductive health services.

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. Each of these providers has one of the TGA's three target populations as part of its contract with the County EPT program. As the designated STD testing site for Sacramento County Public Health, Cares has access to high risk individuals and their partners who come for low-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, offering clients' case management services, food, clean syringes, overdose prevention medications and transportation. Golden Rule Services targets African American MSM, offering free HIV testing, case management and social support services. SANE provides IDUs with clean syringes, risk reduction counseling and referral to partner services. The Sacramento County EPT program targets MSM by providing testing at venues such as gay bars, the LGBT Community Center, gay pride events and communitywide health fairs. All of these organizations work closely with County Public Health to coordinate efforts to target the high-risk populations in the TGA.

The Sacramento TGA has used all of 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. We believe that despite the lack of additional funding, we will see an expansion of our efforts to reach the private testing community as a result of the newly formed STD Stakeholder group initiated by the Sacramento County Public Health Division.

a.iii. 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 targeted 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 in neighborhoods where IDUs congregate; and provide incentives (food vouchers, etc.) to promote testing for their target populations.

2. All government-funded testing agencies, Cares, and county testing sites throughout the TGA provide Ora-Quick rapid 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 targeted populations through venues associated with their culture, geography and lifestyles.

3. All TGA testing sites distribute HIV+ Care Packets to newly diagnosed clients; and provide HIV/AIDS resource and referral information. Cares provides newly diagnosed clients with free or low-cost confirmatory tests, Partner and Risk Reduction Counseling, and RW medical care and support services. All testing sites inform newly diagnosed clients of services at Cares and provide linkage to care.

III.g. Presentations/Dissemination of the EIIHA Plan

This year**,** results of the EIIHA Plan and Outcomes will be disseminated to publicly-funded testing agencies and private testers through presentations at the SacWISH group quarterly meetings. All active EIIHA Plan participants will receive these results, and will evaluate them to finalize the 2017 EIIHA Plan. Members of the Cares "Zero New HIV Infections Together" Prevention Coalition also will provide input into the proposed goals and objectives of the 2017 EIIHA Plan. The RW Council also receives results of the EIIHA Plan and outcomes and uses the information in its priority setting and allocation process to ensure that the final FY17 RW Service Category Plan corresponds with the needs of the target populations identified in the EIIHA Plan, the Unmet Needs data, and the Surveillance data for the TGA. The Sacramento County Public Health Department's STD/HIV programs participated in the development of the Plan's goals and objectives, and disseminates this information to its community partners. Cares Community Health, with its former "*Strategic Initiative to End New Cases of HIV in 5 Years", its subsequent "Equally Well" campaign and its current "Getting to Zero"* campaign (see attachment), has spearheaded a communitywide effort to not only participate in the development of the TGA's EIIHA Plan, but to create a portal of ongoing access to key players involved in EIIHA. These annual updates allow community partners to remain involved in new directions that are continually evaluated to reach the TGA's targeted populations.

IV: MINORITY AIDS INITIATIVE

IV.a. MAI Achievements of Goals and Objectives:

Goal for MAI Medical Case Management

The goal of Medical Case Management is to enhance access to ambulatory outpatient medical care and provide on-going assistance to keep these high-risk clients in medical care (one medical visit per year including either a CD4 Count, Viral Load Test or on HAART). A secondary goal is to provide assistance to clients in the area of medication adherence where appropriate for clients on HAART.

This goal is achieved when Medical Case Managers act as a client advocate who fast-track clients into specialty care and more intensive support services provided at the TGA's primary HIV clinic, Cares Community Health (formerly known as Center for AIDS Research, Education and Services (CARES)). Cares Community Health provides a full range of HIV Specialty/primary care services including medical, dental, mental health, outpatient substance abuse, clinical trials, medications, and other supportive services. Follow-up occurs on a regular basis through the Medical Case Management system and continuous quality assurance tracking system. All means are employed to ensure that the client's access to medical care is not jeopardized by their social or emotional health. Cares Community Health through Ryan White Parts A, Part B, Part C and Part D funding sources, cooperatively provides a full range of services and tracks health outcomes of newly identified target clients.

