

**Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 Quality Advisory Committee
www.sacramento-tga.com**

Meeting Agenda:

June 4, 2024, 2:00 PM – 3:00 PM

Meeting Location:

**4600 Broadway, Sacramento, CA 95820
 2nd Floor Conference/Community Room 2020**

Facilitator: Kelly Gluckman - Chair

Scribe: Angelina Olweny – Council Staff

Meeting Invitees:

- Committee Members: Richard Benavidez, Jake Bradley-Rowe, Kelly Gluckman, Lenore Gotelli, Melissa Willett
- Open to the Public

Public Comment: This provides opportunities for the public to address the Council as a whole in order to listen to opinions regarding matters within the jurisdiction of the Council during Regular meetings and regarding items on the Agenda at all other meetings. Public Comment time limit is three (3) minutes.

*Action items

Topic	Presenter	Start Time	Length
Welcome and Introductions	Gluckman	2:00 PM	As Needed
Announcements	All	As Need	
Public Comments - Agenda Items 3-minute time limit	Gluckman		

**Sacramento County
Department of Health Services
HIV Health Services Planning Council
Quality Advisory Committee**
www.sacramento-tga.com

June Agenda Review*	Gluckman		
Minutes Review of May 2024*	Gluckman		
Service Standards <ul style="list-style-type: none"> ➤ Oral Health Service Standard* ➤ Housing Standard* ➤ Emergency Financial Assistance Standard (EFA)* 	Gluckman		
FY23 Postcard Survey Report	Caravella		
FY23 Client Satisfaction Survey Report	Caravella		
Public Comments	Gluckman		
Technical Assistance	Gluckman		
Adjournment	Gluckman	3:00 PM	

*Action Items

Attachments:

- Minutes of May 2024*
- Oral Health Service Standard*
- Postcard Survey Report Findings
- Client Satisfaction Survey Report Findings

Next Meeting: **September 3, 2024**

Sacramento County
Department of Health Services
HIV Health Services Planning Council
QAC Communities Committee
May 7, 2024

HIV HEALTH SERVICES PLANNING COUNCIL – Quality Advisory Committee (QAC)

Meeting Minutes

May 7, 2024, 2:00 p.m. to 3:00 p.m.

Meeting Location:

4600 Broadway, Sacramento, CA 95820
Community/Conference Room 2020

Facilitator: Kelly Gluckman, Chair

Scribe: Angelina Olweny, Council Staff

Committee Member Attendees:

- Jake Bradley-Rowe, Kelly Gluckman, Lenore Gotelli, Melissa Willett

Members Absent/Excused: Richard Benavidez

County Staff: Danielle Caravella, Paula Gammell, Chelle Gossett

Guests: Liane Bruckstein, Zach Basler, Ronnie Miranda

Sacramento County
 Department of Health Services
 HIV Health Services Planning Council
 QAC Communities Committee
 May 7, 2024

Topic	Minutes
	Accept: Jake Bradley-Rowe, Kelly Gluckman, Lenore Gotelli, Melissa Willett Oppose: N/A Abstain: N/A
Service Standards	<p>After discussion, the committee recommended adding the current MediCal-Dental program manual of criteria that is followed to determine which services will be covered under the Sacramento TGA Ryan White Program to the Oral Health Service Standard. Additionally, the current MediCal Dental schedule of the maximum allowances will be followed when determining the fee coverage maximum covered by the Sacramento TGA Ryan White Program.</p> <p>Melissa Willett motioned to adopt the Oral Health Service Standard as described above and Lenore Gotelli seconded the motion. The motion passed with a majority.</p> <p>Accept: Jake Bradley-Rowe, Kelly Gluckman, Lenore Gotelli, Melissa Willett Oppose: N/A Abstain: N/A</p>
Public Comments	N/A
Technical Assistance	For technical assistance, reach out to Kelly Gluckman or Danielle Caravella.
Adjournment	3:04 PM

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Oral Health

No.: SSC03

Date Approved: 06/98

Date Revised: ~~06/22/22~~

Date Reviewed: ~~06/22/22~~

As directed by the HIV Health Services Planning Council established priorities, when funded, the following service standards will apply to Ryan White contracted ~~service providers~~subrecipients.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. As such, any Oral health services, which are provided by agencies and paid for using Ryan White Part A and Part B funding, shall be related to healthcare or other critical needs that present barriers to healthcare access or maintenance.
2. Ryan White CARE Act Part A and B funding is to be expended in a cost effective, equitable manner which is based upon verified client need and encourages self-reliance of clients. Clients may be referred to Oral Health Services through medical case management services, their medical provider, or self-referral. Regardless of referral source, Oral Health Services, which are paid for with Ryan White Part A and Part B funds, shall be delivered only after verification of client eligibility and payer of last resort, and shall be provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council").
3. The United States Health Resources Services Administration (HRSA) defines Oral Health Care as outpatient diagnostic, preventive, and/or therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

In accordance with the HRSA HIV Performance Measures and with the above:

- A. Ryan White-funded Oral Health services must conform to the ~~adopted Ryan White most current Medi-Cal Dental Program Provider Handbook including Oral Health Program Operations Manual and Oral Health Rate~~

Schedule the Manual of Criteria & Maximum Allowances, as published distributed by the Sacramento County Department of Health Services Public Health, Sexual Health Promotion Unit, HIV Care Services Program.

B. **ProviderSubrecipients** shall provide oral health care to persons living with HIV, ensuring equal access across populations through direct service or referral processes that emphasize a full continuum of oral health care services including:

- Service that is determined medically necessary, including diagnostic screenings, shall be paid for with Ryan White funds, as defined by the Ryan White Program Dental Program Operations Manual and Dental Rate Schedule most current Medi-Cal Dental Program Provider Handbook including the Manual of Criteria & Maximum Allowances.
- Medical history taking
- Comprehensive oral exam
- A documented dental treatment plan including a referral system for urgent care matters and/or services needed by clients but not fundable through Ryan White.
- Diagnostic dental care
- Preventative dental care
- Therapeutic dental care
- Documentation of oral health education
- Coordination of care with primary care provider and other services
- Documented provision of at least one periodontal examination during the measurement year (March- February for Part A) (April-March for Part B)
- Documentation of initial and updated health history including:
 - a. Current medications
 - b. Appropriate lab values
 - c. Name of primary medical care provider
 - d. Review of substance use (smoking/tobacco, alcohol, and drug use)
- Documentation of progress, review, and outcome of the dental treatment plan

Monitoring

Service- Develop scopes of work for the provision of oral health that:

- Specify allowable diagnostic, preventive, and therapeutic services.
- Define and specify the limitations or caps on providing oral health services.
- Ensure that services are provided by dental professionals certified and licensed according to state guidelines.
- Ensure that clinical decisions are informed by the American Dental Association Dental Practice Parameters.

C. Service Characteristics

Initial Oral Health Care Appointments: Initial Oral Health Care appointments should be made as soon as possible to avoid potential drop out. Emergency or urgent appointments should be provided as soon as possible, on the same day if feasible. Initial non-urgent appointments must occur no later than 90 calendar days after the first client referral [to Ryan White oral health provider](#).

Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after request ~~in order to~~ minimize the need for urgent or emergency services.

As clients may miss appointments, agencies must have a process in place to ensure timely follow-up with patients. Missed appointments and ~~providersubrecipient~~ attempts at rescheduling must be documented in the file.

Monitoring

Appointment Times - Procedures for ensuring the first appointment for new clients is offered within 90 days, as well as urgent/emergent appointments and subsequent non-urgent appointments, will be reviewed through submission of agency written procedures. Agencies will be asked to submit to the Ryan White Program, written procedures for client follow-up after missed appointments.

Eligibility Screening and Intake

The Oral Health Care ~~providersubrecipients~~ must ensure that the client has been deemed eligible for ~~HCP-Ryan White-funded~~ services by the referring agency; ~~HCP-directly-contracted_ providersubrecipients~~ should verify that intake has been performed at the start of ~~HCP_~~ service provision and if not, perform an intake. ~~ProviderSubrecipients~~ should ensure that any consents and Releases of Information specific to dental care are completed and in the client's file; ~~providersubrecipients~~ must take the necessary steps to obtain these forms if missing.

Initial Assessment

At the start of Oral Health Care Services, a baseline dental evaluation must be conducted. This evaluation should include, at a minimum:

- **Medical history.** The ~~providersubrecipient~~ shall perform a complete medical history for every new patient. This should include:
 - Client's chief complaint
 - HIV medical care provider

- Current medication regimen(s) and adherence, including HIV medications
- Alcohol, drug, and tobacco use
- Allergies
- Usual oral hygiene
- Date of last dental examination, and name of last dentist if known

• **Oral examination.** Each patient should be given a comprehensive oral examination and assessment. This examination should include:

- Documentation of the client's presenting complaint
- Medical and dental history
- Caries (cavities) charting
- X-rays: Full mouth radiographs or panoramic and bitewing x-rays
- Complete oral hygiene and periodontal exam
- Comprehensive head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions or STIs
- Soft tissue exam for cancer screening
- Pain assessment
- Risk factors

Education: Clients should always be provided with information regarding prevention, early detection of oral disease, and preventive oral health practices, including what to do if having a dental emergency. See the *Preventative Care and Maintenance* section of this document for more details.

Referral / Linkage: Clients requiring specialized care should be referred for and linked to such care via the client's case manager and/or [HCP-HIV](#) care team, with documentation of that referral in the client file and available upon request.

Documentation: All client contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the client chart.

Treatment Plan

Oral Health Care [providers/subrecipients](#) should create an individualized dental treatment plan for each patient. The plan should:

- Identify and prioritize the patient's dental care needs
- Incorporate client input
- Describe the proposed interventions and treatment schedule

- Include any referrals and linkages to specialty care or other needed services
- Be signed and dated by the provider

The treatment plan should be reviewed at each appointment and revised as needed with client input.

Preventative Care and Maintenance

Oral Health Care providers/subrecipients should emphasize prevention, early detection of oral disease, and preventive oral health practices. Education shall include:

- Instruction on oral hygiene, including proper brushing, flossing, and mouth rinses
- Counseling regarding behaviors that may influence oral health (e.g., tobacco use, unprotected oral sex, body piercing)
- General health conditions that may compromise oral health
- Effects of poor oral health on overall health
- The effect of nutrition on oral health.

NOTE: Toothbrushes, toothpaste, dental floss, and mouth rinses may be purchased under the Food Bank/Home-Delivered Meals service category.

In addition, clients should be scheduled for routine dental health maintenance visits, as follows:

- Routine examinations and prophylaxis **twice** a year
- Comprehensive cleaning at least once a year, preferably twice a year
- Other procedures, such as root planing/scaling as needed as determined medically necessary by using criteria listed in the most current Medi-Cal Dental Program Provider Handbook and as stated in the Manual of Criteria & Maximum Allowances.

Fiscal Management

- Subrecipient will make every reasonable attempt to provide clients with a referral to local, free or low-cost non-Ryan White related grant, community partner or other service that may be available to the client to access the service not provided by Ryan White Provider.
- The current Medi-Cal Dental Program's Manual of Criteria is followed when determining which services will be covered by the Sacramento TGA Ryan White HIV Care Services program.

