Sacramento TGA

Recipient
FY23 Annual Progress Report
March 1, 2023 – February 29, 2024

FY23 ANNUAL RECIPIENT REPORT

EXECUTIVE SUMMARY

By February 29, 2024, the Sacramento Ryan White Program served 2,171 unduplicated clients; compared to 2,315 in FY22. In FY23, the largest age group at 34.96% are clients between the ages of 25-44. The majority of individuals (86.46%) reside in Sacramento County.

Most notably, the TGA assisted 195 **new (never been served in the Sacramento Ryan White Program) clients**. These are new clients in the TGA, which are the counties of Placer, El Dorado, and Sacramento as well as Part B funded Yolo. During the same period last year, the TGA served 258 new clients.

There is a disproportionate impact of HIV/AIDS among African Americans in the TGA. Although they make up only 7.5% of the TGA's general population, African Americans represent 22.7% of the TGA's HIV/AIDS Prevalence (people living with HIV/AIDS) and their representation in the Ryan White system of care is currently 24.64%, 1.94% higher than their HIV/AIDS prevalence as of December 31, 2021. Also of note is the representation of the Hispanic caseload in the Ryan White system of care. As of February 29, 2024, Hispanics accounted for 26.9% of the caseload or 6.2% higher than their HIV/AIDS prevalence of 20.7%. Thus, these two populations continue to be a priority target for outreach in the TGA, and current caseloads indicate the TGA has been successful in bringing and keeping their population in care.

By the end of FY24, 70.61% (1,533 clients) of the Ryan White clients in the Sacramento Ryan White Program had income ranges between 0 to 138% of the Federal Poverty Level. This is a slight decrease over the prior year of 70.89%.

Of the Ryan White clients served in FY23, males are the primary gender group (79.82%) living with HIV/AIDS. Likewise, Men Having Sex with Men (MSM) is the most reported mode of transmission at 58.64%.

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

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

Since FY21, the TGA experienced an increase in clients requesting food bank services which were augmented with CARES Act COVID Response funding. As the CARES Act funding terminated, the Sacramento TGA allocated Part A funding for food bank services in FY23 to address food insecurity which was not previously funded by Part A. In fact, $54,292 in Part A food services were provided to clients in the Sacramento TGA during the reporting period.

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Social Services

County of Sacramento

Department of Health Services
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Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

SACRAMENTO TRANSITIONAL GRANT AREA
FY23 ANNUAL PROGRESS REPORT

Utilization and Trends In Care:

Utilization and trend data were compiled for March 2023 through February 2024. Overall, the Sacramento HIV Care Services Program (formerly the Ryan White Program) which includes the Part A Transitional Grant Area (TGA) of Sacramento, Placer, and El Dorado Counties and Part B-funded services in Sacramento and Yolo Counties, served 2,171 unduplicated clients. This represents a 6.2% decrease (144 clients) over the prior year's ***total*** clients of 2,315 in 2022.

During Fiscal Year 2023, the Sacramento HIV Care Services Program including Yolo County, served a total of 195 ***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 2022, the Sacramento HIV Care Services Program served a total of 258 new unduplicated clients. This data reflects a 24.4% decrease in new clients over the previous year in the three-county TGA and the Part B funded Yolo County area.

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

Of the 187 new clients (in the TGA) in 2023, 167 resided in Sacramento, 13 in Placer, and 7 in El Dorado County. In comparison, of the 241 new unduplicated clients in the TGA itself during FY22, 213 resided in Sacramento, 17 in Placer, and 11 in El Dorado County.

Additionally, 8 new clients were reported from Yolo County, a non-TGA Part B-funded county. In the prior year (FY22), there were 17 new unduplicated clients in Yolo County.

Total Clients:
In 2023, the Sacramento County HIV Care Services Program served 2,171 total clients compared to 2,315 in FY22 representing a 6.2% decrease in total clients overall.

Of the total (2,171) Sacramento County HIV Care Services Program clients above, 94 clients lived in Yolo County, a non-TGA county which is a decrease from 114 clients the prior year (FY22).

New Clients:
As mentioned in the Utilization and Trends in Care above, the TGA has served a total of 195 new unduplicated clients who had never been seen in the Ryan White system of care before this year. This represents a 24.4% decrease over the prior year, FY22, in which the three-county TGA served 241 new clients.

Clients by CD4:
Based on a comparison between fiscal years 2022 and 2023, clients' CD4 counts showed a slight decrease in CD4 counts below 200. There was also an increase in the number and percent of unknown CD4 counts. Below is a breakdown of the HIV+ client's CD4 counts.

	2022			2023	
CD4 Range	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Below 200	198	8.55%		160	7.37%
200 - 499	671	28.98%		563	25.93%
500 - 749	655	28.29%		658	30.31%
750 - 1,499	745	32.18%		731	33.67%
Greater than 1,500	45	1.94%		54	2.49%
Unknown/Unreported	1	0.04%		5	0.23%
Total Clients	2315	99.88%*		2171	100.00%*

*Percentages may be off due to rounding

Clients by Viral Load:

A review of clients by viral load for fiscal year 2023 in comparison with fiscal year 2022, noted a slight increase (FY22: 83.85% vs FY23: 87.70%) in clients who are virally suppressed (VL <= 200), including undetectable. Of the clients with undetectable viral loads, there was a slight increase in the percentage of undetectable clients from 62.94% (1457 clients) in FY22 to 66.97% (1454 clients) in FY23.

	2022			2023	
Viral Load	# of HIV+ Clients	% of HIV+ Clients		# of HIV+ Clients	% of HIV+ Clients
Unknown/Unreported	2	0.09%		4	0.18%
<= 20 (Undetectable)	1457	62.94%		1454	66.97%
21 - 200 (Virally Suppressed <=200)	484	20.91%		450	20.73%
201 - 999	64	2.76%		46	2.12%
1,000 - 4,999	51	2.20%		41	1.89%
5,000 - 9,999	24	1.04%		15	0.69%
10,000 - 24,999	58	2.51%		44	2.03%
25,000 - 74,999	59	2.55%		39	1.80%
75,000 or Higher	116	5.01%		78	3.59%
Total Clients	2315			2171	

Clients by County:

During fiscal year 2023, 86.46% of the clients (1,877) resided in Sacramento County. Placer County was home to 5.57% (121 clients), El Dorado 3.64% (79 clients), and Yolo County 4.33% (94 clients).

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

Clients by Age:

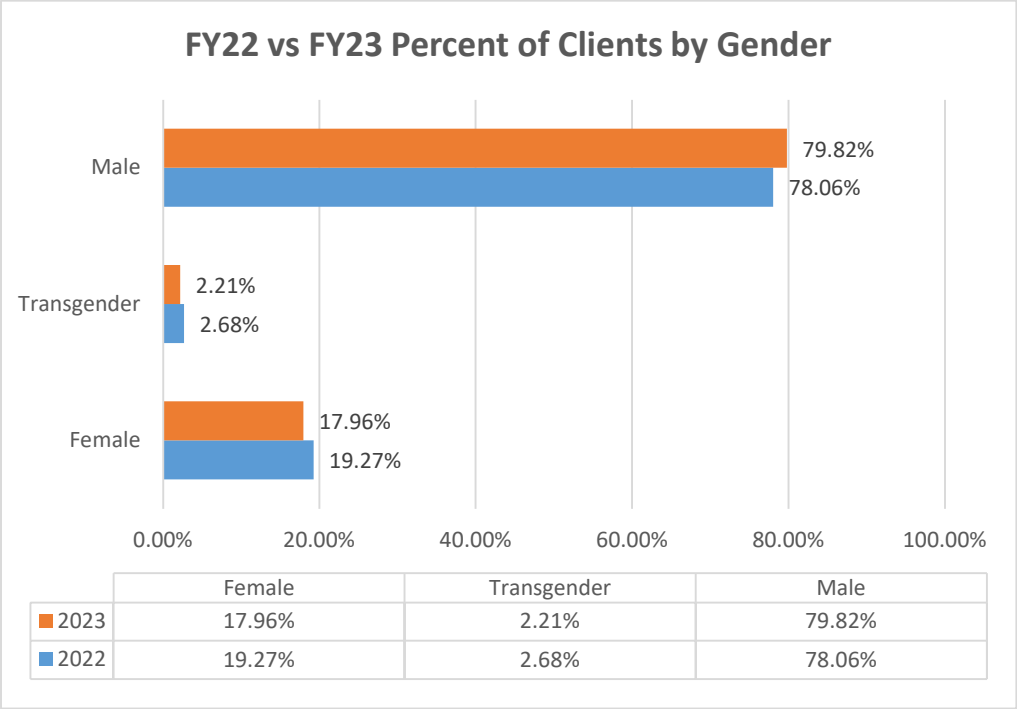
In this reporting period, the Sacramento County HIV Care Services Program observed a 10.4% decrease in HIV+ clients between the ages of 0-44 (795 clients in FY 2023 compared to 887 in 2022).

For those 45 years of age and over, there was an 8.99% decrease in clients served in 2023 (1,376 clients) compared to 2022 (1,512 clients).

Age Category	**2022** # of HIV+ Clients	**2022** % of HIV+ Clients		**2023** # of HIV+ Clients	**2023** % of HIV+ Clients
Infants 0 - 2 years	1	0.04%		0	0.00%
Children 3 - 12 years	1	0.04%		1	0.05%
Youth 13 - 19 years	7	0.30%		9	0.41%
Youth 20 - 24 years	43	1.86%		26	1.20%
Adults 25 - 44 years	835	36.07%		759	34.96%
Adults 45 - 59 years	768	33.17%		695	32.01%
Adults 60+	744	30.94%		681	31.37%
Total Clients	2315			2171	

Clients by Gender:

In FY23, males represented 79.82% of the clients; transgender represented 2.21% of the clients; and females 17.96%. There was a decrease in the total clients served in FY22 (2,171) compared to FY22 (2,315), however, there was a slight increase in the percentage of clients for male clients compared to fiscal year 2022. In fiscal year FY22, 78.06% of the clients were male; transgender represented 2.68% of the clients; and females 19.27%.

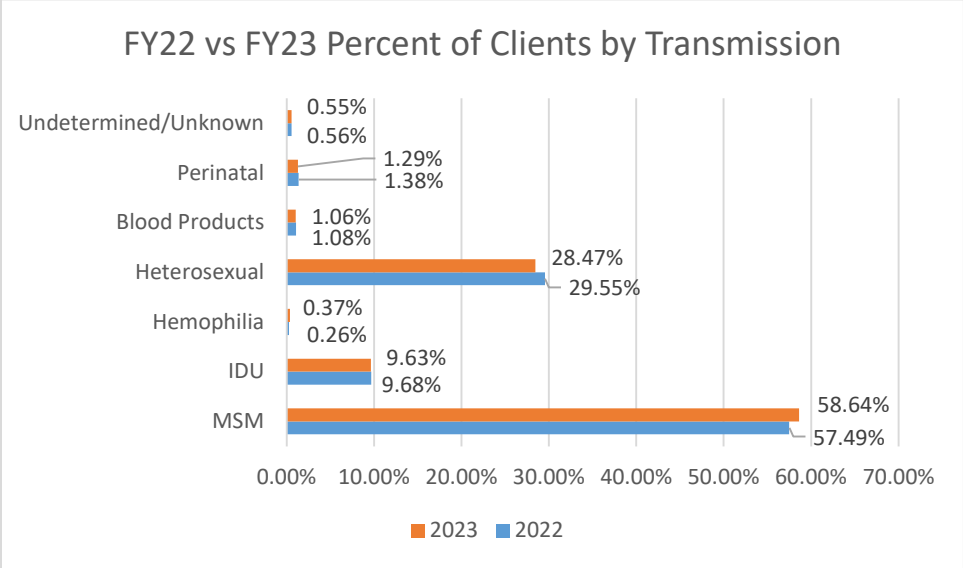


	Female	Transgender	Male
2023	17.96%	2.21%	79.82%
2022	19.27%	2.68%	78.06%

Our final WICY (Women, Infants, Children, and Youth) expenditures show that Sacramento is responding to the needs of women by allocating and expending funds targeted to women in an amount that exceeds their current representation in the epidemic. Total expenditures for WICY must meet a minimum of 18.37% of the total Part A and Part A MAI direct service grant award. At year-end, WICY expenditures ($791,761 represented 24.04% (Part A and Part A MAI) of the grant award total service expenditures. See **Attachment C**.

Clients by Transmission:

There has been no significant change in the transmission methods of the clients in the TGA. Men Having Sex with Men (MSMs) continues to represent the highest transmission level at 58.64%, followed by heterosexual transmission (28.47%). As documented in our FY22 grant application, Heterosexuals experienced an increase in the percentage of people living with HIV (PLWH) transmission between 1995 and 2020 (7% vs 15.8%). Heterosexual transmission is the second largest percentage of PLWH in the TGA.



Clients by Income:

There was a decrease in the total clients in FY23 compared to FY22, which can be associated with the decrease in the percentage of clients with an income of *138% or less* of the federal poverty level. In FY23, clients with an income of *138% or less* accounted for 70.61% of individuals (1,533) receiving Ryan White services. In FY22, they accounted for 70.89% (1,641 clients). The tables below detail the number and percentage of clients that fall within each income level. Prior to 2023, the program was only eligible to people under 300% of the Federal Poverty Level (FPL), that has changed to expand to people under 500% of FPL. For this reason, the comparison between 2022 and 2023 is depicted in two separate tables each showing different ranges for income.