The Medical Case Managers (MCM) follow each client closely for a minimum of six months. Following closely is defined as until such time the client successfully demonstrates consistent independence. In addition to current Medical Case Management standards, the MAI Case Managers are required to:

- Contact each client two days prior to any appointment (Medical or Social Service case management, psychiatric therapy or mental health, medical, dental, substance abuse, etc.)
- Arrange for child care services as needed to ensure clients can freely attend required appointments
- Arrange for medical transportation services as needed to ensure clients can freely attend required appointments
- Provide a monthly visit until such time the client successfully demonstrates consistent independence to transition to walk-in clinic services
- Follow through with service agencies and clients to ensure appointments are kept and service needs are being met
- Assist clients with access to medical care and maintaining medical adherence when appropriate

Objectives:

To provide Intake/Assessment and Transitional Medical Case Management services to clients who have previously been identified as being HIV+ but are not in care or at risk of dropping out of care within the Communities of Color, particularly African American and Hispanic HIV+ men and women, entering the Client Services System.

Outcomes for MAI Medical Case Management

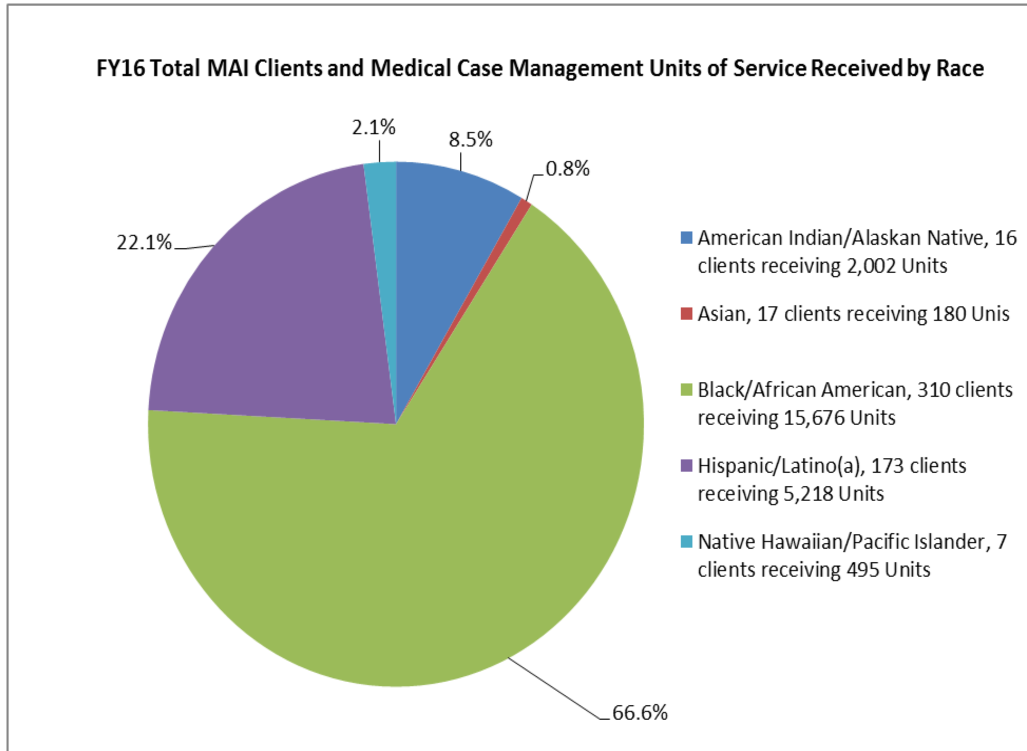
During fiscal year 2016-2017, Harm Reduction Services and Cares Community Health provided MAI Medical Case Management Services. The subrecipients served 523 clients, 11.99% above the planned goal of 467 unduplicated clients at year-end for Medical Case Management. A breakdown of the targeted/planned clients versus actual clients receiving services is indicated below.