- The current Medi-Cal Dental Schedule of Maximum Allowances is followed when determining the fee coverage maximum covered by the Sacramento TGA Ryan White program.
- No ~~Denti-Cal~~Medi-Cal Dental provider is located within 30 minutes or 15 miles of a client's residence or workplace. ([Medi-Cal Dental Provider Search](#))
- No ~~Denti-Cal~~Medi-Cal Dental provider is accepting new patients within 30 minutes or 15 miles of a client's residence or workplace.
- A ~~Denti-Cal~~Medi-Cal Dental eligible client who is having an oral health emergency and cannot get an appointment with a ~~Denti-Cal~~Medi-Cal Dental provider.
- The total cost for services per client is capped at \$1,800, regardless of funding stream. To exceed this cap, a request for approval must be submitted to the Recipient. Dental providers must document the reason for exceeding the yearly maximum amount and must have documented approval from the Recipient.

Subrecipients must show adequate documentation of the above-mentioned exceptions. In these situations, the subrecipient will submit a usual and customary reduced negotiated fee schedule rate to ~~HCP-~~the Recipient with the ~~invoice~~Treatment Authorization Referral (TAR), prior to services being rendered for approval for utilization of Ryan White funding. Providers cannot bill ~~HCP- Recipient~~Ryan White for services billed to the ~~Denti-Cal~~ Medi-Cal Dental Program.

~~HCP-contractor~~Subrecipients are not required to enter into a contract with ~~the~~Medi-Cal Dental fee-for service dentists using the Medi-Cal Dental Manual of Criteria & Maximum Allowances. It is up to the ~~contractor-subrecipient~~ to ensure the dentist agrees to fee amounts allowed-set by ~~HCP~~the Recipient HIV Services Planning Council.

Monitoring

Fiscal Management - In cases where clients are eligible for ~~Denti-Cal~~Medi-Cal Dental Program but no ~~Medi-Cal Dental Program~~Denti-Cal providers are available (i.e. the "time/distance exception" referenced above), providers must submit documentation to ~~HCP-~~the Recipient that clearly demonstrates the absence of providers in this time/distance range per a recent review of Medi-Cal Dental Program ~~Denti-Cal~~ providers listed on the [DHCS website](#).

D. Reasonable efforts will be made to overcome any barriers to access and

utilization, including efforts to accommodate linguistic and cultural barriers.

- E. All services will be provided in accordance with Public Health Service and American Dental Association Guidelines for treatment of HIV disease.
- F. Dental Service ~~providers~~subrecipients shall ensure and provide documentation that the dentists, hygienists, oral surgeons, nurses, and others providing oral health care are appropriately licensed/certified to practice within their area of practice, consistent with California laws.
- G. ~~Provider~~Subrecipient staff must receive ongoing training/continuing education relevant to dental health assessment and treatment of persons living with HIV.

4. **Provider Qualifications**

Education/Experience/Supervision

Professional diagnostic and therapeutic services under this service category must be provided by clinicians licensed by the Dental Board of California.

Clinicians can include:

- General Dentists
- Endodontists
- Oral and Maxillofacial Surgeons
- Periodontists

Other professional and non-professional staff may provide services appropriate for their level of training/education, under the supervision of a clinician. These may include, but are not limited to:

- Dental Hygienists (RDH)
- Dental Assistants (RDA, RDAEF)
- Dental Students
- Dental Hygiene Students
- Dental Assistant Students

Any non-clinician staff providing services must be (1) supervised by a clinician; (2) hold current licensure as required by the State of California when applicable; (3) provide services appropriate for their level of training/education; and (4) be trained and knowledgeable about HIV.

Staff Orientation and Training

Initial: All HCPRW-funded staff providing Oral Health Care must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, such as HIV transmission, care, and prevention.

- Diagnosis and assessment of HIV-related oral health issues
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including access to dental insurance through ADAP

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position, including continuing education required by the State of California to maintain licensure. Training must be clearly documented and tracked for monitoring purposes.

5. All Dental services shall be provided in a culturally and/or linguistically competent manner, which is respectful to the client's cultural health beliefs, practices and preferred language.

6. ~~Agencies- Subrecipients~~ shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

7. Providers at RW Agencies may at any time submit to the RW Recipient requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical/dental needs of a client or on unique barriers to accessing medical/dental care which may be experienced by a client.

8. RW ~~Agencies- subrecipients~~ shall provide a means by which providers can obtain in-servicing and on-call advice related to interpreting client medical/dental needs.

9. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies and procedures for the RW ~~Agency- subrecipient~~ shall be made available to each client upon intake.

Signed: _____
Richard Benavidez, Chair

Date: 06/22/22

HIV Health Services Planning Council Sacramento TGA Policy and Procedure Manual

Subject: Housing Assistance Services

No.: SSC 15

Date Approved: 05/26/04

Date Revised: ~~06/22/22~~

Date Reviewed: ~~06/22/22~~

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Planning Council the following Housing Assistance Standard will apply to all Ryan White County HIV Care Services Program contracted vendors that provide housing services.

1. Ryan White CARE Act funding is to be used for HIV/AIDS medical care including psychosocial and support services designed to significantly improve client access and adherence to such resources. Housing Assistance services that are provided by agencies and paid for through Ryan White funding will be part of a comprehensive medical care plan that promotes the optimal state of health for the afflicted individual and shall be related to maintaining a client's housing stability, thereby improving ability to maintain or access medical care.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner based upon client need verification. Referral to housing services is accomplished through medical case management providers, or by self-referral. Payment for housing assistance services through Ryan White funding is authorized only in circumstances where client eligibility is validated, and no other payment guarantor has been identified.

3. Coverage for patients is only good for twelve months and they must re-enroll to maintain coverage. Patient eligibility and status will be confirmed prior to the appointment. This will allow time for the subrecipient to contact the client before their appointment if an update or various intake forms are needed. Updates and intake forms may include but are not limited to:

- CD4 or Viral Loads within the past 12 months
- Release of information,
- Grievance,
- Rights and responsibilities,
- State ARIES/HCC forms, etc.

Reimbursement for services can only be paid for active clients meeting eligibility.

3.4. In accordance with the above:

A. Definition:

Housing services provide transitional, short-term, or emergency housing assistance (including hotel/motel vouchers) to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and increase stability for clients, allowing them to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated at least every six months, to guide the client's linkage to permanent housing. Housing services also can include housing referral services; assessment, search, placement, and advocacy services; as well as payment of fees associated with these services. Providers must have written policies and procedures that indicate the percentages of a client's monthly rent they can pay through this program.

Allowable activities in this service category include:

- Housing that provides some type of core medical or support services, such as:
 - Residential substance use disorder services
 - Residential mental health services
 - Residential foster care
 - Assisted living residential services
- Housing that does not provide direct core medical or support services but is essential for a client or family to initiate or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. This includes paying or supplementing rent. In some cases, this can include hotel/motel vouchers, when done on a limited basis as part of an overall plan to transition the client to permanent housing.
- Housing referral services to other (non-Ryan White) housing programs

NOTE: Utilities, including firewood, may be paid for under the Emergency Financial Assistance service category, but are not allowable in this service category.

Unallowable Activities

Housing services **may not:**

- Be used for mortgage payments.
- Be in the form of direct cash payments to clients.
- Be used for rental or security deposits. Such deposits are typically returned to clients as cash, which would violate the prohibition on providing cash payments to clients.

Intake

The Housing Services provider must ensure that the client intake has been performed prior to Ryan White service provision and if not, perform an intake. See the Common Standards of Care for detailed intake requirements. Providers should ensure that any consents specific to housing are completed and in the client's file.

Orientation

Each new client receiving Housing Services must receive an orientation to provided services; document this orientation in the client file.

Housing Plan

Housing Service providers should create an individualized housing plan for each client. The plan must include:

- Assess current housing needs
- Incorporate client input
- Guide the client's linkage to permanent housing
- Include any referrals and linkages to other needed services
- Be signed and dated by staff providing Housing Services

Reassessment

The client's housing plan must be updated at least every six months.

Service Characteristics

Eligibility Screening: If the Housing Services provider is the client's first contact with a Ryan White service provider, the client must be screened for eligibility as described in the Common Standards of Care.

Newly Identified Clients: Housing Services providers should work with other Ryan White-funded providers to ensure that newly

diagnosed clients and clients new to the Ryan White system are evaluated for and provided with Housing Services as needed.

Appointments: Initial Housing Services appointments should be made as soon as possible to avoid housing disruptions. Appointments must occur no later than 10 calendar days after the first client referral, which can be a self-referral. Subsequent non-urgent appointments must be scheduled as soon as feasible, but no more than 30 days after a request. As clients may miss appointments, agencies must have a process in place to ensure timely follow-up with clients, preferably within 24 hours. Missed appointments and provider attempts at rescheduling must be documented in the file.

Duration: Services are intended to be temporary in nature. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as lasting up to 24 months. Providers may extend services beyond 24-months, if necessary, based on individual client assessment, which must include a transition plan to permanent housing with a concrete timeline. The Ryan White Recipient must be made aware of such an instance.

Documentation: All client contacts, as well as services, referrals, and other assistance provided to clients to help them obtain housing must be recorded in the client chart.

- If the client is not placed in housing that also provides some type of core medical or support services, the necessity of housing services to support treatment plan adherence must be documented.
- Documentation must include confirmed appointments to HIV-associated medical care, whether provided through their housing services provider or externally.

B. Instructions:

Housing assistance may include rent subsidies, move-in costs other than deposits, or emergency shelter. All housing assistance will be provided through vendor paid dollars. Rental/shelter verification (rental agreement, receipt, etc.) is required.

Clients must deplete other housing resources dollars, including HOPWA-eligible clients, before receiving rent subsidies through Ryan White. At no time will total housing assistance, whether provided solely through rent subsidies, move-in costs, or emergency housing, or through a combination thereof, exceed the equivalent of two months'

rent, unless specific contractual agreements with funding sources provide extensions.

i. Rent Subsidies

a. Clients may receive rent subsidy assistance services once each fiscal year, not to exceed \$1,000, unless additional assistance is authorized by the Recipient. Eligible Ryan White clients must meet the following criteria for eligibility for rent subsidy assistance:

ii. Be in medical care and compliant with their case management plan.

iii. Provide proof of pending eviction or 3-day notice of eviction.

iv. Provide landlord name and tax identification information.

a. Clients requiring rent subsidies will contribute as much of their monthly income to the cost of rent as is feasible. The actual percentage of the client's income to be used in this calculation shall be based upon what the client can reasonably dedicate to housing costs, as determined by the case management provider. The remaining balance between the client's contribution and their actual rent may be subsidized through Ryan White housing assistance.

b. A Medical Case Manager will assess the housing situation of any client ~~receiving~~ requesting a rent subsidy twice within a twelve-month period. The assessment will be used to identify more affordable housing solutions, which might include relocating, or shared housing.

c. Ryan White rent subsidies will not be provided to clients currently or simultaneously receiving any other federally subsidized housing assistance.

ii.v. Move-in Costs

a. A one-time annual payment of move-in cost, i.e. the first month's rent, may be paid

b. Client must have documentation of ongoing ability to maintain rental payments (e.g., check stub, disability income verification, etc.).

c. No deposits shall be paid as deposits are refundable to the client as a cash payment.-

iii.vi. Emergency Housing

- a. Authorization to place a client in Emergency Housing must be approved by a licensed clinician or contracted subrecipients' Executive Director. Written documentation must be placed in the client's file.
- b. No more than \$1,800 per client, per year, for Emergency Housing can be used. Additional assistance must be approved by the TGA's Recipient.
- a-c. Emergency housing may include motels, hotels, rooming houses, etc.
- b-d. Emergency housing payments may be utilized on an emergency or transitional basis for no more than 14 nights per year, at the most reasonable rate available in the community for emergency per-diem housing which meets acceptability standards, unless specific contractual agreements with funding sources provide extensions- or in the state or federally designated emergencies when additional nights are approved by the state or federal funder.
- e. This assistance will be accompanied by a documented plan to obtain more permanent housing and such medical case management and advocacy as is needed to pursue the plan.