Clients by Income	2022	
	Count	Percent
No Income	623	26.91%
100% of Poverty	681	29.42%
101- 138% of Poverty	337	14.56%
139-250% of Poverty	288	12.44%
251-300% of Poverty	228	9.85%
Over 300% of Poverty	158	6.83%
Totals	2315	100%

* Percentage may be off due to rounding

Clients by Income	2023	
	Count	Percent*
0 - 100% of Poverty	1256	57.85%
101- 138% of Poverty	277	12.76%
139-200% of Poverty	265	12.21%
201-300% of Poverty	233	10.73%
301-400% of Poverty	101	4.65%
401-500% of Poverty	37	1.70%
Over 500% of Poverty	2	0.09%
Totals	2171	100%

* Percentage may be off due to rounding

Clients by Ethnicity:

Of the 2,171 clients in 2023, 42.51% (923) were White, 24.64% (535) were Black/African American, 4.65% (101) were Asian/Pacific Islander, 26.90% (584) were Hispanic (of any race), and 1.29% (28) were American Indian or Alaska Native. These numbers mostly align with that of FY22 – 41.77% (967) were White, 26.00% (602) were Black/African American, 4.75% (110) were Asian/Pacific Islander, 26.31% (609) were Hispanic (of any race), and 1.17% (27) were American Indian or Alaska Native.

2022					
Ethnicity	# of Clients	% of Current Clients	% of AIDS Prevalence	% of HIV & AIDS	% of General Population
White	967	41.77%	50.50%	48.30%	51.90%
Black/African American	602	26.00%	23.70%	22.70%	7.50%
Asian/Pacific Islander	110	4.75%	3.30%	4.10%	13.00%
Hispanic (of any race)	609	26.31%	18.90%	20.70%	22.80%
American Indian or Alaska Native	27	1.17%	0.40%	0.40%	0.40%
Totals	2,315	100.00%	96.80%	96.20%	95.60%

2023					
Ethnicity	# of Clients	% of Current Clients	% of AIDS Prevalence	% of HIV & AIDS	% of General Population
White	923	42.51%	50.50%	48.30%	51.90%
Black/African American	535	24.64%	23.70%	22.70%	7.50%
Asian/Pacific Islander	101	4.65%	3.30%	4.10%	13.00%
Hispanic (of any race)	584	26.90%	18.90%	20.70%	0.40%
American Indian or Alaska Native	28	1.29%	0.40%	0.40%	95.60%
Totals	2,171	100.00%	96.80%	96.20%	95.60%

I.Programmatic Narrative

I.a. Program Successes and Challenges

I.a.i. Accomplishments and Challenges

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

Program Successes:

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

b. Health Education and Outreach was conducted in many regions and methods across Sacramento. Outcomes are listed below:
    - In CY2023, 1,802 Sexual Health Clinic (SHC) branded materials have been disseminated to patients, community agencies, and at testing/outreach events.
    - In CY2023, digital advertising of Undetectable=Untransmittable campaigns on social media, dating applications, and Out of Home advertisements (i.e. posters in bars, restaurants, other public entities) have yielded 4,916,485 impressions and gained 12,847 click-throughs to our Sacramento County SHC website www.SacSexualHealth.com
    - During the reporting period (January-December 2023) we distributed 74,364 condoms, 791 dental dams, and 27,497 packets of lubricant to various community-based organizations, school clinics, high schools, and community testing events.

c. In CY2023, there were four (4) newly diagnosed HIV+ pregnant women in Sacramento County, which is a higher amount than we've experienced in the county at one time. The Surveillance team, working closely with the HIV Care Services Program as a part of SHPU, worked hard to ensure all four of these pregnant women were in prenatal care and actively taking their medications. These cases were followed closely by the Surveillance Team through the remainder of their pregnancy and have continued following after delivery. As of CY2024, two (2) of the babies are confirmed to not be infected; one (1) was born in Louisiana and is actively taking ART as a preventative measure; and the last is currently a loss-to-follow-up case with the mother also a loss-to-follow-up. This individual is unhoused, and the Surveillance Team has been unable to make contact despite many attempts to find them.

In response to the high rate of newly diagnosed pregnant women, the Surveillance team has switched from passive to active surveillance. Meaning the team took a surveillance-based approach to partner services and began actively conducting case interviews, partner elicitation, and re-engagement in care efforts. This was made possible by increasing the capacity of the Surveillance team; the team is currently up to 10 investigators. In 2023, the team designed the structure of their HIV Response Team, including members and their roles, and launched in early 2024. In 2023 the Surveillance team also digitized the Adult Case Report Form for reporting new HIV and AIDS cases to the State, which is expected to be rolled out to providers in 2024. The hope is that this will reduce the burden on providers to report HIV and increase the number of providers who report cases in a timely and complete fashion.

d. In efforts to expand HIV, STI (specifically syphilis) and HCV testing services for high-risk populations, SHPU collaborated with Sacramento County Primary Care to launch a new mobile health clinic in 2022. The mobile testing unit (Wellness Without Walls-W3) provides services that include HIV/HCV testing, sexual health screenings, and broader services (e.g., wound care, assistance with prescription refills, mental health and substance counseling referrals)-to unhoused communities and transitional aged youth. W3 has grown in capacity in 2023 and services clients three days out of the week at different encampment and shelter sites throughout Sacramento County. Staff/workers now include the SHPU team, UC Davis staff, Sacramento County Community Nurses and Public Health Aides in the Encampment Team and various other collaborators. Staff have been working tirelessly and some highlighted successes include reengaging patients in HIV care, providing incentives (hygiene kits, hand warmers, socks, beanies, covid tests and more) that were donated by the Encampment Team. Furthermore, we have maintained our efforts to provide patient transportation for appointments, referrals for housing, on-site birth control, Narcan, sign clients up for Family PACT, increase access to PrEP and PEP, and offer free coffee and bagels.

e. In an effort to improve HIV-Related Health Outcomes of People with HIV, linking people to care immediately after diagnosis and providing low-barrier access to HIV treatment is essential. All Ryan White Part A funded Outpatient Ambulatory Care Providers are now providing same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it. The rates of clients on ART and achieving viral suppression has had an increase of 4.3% from 83.9% of clients virally suppressed in FY22 to 88.2% in FY23.

f. This fiscal year the HIV Care Services Program made considerable updates to SHARE (Sacramento HIV/AIDS Reporting Engine), our client level reporting repository system to make sure it is capturing data accurately. We use SHARE data elements to meet the RSR requirements, provide meaningful data reports that allow us to see where we are with the performance outcome measures, and track budgets/spending by agency. We review these reports to look for trending data, look for and research any variances. The Planning Council uses the information provided to them to make priority and funding decisions by service category. We forward the various reports we run to our subrecipients so that they can correct any data that needs correcting or input data that is missing or outdated. With the updates made this fiscal year we now have reports to stratify patient care continuum data by age, viral load, race, ethnicity, gender, transmission method, etc. for each subrecipient so that we can give this information to them for not only their CQM planning but also for their RW strategic planning.

Program Challenges:

a. The 10% Administrative cap is an ongoing challenge. Staff wages increase annually with cost-of-living adjustments for both recipient and subrecipient staff. Annual awards typically do not increase more than 5% each year, while administrative cost increases exceed that rate annually. It is difficult to secure and retain experienced staff with the 10% administrative cap. It also limits the recipient's ability to update and maintain databases to track and report on client-level data and medical performance indicators necessary for reporting and the annual RSR.

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

c. In addition to geographic challenges in the TGA, another impact over the last few years has been the reduction of HIV care specialists. Many primary care practitioners are now managing HIV care. While this has helped increase provider availability, unfortunately, many of these providers have limited experience working with HIV patients and managing complex or high-acuity cases. They do not have the same infectious disease background or experience in managing co-morbidities often related to HIV infection. They may also not have the same understanding of stigma and other challenges affecting people living with HIV.

d. The Consolidated Appropriations Act of 2023 ended the Continuous Coverage Requirement during the COVID-19 Public Health Emergency. The act required redeterminations to be conducted in accordance with all applicable federal requirements, with new additional conditions including using certain specified sources to maintain up-to-date contact information and required states to make good faith efforts to contact beneficiaries through multiple modalities prior to disenrollment on the basis of returned mail. Through this process, over 1.8 million disenrollments were made in California. According to the KFF, 76 percent of California's de-enrolled population were because of procedural reasons like missing the form deadlines. This typically happens when the state no longer has current contact information for the enrollees or if the enrollee doesn't know or understand how to complete the renewal within the required time frame. This created a burden for Non-Medical and Medical Case Managers to assist clients with getting re-enrolled in Medi-Cal or assisting them with finding other insurance options if they are no longer qualified. They also had to assist clients with obtaining and paying for their medications after they were disenrolled and awaiting their redetermination. Because of a lapse in obtaining medications, patient viral loads may have been affected.

e. Staff turnover has continued to plague subrecipients in the Sacramento TGA. Hiring and retaining trained staff has been an ongoing struggle. HIV Care Services program staff continue to provide technical assistance as needed; however ongoing technical assistance creates strains on program staff as well. Burnout from COVID-19, the retirement of experienced staff, and a younger workforce with little to no experience have led to increased stress, workloads, and ultimately turnover. The 10% administrative cap also makes it difficult to provide competitive compensation to secure skilled staff and reduce turnover.

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

I.a.ii. Factors Impacting the HIV Care Continuum for people with HIV in Sacramento TGA

I.a.ii.1 Expanded/reduced Resources

<u>Expanded Resources:</u>

For the past two years Sacramento County has focused on expanding access to quality HIV care and treatment services for PLWH at our SHC. The SHC has expanded, and additional space has been designated for HIV treatment and care services. The SHC houses a full team that includes a California Pathways into

Public Health (Cal-PPH) Fellow, one (1) Clinic Manager, five (5) Medical Doctors (M.D.), one and a half (1.5) Community Health Workers, five (5) Medical Assistants, three (3) Nurse Practitioners, 2 (two) Clinical Registered Nurses (RNs), one (1) Medical Case-Manager, one (1) PrEP Navigator and one (1) PrEP Navigator/Communicable Disease Investigator (CDI). Our clinic services include PrEP and PEP services (injectable PrEP and DoxyPEP), HIV testing and treatment, HCV rapid and confirmatory testing, STI testing, and various other sexual health services (i.e. pap tests, birth control, pregnancy testing).

Our expansion also includes the addition of onsite HPV and Hepatitis B vaccination; 24/7 web access to PrEP AP enrollment via the MedAssist Client Portal; 24/7 web access to Gilead Enrollment and continued offering of our expanded home-testing program including the following tests: HIV oral swab test, HIV finger stick test, Hepatitis C finger stick test, Syphilis finger stick test, multisite (rectal/throat/urine) gonorrhea and chlamydia testing, and creatinine (for PrEP Panels). Additionally, the SHC has begun offering same-day access to PrEP via prescribing patients a 10-day supply of PrEP after a clinical assessment while waiting for their lab results and submission of a longer prescription, as well as language interpretation assistance for medical services. Medication delivery is now available via participating pharmacies and public health staff, at a limited capacity.

Sacramento County has expanded access to quality HIV care and treatment services for PLWH at our SHC. We are currently providing services for 85 HIV + clients and 15 of the clients were newly diagnosed in 2023.

- 63 Male, 20 Female, 2 Unknown/Declined
- Race/Ethnicity
    - 34 White
    - 19 Latinx
    - 23 Black/AA
    - 3 Asian
    - 2 Unknown/Declined
- Age
    - Less than 18: 1
    - 18-24: 4
    - 25-34: 18
    - 35-44: 21
    - 45-54: 23
    - 55-64: 12
    - 65 and over: 6

Clients are provided essentials such as juice boxes, snacks, food cards, hygiene kits, transportation vouchers (including Uber Health rides), and gift cards for viral suppression. The SHC is continuing to work to adopt and implement youth friendly practices.

In our efforts to guide HIV negative clients to PrEP, in 2023 the Sacramento County SHC received 166 PrEP referrals and provided PrEP care to 109 patients (85 new and 24 existing clients). This total brings us to an initiation rate of 51%; **67** of the referrals came from Sunburst Projects, **2** from the SHC, **15** from Golden Rule Services, **5** from the LGBT Center, **1** from Wind Youth Services, **1** from testing events, **1** from Harm Reduction Services, **2** from SHPU, **9** from PrEP Mate, **10** from Wellspace, **1** from One community Health, **1** from the patient's PCP, **3** were referred from friends/family, **3** were from Other Sources and **42** were Miscellaneous referrals. Additionally, 9 patients were active PrEP patients that were referred from a Sacramento County FQHC that lost their dedicated PrEP provider. The SHC PrEP Navigator worked closely with this FQHC to contact and successfully transfer **6** of these patients with no lapses in medication.