FY16 Planned Medical Case Management Services by Race and Gender				
Race	Male	% Male	Female	% Female
African American	186	39.83%	108	23.13%
Hispanic	123	26.34%	17	3.64%
Asian	11	2.36%	3	0.64%
American Indian/ Alaskan Native	15	3.21%	2	0.43%
Native American/ Pacific Islander	2	0.43%	0	0%
More Than One Race	0	0%	0	0%

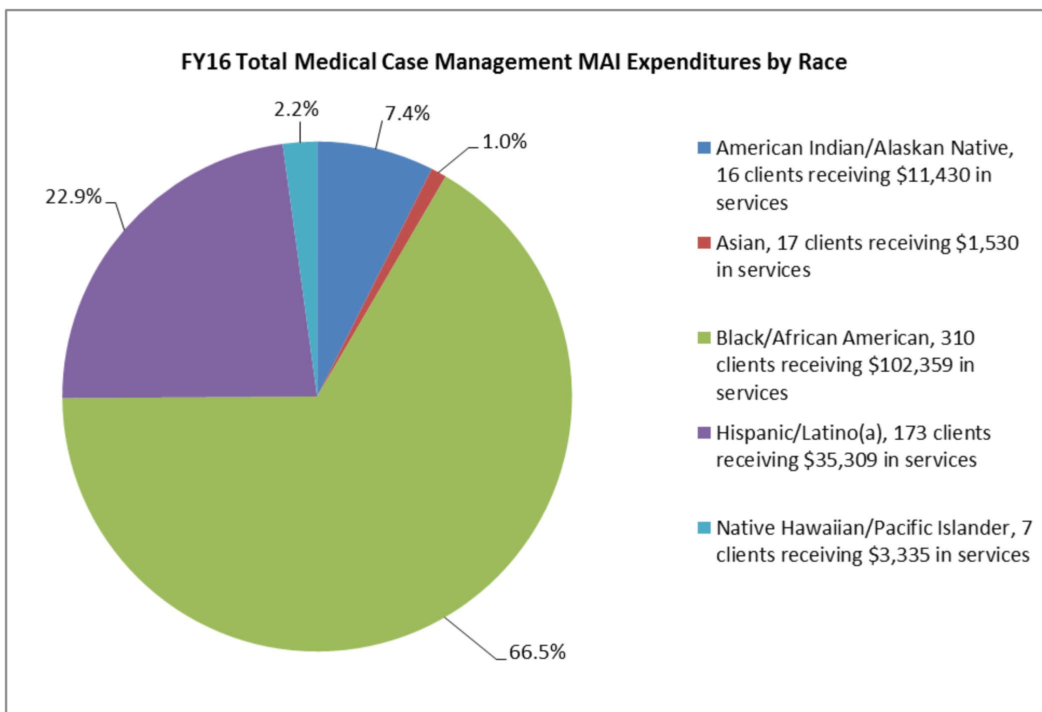
FY16 Actual Medical Case Management Services by Race and Gender						
Race	Male	% Male	Female	% Female	Transgender	% Transgender
African American	198	37.86%	104	19.89%	8	1.53%
Hispanic	145	27.72%	22	4.21%	6	1.15%
Asian	16	3.06%	1	0.19%	0	0.0%
American Indian/ Alaskan Native	14	2.68%	1	0.19%	1	0.19%
Native American/ Pacific Islander	6	1.15%	0	0.0%	1	0.19%

The initial MAI Medical Case Management Plan was to provide a total of 18,006 units of services. The TGA actually provided 23,662 units with MAI direct funds which is 31.4% more than projected. The 310 Black/African American clients received the greatest quantity of services,

receiving 66.5% or 15,767 units of services during the reporting period. The 173 Hispanic MAI clients served during the reporting period received 22.1% of the services with 5,218 units of service.



The chart below highlights the expenditures by race. African Americans are the largest target population in the Sacramento TGA receiving $102,359 (66.5%) in MAI services during FY16.