4.5. RW Agencies HIV Care Services subrecipients which provide Housing Assistance shall develop and adhere to budgets for housing services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients who rely on RW CARE Act funded housing services for critical needs. Agencies shall assure that all clients receiving any RW CARE Act funded services are found to be eligible for services under such eligibility standards as may be adopted by the planning council.

5.6. Medical Case Managers at HIV Care Services subrecipients RW Agencies may at any time submit to the RW Recipient requests for interpretation and/or exceptions of these or any other service standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

6.7. HIV Care Services subrecipients RW Agencies shall provide a means by which Medical Case Managers can obtain in-service training and advice related to interpreting client medical needs.

Education/Experience/Supervision

There are no minimum educational standards for Housing staff. Housing-related referrals must be provided by ~~persons~~people who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs.

Individual supervision and guidance must be available to all staff as needed.

Staff Orientation and Training

Initial: All staff providing Housing Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire; topics must include:

- General HIV knowledge, such as transmission, care, and prevention
- Local housing resources including HOPWA
- Privacy requirements
- Navigation of the local HIV system of care including ADAP

Ongoing: Staff must also receive ongoing annual training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinar, and must be clearly documented and tracked for monitoring purposes.

7.8. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake.

Adopted: _____
Richard Benavidez, Chair

Date: 06/22/22

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Emergency Financial Assistance

No.: SSC 16

Date Approved: 05/26/04

Date Revised: ~~06/22/22~~

Date Reviewed: ~~06/22/22~~

NOTE: Other Critical Needs is not a funded service category under Policy Clarification Notice (PCN) 16-02. Rather, it is a component of Emergency Financial Assistance. As such, the service standard for Other Critical Needs was re-named to Emergency Financial Assistance. Additionally, the TGA's previous Utilities Assistance Service Standard (SSC10) was inactivated and incorporated into the Emergency Financial Assistance Service Standard on May 27, 2020, as it too is a component of Emergency Financial assistance and not a funded service under PCN 16-02.

Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Planning Council the following Emergency Financial Assistance will apply to all HIV Care Services Program subrecipient Ryan White (RW) contracted vendors that provide Other Critical Needs services.

Emergency Financial Assistance provides limited one-time or short-term payments to assist a client with an emergent need for paying for essential utilities, housing, food (including groceries and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

It is expected that all other sources of funding in the community for emergency financial assistance (i.e., general fund relief, local non-profit services) will be effectively used and that any allocation of Ryan White funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client may not be funded through Emergency Financial Assistance.

1. Ryan White CARE Act funding is to be used for HIV/AIDS medical services and for psychosocial and support services, which improves access and adherence to medical care. All such Other Critical Needs services initiated by agencies receiving Ryan White funding will be related to sustaining continuity of healthcare as defined by HRSA.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner that is based upon verified client need. Facilitating self-empowerment of the client's coordination of Other Critical Needs services shall be carried out through case management in accordance with the allocations, priorities and directives adopted by the Sacramento TGA HIV Health Services Planning Council (Planning Council), or through an alternative assessment process administered by a RW agency HIV Care Services Program subrecipient.

3. Coverage for patients is only good for twelve months and they must re-enroll to maintain coverage. Patient eligibility and status will be confirmed prior to the appointment. This will allow time for the subrecipient to contact the client before their appointment if an update or various intake forms are needed. Updates and intake forms may include but are not limited to:

- CD4 or Viral Loads within the past 12 months
- Release of information,
- Grievance,
- Rights and responsibilities,
- State ARIES/HCC forms, etc.

Reimbursement for services can only be paid for active clients meeting eligibility.

3.4. To be eligible for Other Critical Needs assistance, the requested service must directly assist the client in overcoming a barrier to accessing medical care or adhering to a medical regimen.

4.5. **Service Characteristics**

Emergency Financial Assistance services are intended to provide emergency fiscal support for essential services to eligible clients for a limited time. Key characteristics include:

Orientation

Each new client enrolled in Emergency Financial Assistance must receive an orientation to the services at the first visit. Document this orientation in the client file.

Eligibility Screening: If the Emergency Financial Assistance provider is the client's first contact with a Ryan White-funded provider, the client must be screened for eligibility as described in the Common Standards of Care.

Assessment: The Emergency Financial Assistance provider will determine the need for emergency financial assistance. Clients must submit proof of the need (i.e., a utility shut-off notice). Emergency Financial Assistance funds can only be used as a last resort for payment of services and items for a short period of time (i.e., not indefinitely/ongoing). Ensure funds are only used to supplement, and not supplant, existing federal, state, or local funding for HIV-related services. Example: Funds may not be used for utilities if the client lives in housing through programs that include the cost of utilities (e.g. Section 8 housing).

Service Provision:

Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Emergency Financial Assistance provides limited one-time or short-term payments to assist clients with an urgent need for essential items or services necessary to improve health outcomes, including:

- Utilities: The term "utilities" shall be interpreted to include electric power, water and sewer service, natural gas and alternative heat sources such as propane, wood or fuel pellets for homes which use such fuels as the primary source of heating. Purchase of containerized water may be included for homes lacking either a piped water connection or a well.
- Housing Assistance requests must also comply with the Housing Service Standard (SSC15) and Housing Directive
 - Housing rent subsidy: One-time rent payments, for clients in permanent, or unsubsidized housing, not to exceed \$1,000.
 - Emergency Housing Assistance: No more than \$1,800 per client, per year, for Emergency Housing can be used. Not to exceed 14 nights per year.
- food (including groceries and food vouchers)
- transportation
- medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

All client contacts and other information pertinent to services must be recorded in the client chart.

Emergencies are defined as facing an imminent threat of losing basic utilities or access to needed medications. Funds are intended to help a client through a temporary, unplanned crisis to sustain a safe and healthy living environment.

When accessing Emergency Financial Assistance funds, clients must work with case managers or other service providers to develop a plan to avoid similar emergencies in the future. Changes should be made to the client's care plan, when relevant

Fiscal Management: Payments made on behalf of clients need to maintain client confidentiality and should not indicate "HIV" or "AIDS" on the check. If the name of the organization includes "HIV" or "AIDS", generic checks should be used.

Providers must have systems in place to account for disbursed funds under EFA. The systems must track the client's name, the staff person who distributed the funds, the date of the disbursement, the recipient of the funds and the dollar amount. These data elements can be tracked on the ARIES Services screen if no other tracking system is available.

Unallowable Activities

This emergency financial assistance may not be used for:

- Ongoing payments for any services or goods for clients
- Direct cash payments to clients
- Activities that can be paid for under another Ryan White service category including ADAP or another payer source
- Funds may NOT be used for direct maintenance expense (tires, repairs, etc.) of a client's privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees.-(PCN 10-02)
- Funds awarded under the Ryan White HIV/AIDS Program may NOT be used to pay local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied) (PCN 10-02)
- Funds may NOT be used for funeral, burial, cremation, or related expenses (PCN 10-02)
- Funds may NOT be used to purchase clothing (PCN 10-02)

- Funds may NOT be used to support employment, vocational, or employment-readiness services (PCN 10-02)

5.6. Agencies shall ensure that RW CARE Act funded services are provided only to such clients that meet eligible criteria as defined or stipulated within the Eligibility Standards as adopted by the Planning Council.

6.7. Standards applied include:

- a. Assistance that is intended to provide access to a range of services which address needs frequently encountered by People Living with HIV (PLWH) with emphasis on self-care health maintenance.
- b. All requests for funding will be accompanied by an assessment of the individual's need for the designated service, completed by a representative of the case management agency.
- c. Assessment findings must be documented in case notes.
- d. Services must be vendor or voucher based. Direct cash payments to clients are prohibited.
- e. Case managers will work with the clientele to develop a budget that enables the individual to live within their existing resources.

7.8. RW Agencies HIV Care Services Program subrecipient which provide Other Critical Needs assistance shall develop and adhere to budgets that comply with the principles and standards described herein. When funding levels are anticipated to be less than the total need, agencies shall ensure that distribution of remaining funds will maximize number of clients who rely on RW CARE Act funded Other Critical Needs assistance.

8.9. Medical Case Managers at RW Agencies HIV Care Services Program subrecipient may at any time submit to the HIV Care Services Program RW Recipient requests for interpretation and/or exception of these or any other service standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

9.10. RW Agencies HIV Care Services Program subrecipient shall provide a means by which Medical Case Managers can obtain in-service training and advice related to interpreting client medical needs.

Education/Experience/Supervision

There are no specific education or licensing requirements for Emergency Financial Assistance providers. Services must be provided by persons who possess knowledge of:

- Sources of emergency funding in the local community, including those offered by local utilities
- AIDS Drug Assistance Program (ADAP)
- HIV and related issues
- Understanding of the Ryan White CARE Program

Individual supervision and guidance must be routinely provided to all staff.

Staff Orientation and Training

Initial: All Ryan White-funded staff providing Emergency Financial Assistance must complete an initial training session related to their job description and serving those with HIV. HIV training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including HOPWA and ADAP

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position. Training must be clearly documented and tracked for monitoring purposes.

10.11. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies and procedures for the RW Agency shall be made available to each client upon intake.

Adopted: _____
Richard Benavidez, Chair

Date: 06/22/22

HIV Health Services Planning Council

Quality Advisory Committee

FY23 Performance Indicator Results from Client Survey Postcards

The Federal Government requires that all local Ryan White programs collect data regarding the performance of its funded service categories. In response, the HIV Health Services Planning Council, in coordination with the Ryan White Recipient, has developed a series of performance indicators for each funded service. The indicator data is collected through a variety of sources, including: The Sacramento TGA Client Database (SHARE); Recipient site visits of contracted agencies; and service surveys. The first two collection strategies will occur as part of existing, routine Ryan White Program operations. The service surveys require Provider participation. This report addresses the service survey which was conducted via postcards.

Methodology

- Survey postcards were distributed to providers during August 2023.
- Providers were given survey postcards for services provided at their respective agencies.
- The goal was to survey 25% of clients receiving any service, at any agency, using the prior year's unduplicated client count for each service at the respective agency.
- Providers were to distribute the postage-paid postcard service surveys to clients from September 2023 through the end of the fiscal year, February 2024.
- Postcards were to be provided to clients upon the conclusion of a Ryan White client encounter.
- Clients were to be informed that:
 - The survey is anonymous, and responses will not be connected to the individual.
 - Inform the client that the survey is being used to help determine how services could be better delivered and funded and that their response is very important to future planning and service delivery efforts.
 - Explain to the client that the survey is brief, and postage has been pre-paid, so all they have to do is answer the questions by checking the appropriate boxes and mail the survey at their convenience.
- Weighted responses used a 5-point rating scale of disagree to agree with 5 being the highest/agree and 1 being the lowest/disagree.