Sacramento County has also focused on building new partnerships and strengthening current partnerships with agencies in the HIV/STD field. These efforts have led to a partnership with Pucci's Pharmacy. Pucci's is a locally owned pharmacy that has offered extensive care and resources related to HIV and PrEP in Sacramento County. This partnership has allowed Sacramento County to provide Apretude (injectable PrEP) to eligible candidates. Medi-Cal covers the cost and Pucci's us able to secure the medication. Pucci's offers PrEP starter packs. Additionally, Sacramento County has completed an MOU with Sierra Foothills AIDS Foundation (SFAF), a small non-profit organization that provides comprehensive support services to PLWH and their families. They also provide education and prevention services to the public, including HIV rapid testing. Sacramento County received permission from CDPH OA to provide rapid HIV tests to SFAF as they transition out of a previous partnership and focus on acquiring funding to expand services.

In partnership with a popular LGBT bar, we conducted PrEP outreach at a weekly drag competition, the Maxx Drag Show on 4/25/2023, 5/23/2023, 5/30/2023. At the show we distributed items that included SHC cards, PrEP materials and branded items, condoms, lube, STI information, partner services cards, PrEP AP information, confidential service cards, youth rights brochures, in-home HIV tests and CA sexual health rights information. Overall, our tabling at the drag show resulted in 298 encounters with local community members (82 at show one, 92 at show two, and 124 at show three).

Sacramento County continues to expand options for in-home testing for members of the Sacramento County community. We expand this through promotion of www.TakeMeHome.org, implementing an at home testing program through Building Health Online Communities (BHOC). This at home testing option increases access to PrEP panels (includes dried Blood Spot (DBS), HIV and creatinine level (kidney function), and STI multisite (Gonorrhea, Chlamydia, Syphilis, Hepatitis C) for harder to reach populations. In 2023 we saw a total of 11,401 TakeMeHome.org website hits, resulting in 687 test kits ordered; with 7 people tested positive for STIs (1 syphilis, 4 CT, and 2 GC) and 0 HIV+ results.

TakeMeHome has recently released PrEPmate, which is a texting platform that can connect interested parties to their local clinic to begin PrEP services. Sacramento County had the privlage of being one of the first two counties to pilot PrEPmate in 2023. TakeMeHome is advertising services, including PrEPmate, on multiple dating apps such as Scruff, Jack'd, A4A, Growler, and Grindr. By partnering with TakeMeHome through the PrEPmate platform, the SHC PrEP program benefits from access to efficient marketing, which should increase the number of new PrEP referrals in future years.

The SHC continues striving to adopt and implement youth friendly practices. In 2023, we partnered with sites such as local schools, community colleges and sites serving transitional aged youth to provide educational resources as well as W3 services. Moreover, contracts were initiated in 2023 to fund a local organization, Sacramento Peers on Prevention (SacPOP) that will oversee the development, recruitment, and facilitation of a youth advisory board. The board will focus on improving sexual health outcomes and enhance immediate access to sexual health screening, testing and treatment services, as well as partner notification and treatment. As well as address sexual health and reproductive justice issues to close the health equity gap among Black, Indigenous, and People of Color (BIPOC) youth.

During 2023, Sacramento County SHPU worked with two SSP organizations, Harm Reduction Services (HRS) and Safer Alternatives through Networking and Education (SANE). While the SSP funding was provided by the State, the SHPU Prevention team funded these two programs to offer HIV/HCV/STI testing services to unhoused folks and people who inject drugs. SANE's services include a needs-based Syringe Exchange Program, distribution of safer sex supplies, HIV & HCV education and referral, overdose prevention education, outreach to people experiencing homelessness, and a low barrier Medication Assisted Treatment (MAT) program. We have worked with SANE to integrate testing activities into their existing SSP activities. SANE began HIV/STI testing in 2023 after hiring a skilled HIV/STD counselor with more than 20 years of experience in the field. To date, SANE has completed 190 HIV tests. In addition to their SSP and HIV/HCV/STI testing, HRS also provides Narcan on demand and training on how to administer it to prevent overdose.

Reduced Resources:

One of our largest subrecipients modified its pharmacy system causing significant hardships and delays in clients obtaining their prescriptions. They switched to a new system that required clients to utilize a mobile app to enroll and fill their prescriptions. If a client did not have a debit/credit card on file with their phone's app system they could not download the app, even though it was free. Also, not all clients possessed a smartphone capable of downloading the app or had the technological abilities to set up and enroll in the app. This required extra time from

case managers to help clients enroll correctly. This led to a lag time for several patients in getting their medications. The issue was brought to the Planning Council to remedy the issue. The sub-recipient distributed a help guide for case managers and rerouted existing employees to the pharmacy helpline to help remediate the situation.

I.a.ii.2. Unmet Need

Increasing Access to Care:

- The HIV Care Services Program continued its funding support for Non-Medical Case Management (NMCM) to ensure clients receive assistance in enrolling in any public benefits for which they may be eligible, including Medi-Cal (Medicaid), Medicare Part D, ADAP, OA-HIPP, Disability Insurance, Social Security, pharmaceutical assistance programs, Covered California, and other state or local healthcare, transportation, food assistance, and supportive services. Additionally, the NMCM assesses patient needs, develops care plans, and assists with the enrollment of clients living with HIV into the Ryan White Part A program. There are now 3 agencies providing Non-Medical Case Management services and an additional $64,528 was dedicated to NMCM in FY23 through carryover and re-allocation funding, as an increased need was indicated.

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

Reducing Health-Related Disparities:

- Significant work has been undertaken to overhaul our HIV Care Services CQM program. The Sexual Health Promotion Unit created a new Quality Improvement position. The new Division Quality Improvement Coordinator, assisted with updating the HIV Care Services Program's CQM Plan, establishing a new CQM Committee, and creating and distributing a Sub-Recipient CQM Checklist & Quarterly Monitoring Tool. Sub-recipients provided feedback on the HIV Care Services Programs CQM plan. The CQM Committee met quarterly to discuss the Model for Improvement/PDSA and selected QI project and conducted a SWOT analysis to continue discussions surrounding the selected project and the next steps in the PDSA cycle. Sub-recipients submitted CQM plans for their agencies and received intensive technical assistance and feedback on their plans. Program staff applied to and began the CQII Learning Lab through Targethiv.org to increase their CQI capacity. Robust CQM activities will continue in FY24.

- This fiscal year the HIV Care Services Program made considerable updates to SHARE (Sacramento HIV/AIDS Reporting Engine), our client-level reporting repository system to make sure it is capturing data accurately. With the updates made this fiscal year we now have reports to stratify patient care continuum data by age, viral load, race, ethnicity, gender, transmission method, etc. for each subrecipient so that we can give this information to them for not only their CQM planning but also for their RW strategic planning. This expansion in data analysis will allow for the recipient and sub-recipients a greater ability to identify health-related disparities based on demographics and medical performance indicators to better reach target populations and reduce these disparities.

- The HIV Care Services Program 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 HIV Care Services program sub-recipients, regardless of the service they provide, document, and track a client's retention in care and viral load status. Clients who receive their care from the HIV Care Services system are provided high-quality care that strives to meet all PHS Guidelines for the treatment of persons with HIV/AIDS. The TGA's outpatient FQHC clinic, which sees the largest population of HIV clients, also offers a one-stop shop for clients where they can fill their medications at the on-site pharmacy, obtain Mental Health and Substance Abuse counseling, Medical Case Management, Non-medical Case Management, Nutritional Counseling, Oral Health Care, and support services such as transportation, insurance, and medical co-payment assistance.

I.a.ii.3. Public Health Emergencies and/or natural disasters

Since the COVID-19 Pandemic, the Sacramento TGA has continued to utilize virtual formats for meetings and/or telehealth, which allows for more availability of appointments. With regulations being lifted, more in-person work, and care has been able to be performed in FY2023. Since the pandemic, mental health, housing, and food continue to be increased needs among clients.

From January 1 – July 31st, 2023, both Sunburst Projects and Pucci's Pharmacy had active MPOX contracts using Emergency MPOX Response funding from the State to conduct MPOX vaccines and outreach. Though the funding has ended, Pucci's Pharmacy continues to offer the vaccine and actively refers clients to our SHC for testing when symptoms are observed/suspected, and we continue to coordinate treatment with UC Davis. Additionally, SHPU received other funding sources to combat the spread of MPOX within the region. This additional funding, which will end June 30th, 2024, enabled Nurse Practitioners in our SHC to incorporate MPOX testing into routine STI testing; allowed for MPOX provider training; and funded the development and disbursement of MPOX educational and informational materials.

Extreme weather events continued in the Sacramento TGA in FY23. In the summer, heat records were broken with temperatures reaching as high as 110 degrees, with 35 days having a temperature of at least 100 degrees. This posed major risks for heat-related illnesses or even death for individuals, especially anyone without effective cooling and adequate hydration or those with existing health conditions. This is especially dangerous for the unhoused population, and while weather respite/cooling centers were activated during extreme events, accessing these was still a challenge.

Winter storms also plagued Northern California with an atmospheric river bringing rain, snow, and wind gusts in excess of 65 mph. (https://www.cbsnews.com/sacramento/live-updates/atmospheric-river-sacramento-heavy-rain-snow-powerful-wind/) As a result, the Sacramento Municipal Utility District[1] (SMUD) reported over 70 power poles were knocked down and 430 wires downed leaving more than 200,000 customers without power. Fallen trees and debris littered Sacramento County and the surrounding areas. There was a storm-related death after a tree fell on a resident in his backyard. Winter storms are extremely dangerous for the unhoused population with individuals getting flooded out, risks to their belongings, and just overall life out there stuck in the rain, as well as fallen debris.

I.a.ii.4. Evolving Healthcare Landscape (e.g. changes in health care coverage options)

Of the clients indicating an insurance source in FY23, 91.12% of the clients in the HIV Care Services Program had a third-party payer: 8.78% had employer-based private insurance and 80.38% had some form of public insurance through

Medicare, Medicaid, or local other governmental programs. However, 8.88% had no insurance.

At the end of FY 2022, 90.4% of the clients in the HIV Care Services Program had a third-party payer: 8.44% had employer-based private insurance and 81.96% had some form of public insurance through Medicare, Medicaid, or local other governmental programs. However, 9.4% had no insurance.
With the end of the Continuous Coverage Requirement for Medi-Cal in response to the end of the COVID-19 pandemic, California enacted Senate Bill 184 (Chapter 47, Statutes of 2022), where California will implement state funded full scope Medi-Cal to individuals aged 26 through 49, regardless of immigration status if otherwise eligible beginning on January 1, 2024. While this was supposed to increase access to healthcare coverage for many Californians issues have still arisen in these individuals getting coverage such as the application still asking for a Social Security Number and other barriers such as fear, confusion about eligibility policies, difficulty navigating the enrollment process, and language and literacy challenges.

Beginning December 1, 2023, Medi-Cal Dental changed from managed care to fee-for-service for newly enrolled clients. Previously enrolled clients had the opportunity to change from managed care to fee-for-service if they filed the appropriate paperwork. Medi-Cal dental providers are still a challenge to find, especially for specialty care.

Previously, wait times for Substance Use Residential exceeded standards of care, by over a month of wait time. The County system of care is being greater utilized and has reduced the burden on Ryan White Part A.

I.a.ii.5. Improved Strategies Following Updates to the Integrated HIV Prevention and Care Plan

Working closely with Facente Consulting and through collaboration with our SacWISH Work Group, our SHPU team has narrowed activities that would be most impactful and feasible out of the six strategies from the blueprint. As of 2024, we are working to finalize our Integrated Plan specific to Sacramento County. Additionally, we have reviewed goals at Sacramento HIV Health Services Planning Council (HHSPC) meetings and all sub-council meetings; goals to be worked on were selected and added to this year’s work plan.

I.a.iii. Sharing HIV Care Continuum outcome information with community stakeholders

The Sacramento HIV Care Continuum is disseminated to the subrecipients, HHSPC, and community stakeholders, including the SacWISH Work Group.

I.b. Planning Council/Body Activities
I.b.i. Planning Council/Body Accomplishments

Allocations and Reallocations:

The FY23 Allocations were approved by the HHSPC in September of 2022, during the Priorities and Allocations Committee (PAC) Part A Grant Application Planning meeting. In April of 2023, PAC and HHSPC approved a General Directive, which provides direction to the Recipient on how to allocate funds should the award come in at various percentages higher or lower than projected.

In September of 2023, PAC and HHSPC approved the carryover of $180,179 from the previous fiscal year. Carryover funding was requested for the following service categories, based on client utilization needs: Health Insurance Premium & Copayment Assistance, Medical Case Management, Non-Medical Case Management, Medical Nutritional Therapy, and Emergency Financial Assistance.

In October of 2023, PAC and HHSPC approved the reallocation of $96,136 in funds based on service categories and client utilization needs.

At the time of Reallocation, funds were reallocated to Health Insurance Premium & Copayment Assistance, Medical Case Management, Mental Health, Medical Transportation, Emergency Financial Assistance, and Non-Medical Case Management as the categories were over-spending.

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

California Planning Group:

The California Planning Group (CPG) is the statewide HIV planning body that enables key stakeholders, communities, and providers to engage in active and ongoing dialogue with the Office of AIDS (OA) to reach the goals of the National HIV/AIDS Strategy and the statewide Integrated Plan. The main functions of this group are to work collaboratively with OA to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan; to monitor the implementation of this plan; and to provide timely advice on emergent issues identified by OA and/or other key stakeholder parties.