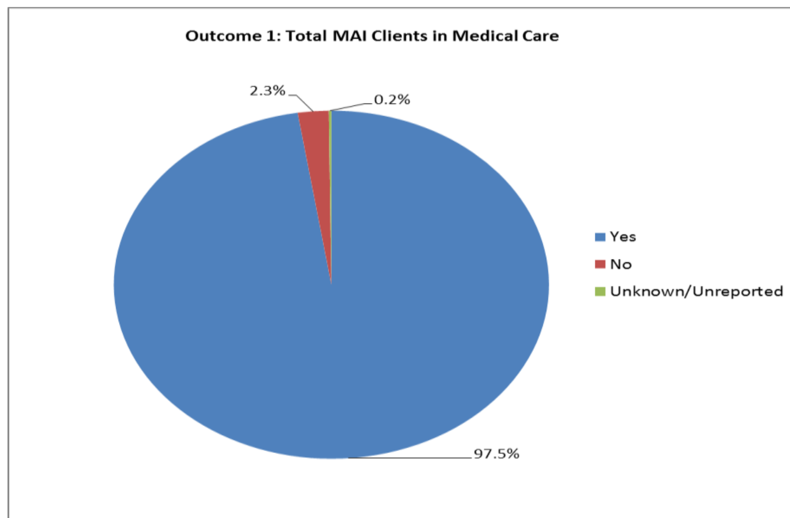


IV.b. MAI Achievements in Client-Level Outcomes:

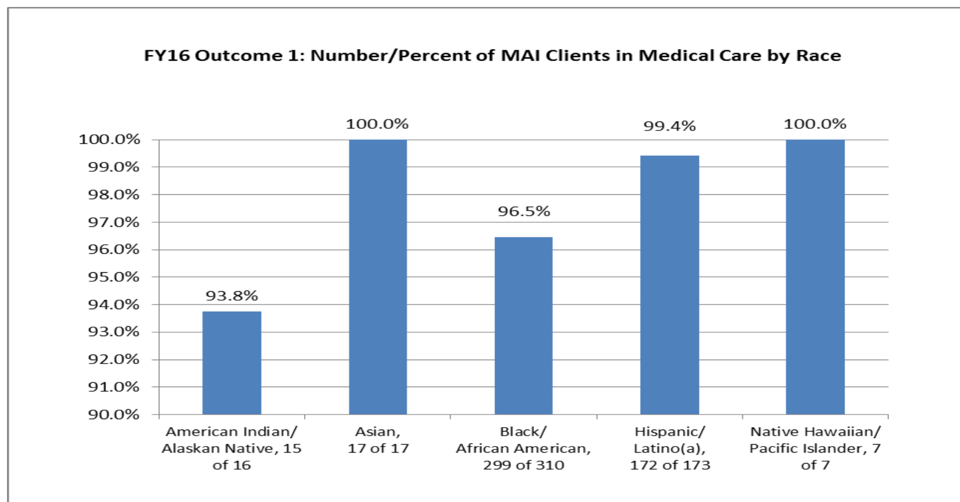
Health Outcome Measures: An analysis of baseline data occurs annually with the following outcome measures documented:

Planned Outcome #1 and Indicator(s): HHS Measure: Retention in Medical Care: Number/ Percentage of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart. 90% will be retained in care.

Actual Outcome #1: Of the 523 MAI clients served, 510 clients (97.5%) were in medical care.