Outcomes:

There were 2,390 postcards distributed to providers to give to clients from September 2023 to February 2024 for consumer input on services received during FY 2023. Of the 2,390 postcards given to providers to distribute, there was a response rate of 33.8% (807 postcards received), an increase from the 17.3% response rate in fiscal year 2022 (236 postcards returned out of 1,363 postcards distributed to providers).

Service Utilization and Survey Return Rates:

Below is a summary of the Postcard surveys rate of return based on the number distributed and percent of clients.

While Postcards are distributed to Providers, there is no mechanism to ensure they are appropriately distributed to clients. Unfortunately, even if appropriately distributed, there is no guarantee a client will take the time to complete and return the (postage paid) Postcard Survey.

Fiscal Year 2022						
Service Category	Postcards distributed	Postcards Returned	Return Rate	Number of Total Clients	Percent of Total Clients Surveyed	Percent of Total Clients Survey Return Rate
Child Care	9	1	11.1%	9	100.0%	11.1%
Emergency Financial Assistance	55	6	10.9%	147	37.4%	4.1%
Food Bank/Home Delivered Meals	55	14	25.5%	265	20.8%	5.3%
Health Education/Risk Reduction	51	0	0.0%	235	21.7%	0.0%
Health Insurance Premium Payment and Co-Pay Assistance	1	0	0.0%	11	9.1%	0.0%
Housing	11	9	81.8%	22	50%	40.9%
Medical Case Management	299	100	33.4%	1592	18.8%	6.3%
Medical Nutritional Therapy	50	0	0.0%	66	75.8%	0.0%
Medical Transportation	78	20	25.6%	525	14.9%	3.8%
Mental Health	83	10	12.0%	501	16.6%	2.0%
Non-Medical Case Management	151	12	7.9%	1158	13.0%	1.0%
Oral Health	102	2	2.0%	634	16.1%	0.3%
Outpatient Ambulatory Care	299	48	16.1%	1794	16.7%	2.7%
Outreach Services	63	1	1.6%	388	16.2%	0.3%
Substance Abuse Residential (Detox)	6	0	-	19	31.6%	0.0%
Substance Abuse Outpatient	50	13	26.0%	146	34.2%	8.9%

Fiscal Year 2023						
Service Category	Postcards distributed	Postcards Returned	Return Rate	Number of Total Clients	Percent of Total Clients Surveyed	Percent of Total Clients Survey Return Rate
Child Care	4	4	100%	4	100.0%	100.0%
Emergency Financial Assistance	60	26	43.3%	151	39.7%	17.2%
Food Bank/Home Delivered Meals	138	74	53.6%	476	29.0%	15.5%
Health Insurance Premium Payment and Co-Pay Assistance	4	3	75%	11	36.4%	27.3%
Housing	4	4	100%	10	40.0%	40.0%
Medical Case Management	630	268	42.5%	1492	42.2%	18.0%
Medical Nutritional Therapy	32	6	18.8%	177	18.1%	3.4%
Medical Transportation	171	92	53.8%	562	30.4%	16.4%
Mental Health	163	19	11.7%	476	34.2%	4.0%
Non-Medical Case Management	303	54	17.8%	938	32.3%	5.8%
Oral Health	187	58	31.0%	631	29.6%	9.2%
Outpatient Ambulatory Care	535	147	27.5%	1567	34.1%	9.4%
Outreach Services	103	20	19.4%	510	20.2%	3.9%
Substance Abuse Residential (Detox)	8	0	-	5	160.0%	0.0%
Substance Abuse Outpatient	48	32	66.7%	169	28.4%	18.9%

Service Category	2023 Number of Total Clients	2022 Number of Total Clients	2021 Number of Total Clients	2020 Number of Total Clients
Child Care	4	9	12	17
Emergency Financial Assistance	151	147	143	273
Food Bank/Home Delivered Meals	476	265	405	391
Health Education/Risk Reduction	0	235	191	293
Health Insurance Premium Payment and Co-Pay Assistance	11	11	9	9
Housing	10	22	41	18
Medical Case Management	1492	1593	1547	1724
Medical Nutritional Therapy	177	66	114	162
Medical Transportation	562	525	467	427
Mental Health	476	501	433	696
Non-Medical Case Management	938	1121	1104	752
Oral Health	631	634	613	481
Outpatient Ambulatory Care	1567	1796	1754	1761
Outreach Services	510	388	379	962
Substance Abuse Residential (Detox)	5	19	9	6
Substance Abuse Outpatient	168	146	152	220

SERVICE CATEGORY FINDINGS:

Child Care

4 total unduplicated clients served in FY23
9 total unduplicated clients served in FY22

There were only 4 responses in FY23. There were 1 response in FY22.

<u>Child Care Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	5.0	5.0
❖ Improved Quality of Life:	5.0	4.5
❖ Improved ability to remain in medical care:	5.0	5.0

Emergency Financial Assistance

151 total unduplicated clients served in FY23
147 total unduplicated clients served in FY22

Only 26 consumers of the 60 postcard recipients (43.3%) responded to this service in FY23. There were 6 responses (10.9%) in FY22.

Number of Emergency Financial Assistance Visits per year:

	2022	2023
1 appointment	16.7%	34.6%
2 – 3 appointments	33.3%	38.5%
4 or more appointments	50.0%	26.9%

All the respondents in FY22 (100%) reported receiving referrals or financial assistance when requested.

<u>Emergency Financial Assistance Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	4.83	4.65
❖ Improved Quality of Life:	4.83	4.65
❖ Improved ability to remain in medical care:	4.83	4.62

Food Bank/Home Delivered Meals

476 total unduplicated clients served in FY23
265 total unduplicated clients served in FY22

In FY23, 74 consumers of the 138 postcard recipients (53.6%) responded to this service. This represents 15.5% of the total (476) Food Bank/Home Delivered Meals recipients.

In FY22, 14 consumers of the 55 postcard recipients (25.5%) responded to this service. This represents 5.2% of the total (265) Food Bank/Home Delivered Meals recipients. 42.9% of the clients responding received four or more food bank services during the reporting period.

Number of Food Bank/Home Delivered Meals Visits per year:

	2022	2023
1 appointment	21.4%	21.9%
2 – 3 appointments	35.7%	32.9%
4 or more appointments	42.9%	45.2%

Health Indicator: Food Bank/Home Delivered Meals services have improved my general health/quality of life.

In FY23, 91% stated that Food Bank/Home Delivered Meals services had improved their general health/quality of life. 4% stated it did not improve their general quality of life but 5% indicated it was not applicable.

In FY22, 79% of the respondents stated that Food Bank/Home Delivered Meals services had improved their general health/quality of life, and 21% responded it was not applicable.

Health Indicator: My nutritional intake has improved through Food Bank/Home Delivered Meals.

In FY23, 87% of the respondents stated that Food Bank/Home Delivered Meals services had improved their nutritional intake. 4% stated it did not improve their nutritional but 9% indicated it was not applicable.

In FY22, 85% of the respondents stated that Food Bank/Home Delivered Meals services had improved their nutritional intake, and 15% said it was not applicable.

<u>Food Bank/Home Delivered Meals Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	4.50	4.53
❖ Improved Quality of Life:	4.62	4.51
❖ Improved ability to remain in medical care:	4.38	4.53

Health Education and Risk Reduction Services

Not funded in FY23

235 total unduplicated clients served in FY22

Health education and Risk Reduction Services was not funded in FY23. In FY22, there were no responses from clients receiving Health Education and Risk.

<u>Health Education and Risk Reduction Services Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	N/A	N/A
❖ Improved Quality of Life:	N/A	N/A
❖ Improved ability to remain in medical care:	N/A	N/A

Health Insurance Premium Payment and Cost-Sharing Assistance

11 total unduplicated clients served in FY23

11 total unduplicated clients served in FY22

Unfortunately, there were no responses in FY22 or FY23.

Number of Health Insurance Premium Payment and Cost-Sharing Assistance Visits per year:

	2022	2023
1 appointment	N/A	N/A
2 – 3 appointments	N/A	N/A
4 or more appointments	N/A	N/A

Health Insurance Premium Payment and Cost-Sharing Assistance Weighted responses:

	2022	2023
❖ Payments Processed Timely:	N/A	N/A
❖ Improved Quality of Life:	N/A	N/A
❖ Improved ability to remain in medical care:	N/A	N/A

Housing

10 total unduplicated clients served in FY23

22 total unduplicated clients served in FY22

In FY23, there were 4 responses (100%) from the 4 survey postcards distributed. This was a return rate of 40% of the total clients (10) receiving housing services in FY2023. All respondents in 2023 stated that their general health status/quality of life has improved with housing services. In FY23, 100% of the respondents also indicated their Housing Situation had improved or was stable, an increase from FY22 where 37.5% of respondents indicated their Housing Situation had improved or was stable.

In FY22, there were 9 responses (81.8%) from the 11 survey postcards distributed. This was a return rate of 39.1% of the total clients (23) receiving housing services in FY2022. All respondents in 2022 stated that their general health status/quality of life has improved with housing services. In FY22 37.5% of the respondents indicated their Housing Situation had improved or was stable, a decrease from FY21 where 80% of respondents indicated their Housing Situation had improved or was stable.

Housing Weighted responses:

	2022	2023
❖ Better Manage Living with HIV/AIDS:	4.4	5.0
❖ Improved Quality of Life:	4.1	4.8
❖ Improved ability to remain in medical care:	4.3	5.0

Medical Case Management

1,492 total unduplicated clients served in FY23

1,592 total unduplicated clients served in FY22

In FY23, of the 630 postcards mailed for medical case management services, 268 consumers (42.5%) responded to this service category. This represents 42.2% of all consumers (1,492) who accessed medical case management in FY 2023. Of the 268 responses, 61.8% reported attending four or more medical case management visits during the reporting period.

Comparatively, in FY22, of the 299 postcards distributed for medical case management services, 100 consumers (33.4%) responded to this service category. This represented 6.3% of all consumers (1,592) who accessed medical case management in FY 2022. Of the 100 responses, 58.4% reported attending four or more medical case management visits during the reporting period.

Health Indicator: 60% of clients receiving medical case management services will report adherence to their anti-retroviral drug treatment plans.

In FY23, 268 individuals completed the Medical Case Management Client Surveys. Of them, 95.8% of the respondents reported that Medical Case Management services helped them adhere to their anti-retroviral drug treatment plans. 11 clients stated it was not-applicable.

In FY22, 100 individuals completed the Medical Case Management Client Surveys. Of them, 94.1% of the respondents reported that Medical Case Management services help them adhere to their anti-retroviral drug treatment plans. 3 clients stated it was not-applicable.

<u>Medical Case Management Weighted responses:</u>	2022	2023
❖ Improved Knowledge of Available Services:	4.7	4.7
❖ Better Manage Living with HIV/AIDS:	4.6	4.7
❖ Improved Quality of Life:	4.6	4.7
❖ Improved ability to remain in medical care:	4.7	4.7

Medical Nutritional Therapy

177 total unduplicated Medical Nutritional Therapy clients in FY23

66 total unduplicated Medical Nutritional Therapy clients in FY22

In FY23, there were 32 postcards distributed to 177 unduplicated clients. Only six clients responded.

In FY22, there were 50 postcards distributed to 66 unduplicated clients. Unfortunately, no one responded.

<u>Medical Nutritional Therapy Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	N/A	4.83
❖ Improved Quality of Life:	N/A	4.67
❖ Improved ability to remain in medical care:	N/A	4.83

Medical Transportation Services

562 total unduplicated clients served in FY23

525 total unduplicated clients served in FY22

In FY23, there were 171 postcards distributed to providers offering Medical Transportation Services. Of the 171 postcards distributed, 92 (53.8%) consumers responded to the Medical Transportation services postcard survey. This represented a response rate of 16.4% of the total consumers (562) receiving medical transportation services.