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

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

Clarmundo Sullivan is the Executive Director of Golden Rule Services and a subrecipient of the Sacramento County's HIV Prevention Program and HIV Care Services Program. He regularly participates in the HIV Care Services Providers Caucus and HIV Prevention Program's SacWISH Work Group where he provides updates from CPG.

Member Education and Training:

Through Fiscal Year 2023, the HHSPC received training on various topics related to the Ryan White system of care. The trainings were a mixture of both guest presenters and staff/member-lead presentations. Member trainings and presentations included training on the *Mechanics of the Planning Council* and presentations on services provided by Ryan White subrecipients and non-Ryan White funded community-based organizations. These trainings provide programmatic updates, as well as an overview and update of services available from both Ryan White funded subrecipients and other community-based organizations.

In FY23, these **trainings** included:

- Mechanics of the Planning Council
- Priority Setting and Resource Allocation Overview
- Administrative Assessment Overview
- Understanding Reallocation
- New Member Orientations

In FY23, the **presentations** included:

- Sacramento LGBT Center Services
- One Community Health Gender Health Program
- HIV & Aging
- Inclusivity
- CDPH OA Integrated Strategic Plan Update
- CDPH OA Integrated Strategic Plan Blueprint Updates
- STD Control Branch Presentation

Needs Assessment:

In FY23, the HHSPC conducted a focused analysis of the full FY22 needs assessment of PLWH as part of its Ryan White Part A funding for the TGA. This analysis looked at the specific needs of the aging HIV+ population in the TGA. The goal of the Needs Assessment was to analyze data on Service Needs; Service Gaps; and Barriers to Care for PLWH who are greater than 50 years old to assist the Council with effective planning for service funding and service delivery.

In 2023, the HHSPC analyzed its FY22 Needs Assessment with an emphasis on aging PLWH. Of the 191 surveys collected in FY22, 122 were completed by individuals 50+ years old. These surveys were used to do a deeper analysis of the needs of this population. This will help guide the PAC in setting priorities and allocations for the following fiscal years in response to the aging HIV population in the Sacramento TGA.

I.b.ii. Planning Council/Body Challenges

Planning Council Website/Awareness:

In FY23 the HHSPC identified challenges with its current website and public awareness about the Ryan White services and the HIV Health Services Planning and the services/functions they provide. Members expressed that the website was outdated and challenging to navigate to find the information they were looking for. An ad-hoc workgroup was created to research and present solutions to the identified concerns. Members expressed they would like a more modern-looking website with an interactive calendar and map to easily identify when the Council and its committees were meeting and an easier way to identify where different Ryan White funded services are located geographically. Members also expressed the wish for information on prevention services to be included on the website, however, Ryan White funding cannot be used for prevention services.

There was also the issue of who would be responsible for maintaining the website, as the requested update would require more than the current administrative staff/funding has the capacity for. As the Planning Council is ultimately governed by the County Board of Supervisors, program staff has requested guidance from the county public information officer to explore options, as Planning Council Executive leadership has expressed interest in upholding the maintenance of the website. The ad-hoc committee presented three quotes for a new website to the Planning Council Executive leadership and a budget for the new website was presented and approved by the Planning Council to be included in the FY24 Planning Council Budget. This will continue to be addressed by the Planning Council in FY24.

Return to In-Person Meetings:

At the beginning of FY23, with the end to COVID-19 restrictions, the Brown Act in California mandated that all public meetings return to in-person. This created hardships for members to return to in-person meetings for all Planning Council and Committee meetings. For members who live in the rural communities served by our TGA, this meant they needed to obtain transportation up to two hours each way to participate. This was also a hardship for members who did not have flexible jobs that would allow them to participate in person. Committee meeting schedules were reevaluated to maximize member's time and to ensure that all necessary Committee work would be accomplished.

Housing and Homelessness:

Housing is a particular struggle for individuals with low or no income, past evictions, mental health issues, criminal records, and current or past drug use. In fact, according to an article[1] by the Sacramento Bee, Sacramento was No. 16 on the list of U.S. cities with the highest percentage of neighborhoods where homes are too pricey for families making a median married-couple income. The median married-couple household income in Sacramento is $123,012, according to CreditNews Research. Sacramento has a total of 107 neighborhoods of those, nearly 43% are out of reach for families earning a median married household income. (https://www.sacbee.com/news/local/article288281095.html)

Both the City Council and the County Board of Supervisors in Sacramento, as well as Placer County have initiated projects aimed at assisting homeless and low-income individuals, but their efforts are not enough to keep up with the growing need. With approximately 70.61% of the Sacramento HIV Care Services clients served in FY2023 living at or below 138% of poverty, coupled with housing shortages and rent increases, the TGA anticipates these efforts to be insufficient to meet the needs in the region.

The California State University in Sacramento (CSUS) in coordination with Sacramento Steps Forwards conducted a *Point in Time* (PIT) homeless study in February 2022. Findings (https://sacramentostepsforward.org/continuum-of-care-point-in-time-pit-count/2022-pit-count/) indicated that there has been an estimated 67% increase, since 2019, of individuals experiencing homelessness on any given night in Sacramento. A new count was conducted in February 2024, but the results are pending publishment. The Sacramento County Department of Homeless Services and Housing indicates that an estimated 9,278 people are living unhoused in Sacramento County on any given night. Of those, 72 percent are living unsheltered–which means they are living in a tent, a vehicle, or without any shelter. Unfortunately, there are only 2,600 emergency shelter beds throughout Sacramento County. 20.2% of the Sacramento HIV Care Services clients were unstably/unhoused in FY23. Clients are generally more concerned about where they are going to sleep and eat for the night than about seeing their doctor or taking their HIV medicine. For those living on the streets, sweeps happen frequently, and patients often lose their medication and eligibility documents making obtaining services and staying virally suppressed difficult.

Capacity Issues:

The TGA experienced an increase in clients seeking food bank services in FY21 which were augmented with CARES Act COVID Response funding. Since the termination of the CARES Act funding, the TGA has seen an increase in the number of clients receiving Medical Nutritional Therapy, Food Bank services, and Emergency Financial Assistance with the ongoing need. Food prices have increased astronomically in the past few years compared to previous decades, with major

increases coming in the wake of COVID-19. According to the USDA, food prices increased 3.5% in 2020, 3.9% in 2021, 9.9% in 2022, and 5.8% in 2023[1]. Food insecurity has become a constant struggle for clients, especially for those on fixed incomes. Access to a well-balanced diet is essential for clients to maintain their health and keep medication compliant. (https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings/)

Below is an indicator of the service categories which experienced an increase in clients in FY23 compared to FY22.

Service Category	2023 Number of Total Clients	2022 Number of Total Clients	Percent Different	Decrease or Increase
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%	Increase
Emergency Financial Assistance	151	147	2.7%	Increase

I.b.iii.

At the end of FY22, the HHSPC's reflectiveness was 39.1%. However, at the end of FY23, the HHSPC's reflectiveness was 31%. 9 out of the 29 seated Council members were non-aligned Part A consumers. Additionally, there were 3 aligned consumers on the Council. As many jobs have returned to in-person following the wind-down of COVID-19 many unaligned consumers are unable to participate in the HHSPC due to work commitments. There is greater participation among aligned consumers as they work for agencies focused on serving the population at hand and allow for their participation on the council, unfortunately, they cannot be included in reflectiveness. The HHSPC continues to recruit and reach out to potential new members to achieve reflectiveness.

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

I.c. Subrecipient Monitoring Update

I.c.i.

On an annual basis, all subrecipients are required to complete a variety of monitoring tools in order to monitor the status of activities. In 2023, all subrecipients submitted Monthly Monitoring Reports and Biannual Progress Reports. The HIV Care Services Program team completed five (5) chart reviews in CY2023. Additionally, the team completed two (2) site visits and provided one (1) Corrective Action Plan before the end of CY2023. The team is continuing to work on FY23 site visits in the summer of 2024 and finalizing all remaining Corrective Action Plans.

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

I.d.i. Outline EIIHA Activities that were successfully Implemented

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

The following EIIHA Activities were successfully implemented in 2023:

Activity	Outcome
Provide HIV testing to high-risk populations to make them aware of their HIV status.	• During CY 2023, the Sacramento County SHC and affiliated community-based testing sites successfully tested 2,747 high-risk individuals to make them aware of their HIV status and identified 21 newly diagnosed individuals.
Conduct testing at venues accessible and familiar to high-risk populations to maximize testing efforts.	• Utilizing the W3 van, Sacramento County staff service clients three days out of the week at different encampment and shelter sites throughout Sacramento County. The van brings testing for STIs and HIV, as well as some primary healthcare services, directly into the communities in need.
Provide prevention and harm reduction education information, including PrEP information and referrals, to individuals at testing.	• In addition to providing PrEP education to the more than 2,700 individuals who received testing services, over 2,000 PrEP educational materials were distributed during CY2023.

	• In 2023 the Sacramento County SHC received 166 PrEP referrals and provided PrEP care to 109 patients. • 74,364 condoms, 791 dental dams, and 27,497 packets of lubricant were distributed during CY 2023 • Additionally in 2023, SHPU distributed a total of 1,802 SHC branded materials.
Increase percent of newly diagnosed HIV+ people linked to medical care within one month of diagnosis.	• 100% of the community-based testing program's newly identified HIV+ clients (21), were linked to medical care within one month of diagnosis on CY 2023. Fifteen of these were linked within 7 days of specimen collection date.
Educate medical providers on HIV testing and referral resources to increase routine testing of population at large.	• SHPU prevention staff disseminated a large number of materials and branded resource guides to providers throughout the County. • Working to make HIV reporting easier for Physicians by digitizing the Adult Case Report Form (ACRF) and making it available on the Health Department's website in an attempt to encourage providers to report more often.
Certify and train new HIV testers on rapid HIV testing to expand TGA's capacity.	• Between new partnerships with CBOs and new hires within SHPU and the SHC, 11 new HIV testers have been trained and certified.
Educate and enlist the support of community leaders to encourage their continued support of maintaining the HIV/AIDS epidemic as a continuing priority.	• In 2023, SHPU hosted 4 SacWISH meetings (set on a quarterly recurring schedule). A component of these meetings involves discussing current efforts toward the HIV/AIDS epidemic and elicits continued support and potential program expansion efforts.
Make testing sites accessible to targeted populations through venues associated with their culture, geography, and lifestyles. Once tested, ensure that individuals are made aware of their HIV status.	• In CY2023 we are continuing to see a rise in testing partners reported testing numbers. Our testing partners are allowing onsite testing and canvassing of high-risk areas, such as encampments. • Although not a traditional testing site, the TakeMeHome.org program saw an increase in website visits in 2023 resulting in over 600 test kits ordered with 7 people testing positive for STIs and 0 HIV+ results.

Expand testing venues with additional trained testers, who reach more of the targeted populations by increasing the number of individuals who know their HIV status.	• SANE began HIV/STI testing in 2023 after hiring a skilled HIV/STD counselor with more than 20 years of experience in the field. To date, SANE has completed 190 HIV tests.
Provide rapid HIV testing to targeted populations and provide immediate information about their HIV status.	• All patients from priority populations that are interested in sexual health testing are offered rapid HIV testing. Rapid HIV test results are available within 20 – 40 minutes of test collection which allows staff to disclose results during the same encounter.
Decrease barriers that may prevent individuals from each target population from returning for test results	• By utilizing rapid HIV testing, results are available same day (within 20 minutes) - results are provided to clients during the same interaction in order to successfully give clients results. As for STI test results that take a few days for results to be ready, County staff and CBO staff utilize an electronic platform, called Chexout, that can disseminate results either via text or email. If these options are unavailable staff can return to the patient's location to attempt to deliver results this way.
Increase the number of TGA residents at high risk for HIV infection who are on PrEP.	• In CY 2023, the Sacramento County SHC successfully initiated PrEP with 85 clients, while maintaining a caseload of 24 active clients. Countywide PrEP data indicates, as of 2022 there were 1,341 PrEP users in Sacramento County (this is the most recent data available: https://aidsvu.org/local-data/united-states/west/california/sacramento-county/#prep). In addition, SHPU has maintained a partnership with a local marketing firm, Runyon Saltzman Incorporated, to continue to find ways to expand the U=U campaign. In 2023, the campaign began advertising on TikTok as well as adding QR codes to Out of Home ads, which allow for increased data tracking of locations individuals are interacting with the media.

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

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

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

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

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

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

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

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

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

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

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

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

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

Reduce New HIV Infections

NHAS Action Steps*:*

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

The TGA's efforts target youth, in particular young gay men, to get tested. In CY23, 15.6% of tests administered through the TGA's community based EIIHA providers were for clients ages 24 years and younger, exceeding their 2.4% representation in the TGA's HIV epidemic as of 12/31/20. Further, 9% of positive tests in CY23 were for those under age 25. The TGA offers a wide range of testing sites accessible to target populations through

venues associated with their culture, geography, identity, and sexual orientations. Once tested, individuals are made aware of their HIV status – in 2023 100% of positive test results were disclosed and the patients were linked to care. In addition to young adults, the TGA targets the United States' most at risk and disproportionately impacted populations, for transmission of HIV: MSM, people who use drugs, transgender individuals, Black/Latinx populations, and individuals with a previous STI diagnosis.