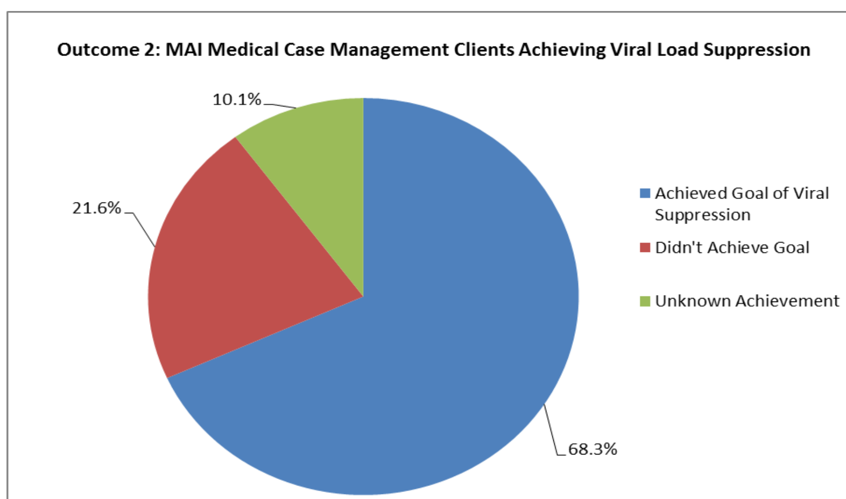


In reviewing percentages of each Race who were in medical care (one medical visit per year including either a CD4 Count, Viral Load Test or on HAART) during the reporting period, 100% of the clients reporting to be Asian or Native Hawaiian/Pacific Islander were in medical care. However, this only accounted for 24 (4.7%) of the total MAI clients (510) in medical care. In comparison, our largest target population with 299 clients in medical care (one medical visit per year including either a CD4 Count, Viral Load Test or on HAART) receiving MAI Medical Case Management services was Black or African American, 96.5%. Of the clients in our second largest population in medical care (one medical visit per year including either a CD4 Count, Viral Load Test or on HAART) receiving MAI Medical Management services, Hispanic or Latinos accounted for 99.4% (172 clients) in medical care. A comparison by races can be seen in the chart below.



Planned Outcome #2 and Indicator(s): 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. 80% of clients will be virally suppressed.

Actual Outcome 2: Of the 523 total MAI Medical Case Management clients, 357 clients (68.3%) were virally suppressed at the date of their last viral load test. 21.6% of the clients did not achieve viral load suppression. Unfortunately, 10.1% clients viral load results were not reported or unavailable.

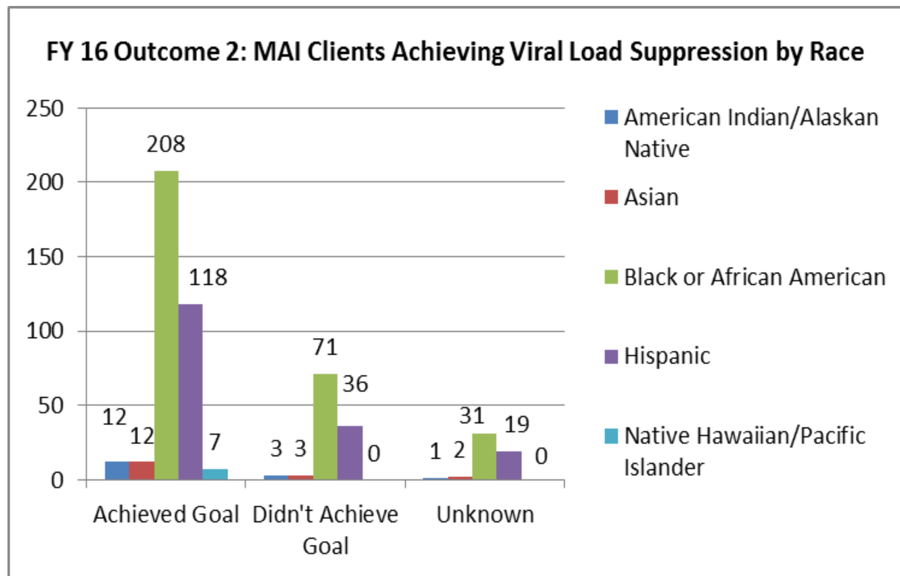


In comparing the percent of the 357 clients achieving Viral Load Suppression by Race, 100% Native Hawaiian or Pacific Islanders achieved Viral Load Suppression however there were only seven clients. Of the overall 357 total clients Virally Suppressed, 58.3% of Black or African American's (208 clients), the TGA's largest MAI population. However, of the 310 total Black or African American clients, 67.1% were Virally Suppressed.

Hispanic or Latino(a) accounted for 33.1%, 118 clients of the total 357 who were Virally Suppressed at the date of their last viral load test. However, of the 173 Hispanic/Latino(a) clients served, 118 (68.2%) were virally suppressed.

