

Sacramento TGA



Recipient
FY24 Annual Narrative Report
March 1, 2024 – February 28, 2025

FY24 ANNUAL RECIPIENT REPORT

EXECUTIVE SUMMARY

The Sacramento HIV Care Services Program, formerly referred to as the Ryan White Program, encompasses Sacramento, Placer, El Dorado, and Yolo County. During FY24, the program served 2,187 unduplicated clients; compared to 2,177 in FY23. In FY24, the greatest numbers of Ryan White clients in the program are between the ages of 25-44 (35.80%), with the majority of individuals (85.37%) residing in Sacramento County.

Most notably, the program assisted 267 **new (never been served in the program) clients**. These are new clients in the program, which are the counties of Placer, El Dorado and Sacramento as well as Yolo. During the same period last year, the program served 198 new clients. An increase of 34.8% in FY24 compared to last year.

There is a disproportionate impact of HIV/AIDS among African Americans in the program. African Americans make up 7.5% of Sacramento's general population, they represent 22.70% of the programs' HIV/AIDS Prevalence (people living with HIV/AIDS), and their representation in the Ryan White system of care is currently 24.78%. Of note is the representation of the Hispanic caseload in the Ryan White system of care. For the three quarters of 2024, Hispanics accounted for 28.26% of the caseload, or 7.56% higher than their HIV/AIDS prevalence of 20.70%. Thus, these two populations continue to be a priority target for outreach in the program, and current caseloads indicate the program has been successful in bringing and keeping their population in care.

During FY24, 67.9% (1,485 clients) of the Ryan White clients in the Sacramento HIV Care Services Program had income ranges between 0 to 138% of the Federal Poverty Level. Whereas in FY23, 70.79% (1,539 clients) had income ranges between 0 to 138% of the Federal Poverty Level.

Of the Ryan White clients served in FY24, males are the primary gender group (78.19%) living with HIV/AIDS. Likewise, Men Having Sex with Men (MSM) is the most reported mode of transmission at 57.38%.

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

Housing remains a constant struggle for clients, a January 2024 article¹ from CBS reports that Sacramento renters are spending half of their income on rent. Whereas the report indicates a good rule of thumb is to spend 30% or less of your monthly income on rent. Another 2023 article² on housing from SFGate states that the Sacramento median home price is \$475,000, up 38% from 2019. The article explains that many people have moved from the Bay Area to Sacramento since the COVID-19 pandemic and "In 2020 alone, migration between San Francisco County and Sacramento County grew 70% from the previous year".

ANNUAL RECIPIENT REPORT

for the Period of March 1, 2024, to February 28, 2025

Between the period of March 1, 2024, and February 28, 2025, the following major accomplishments occurred:

RECIPIENT ACTIVITIES:

HRSA PART A GRANT

- Submitted FY23 RSR report to HRSA
- Reflectiveness updates to HRSA
- Participated in monthly Part A Project Officer Conference Calls
- Reconciled and approved year-end invoices with subrecipients
- Reconciled and approved year-end Part A claim with outstanding subrecipient payments
- Reconciled claims to various workbooks
- Worked on the FY23 Annual Progress Report, Expenditures Report, SF424, Budget, Annual Administrative Expense Report, WICY Report, Part A and MAI Narrative Report and Service Category Plan
- Prepared and submitted Federal Financial Report to HRSA
- Submitted FY24 Allocations report
- Prepared FY24 Provider contract budget amendments
- Prepared FY24 Provider budgets
- Prepared FY24 Board Letter to increase Pool
- Prepared Board letters to accept funding
- Participated in Part A Program Terms Report Webinar
- Participated in Part A Reporting Requirements Recipient Training
- Reconciled and approved Q1, Q2 & Q3 Part A & Part A MAI claims
- Prepared and submitted Ryan White Part A year-end report
- Prepared and submitted Consolidated List of Contracts (CLC)
- Prepared and submitted Allocations Report
- Prepared and submitted Final Fiscal Report (FFR)
- Prepared and submitted Carryover request to HRSA
- Completed and distributed FY24 Q1, Q2 and Q3 Recipient report
- Run Ryan White Statistical Reports for FY25 Grant Application
- Drafted Org Chart for FY25 Grant Application
- Drafted Demonstrated Need for FY25 Grant Application
- Drafted Early Identification of Individual with HIV/AIDS for FY25 Grant Application
- Drafted Co-Occurring Conditions Table for FY25 Grant Application
- Drafted Healthcare Coverage Options for FY25 Grant Application
- Drafted Unmet Needs section for FY25 Grant Application
- Drafted HIV Care Continuum for FY25 Grant Application
- Drafted Service Category Plan for FY25 Grant Application
- Analyzed Data and Determine Subpopulations of Focus for FY25 Grant Application

- Prepared Letter of Assurance from Planning Council for FY25 Part A Grant Application
- Prepared Coordination of Services and Funding Streams for FY25 Part A Grant Application
- Drafted Resolution of Challenges for FY25 Grant Application
- Finalized and submitted all FY25 Part A Grant Application Documents
- Rapid Year-End Reallocation including Contract Budget Amendments