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

NHAS Action Steps:

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

The SHPU has established a Health Educator that also serves as the Linkage to Care Coordinator; this individual works directly with both our Prevention and Surveillance teams. She works to ensure linkage to medical care and support services both internally and for our community-based testing sites.

A new CDI was hired that also serves as a PrEP navigator. This staff member is embedded in the clinic to ensure availability to patients in person, as needed. This CDI/PrEP Navigator works closely with our CBOs to receive all PrEP referrals, set up appointments for new and current PrEP clients, and provide technical assistance and support linking PrEP clients to clinics and pharmacies for medication adherence.

All new hire CDIs, Health Educators, and Health Education Assistants are offered the opportunity to become phlebotomy licensed. This training will help our program provide field-based confirmatory testing (specimen collection) options for HIV, HCV, and Syphilis.

The HIV Care Services Program works closely with a Sr. CDI from the Surveillance team, whose focus is primarily HIV cases in Sacramento County, to ensure hard to reach clients are retained in care and/or initiate care.

Reduce HIV-Related Health Disparities and Health Inequities

Sacramento County continues to foster relationships with our local community HIV testing partners:

Harm Reduction Services (HRS) is a funded partner of Sacramento County. HRS provides a free and anonymous needle exchange program, HIV/HCV/STI testing, condom distribution, and Ryan White case management services.

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

The Sacramento LGBT Community Center (The Center) currently has a testing partner MOU with the County of Sacramento. The Center works to create a region where LGBTQ+ people thrive. They support the health and wellness of the most marginalized, advocate for equality and justice, and work to build a culturally rich LGBTQ+ community.

Sunburst Projects is funded to provide services under both Ending the Epidemic dollars and 18-1802 funding. Sunburst Projects works to provide a voice to women, men and children impacted by HIV/AIDS. Sunburst has various programs ranging from Medical Case Management, Mental Health Services, to Education and Prevention (HIV/STI Testing Services).
Pucci's Pharmacy is a locally owned pharmacy that has offered extensive care and resources related to HIV and PrEP to underserved residents of Sacramento County.

Safer Alternatives through Networking & Education (SANE) is an additional syringe exchange program located in the Del Paso area of Sacramento. Their services include a needs-based Syringe Exchange Program, distribution of safer sex supplies, HIV & HCV education and referral, overdose prevention education, outreach to people experiencing homelessness, and a low barrier Medication Assisted Treatment (MAT) program.

Gender Health Center (GHC) is a nonprofit organization and community clinic focusing on transgender health. GHC centers Queer and Trans People of Color (QTPOC) in their services, discussions, goals and visions. In previous years, GHC served as a subcontractor of one of our contracted testing sites. In 2022, GHC rebuilt their organization and paused their HIV/HCV/STI testing efforts. Sacramento County continues to provide technical assistance as well as condoms and other supplies to GHC as they work through this transition period. GHC hopes to reestablish testing in the 2024 calendar year.

Achieve a More Coordinated National Response to the HIV Epidemic

NHAS Action Steps:

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

The TGA's EIIHA efforts clearly aim to increase the number of persons who know their sero-status, refer negative clients to PrEP and risk reduction counseling, and immediately link HIV+ clients into care. In an effort to coordinate services, Sacramento County has convened the HIV Test Counselor/ PrEP Navigator Work Group at the local level. This work group provides a space for collaboration and support for our local HIV programs. In addition, Sacramento County participates in the larger Statewide CA PrEP Navigators group in order to stay abreast of what is happening at the State level around HIV prevention and early intervention. Finally, the Sacramento County Sexual Health Promotion Unit leadership works together to coordinate the various federal funding

streams that have been awarded through the Ending the HIV Epidemic (ETHE) Initiative – collaborating on all activities that make up Sacramento's ETHE plan. This plan includes funding from HRSA, CDC, and SAMHSA.

In order to immediately engage newly tested HIV+ clients in care, the SHC has started rapid start antiretroviral therapy. Any patient testing positive on a rapid HIV test in the clinic will not only be provided with case management and further laboratory testing, but they will be provided Rapid ART to begin treatment for HIV same day. This can help alleviate long wait times between appointments and pharmacy visits to ensure the patient is getting treatment as soon as possible.

I.d.ii.1. The following EIIHA Activities were unsuccessful in 2023:

Activity	Barriers and Challenges
Make Routine opt-out-testing (ROOT) more widely practiced throughout Sacramento County	• While ROOT implementation has been successful with some ERs, not all have adopted. Not having ROOT more widely adopted can decrease opportunities to diagnose many of the PLWH who are unaware of their status.
Educate medical providers on HIV testing and referral resources to increase routine testing of population at large.	• In-person training with providers in the TGA was found to be challenging due to scheduling availability of all providers at once. Found that dissemination of materials was a successful way to disseminate important information and updates instead of an in-person training.

I.d.ii.2. Alternative Approaches to Achieve more Favorable Outcomes

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

I.d.iii. Efforts Undertaken to Remove Legal Barriers to Increase Access to Care

None.

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

I.d.iv. Describe how the EIIHA Plan and its Outcomes were Shared with the HIV Stakeholder Community

Results of the EIIHA Plan and Outcomes were disseminated to publicly funded testing agencies and private testers through updates at various collaborative meetings. The HHSPC and the SacWISH Work Group received results of the EIIHA Plan and outcomes. Sacramento County SHPU program staff participated in the development of the Plan's goals and objectives and disseminated this information to its community partners. These annual updates allow community partners to remain involved in new directions that are continually evaluated to reach the TGA's targeted populations.

I.e. Subpopulations of Focus Update

I.e.i. Viral suppression rates for the three subpopulations of focus identified, describing any significant changes in outcomes; indicate the data source.

(HAB Core Measure: HIV Viral Load Suppression: Number/Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral Load test during the measurement year. 85% of clients will be virally suppressed.)

The TGA's 2023 Service Category Plan Included Minority AIDS (MAI) Initiatives that impact positive health outcomes along the HIV Care Continuum for populations experiencing health inequities. The primary goal of the Sacramento TGA's Minority AIDS Initiative Plan is to enhance access to ambulatory medical care and provide ongoing assistance to keep high-risk clients in medical care. Services funded through the MAI grant operate street-side and home-based medical case management services targeted to the TGA's emerging high-risk populations: African American and Hispanic men and women who are substance users/IDUs; homeless; and formerly or about to be incarcerated.

<u>Outcomes by Race/Ethnicity:</u>

During FY23, there were 664 MAI Medical Case Management clients. Of the 664 MAI clients, 14 clients (2.1%) did not have a reported viral load test since January 1, 2023, so it is unknown if they were virally suppressed or in medical care during the reporting period.

Of the overall 650 total clients having received a viral load during the reporting period, 52.2% were Black or African American (339 clients), the TGA's largest MAI population. However, of the 339 total Black or African American clients, 92.3% (313 clients) were Virally Suppressed. Whereas Hispanic/Latinx accounted for 37.9% (246 clients) of the total MAI clients and 93.9% were virally suppressed. Please refer to the chart below.

Clients receiving a Viral Load Test in the Reporting Period

Race/Ethnicity	FY23 Total Number of Clients by Race	FY23 Number of Clients within Race Category Achieving Viral Load Suppression	FY23 Percent of Clients within Race Category Achieving Viral Load Suppression
American Indian/ Alaskan Native	18	17	94.4%
Asian	37	35	94.6%
Black or African American	339	313	92.3%
Hispanic or Latinx	246	231	93.9%
Native Hawaiian/ Pacific Islander	10	9	90.0%
Totals	650	605	93.1%

Outcomes by Age:

Of the overall 650 total MAI clients having received a viral load during the reporting period by age group, youth and young adults ages 19-24 had a viral suppression rate of 81.8%; MAI clients between 25-44 years of age had a viral suppression rate of 90.6%; and adults aged 45 and older had a viral load suppression rate of 95.1%.

Total Clients Receiving a Viral Load during the Reporting Period

Age Group	**FY23 Total MAI Clients**	**FY23 Total Viral Suppression**	**FY23 Percent Virally Suppressed by Age Group**
0-18 Years	0	0	N/A
19-24 Years	11	9	81.8%
25-44 Years	254	230	90.6%
45+	385	366	95.1%
Totals	660	605	93.1%

Outcomes by Gender:

Of the overall 650 total MAI clients having received a viral load during the reporting period by gender, transgender client decreased their viral suppression rates over the prior reporting period.

Total Clients Receiving a Viral Load during the Reporting Period

Gender	FY23 Total MAI Clients	FY23 Total Viral Suppression	FY23 Percent Virally Suppressed by Gender
Male	488	450	92.2%
Female	137	132	96.4%
Transgender	25	23	92.0%
Totals	650	605	93.1%

I.e.ii. Describe how MAI services implemented in FY 2023 address the needs of the three subpopulations of focus. And, the impact of the services on outcome measures in viral suppression, as applicable.

Since the inception of the MAI program in the Sacramento TGA, the field-based medical case management model has demonstrated its effectiveness in keeping clients in care and improving their health outcomes. MAI subrecipients have been able to build trust within the community to reach the targeted population and forge the working relationship necessary with clients and other agencies to ensure on-going medical services are received. The subrecipients utilize a combination of in-home medical case management services, street-side medical case management and pre/post incarceration medical case management services to reach those in need. Harm Reduction Services (HRS) a subrecipient of MAI Medical-Case management funding, provides a free and anonymous needle exchange program, HIV/HCV/STI testing, condom distribution, and field-based case management services as an agency. They work closely with the TGA's high risk minority populations and help keep them engaged in care and virally suppressed. In FY23, the health outcomes of the MAI clients indicated that 91.1% of these clients achieved viral load suppression. This is an increase over the prior year. The health outcomes of the MAI clients at the end of FY22 show that the percentage of RW MAI clients that achieved viral load suppression was 89.36%.

I.e.iii. Describe any challenges meeting the needs of the subpopulations of focus and how these challenges were addressed.

The Minority AIDS Initiative in the Sacramento Transitional Grant area served 664 clients. The RW Part A MAI funding is especially important to the TGA as Part B is no longer funding MAI services after FY23. The difficult lifestyles of these high-risk clients

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

In Sacramento, the MAI subrecipients have been able to build trust within the community to reach the targeted population and forge the working relationship necessary with clients and other agencies to ensure on-going medical services are received. The subrecipients utilize a combination of in-home medical case management services, street-side medical case management and pre/post incarceration medical case management services to reach those in need. In previous years, many an hour was spent in a client's place of residence or on the side of a river/ unhoused encampments encouraging clients to seek and maintain care. Since COVID-19, telehealth has continued to play an extremely important role in reaching clients where they are even now that field-based visits have resumed; they are vital to keeping clients in care.

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

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

I.f. Integrated HIV Prevention and Care Plan Update

I.f.i. Detail HIV Prevention activities within the jurisdiction; include processes used to measure progress towards the goals and objectives of the Integrated Plan.

The County SHPU programs have been working closely with Facente Consulting, which is a consulting group that was hired and is funded by the State. Facente Consulting has presented at the HHSPC and at SacWISH meetings to update all community partners and stakeholders on what the Integrated Plan is, how it was developed, and the continuous efforts to make this blueprint a living document. SHPU, with the assistance of Facente Consulting, distributed community survey responses that have been compiled to help tailor the blueprint of the Integrated Plan.

I.f.ii. Describe how you have provided regular updates to the planning councils /bodies and stakeholders on the progress of Integrated Plan implementation, how you solicit feedback from stakeholders and you use that feedback for Integrated Plan improvements.

The County SHPU programs have a standing agenda item at our SacWISH meetings to discuss and provide updates on all HIV Prevention and Care plans. During this time, our programs allow space for community partners to also share their updates and ask questions. The HIV Care Services Program updates the HHSPC at a minimum annually on the Plan, and as needed as changes are made. Additionally, the State OA and Facente Consulting have presented at HHSPC meetings to provide updates on the Plan.

I.f.iii. Since the Integrated Plan is a living document, indicate if there have been any updates to the plan.

There have been no official updates to the Plan. Our program is actively reviewing the blueprint to identify what activities we will incorporate into our LHJ plan.

II. Final FY 2023 Service Category Plan Table and HIV Care Continuum Services Table

II.a. FY2023 Final Service Category Table

See **Attachment A**

II.b. FY2023 Final Care Continuum

See **Attachment B**

III. FY 2023 Women, Infants, Children and Youth (WICY) Report

By February of 2024, the TGA had exceeded it required expenditures for Women, Infants, Children and Youth. Total expenditures for WICY must meet a minimum of 18.37% of the total Part A grant award less the fiscal administrative costs. At year-end, WICY total expenditures represented 24.04% (Part A and Part A MAI) of the grant award direct service expenditures.

	% Women	% Infants	% Children	% Youth
CDC Epidemiological	15.93%	0.00%	0.04%	2.04%
FY23 Sacramento TGA Data	20.84%	0.00%	0.16%	3.04%

See Attachment C.