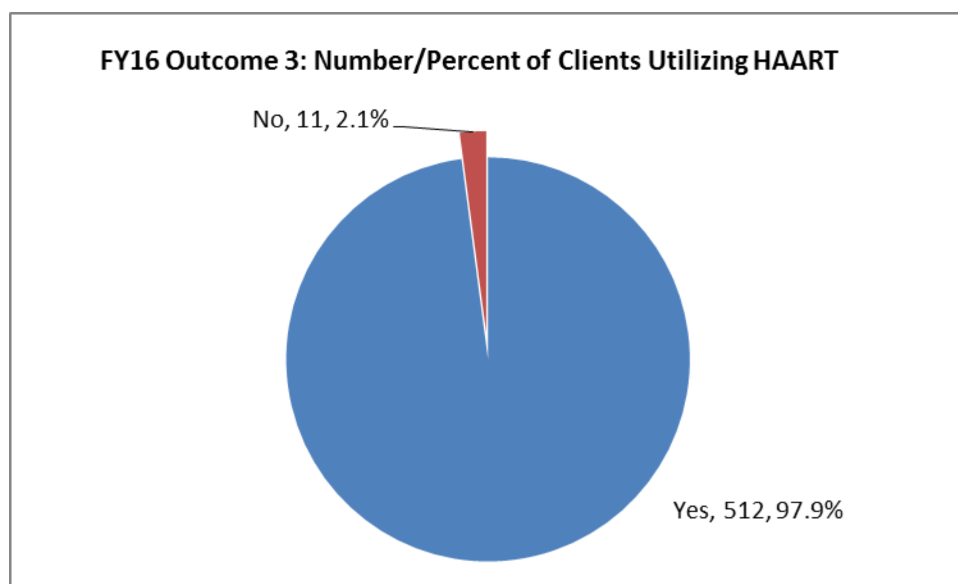
Race/Ethnicity	Number of Clients by Race out of Total Clients Achieving Viral Load Suppression	Percent of Clients by Race out of Total Clients Achieving Viral Load Suppression		Total Number of Clients by Race	Number of Client within Race Category Achieving Viral Load Suppression	Percent of Clients within Race Category Achieving Viral Load Suppression
American Indian/Alaskan Native	12	3.4%		16	15	93.8%
Asian	12	3.4%		17	12	70.6%
Black or African American	208	58.3%		310	208	67.1%
Hispanic or Latino(a)	118	33.1%		173	118	68.2%
Native Hawaiian/Pacific Islander	7	2.0%		7	7	100.0%

Below are the outcomes for each race regarding progress toward Viral Load Suppression.



Planned Outcome #3 and Indicator(s): HAB Core Measure: Prescription of HIV Antiretroviral Therapy: Number/Percent of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy. 85% of clients receiving MAI Medical Case Management Services will be utilizing HAART.