In FY22, there were 78 postcards distributed to providers offering Medical Transportation Services. Of the 78 postcards distributed, 20 (25.6%) consumers responded to the Medical Transportation services postcard survey. This represented a response of 3.8% of the total consumers (525) receiving medical transportation services.

Health Indicator: 75% of clients showing evidence of need for medical transportation services will receive medical transportation for HIV/AIDS-related care appointments.

In FY23, 96% of clients, compared to 75% of respondents in FY22, reported ALWAYS being able to access Medical Transportation services.

<u>Medical Transportation Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	4.9	4.8
❖ Improved Quality of Life:	4.8	4.8
❖ Improved ability to remain in medical care:	4.9	4.8

Mental Health

476 total unduplicated clients served in FY23

501 total unduplicated clients served in FY22

In FY23, 163 postcards were distributed to providers, and only 11.7% (19 clients) responded to this service category.

In FY22, there were 83 postcards distributed to providers, however, only 10 clients (12%) responded to the survey. This represents 2.0% of the consumers (501) who accessed the services.

Health Indicator: - 60% of clients receiving mental health counseling will report improved daily functionality.

	2022	2023
Yes	100%	100%
No	-	-
Not Applicable	-	-

Health Indicator: - Increase in the percent of unduplicated clients reporting a decrease in symptoms that initiated referral into mental health services.

	2022	2023
Yes	90%	89.4%
No	-	5.3%
Not Applicable	10%	5.3%

<u>Mental Health Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	4.3	4.7
❖ Improved Quality of Life:	4.5	4.5
❖ Improved ability to remain in medical care:	4.6	4.5

Non-Medical Case Management

938 total unduplicated clients served in FY23
1,158 total unduplicated clients served in FY22

In FY23, of the 303 postcards distributed for non-medical case management services, there was a response rate of 17.8% (54 consumers responded) to this service category. This represents 5.8% of the total (938) non-medical case management clients served in FY23. In FY22, there were 12 responses out of the 151 postcards distributed.

Number of Non-Medical Case Management Visits per year:

	2022	2023
1 appointment	8.3%	26.3%
2 – 3 appointments	16.7%	31.6%
4 or more appointments	75%	42.1%

Health Indicator: 60% of clients receiving non-medical case management services will report adherence to their anti-retroviral drug treatment plans.

In FY23, 83.3% of all respondents stated that Non-Medical Case Management helps them with adherence to anti-retroviral therapy. Nine clients stated it was not applicable. Comparatively, in FY22, 83.3% of all respondents stated that Non-Medical Case Management helps them with adherence to anti-retroviral therapy and two clients stated it does not help them.

<u>Non-Medical Case Management Weighted responses:</u>	2022	2023
❖ Improved Knowledge of Available Services:	4.5	4.7
❖ Better Manage Living with HIV/AIDS:	4.4	4.7
❖ Improved Quality of Life:	4.3	4.6
❖ Improved ability to remain in medical care:	4.5	4.7

Oral Health Care

631 total unduplicated clients served in FY23

634 total unduplicated clients served in FY22

In FY23, of the 187 oral health care postcards distributed, 58 consumers responded (31%) to this service category. This represents 9.2% of the total consumers (631) who accessed dental care. This is a significant increase in the response rate compared to the 2% responding consumers (2 out of 102 total clients) who accessed the service in FY 2022.

Health Indicator: - 60% of clients receiving Oral Health Care will report improved oral health through self report.

Of individuals completing Client Surveys, 100% of the respondents reported improved oral health in FY22.

<u>Oral Health Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	5.0	4.8
❖ Improved Quality of Life:	5.0	4.7
❖ Improved ability to remain in medical care:	5.0	4.8

Outpatient Ambulatory Care

1,567 total unduplicated clients served in FY23

1,794 total unduplicated clients served in FY22

In FY23, there were 535 outpatient ambulatory care surveys distributed. Of the 535 surveys, there were 147 responses (27.5%). This represents 9.4% of the total consumers (1,567) who accessed Ambulatory care services.

This is a large increase in the response rate compared to the 16.1% responding consumers (48 out of 299 surveyed clients) who accessed the service in FY 2022.

Number of Outpatient Ambulatory Care Visits per year:

	2022	2023
1 appointment	14.6%	29.4%
2 – 3 appointments	43.9%	38.2%
4 or more appointments	41.5%	32.4%

<u>Outpatient Ambulatory Care Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	4.8	4.8
❖ Improved Quality of Life:	4.6	4.6
❖ Improved ability to remain in medical care:	4.8	4.8

Outreach Services

510 total unduplicated clients served in FY23

388 total unduplicated clients served in FY22

In FY23 there were 103 surveys distributed to clients who had received outreach services. Of the 103 surveys distributed, there were 20 responses.

In FY22 there were 63 surveys distributed to clients who had received outreach services. Of the 63 surveys distributed, there was 1 response.

Learn HIV Status:

In FY23, 50% of the responding clients indicated they learned about their HIV status. No relevant responses were received in FY22.

If Positive, did you receive a medical referral:

In FY23, 80% of the clients testing positive stated they received a referral to a medical provider. No relevant responses were received in FY22.

If Positive, did you receive a referral to a non-medical service provider for assistance with social services:

In FY23, 75% of the clients testing positive stated they received a referral for assistance with social services. No relevant responses were received in FY22.

If Negative, did you receive information on risk reduction services:

20% of the clients testing negative reported receiving information on risk reduction services.

15% of the clients testing negative reported they did not receive information on risk reduction services.

65 of the clients testing negative reported receiving information on risk reduction services was not applicable to them.

No relevant responses were received in FY21 or FY22.

Substance Abuse Treatment - Residential

In FY23, 5 total unduplicated clients received Residential Substance Abuse Services

In FY22, 19 total unduplicated clients received Residential Substance Abuse Services

In FY23, there were no responses from the postcard distributed in this service category.

In FY22, there were no responses from the postcard distributed in this service category.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for substance use.

There were no responses received in FY22 or FY23.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for transmission of HIV and other communicable diseases as measured by self-report.

There were no responses received in FY22 or FY23.

<u>Substance Abuse Residential Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	N/A	N/A
❖ Improved Quality of Life:	N/A	N/A
❖ Improved ability to remain in medical care:	N/A	N/A

Substance Abuse Treatment - Outpatient

In FY23, 169 total unduplicated clients received Outpatient Substance Abuse Services

In FY22, 146 total unduplicated clients received Outpatient Substance Abuse Services

In FY23, 66.7% (32) of the 48 postcard recipients responded to this service category. This represents 18.9% of the total consumers (169) accessing outpatient substance abuse treatment.

In FY22, 26% (13) of the 50 postcard recipients responded to this service category. This represents 8.9% of the total consumers (146) accessing outpatient substance abuse treatment.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for substance.

In FY23, 93.8% of the respondents reported risk reduction behavior for substance abuse.

In FY22, 100% of the respondents reported risk reduction behavior for substance abuse.

Health Indicator: 60% of clients entering outpatient substance abuse services will reduce risk behaviors for transmission of HIV and other communicable diseases as measured by self-report.

In FY23, 96.9% of the respondents (31 out of 32) reported risk reduction behavior for HIV/Communicable Disease Transmission.

In FY22, 92.3% of the respondents (12 out of 13) reported risk reduction behavior for HIV/Communicable Disease Transmission.

<u>Substance Abuse Outpatient Weighted responses:</u>	2022	2023
❖ Better Manage Living with HIV/AIDS:	5.0	4.7
❖ Improved Quality of Life:	5.0	4.6
❖ Improved ability to remain in medical care:	5.0	4.8

Client Comments:

Substance Abuse Outpatient
Don't change a thing
Drinking Daily - Alcohol, but take my HIV meds daily
Exceptional Service
Grateful for services provided
Great Program!!
I am thankful for services
I have enjoyed the support I receive and continue to receive
I'm very grateful to SAS and the therapeutic value in my life!
My counselor is the best
This agency feels like home.
My counselor is A+++++
My counselor is brilliant
Thanks 100%
Thanks!
This program has saved me
Very good AOD Counselor
Very helpful, been clean for 11 months
We love you
Oral Health
Doc needs to stay longer
Excellent Dental Care
I am very thankful
Very good care
EFA
Thank you to my agency and my case manager for all the services you've provided me and my child with.
Housing
I have section 8
Need more housing
Ambulatory Care
40 years- this agency has been a God send at times
Caring and very helpful information
Doctor is always pleasant
Doctor needs a raise

The doctor & staff are awesome.
Everything is better now that my doctor has changed
Excellent customer service from all staff and doctors
Feel comfortable and happy with my doctor
Getting scripts has become very difficult!
Great
Great doctor
Great help
Having care has made me care about myself and others
I am very grateful!
I am very happy with my care and grateful to all of my providers
I appreciate all you do - every day
I love my care
I love my doctor!
I wanted the injection. No one cares.
If it wasn't for this agency, my life would be completely different. Thank you.
I'm very happy about this program- Helps me to improve my health. Thank you
I've been trying to get housing and have never been contacted for years now
Many thanks to this agency
Medical services have been extremely beneficial in maintaining a healthy lifestyle
My doctor is bomb
My doctor has done good work on my health. She has taken good care of me and my health has improved with her advice and care. Thank you
My doctors are awesome. No complaints
My whole care team is awesome, I feel heard and understood.
No length of comparison data to substantiate improvement, very agreeable services
Not sure what is changing, but I am aware of the change & it's not been smooth :(
This agency has helped me greatly
Thank you for good services, love this agency
Thank you for keeping me healthy
Thanks to the team, all is well.
This agency has helped me greatly
Thank you for good services, love this agency
Thank you for keeping me healthy
Thanks to the team, all is well.
The best
The services are great
They supply me with lifesaving info and services
This clinic is great!!
This place rocks
Very pleased with services
We love this place
Wonderful
Your teams are amazing

Medical Transportation
Amazing Service
Having a choice to have a gas card or bus pass is great
Helps A lot, thank you
Love having assistance with this for sure.
Love the help I get and the advice I receive as well
Love transportation/ gas assistance
More uber/lyft services for clients
Really grateful it helps me to go to different appointments
Satisfaction
So grateful for this service
Thank you, gracias
Thanks, gracias
Very Satisfied
We need more gas cards
When needed
Childcare
Thank you
Very thankful that this agency is here for me
I really appreciate this agency!
Medical Case Management
More food cards
Emergency Financial Assistance
Thank you to my agency and my case manager for all the services you've provided me and my child with.
Non-Medical Case Management
They are great
Mental Health
I love this agency
Therapy = immense help
Excellent
All HIV+ people need mental health support

Outreach
Thank you for this service provided
I believe the care that I am receiving is phenomenal given my current situation.
My case manager is great
I was incarcerated

Summary:

During Fiscal Year 2023, there were 2,171 clients receiving services in the Ryan White Transitional Grant Area (TGA) and Yolo County at the time the survey was initiated. In an attempt to collect outcome data, the Quality Advisory Committee initiated its annual postcard service survey throughout the year rather than at year-end. The goal was to survey at least 25% of the clients receiving service in any service category. Of the 2,390 surveys distributed, the TGA had a response rate of 33.8% (807 responding clients out of 2,390 possible service responses). It is unknown if all the postcards were distributed to clients or whether or not a client received surveys for more than one service received as there is no method to document the process.