Total expenditures for WICY must meet a minimum of 18.32% of the total Part A and Part A MAI direct service grant award. At year-end, WICY expenditures ($791,761) represented 24.04% (Part A and Part A MAI) of the grant award direct service expenditures. See **Attachment C**.

Recipient Name: County of Sacramento
Grant Number: H89HA00048

Part A Service Category Plan Table

Service Categories	FY 2023 Estimated (Input from approved submission)					FY 2023 Actual						
Core Medical Services	Priority #	Allocated Amount	Unduplicated Clients	Service Unit Definition	Service Units	Expended Amount	Variance %	Unduplicated Clients	Variance %	Service Units	Variance %	Average Cost per Service Unit
AIDS Drug Assistance Program (ADAP) Treatment	29	Not Presently Funded				Not Presently Funded						
AIDS Pharmaceutical Assistance (LPAP)	2	Not Presently Funded				Not Presently Funded						
Early Intervention Services	30	Not Presently Funded				Not Presently Funded						
Health Insurance Premium & Cost Sharing Assistance	3	$ 9,224	10	1 unit = 1 Vendor Paid Insurance, Medical Visit or Deductible Co-pay dollar	8385	$ 19,112	107%	11	10%	27811	232%	$0.69
Home & Community Based Health Service	21	Not Presently Funded				Not Presently Funded						
Home Health Care	22	Not Presently Funded				Not Presently Funded						
Hospice	23	Not Presently Funded				Not Presently Funded						
Medical Case Management (Incl. Treatment Adherence)	5	$ 1,123,447	1465	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	57362	$ 1,215,291	8%	913	-38%	54908	-4%	$22.13
Medical Nutrition Therapy	16	$ 12,374	50	1 unit - 1 Medical Nutritional Therapy face-to-face encounter	825	$ 38,792	213%	166	232%	939	14%	$41.31
Mental Health Services	8	$ 462,739	551	1 unit = 1 face to face or other encounter	5237	$ 507,670	10%	457	-17%	8010	53%	$63.38
Oral Health Care	4	$ 283,616	370	1 unit = 1 visit or vendor dollar	2181	$ 280,619	-1%	478	29%	132252	5964%	$2.12
Outpatient/ Ambulatory Health Services	1	$ 468,449	1632	1 unit = 1 visit or vendor dollar	4682	$ 418,549	-11%	1133	-31%	48702	940%	$8.59
Substance Abuse Outpatient Care	11	$ 188,815	170	1 unit = 1 face to face or other encounter	6511	$ 181,127	-4%	169	-1%	3327	-49%	$54.44
CORE MEDICAL TOTAL		$ 2,548,664				$ 2,661,160						

Support Services													
Child Care Services	14	$ 22,154	10	1 unit = 1 Vendor Child Care Dollar	20140	$ 12,900	-42%	4	-60%	11727	-42%	$1.10
Emergency Financial Assistance	15	$ 83,293	138	1 unit = 1 Vendor Paid Other Critical Need	75721	$ 101,845	22%	147	7%	95569	26%	$1.07
Food Bank/ Home Delivered Meals	7	$ 34,654	243	1 unit = 1 Vendor paid food dollar	31504	$ 54,293	57%	345	42%	49611	57%	$1.09
Health Education/ Risk Reduction	17	Not Presently Funded				Not Presently Funded						
Housing	13	$ 24,015	26	1 unit = 1 Vendor paid lodging dollar	21832	$ 19,129	-20%	10	-62%	17390	-20%	$1.10
Legal Services (Other Professional Services)	24	Not Presently Funded				Not Presently Funded						
Linguistics Services	20	Not Presently Funded				Not Presently Funded						
Medical Transportation	10	$ 110,662	527	1 unit = 1 One-Way trip or Vendor transportation dollar	100600	$ 115,374	4%	486	-8%	95087	-5%	$1.21
Non-Medical Case Management Services	6	$ 61,504	140	1 unit = 1 Benefits Counseling face to face or other encounter	4100	$ 124,074	102%	567	305%	5558	36%	$22.32
Outreach Services	18	Funded by Part B Only				Funded by Part B Only						
Outreach Services MAI	19	Funded by Part B Only				Funded by Part B Only						
Permanency Planning	25	Not Presently Funded				Not Presently Funded						
Psychosocial Support	9	Not Presently Funded				Not Presently Funded						
Referral For Health Care Supportive Services	26	Not Presently Funded				Not Presently Funded						
Rehabilitation Services	27	Not Presently Funded				Not Presently Funded						
Respite Care	28	Not Presently Funded				Not Presently Funded						
Substance Abuse-residential	12	$ 65,562	21	1 unit = 1 Detox Hour	4098	$ 12,910	-80%	5	-76%	11736	186%	$1.10
SUPPORT SERVICES TOTAL		$ 401,844				$ 440,524						
GRAND TOTAL		$ 2,950,508				$ 3,101,684						

FY 2022 PART A Allocations	FY 2023 PART A Allocations	
	Core Medical Services	Support Services
FY 2022 Percentages	86.38%	13.62%

FY 2023 PART A Expenditures		
	Core Medical Services	Support Services
FY 2023 Percentages	85.80%	14.20%

FY 2022 PART A + MAI Allocations	FY 2023 PART A + MAI Allocations	
	Core Medical Services	Support Services
FY 2022 Percentages	87.20%	12.80%

FY 2023 PART A + MAI Expenditures		
	Core Medical Services	Support Services
FY 2023 Percentages	86.62%	13.38%

Part A Service Category	Comments
AIDS Drug Assistance Program (ADAP) Treatment	Not funded with Part A Funds
AIDS Pharmaceutical Assistance (LPAP)	Not funded with Part A Funds
Early Intervention Services	Not funded with Part A Funds
Health Insurance Premium & Cost Sharing Assistance	The TGA expended more funds in this service category than anticipated.
Home & Community Based Health Service	Not funded with Part A Funds
Home Health Care	Not funded with Part A Funds
Hospice	Not funded with Part A Funds
Medical Case Management (Incl. Treatment Adherence)	This service category is the gateway to Ryan White services. Additional funds were allocated to meet the service demand.
Medical Nutrition Therapy	This service category experienced a significant increased in the number of clients served resulting in more funds being allocated to meet the service demand.
Mental Health Services	Although fewer clients were served than anticipated, additional funds were allocated to meet the service demand of those receiving mental health services.
Oral Health Care	Although there was a slight decrease in expenditures, there was a significant increase in the number of clients served and units of services provided to clients who experienced greater dental needs.
Outpatient/ Ambulatory Health Services	A reduction in the number of clients served during the reporting period, resulted in less expenditures. However there was an increase in units of service than originally estimated.
Substance Abuse Outpatient Care	Although there was a 4% decrease in expenditures, there was a 49% decrease in the units of service provided.

Child Care Services	With the use of tele-health services, fewer clients were in need of child care services.
Emergency Financial Assistance	The TGA expended more funds in this service category than anticipated indicating a greater need for financial assistance.
Food Bank/ Home Delivered Meals	The TGA expended more funds in this service category than anticipated indicating a growing food insecurity problem.
Health Education/ Risk Reduction	Not funded with Part A Funds
Housing	A reduction in the number of clients served during the reporting period, resulted in less expenditures and decrease in units of service than originally estimated.
Linguistics Services	Not funded with Part A Funds
Medical Transportation	Despite an increase in expenditures, the number of clients served and units of service provided decreased. Transportation continues to be reported as a barrier by clients.
Non-Medical Case Management Services	The number of subrecipients providing Non-Medical Case Management has increased resulting in an increase in number of clients served, units of service and expenditures.
Other Professional Services	Not funded with Part A Funds
Outreach Services	Not funded with Part A Funds
Psychosocial Support	Not funded with Part A Funds
Referral For Health Care Supportive Services	Not funded with Part A Funds
Rehabilitation Services	Not funded with Part A Funds
Respite Care	Not funded with Part A Funds
Substance Abuse-residential	There have been significant decreases in expenditures and clients served due to the increased availability/use of Drug Medi-Cal funded services.

Recipient Name: County of Sacramento
Grant Number: H89HA00048

l Service Category Plan Ta — MAI Service Category Plan Table

Service Categories	FY 2023 Estimated (Input from approved submission)						FY 2023 Actual						
	Priority #	Allocated Amount	Unduplicated Clients	Service Unit Definition	Service Units	Subpopulation(s) of Focus	Expended Amount	Variance%	Unduplicated Clients	Variance%	Service Units	Variance %	Average Cost per Service Unit
Core Medical Services													
Medical Case Management (Incl. Treatment Adherence)	5	$ 118,236.00	437	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	13927	Black/African American	$ 126,558.00	7%	347	-21%	14208	2%	$8.91
Medical Case Management (Incl. Treatment Adherence)	5	$ 52,514.00	163	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	5380	Hispanic/Latino	$ 53,263.00	1%	252	55%	5468	2%	$9.74
Medical Case Management (Incl. Treatment Adherence)	5	$ 8,414.00	48	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	593	Asian	$ 5,566.00	-34%	37	-23%	361	-39%	$15.42
Medical Case Management (Incl. Treatment Adherence)	5	$ 6,952.00	23	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	699	American Indian/Alaskan Native	$ 5,584.00	-20%	18	-22%	721	3%	$7.74
Medical Case Management (Incl. Treatment Adherence)	5	$ 2,518.00	8	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	132	Native Hawaiian/ Pacific Islander	$ 696.00	-72%	10	25%	46	-65%	$15.13
CORE MEDICAL TOTAL		$ 188,634.00					$ 191,667.00						
Support Services													
SUPPORT SERVICES TOTAL		$ -					$ -						
GRAND TOTAL		$ 188,634.00					$ 191,667.00						

FY 2022 MAI Allocations	FY 2023 MAI Allocations	
	Core Medical Services	Support Services
FY 2022 Percentages	100.00%	

FY 2023 MAI Expenditures		
	Core Medical Services	Support Services
FY 2023 Percentages	100.00%	

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

Diagnosis-Based HIV Care Continuum Services Table

Indicate surveillance data source as local, jurisdictional or CDC. Data source should remain the same for each year in the 3-year grant cycle. Client level data is not an acceptable source of surveillance data.	**Jurisdictional - California State Office of AIDS**

Stages of the HIV Care Continuum

I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.

Goal	Prevent new HIV infections.	**Objective**	By 2025, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: HNSP, Indicator 1)

FY 2023 Baseline				
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34).	151	**Denominator:** Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	151	100%
FY 2023 Actual			Percentage Change from Baseline to Actual	**#VALUE!**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34).	N/A	**Denominator:** Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	N/A	#VALUE!
Comments for any stage with percentage change less than 1% or greater than 6%:	Sacramento Ryan White funds do not support Testing and therefore cannot report "Diagnosed" within the Ryan White system.			

II. Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.

Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6).

FY 2023 Baseline				
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).	3913	**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	4793	82%
FY 2023 Actual			Percentage Change from Baseline to Actual	**-9%**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).	1587	**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	2171	73%
Comments for any stage with percentage change less than 1% or greater than 6%:	Some providers charge a fee for medical records which is a barrier for obtaining updated labs.			

III. Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6).		
FY 2023 Baseline					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).	2668		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	4793	56%
FY 2023 Actual			Percentage Change from Baseline to Actual		**-10%**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).	988		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	2171	46%
Comments for any stage with percentage change less than 1% or greater than 6%:	As we have expressed to our Project Officers, healthy people only go to their doctor once a year and labs are ordered once as well. It hard to achieve this objective as a result.				
IV. Viral Suppression: Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6).		
FY 2023 Baseline					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).).	3913		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	4793	82%
FY 2023 Actual			Percentage Change from Baseline to Actual		**6%**
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).	1912		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	2171	88%
Comments for any stage with percentage change less than 1% or greater than 6%:					

V. Linkage to Care: Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load.					
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2025, increase the percentage of persons with newly diagnosed HIV infection who are linked to HIV medical care within one month of diagnosis to at least 95%. (Source: NHSP, Indicator 5).		
FY 2023 Baseline					
Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).).	131		**Denominator:** Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.	151	87%
FY 2023 Actual			Percentage Change from Baseline to Actual		**5%**
Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4).	63		**Denominator:** Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.	69	91%
Comments for any stage with percentage change less than 1% or greater than 6%:					

Narrative describing Integrated Plan implementation impact on Actual outcomes:

The HIV Care Services Program staff, along with other SHPU staff, are working closely with Facente Consulting. Through our consulting partnership and utilizing our SacWISH Work Group, our team has narrowed activities that would be most impactful and feasible out of the six strategies from the blueprint. As of 2024, we are working to finalize our Integrated Plan specific to Sacramento County. Additionally, we have reviewed goals at Sacramento HIV Health Services Planning Council (HHSPC) meetings and all sub-council meetings; goals to be worked on were selected and added to this year's work plan.

