



PROGRAM SUMMARY REPORT

Sacramento County Public Health

PROGRAM:

HIV Response Team

INTRODUCTION:

The HIV Response Team program was developed to utilize a surveillance-based, data-driven approach aimed at re-engaging high acuity clients in HIV care across Sacramento County. Focusing on individuals who may face barriers to care, such as homelessness and substance use, this program seeks to enhance linkage to care efforts and address the complex needs of people living with HIV (PLWH) in high-risk communities.

TARGET POPULATION:

The program serves diverse and key populations, ensuring that high-risk and underserved groups receive targeted interventions.

- People living with HIV (PLWH)
 - Men who have sex with men (MSM)
 - Black/African American
 - Hispanic/Latinx
 - Youth
 - Other
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KEY STAKEHOLDERS AND COLLABORATORS:

- Local Health Department
 - Sacramento County Public Health
 - Community- Based Organizations (CBOs)
 - Federally Qualified Health Centers (FQHCs)
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PROGRAM DURATION:

The program is designed to run for 1-2 years, aiming to establish sustainable re-engagement in HIV care.

PROGRAM GOALS AND KEY ACTIVITIES:

The HIV Response Team program is dedicated to ensuring that 85% of newly diagnosed individuals and their sexual or drug-using partners are linked to HIV care within 30 days of diagnosis, with a target of achieving linkage within 10 days. The program also aims to re-engage 5% of individuals who have fallen out of care. The program's key activities include Communicable Disease Investigators (CDIs) receiving a quarterly Out of Care line list from the Office of AIDS. CDIs utilize Electronic Health Records (EHR) and additional investigative tools to locate individuals out of care. Once identified, CDIs work to link these individuals to local healthcare providers, such as Federally Qualified Health Centers (FQHCs) or Sacramento County Sexual Health Clinic.

PROGRAM CHALLENGES:

Homelessness and substance use in Sacramento County present significant barriers to re-engagement in HIV care, often experiencing difficulty in locating and connecting clients back to treatment. To address these challenges, the project relies heavily on community partnerships to build trust and reach people where they are. Through partnership with CBOs, CDIs have developed more outreach skills specifically for reconnecting unhoused and substance-using individuals to care, increasing the program's efficacy.

COMMUNITY ENGAGEMENT AND DEVELOPMENT:

The HIV Response Team program was developed in response to community needs, with local CBOs highlighting the importance of county support in re-engaging high-risk populations. CDIs use surveillance activities to access EHR systems across the county, which helps expand their outreach efforts. In addition, regular feedback from the community, including Key Informant interviews with CBOs, provides valuable insights that guide and improve program strategies and linkage-to-care efforts.

DATA COLLECTION AND MONITORING:

Program data is collected through Out of Care line lists, Qualtrics, and Quality Assurance spreadsheets.

KEY METRICS AND OUTCOMES:

The program's impact is evaluated based on several metrics:

- Number of newly diagnosed individuals initiating care within 10, 30, and 60 days, with target of >85%.
 - Number of ACRFs (Adult HIV Confidential Case Report) completed.
 - Number of HIV labs dispositioned.
 - Number of new cases reported, as measured by state-assigned numbers.
 - Number of individuals re-engaged in care (i.e. individuals removed from the monthly out-of-care line list and placed on the in-care line list, reflecting successful linkage to care efforts), (target >5% reduction in number of clients listed on Out-of-care list for Sacramento County).
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CONCLUSION:

The HIV Response Team leverages data-driven approaches, strong community partnerships, and continuous feedback from stakeholders to address the complex challenges faced by high-acuity clients in Sacramento County. Through strategic partnerships, robust data collection, and community engagement, the program aims to improve linkage to care and re-engagement for individuals most in need, further strengthening local HIV care initiatives.