Although the overall response rates differ between the two fiscal years making it difficult to draw solid conclusions, it should be noted that there were some significant differences in the number of clients served in each service category. The greatest *decrease* in services was in Health Education/Risk Reduction as the service was no longer funded in FY23.

The greatest *increase* was in the Medical Nutritional Therapy category where there was a 168.2% increase in clients from 66 in FY22 to 177 in FY23.

Service Category	2023 Number of Total Clients	2022 Number of Total Clients	Percent Different	Decrease or Increase
Health Insurance Premium Payment and Co-Pay Assistance	11	11	0.0%	No change
Medical Nutritional Therapy	177	66	168.2%	Increase
Food Bank/Home Delivered Meals	476	265	79.6%	Increase
Outreach Services	510	388	31.4%	Increase
Substance Abuse Outpatient	169	146	15.8%	Increase
Medical Transportation	562	525	7.0%	Increase
Emergency Financial Assistance	151	147	2.7%	Increase
Oral Health	631	634	-0.5%	Decrease
Mental Health	476	501	-5.0%	Decrease
Medical Case Management	1492	1592	-6.3%	Decrease
Outpatient Ambulatory Care	1567	1794	-12.7%	Decrease
Non-Medical Case Management	938	1158	-19.0%	Decrease
Housing	10	22	-54.5%	Decrease
Child Care	4	9	-55.6%	Decrease
Substance Abuse Residential (Detox)	5	19	-73.7%	Decrease
Health Education/Risk Reduction	0	235	-100.0%	Decrease

This is one of several performance measures utilized by the Sacramento Transitional Grant Area to measure the TGA's quality of services. Other measures include an agency client satisfaction survey, chart reviews, site visits, needs assessments, and alike. Overall, the TGA exceeded the outcome indicators, and the weighted responses indicate clients are satisfied with the services, in that, the services help manage their HIV/AIDS, maintain their quality of life, and remain in medical care. The clients' comments were overwhelmingly positive with only a few recommendations, concerns, or issues.

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County Executive

David Villanueva

Deputy County Executive

Chevon Kothari

Social Services



Department of Health Services

Timothy W. Lutz, Director

Divisions

Behavioral Health Services

Primary Health

Public Health

Departmental Administration

County of Sacramento

May 26, 2024

2023 Client Satisfaction Survey Results

The HIV Care Service HIV Care Service Program provides Ryan White funded Subrecipients with a Client Satisfaction Survey at periodic intervals throughout the fiscal year. The Ryan White Providers then distribute the surveys to clients who are requested to complete and return the surveys to the HIV Care Service Program staff in a pre-addressed and postage-paid return envelope, which is stapled to the survey.

Surveys are then tallied to measure the client's impression of the overall performance of the entire program and not a particular agency itself. This offers a better understanding as to how the Ryan White program performs as a collaborative.

The following document will provide survey results. This report will cover the past fiscal year, from March 1, 2023, to February 29, 2024. There were 42 surveys returned this fiscal year from the Subrecipients in the Sacramento HIV Care Service Program; compared to 79 in FY22.

EXECUTIVE SUMMARY

The FY23 Client Satisfaction Survey resulted in 42 returned surveys. There were 2,171 total clients served during FY23. This amounts to a 1.93% survey rate; a decrease from the 3.41% survey rate in FY22. Not all clients received surveys and therefore, it denotes the percentage of clients that returned surveys and not a response rate as the number distributed to clients and not returned is unknown. Clients completed these surveys at their leisure and may or may not have completed all the questions. As such, each question was averaged by the number of responses for that particular question. Unfortunately, there were some agencies where no responses were received, and the number of responses per agency varied.

Of the survey respondents, 25.7% of the clients reported on Question 5, being able to obtain an appointment the same day they contacted the agency, which is a decrease from 46.8% the prior fiscal year. Regardless of what day the appointment was scheduled, 71.4% reported having to wait under 10 minutes (Q4) for their appointment to begin, which is an improvement over 70.5% the prior year. All the clients, 97.2%, felt the respective agencies make them feel welcomed, comfortable, and respected (Q6), compared to 100% the prior fiscal year. 97% of clients reported receiving assistance from the agency with their questions about services at the agency (Q7). 97.2% reported the agency provided them with information about services they may be eligible for at other agencies (Q8), which is a decrease compared to 98.7% the prior fiscal year.

Concerning childcare services (Q9), 73% of the clients stated childcare services were not applicable. This is an increase from the prior year in which 67.5% of respondents indicated childcare was not applicable to their needs. Only 8.1% of the clients were made aware of childcare services while 18.9% stated they were unaware of childcare services. All clients should be informed that childcare services are available through the Ryan White system of care.

97.2% of clients reported that staff respect their privacy (Q10) compared to 100%, in the prior fiscal year. 13.9% of clients report not knowing how to file a complaint/grievance with an agency (Q11), which is an improvement from FY22 in which 20.5% of clients did not know how to file a grievance/complaint. 2.9% of clients reported that no one has discussed how to avoid infecting others with HIV (Q12), an improvement from the prior year in which 7.9% of clients stated no one discussed how to avoid transmitting HIV to others.

Of those clients responding to the surveys, 28.6% have been clients at the agency they received the survey from for over 5 years (Q2). This is a slight increase over the prior year where 28% of survey respondents reported retention at the agency for over five years. 37 respondents rated their overall satisfaction with the surveyed agency (Q15) for a combined satisfaction rate of 9.12 on a scale of 10 compared to 9.59 in FY22.

Client feedback can be found below in the responses to questions 13, 14, and 16.

**2023 SACRAMENTO REGIONAL
RYAN WHITE PROGRAM
CLIENT SATISFACTION SURVEY RESULTS**

Below is a summary of the performance of the Transitional Grant Area as a whole. The scores were obtained by totaling all agencies responses.

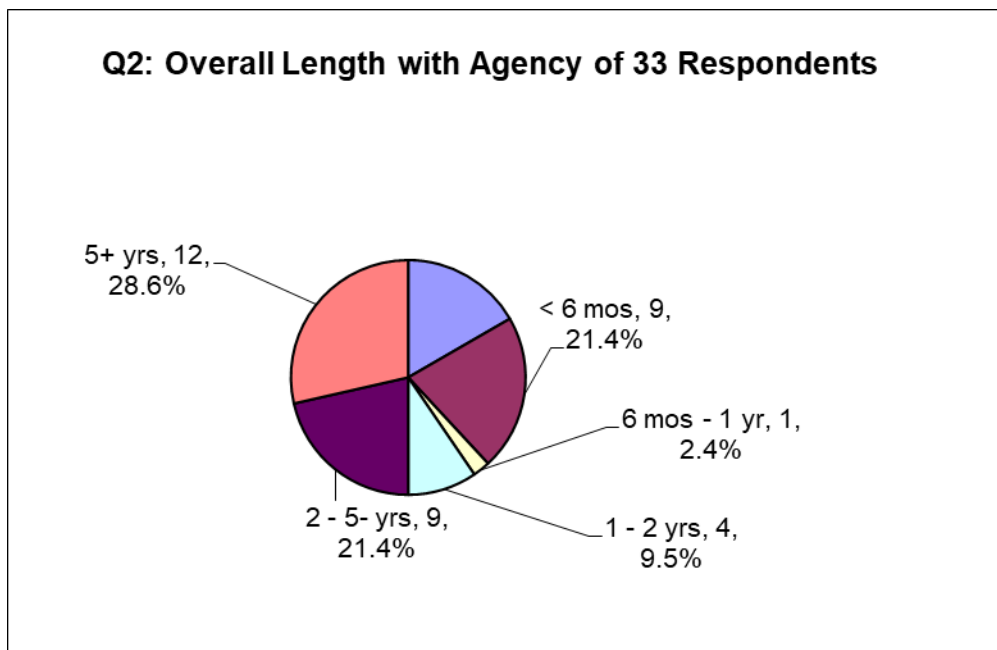
1. What service(s) do you receive at this agency?

36 Ambulatory Care	0 Residential Hospice	0 Food and Nutrition
29 Medical Case Mgmt	5 Substance Abuse	0 Health Insurance
11 Oral Health	0 Adult Care/Respite	0 Housing/Utilities
1 Home Health Care	0 Alternative/Complimentary	0 Outreach
5 Mental Health	0 Buddy/Companion	0 Transportation
3 Prescriptions	0 Childcare	1 Other Support
	0 Other Counseling	0 Other Critical Need

2. How long have you been a client at this agency? 35 of the 42 clients responded to this question. *Of the 35 clients responding:*

Agency	< 6 mos	6 mos - 1 yr	1 - 2 yrs	2 - 5 yrs	5+ yrs	Total Per Agency	Percent of Survey Respondents by Agency out of Total Respondents (78)	Percent of Respondents out of total TGA Clients (2,171)
3402	3	0	3	9	12	27	77.1%	1.24%
3414	0	0	0	0	0	0	0.0%	0.00%
0903	0	0	0	0	0	0	0.0%	0.00%
3415	1	0	0	0	0	1	2.9%	0.05%
3416	0	0	0	0	0	0	0.0%	0.00%
3403	0	0	0	0	0	0	0.0%	0.00%
3411	0	0	0	0	0	0	0.0%	0.00%
5701	0	0	0	0	0	0	0.0%	0.00%
0902	0	0	0	0	0	0	0.0%	0.00%
3418	5	1	1	0	0	7	20.0%	0.32%
Totals	9	1	4	9	12	35	100%	1.61%

As seen in the pie chart below, approximately 28.6% of the 42 respondents have maintained working relationships with Ryan White funded providers for more than five years.



3. Overall, how would you rate the quality of the services you receive at this agency?

This question had a ranking between 0 and 10 with 10 being Excellent.

Number of Responses: **35** Average of All Responses: **8.75%**

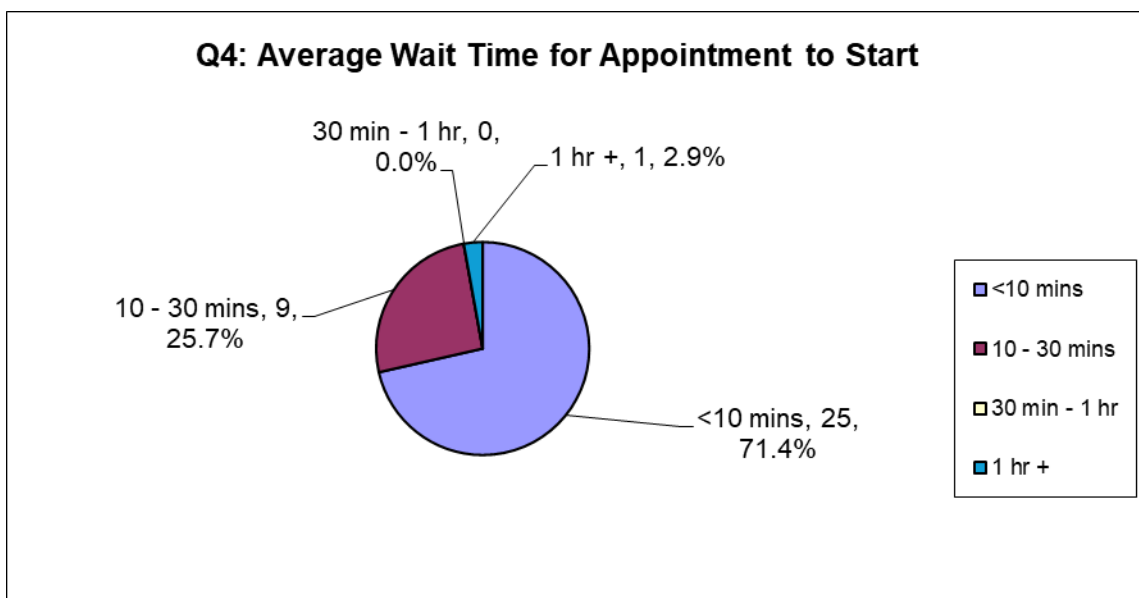
The average of all responses decreased to 8.75% in FY23 compared to 9.64% in FY22. There were 35 responses in FY22 compared to 78 in FY21. With a decrease in the response rate for this question, the respondents also reported a 0.89% decrease in the quality of services being received.