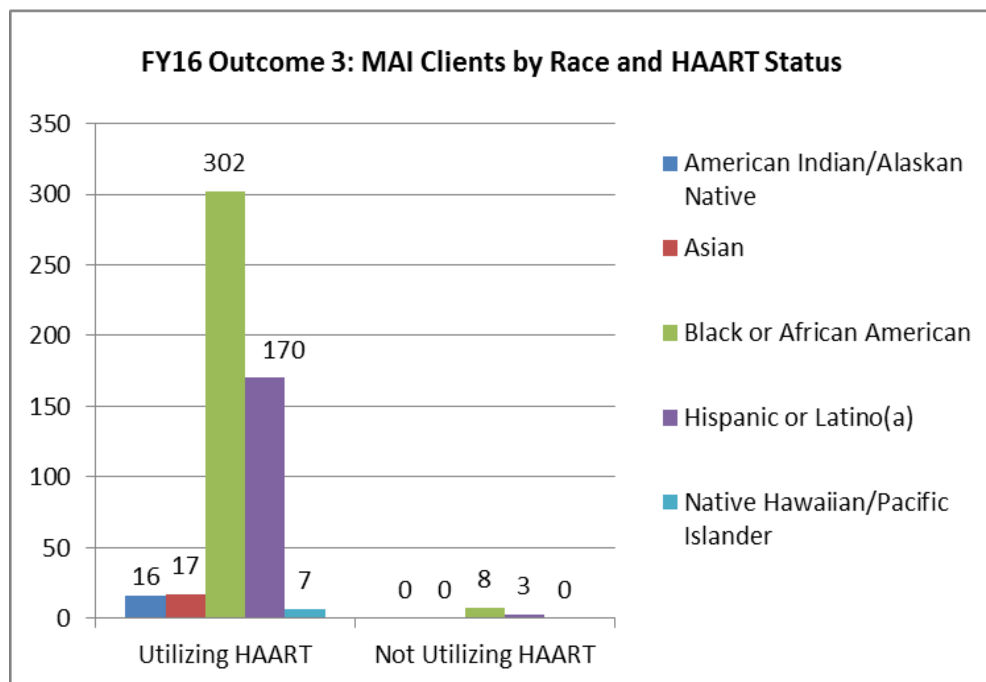
Actual Outcome 3: Of the 523 clients receiving MAI Medical Case Management services, 512 clients (97.9%) were on HAART during the reporting period.



Of the 512 clients utilizing HAART, 59% (302 clients) were Black or African American, which is the TGA's largest population served by the Minority AIDS Initiative. Hispanic/Latino(a) comprised 33.2% (170 clients) utilizing HAART during the reporting period. However of the 310 total Black or African American clients served, 302 (97.4%) were on HAART. Likewise, of the 173 Hispanic/Latino(a) clients served, 170 (98.3%) were on HAART.

	Number of Clients by Race out of Total Clients on HAART	Percent of Clients by Race out of Total Clients on HAART		Total Number of Clients by Race	Number of Client within Race Category on HAART	Percent of Clients within Race Category on HAART
American Indian/ Alaskan Native	16	3.1%		16	16	100.0%
Asian	17	3.3%		17	17	100.0%
Black or African American	302	59.0%		310	302	97.4%
Hispanic or Latino(a)	170	33.2%		173	170	98.3%
Native Hawaiian/ Pacific Islander	7	1.4%		7	7	100.0%

The chart below highlights the number of clients by race in comparison to their status on HAART.



IV.c. MAI Challenges and Barriers:

The Minority AIDS Initiative in the Sacramento Transitional Grant area served 523 clients though only projecting 467 clients during the fiscal year for MAI Medical Case Management

services. 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 the 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. Many an hour is spent in a client's place of residence or on the side of a river, encouraging clients to seek and maintain care. Based on the numbers presented in this report, the time and effort has proven worthwhile.

However, affordable housing is reported as the client's greatest barrier. Transportation is 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 psycho-social information on clients, to case conference with physicians and psycho-social 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.

IV.d. <u>MAI Technical Assistance Needs:</u> None needed at this time.

V. CERTIFICATION OF AGGREGATE ADMINISTRATIVE COSTS

See Attachment G.

VI. TECHNICAL ASSISTANCE

VI.a. <u>Technical Assistance Received:</u> None

VI.b. <u>Technical Assistance Needed:</u> None

VII. FY 2016 WOMEN, INFANTS, CHILDREN AND YOUTH (WICY) REPORT:

Women, Infants, Children and Youth (WICY): By February of 2017, the TGA had exceeded its required expenditures for Women, Infants, Children and Youth. Total expenditures for WICY must meet a minimum of 19.91% of the total Part A grant award less the fiscal administrative costs. At year-end, WICY total expenditures represented 35.48% (Part A) of the grant award direct service expenditures.

	% Women	% Infants	% Children	% Youth
CDC Epidemiological	15.95%	0.03%	0.31%	3.62%
FY14 Sacramento TGA Data	**24.92%**	**0.24%**	**2.13%**	**8.19%**

See Attachment H.

VIII. LOCAL PHARMACY ASSISTANCE PROGRAM (LPAP) SUMMARY

Not applicable.