Numerator and Denominator Definitions Sources:

*2021 Updated Edition: Volume 34, Diagnoses of HIV Infection in the United States and Dependent Areas
**HIV National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025, 2021
***The Diagnosed stage measures the percentage of the total number of people with HIV whose infection has been diagnosed. To determine this percentage, the denominator for the Diagnosed

FY 2013 Ryan White Part A
WICY Expenditure Report Worksheet

	A	B	C	D	E	F	G	H	I
3	**Section A: Identifying Information**		**FY 2023 TOTAL Service Expenditures**	$3,293,351.00					
4	**Recipient name: County of Sacramento**								
5	**Grant Number: H89HA00048**								
6									
7									
8	**Section B: Percent of HIV/AIDS Cases in the EMA/TGA**	**Note:** ***In some cases the below cells will automatically convert the percentage based upon the numbers entered. Therefore, if the percent of estimated living HIV/AIDS cases for children in your EMA/TGA is 0.02%, you must input the number as .0002 so when the cell converts it, it becomes 0.02%.***							
9									
10	CDC Data Percentage (insert based on applicable percentages on 2022 Part A WICY Data Tab)	Women:	15.93%	Infants:	0.00%	Children:	0.04%	Youth	2.04%
11	Total Part A Funds Used to Provide Services in FY 2023:	#1. Amount	#2. Percent	#3. Amount	#4. Percent	#5. Amount	#6. Percent	#7. Amount	#8. Percent
12		**$686,365.00**	**20.84%**	**$0.00**	**0.00%**	**$5,205.00**	**0.16%**	**$100,191.00**	**3.04%**
13	Are you requesting a WICY Waiver? (select "**yes**" or "**no**" in the dropdown menu in cell B13):	No							
14									
15	**Section C: WICY Waiver Expenditures FY 2023** ***(If you have Part A Expenditures less than the Percent of HIV/AIDS Cases in the EMA/TGA for any WICY Population, complete the Expenditure information below. This information will serve as the justification for the Waiver)***	**Use CDC Data from Calendar Year 2022 for FY 2023 Reporting of WICY Expenditure Report**							
16	**Total Part B Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
17	**Total Part C Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
18	**Total Part D Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
19	**Total Medicaid Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
20	**Total Medicare Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
21	**Total CHIP Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
22	**Other Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
23	**Other Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
24	**Other Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
25	**Other Funds Used to Provide Services in FY 2023:**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**
26	**Total**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**	**$ -**	**0.00%**

County of Sacramento
Department of Health Services
Public Health

New Clients by County and Service Category Report

DHS - CARE System
Client Demographic Reports

Selection Criteria: Dates From 3/1/2023 To 2/29/2024

Service Category	New Clients
El Dorado	7
Emergency Financial Assistance	5
Health Insurance Premium & Cost Sharing Assistance	1
Medical Case Management Services	7
Medical Transportation Services	5
Placer	13
Emergency Financial Assistance	8
Food Bank/Home Delivered Meals	1
Health Education/Risk Reduction	1
Medical Case Management Services	12
Medical Transportation Services	8
Mental Health Services	1
Non-Medical Case Management Services	2
Oral Health Care	1
Outpatient /Ambulatory Health Services	5
Outreach Services	1
Sacramento	167
Emergency Financial Assistance	3
Food Bank/Home Delivered Meals	53
Health Education/Risk Reduction	10
Housing Services	2
Medical Case Management Services	126
Medical Nutrition Therapy	17
Medical Transportation Services	52
Mental Health Services	39
Non-Medical Case Management Services	113
Oral Health Care	44
Outpatient /Ambulatory Health Services	141
Outreach Services	33
Substance Abuse Services-Outpatient	14

New Clients by County and Service Category Report

DHS - CARE System
Client Demographic Reports

Yolo	8
Food Bank/Home Delivered Meals	3
Medical Case Management Services	4
Medical Nutrition Therapy	1
Medical Transportation Services	3
Non-Medical Case Management Services	2
Outpatient /Ambulatory Health Services	4
Grand Total - All Counties and Service Categories	195

This report shows new clients grouped by County and Service Category for clients with service detail records within a

County of Sacramento
Department of Health Services
Public Health

Clients by CD4 Report

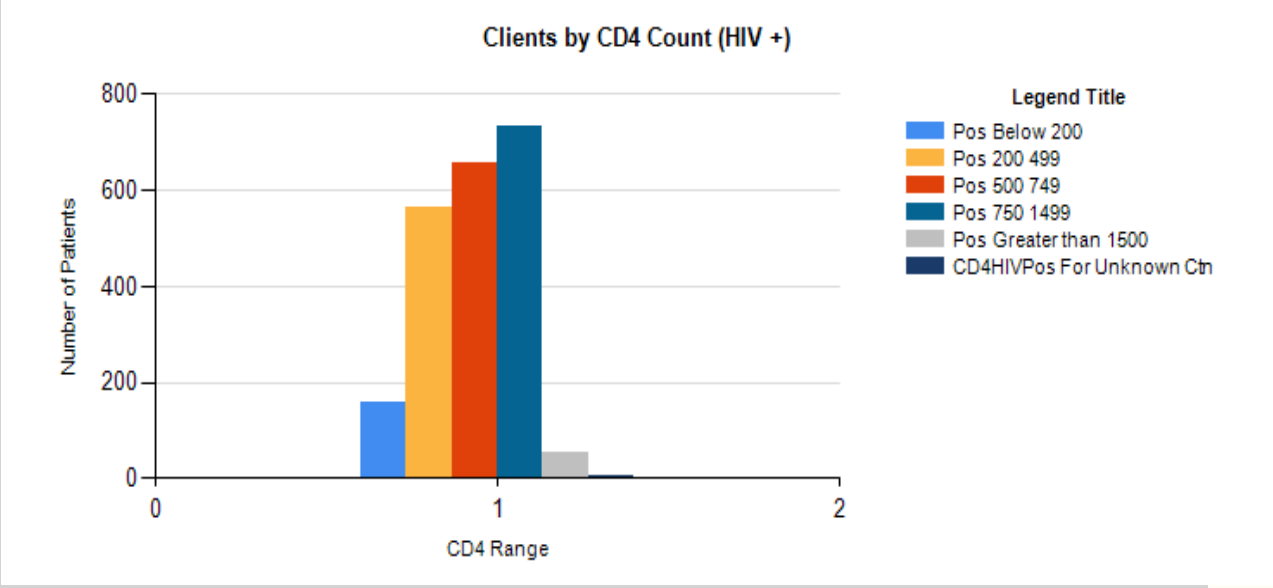
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Numeric Analysis	CD4 Range	Number of Clients HIV+	Percentage HIV+
	Below 200	160	7.37%
	200 - 499	563	25.93%
	500 - 749	658	30.31%
	750 - 1499	731	33.67%
	Greather than 1500	54	2.49%
	Unknown/Unreported	5	0.23%
	Total Clients	**2171**	**100.00%**

Visual Analysis:



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

County of Sacramento
Department of Health Services
Public Health

Clients by Viral Load Report

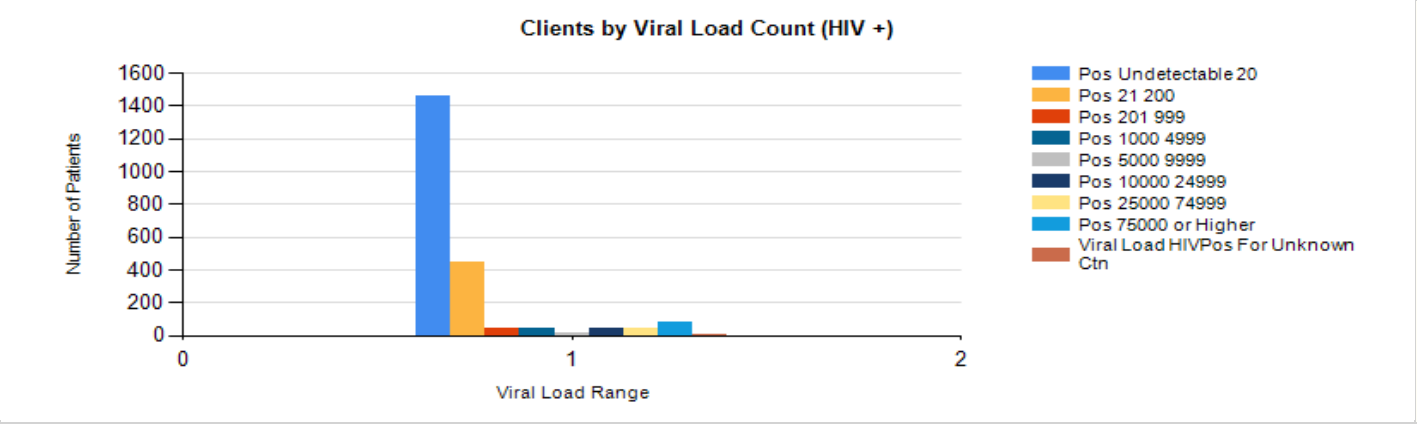
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Numeric Analysis	CD4 Range	Number of Clients HIV+	Percentage HIV+
	Unknown/Unreported	4	0.18%
	<= 20 (Undetectable)	1,454	66.97%
	21 - 200 (Virally suppressed <=200)	450	20.73%
	201 - 999	46	2.12%
	1,000 - 4,999	41	1.89%
	5,000 - 9,999	15	0.69%
	10,000 - 24,999	44	2.03%
	25,000 - 74,999	39	1.80%
	75,000 or Higher	78	3.59%
	Total Clients	**2171**	**100.00%**

Visual Analysis:



County of Sacramento
Department of Health Services
Public Health

Clients by County Report

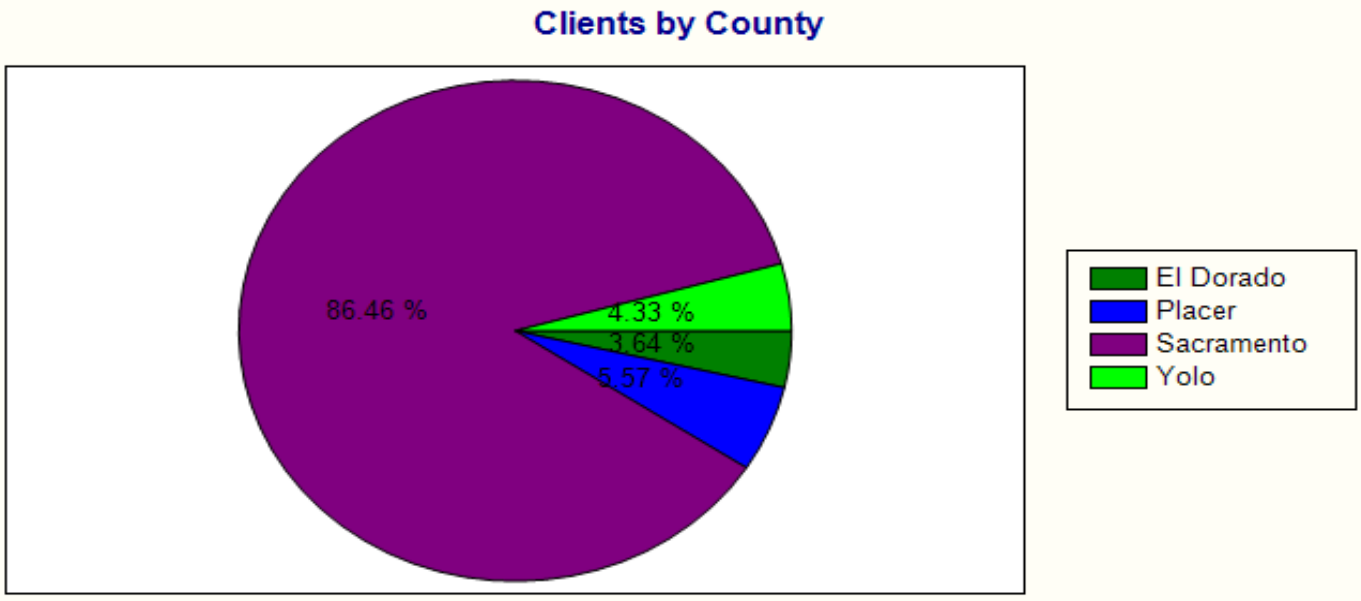
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Numeric Analysis	County	Number of Clients	Percentage
	El Dorado	79	3.64%
	Placer	121	5.57%
	Sacramento	1,877	86.46%
	Yolo	94	4.33%
	Total Clients	2,171	100.00%

Visual Analysis:



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

County of Sacramento
Department of Health Services
Public Health

Clients by Age Report

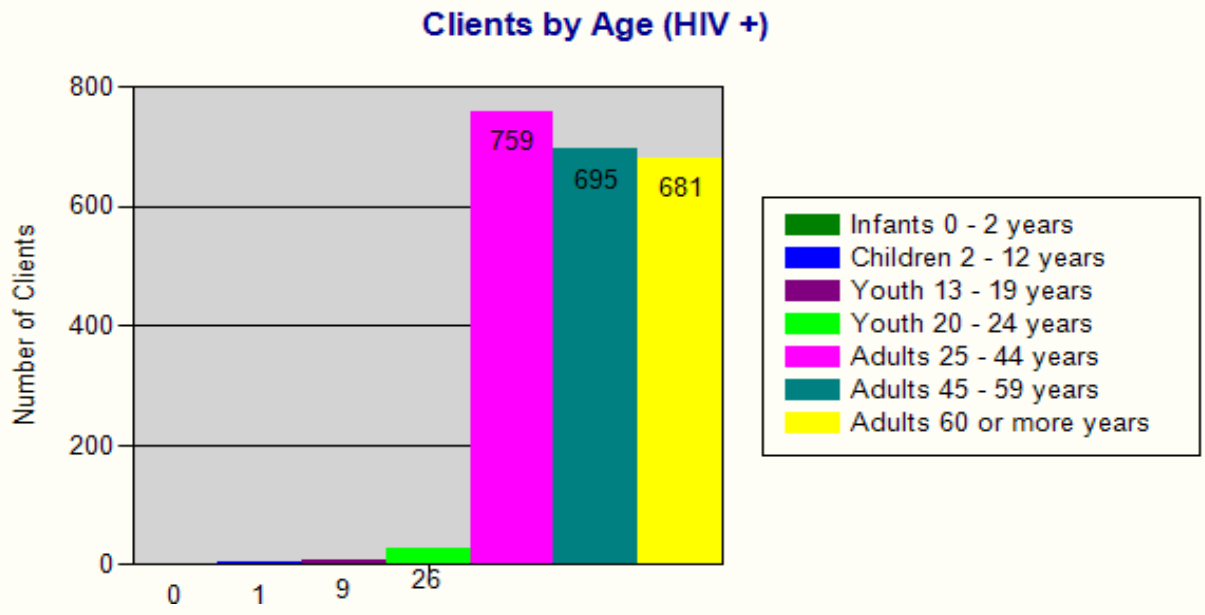
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Numeric Analysis	Age Category	Number of Clients HIV+	Percentage HIV+
	Infants 0 - 2 years	0	0.00%
	Children 3 - 12 years	1	0.05%
	Youth 13 - 19 years	9	0.41%
	Youth 20 - 24 years	26	1.20%
	Adults 25 - 44 years	759	34.96%
	Adults 45 - 59 years	695	32.01%
	Adults 60 or more years	681	31.37%
	Total Clients	2171	100.00%

Visual Analysis:



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

County of Sacramento
Department of Health Services
Public Health

Clients by Gender Report

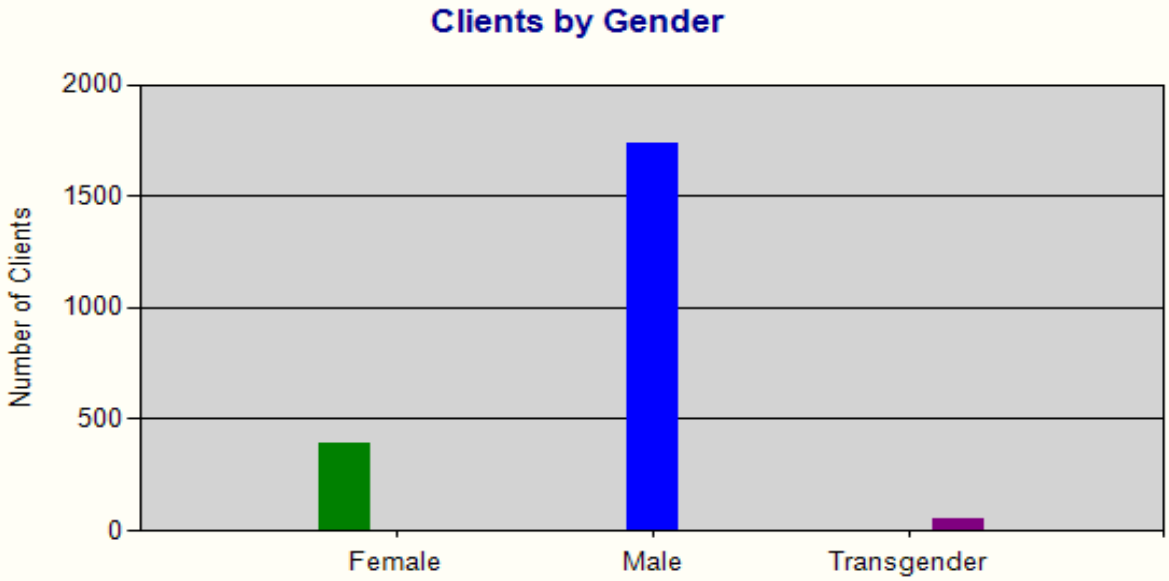
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Numeric Analysis	Age Category	Number of Clients	Percentage
	Female	390	17.96%
	Male	1,733	79.82%
	Transgender	48	2.21%
	Total Clients	2,171	99.99%

Visual Analysis:



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

County of Sacramento
Department of Health Services
Public Health

Clients by Transmission Method Report

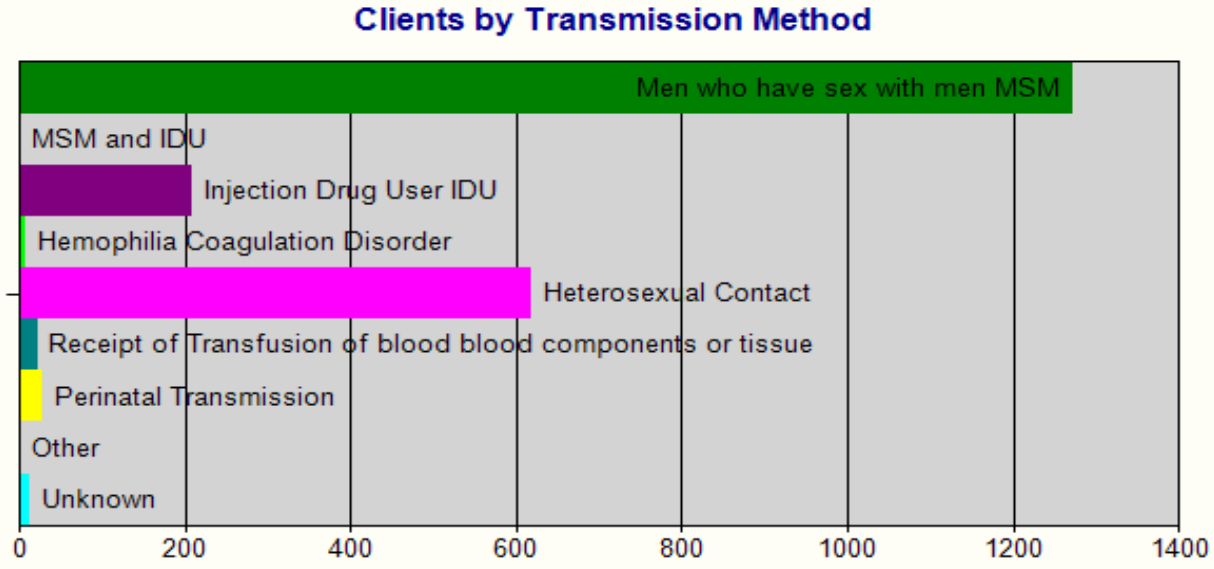
DHS - CARE System

Client Demographic Reports

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Numeric Analysis	Transmission Method	Number of Clients	Percentage
	Men who have sex with men (MSM)	1,273	58.64%
	Injection Drug Use (IDU)	209	9.63%
	MSM and IDU	0	0.00%
	Hemophilia/Coagulation disorder	8	0.37%
	Heterosexual contact	618	28.47%
	Receipt of blood transfusion, blood components, or tissue	23	1.06%
	Perinatal transmission	28	1.29%
	Other	0	0.00%
	Undetermined/Unknown/Risk not reported or identified	12	0.55%
	Total Clients	2,171	100.00%

Visual Analysis:



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

County of Sacramento
Department of Health Services
Public Health

Income By Persons in Household Report - 2023

DHS - CARE System

Selection Criteria: Reporting on Dates From March, 2023 To February, 2024
Using US Poverty Guidelines from 2023

Persons in Household	0-100%			101-138%			139-200%			201-300%			301-400%			401-500%			Over 500%		
	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct	Guide =>	Count	Pct
1	$14,580	1,057	48.69%	$20,120	222	10.23%	$29,160	203	9.35%	$43,740	174	8.01%	$58,320	72	3.32%	$72,900	30	1.38%	$72,901	2	0.09%
2	$19,720	112	5.16%	$27,214	31	1.43%	$39,440	34	1.57%	$59,160	33	1.52%	$78,880	21	0.97%	$98,600	7	0.32%	$98,601	0	0.00%
3	$24,860	45	2.07%	$34,307	10	0.46%	$49,720	9	0.41%	$74,580	14	0.64%	$99,440	2	0.09%	$124,300	0	0.00%	$124,301	0	0.00%
4	$30,000	25	1.15%	$41,400	6	0.28%	$60,000	15	0.69%	$90,000	6	0.28%	$120,000	2	0.09%	$150,000	0	0.00%	$150,001	0	0.00%
5	$35,140	9	0.41%	$48,493	3	0.14%	$70,280	3	0.14%	$105,420	5	0.23%	$140,560	2	0.09%	$175,700	0	0.00%	$175,701	0	0.00%
6	$40,280	7	0.32%	$55,586	5	0.23%	$80,560	1	0.05%	$120,840	1	0.05%	$161,120	2	0.09%	$201,400	0	0.00%	$201,401	0	0.00%
7	$45,420	0	0.00%	$62,680	0	0.00%	$90,840	0	0.00%	$136,260	0	0.00%	$181,680	0	0.00%	$227,100	0	0.00%	$227,101	0	0.00%
8	$50,560	1	0.05%	$69,773	0	0.00%	$101,120	0	0.00%	$151,680	0	0.00%	$202,240	0	0.00%	$252,800	0	0.00%	$252,801	0	0.00%
Total		1,256	57.85%		277	12.76%		265	12.21%		233	10.73%		101	4.65%		37	1.70%		2	0.09%
Total Clients		2,171																			

The two clients at are over 500% of FPL are only receiving medical case management services.

County of Sacramento
Department of Health Services
Public Health

Clients by Ethnicity Report

DHS - CARE System
Client Demographic Reports

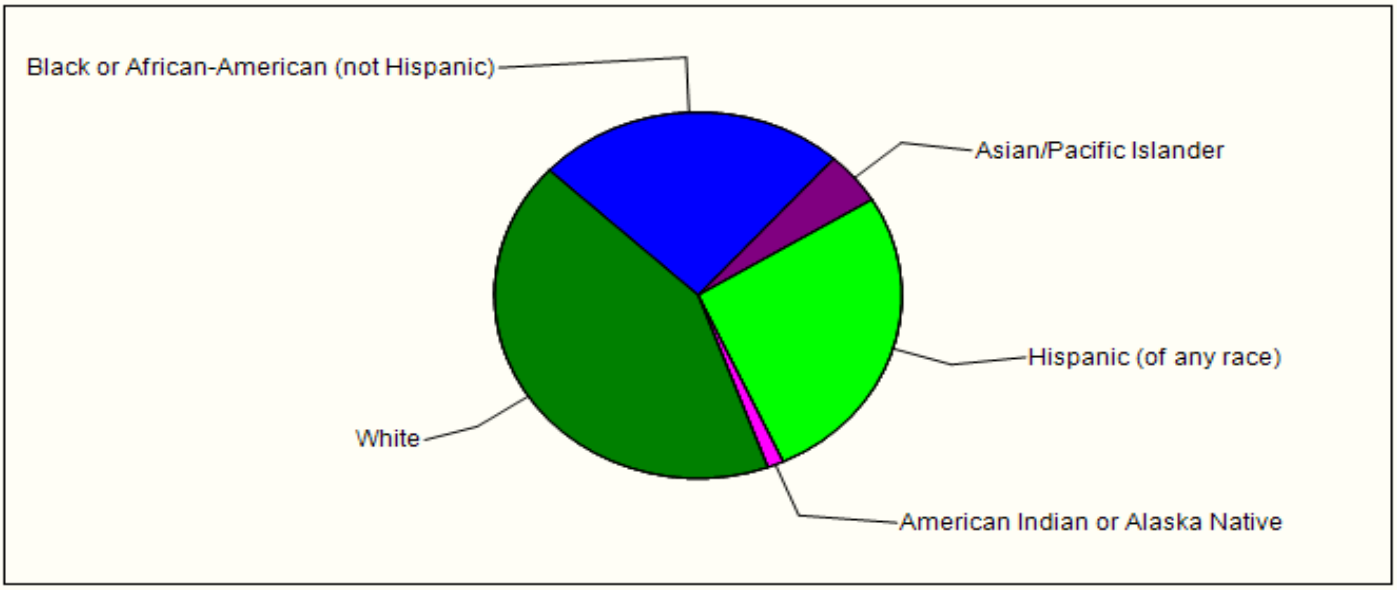
Selection Criteria: Reporting on Dates From March, 2023 To February, 2024

Ethnicity	Number of Clients	Percentage of Current Clients	Percentage of AIDS Prevalence	Percentage of HIV & AIDS	Percentage of General Population
White	923	42.51%	50.50%	48.30%	51.90%
Black or African-American (not Hispanic)	535	24.64%	23.70%	22.70%	7.50%
Asian/Pacific Islander	101	4.65%	3.30%	4.10%	13.00%
Hispanic (of any race)	584	26.90%	18.90%	20.70%	22.80%
American Indian or Alaska Native	28	1.29%	0.40%	0.40%	0.40%
Total Clients	2,171	100.00%	96.80%	96.20%	95.60%

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

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

Visual Analysis:



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