4. What is the average time that you wait for your appointment to start at this agency?

35 (84%) of the 42 clients answered the question. Their responses are below.

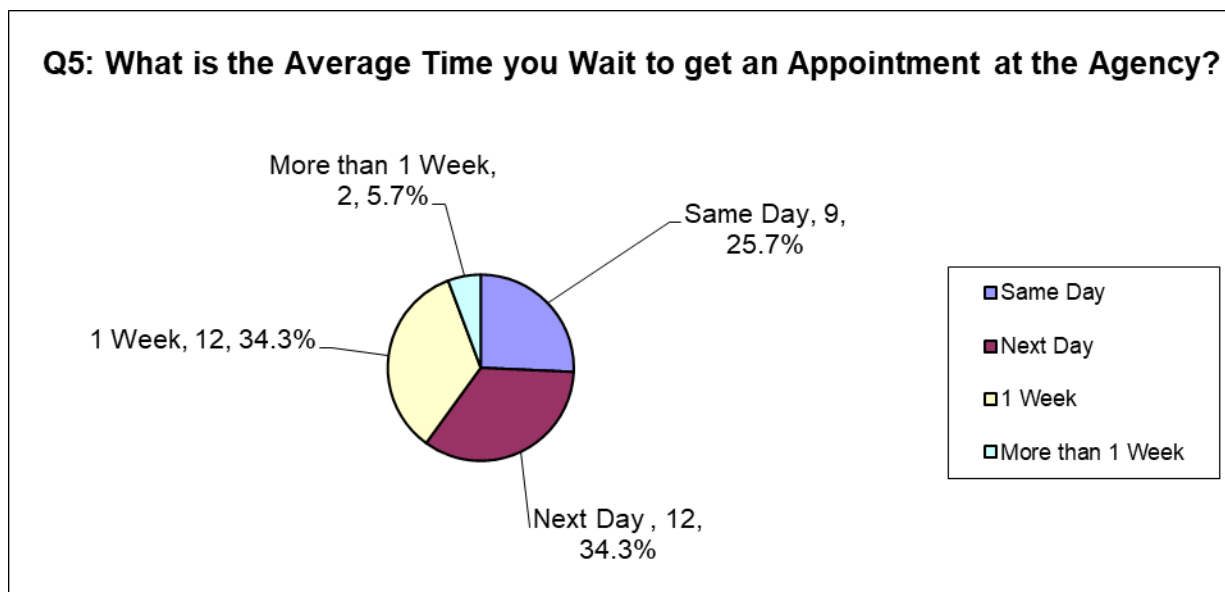
Regardless of what day the appointment was scheduled, 71.4% (25 out of 35 respondents) reported having to wait under 10 minutes for their appointment to begin. This is higher than in FY22 in which 70.5% waited under 10 minutes for their appointment to begin.

Agency	<10 mins	10 - 30 mins	30 min - 1 hr	1 hr +	Total Respondents	Percent of Total Respondents (35)	Percent of Total Clients in TGA (2171)
3402	20	7			27	77.1%	1.5%
3414					0	0.0%	0.0%
0903					0	0.0%	0.0%
3415	1				1	2.9%	0.1%
3416					0	0.0%	0.0%
3403					0	0.0%	0.0%
3411					0	0.0%	0.0%
5701					0	0.0%	0.0%
0902					0	0.0%	0.0%
3418	4	2		1	7	20.0%	0.4%
Totals	25	9	0	1	35	100.0%	1.9%



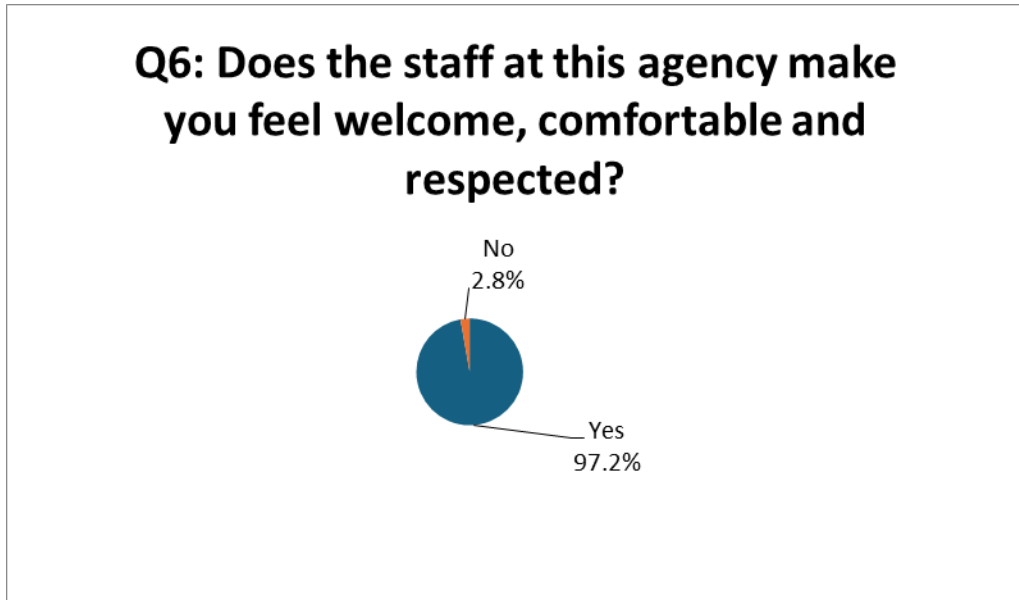
5. What is the average time you wait to get an appointment at this agency?
In Fiscal Year 2022, 35 (84%) of the 42 clients answered the question. Their responses are below. In FY23, only 25.7% (9 of the 35 respondents) indicated they received an appointment the same day which is an increase compared to 46.8% in Fiscal Year 22.

Agency	Same Day	Next Day	1 Week	More than 1 Week	Total Per Agency	Total Respondents by Agency out of Total Respondents (35)	Percent of Total TGA Clients (2171)
3402	5	11	9	2	27	77.1%	1.24%
3414					0	0.0%	0.00%
0903					0	0.0%	0.00%
3415			1		1	2.9%	0.05%
3416					0	0.0%	0.00%
3403					0	0.0%	0.00%
3411					0	0.0%	0.00%
5701					0	0.0%	0.00%
0902					0	0.0%	0.00%
3418	4	1	2		7	20.0%	0.32%
Totals	9	12	12	2	35	100.0%	1.6%



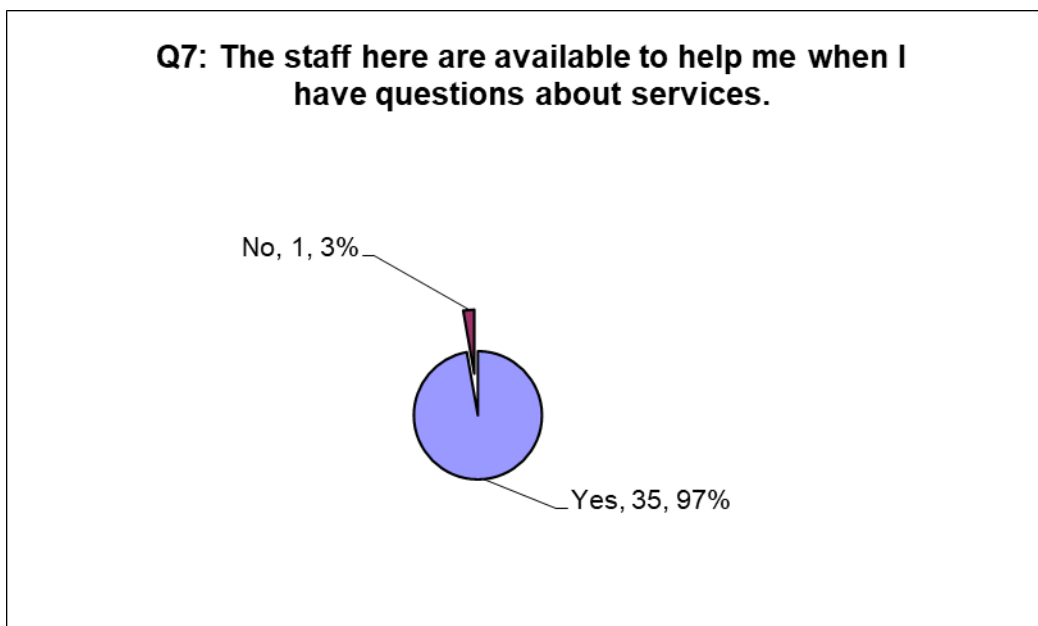
6. Does the staff at this agency make you feel welcome, comfortable, and respected?

Of the 35 clients responding to the question, 98% reported that staff made them feel welcomed, comfortable, and respected compared to 100% the prior fiscal year.



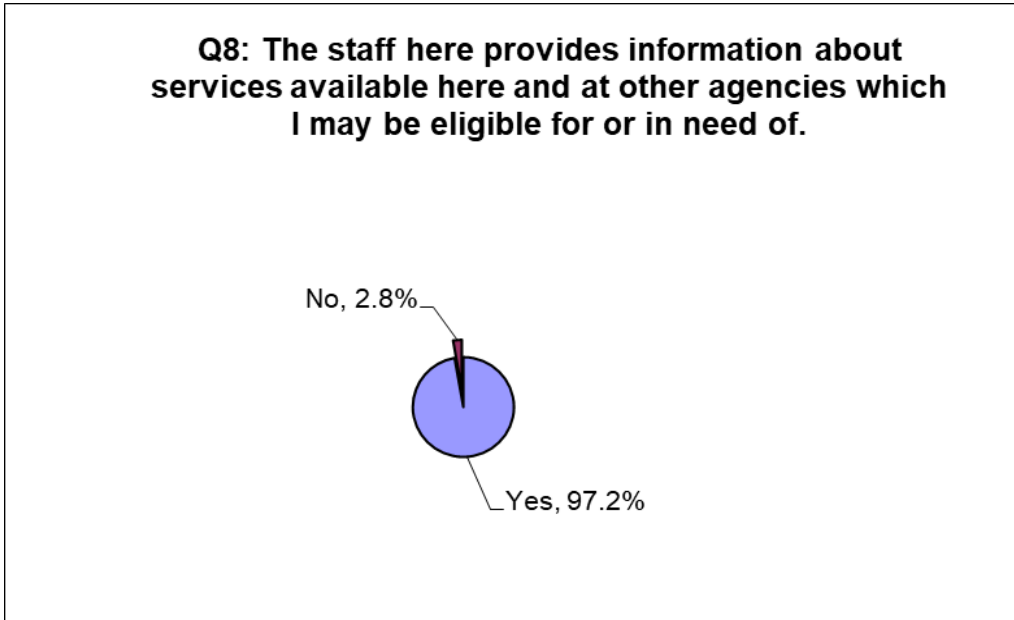
7. The staff here is available to help me when I have questions about services:

36 clients answered the question. Of the 36 clients responding to the question, 97% indicated the staff is available to assist when the client has questions about services, which is on par with the 100% report in FY22.



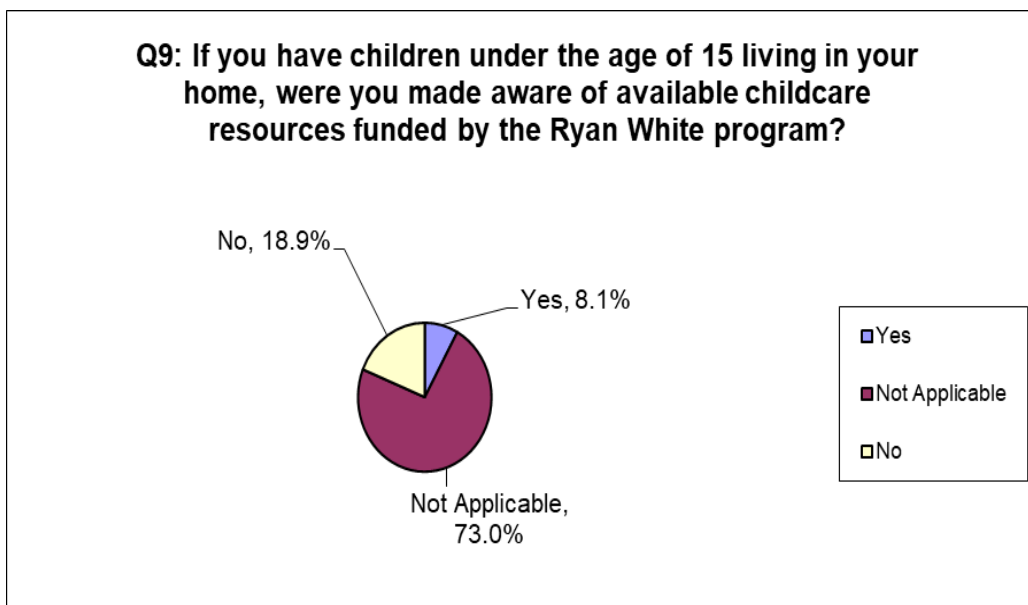
8. The staff here provides information about my eligibility for services available here and at other agencies which I may need.

85.7% of respondents (36 of 42) answered the question. Of the 36 clients responding to the question, 97.2% (35) indicated the staff did inform them about services. This is a slight decrease compared to 98.7% in Fiscal Year 2022.



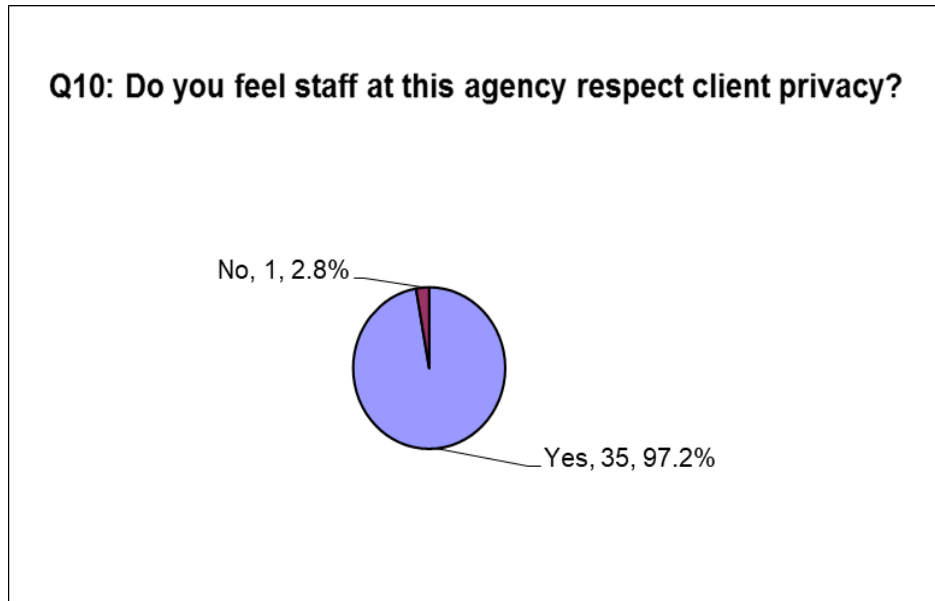
9. If you have children under the age of 15 living in your home, were you made aware of available childcare resources funded by the Ryan White program?

In Fiscal Year 2023, 37 out of 42 respondents answered the question. 73% (27 clients) responded that the question was not applicable to them. Of the 10 clients responding either “yes” or “no”, 8.1% (3 clients) responded yes, they were made aware of child care services; while 18.9% (7 clients) stated that they were not made aware of child care services.



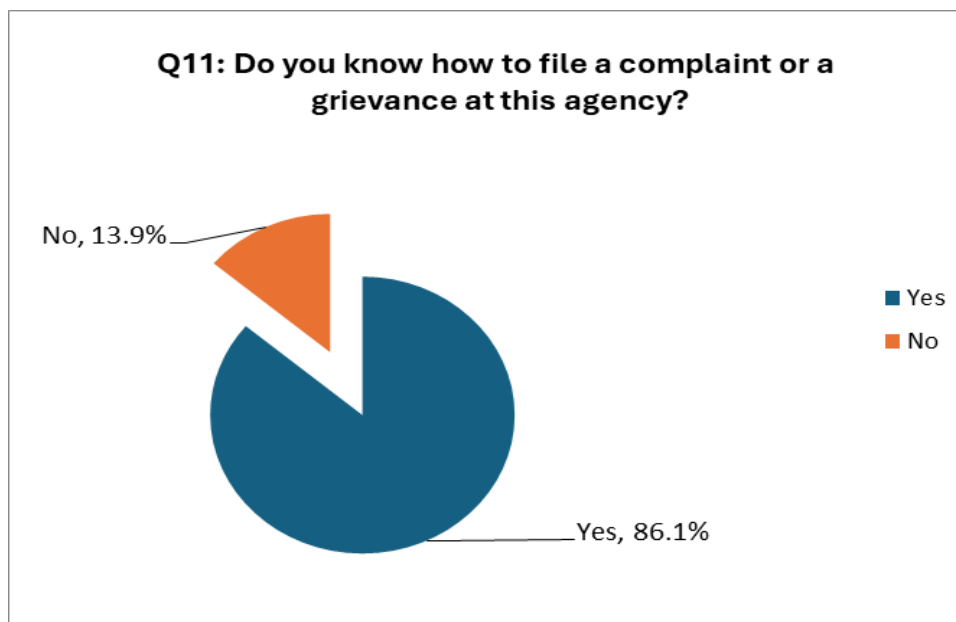
10. Do you feel that the Staff at this agency respect client privacy?

In this fiscal year, 97.2% of respondents (35 out of 36), indicated agency staff respect client privacy. In the prior fiscal year, 100% of respondents indicated that agency staff respect client privacy.



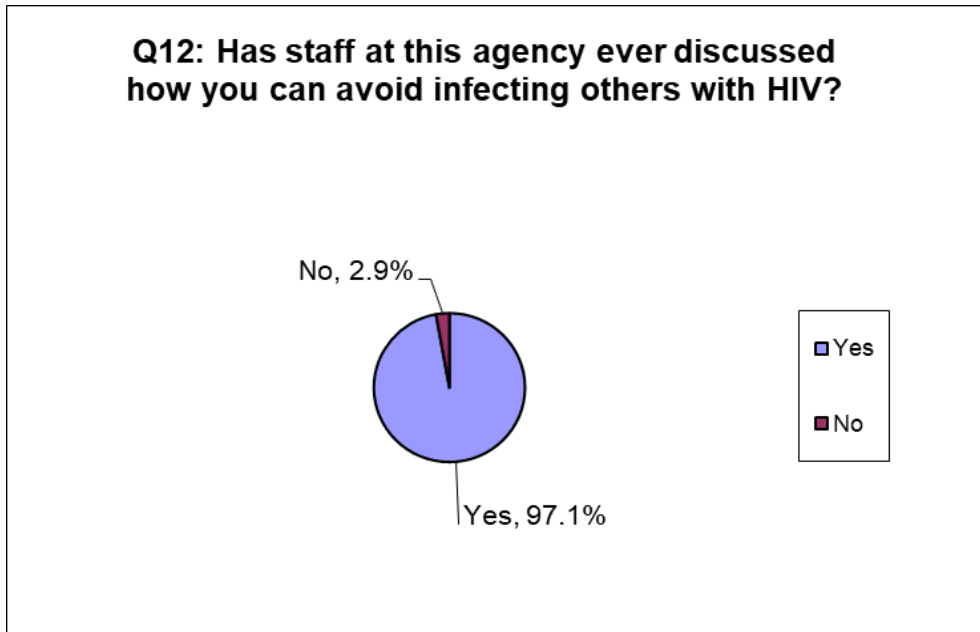
11. Do you know how to file a complaint or a grievance at this agency?

36 of 42 clients answered the question. Of the clients answering the question, 31 (86.1%), indicated they know how to file a grievance/complaint while 13.9% did not know how. This is a slight increase from FY22 in which 79.5% of clients knew how to file a grievance/complaint.



12. Has staff at this agency ever discussed how you can avoid infecting others with HIV?

In 2023, 35 out of 442 clients responded to the question, compared to 76 clients responding to the question in FY22. In 2022, the TGA saw an increase in clients reporting that staff *discussed how to avoid* infecting others with HIV compared to fiscal year 2022. In 2023, 97.1% reported being informed about how to avoid infecting others compared to 92.1% in fiscal year 2022. Conversely, there has been a slight decrease in clients reporting agencies have not discussed how to avoid infecting others. In 2023, 2.9% of clients reported *not discussing how to avoid* infecting others compared to 7.9% in 2022.



13. Please list any services provided at this agency that you needed but did not receive at this agency:

1	More Gay Support Groups
2	Housing connections
3	Work
4	Childcare resources
5	I receive the services they provide for me.
6	Transportation, nutrition

14. Please list any ideas that you have for improving or adding services at this agency:

1	More staff
2	More staff
3	Pharmacy
4	Tinnitus care/relief
5	Everything is just fine
6	Everything is good

15. Please rate your overall satisfaction with the services at this program:

This question had a ranking between 0 and 10 with 10 being Very Satisfied.

In Fiscal Year 2023:

Number of Responses: 36 out of 42 = 85.7% of all Respondents answered the question.

The Average of All Responses: **9.12% FY22 satisfaction rate.**

In Fiscal Year 2022:

Number of Responses: 77 out of 79 = 97.5% of all Respondents answered the question.

The Average of All Responses: **9.59% FY22 satisfaction rate.**

16. Please provide additional comments about your satisfaction rating below:

1	The staff here are nice, caring, and helpful. Thank you very much Sacramento County.
2	They are doing great, and always enjoy coming here. The staff are amazing.
3	They are very attentive to the whole person
4	I think my case manager is the best. My therapist is a great therapist.

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