STATE OFFICE OF AIDS GRANT

- Submitted FY23 RSR report to State Office of AIDS (SOA)
- Uploaded client-level data into ARIES
- Submitted FY23 Final Part B and Part B MAI claims
- Reconciled claim to various workbooks
- Completed and submitted OA Part B and Part B MAI Summary Tracking sheet
- Completed and submitted OA Part B and Part B MAI Personnel Expenditure sheet
- Submitted FY23 Part B and Part B MAI year-end reports
- Submitted FY24 Part B budgets to State for approval
- Prepared FY23 1st, 2nd and 3rd Quarter Part B supplemental claims
- Prepared Board letter to accept funding
- Prepared FY24 Provider contract budget amendments
- Prepared FY24 Provider budgets
- Data Integrity check in ARIES for Health Insurance and Living Situation
- Data Integrity check in ARIES for Disease Stage, Poverty Level, Race, and Ethnicity
- Resolved ARIES Import Error Reports
- Reconciled and reviewed Part B Q1, Q2 and Q3 claims
- Attended SOA trainings for ARIES replacement system known as HCC
- Uploaded approximately 140 supporting documents for the California Department of Public Health (CDPH) FY22-23 Ryan White Part B HIV Care Program Audit.
- Participated in California Department of Public Health (CDPH) FY22-23 Ryan White Part B HIV Care Program Audit.

HRSA ENDING THE EDIPEMIC (EHE) GRANT

- Reconciled and approved year-end HRSA ETE claim
- Reconciled claim to various workbooks
- Prepared and submitted EHE Biannual Report
- Prepared and submitted Annual Tri-Annual data report
- Prepared and submitted Annual Tri-annual progress report
- Submitted expenditure report to HRSA
- Prepared Allocations report for submittal
- Submitted Allocations report to HRSA
- Prepared and submitted Federal Financial Report to HRSA
- Planning meetings for clinic
- Prepared Board letter for funding

- Meetings to secure more clinic providers
- Submitted FY24 Work Plan and Budget
- Participated in EHE Reporting Requirements Webinar
- Reconciled and reviewed HRSA ETE Q1, Q2 & Q3 claim
- Prepared and submitted Final Fiscal Report (FFR)
- Prepared and submitted Carryover request to HRSA
- Conducted Community Input Session for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted 5-Year Work Plan for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted Staffing Plan for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted Biographical Sketches for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted Sacramento County Org Chart for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted Line-Item Budget for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted Year 5 Budget for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted Budget Narrative for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Abstract for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “Introduction” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “Need” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “Approach” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “High-Level Work Plan” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “Resolving Challenges” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “Performance Reporting and Evaluation” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the Project Narrative “Organizational Information” for the FY25 EHE Grant Application
- Drafted/Finalized/Submitted the EHE Triannual Report #3 covering 9/1/24 – 12/31/24

QUALITY MANAGEMENT

- Hosted Continuous Quality Management Committee Meetings
- Distributed Lab Review reports to subrecipients to update client intakes in SHARE
- Distributed Exception reports to subrecipients to update client intakes in SHARE
- Distributed Incomplete Intake reports to subrecipients to update client intakes in SHARE
- Discussed Quality Management and provided TA at the Provider’s Caucus meeting
- Continued Updating QM Plan
- Worked with IT to update various SHARE reports for CQM related reporting

RECIPIENT ADMINISTRATION

- Processed monthly subrecipient invoices
- Prepared FY24 Allocations/Expenditure worksheets and Provider Invoice Log
- Reconciled logs
- Created new internal tracking folders for FY24
- Participated in HRSA Technical Assistance webinars
- Participated in monthly OA stakeholder conference calls
- Participated in monthly California STD/HIV conference calls.
- Responded to inter-agency grievances
- Participated in STD/HIV Coordination meetings at County Public Health
- Participated in Public Health Strategic Planning Meetings
- Attended Public Health Leadership meetings
- Initiated multiple Contract Budget Revisions for sub-recipients
- Continued FY23 Site Visits
- Reviewed Part A/MAI Year-end reports submitted by subrecipients
- Reviewed Monthly reports submitted by subrecipients
- Reviewed Part B Year-end reports submitted by subrecipients

SUPPORT TO SERVICE SUBRECIPIENTS/CONTRACTORS:

- Conducted Service Provider meetings
- Provided technical assistance (TA) on RSR preparation and submitted with Subrecipient
- Sent out RSR Completeness Reports to Subrecipients
- Conducted Technical Assistance Trainings with subrecipients
- Responded to various subrecipients questions regarding client needs and interpretations of Service Standards
- Responded to inquiries from subrecipients regarding budgetary issues
- Distributed 2024 United States Poverty Guidelines to subrecipients
- Set up/Deleted SHARE user accounts per subrecipients requests
- Corrected erroneous billings
- Reviewed dental pre-authorizations from subrecipients and County Dental Coordinator to determine eligibility for RW funds.
- Provided Technical Assistance on dental pre-authorizations
- Provided Technical Assistance on invoicing and budgeting to various subrecipients
- Updated Provider budgets in SHARE
- Team is available for many TA phone calls with subrecipients
- Team responds to many emails for TA with subrecipients
- Provided training on SHARE Database

SUPPORT TO THE HIV HEALTH SERVICES PLANNING COUNCIL:

- Distributed Council Membership Binder Updates

- Worked with Valley Vision on Monthly Committee Agendas and Materials for all Planning Council sub-committees.
- Participated in regular Executive, Priorities and Allocations, Administrative Assessment, Prevention, Needs Assessment, Affected Communities, and Quality Advisory Committee meetings.
- Submitted requests to PHAB and County Board of Supervisors to appoint new members
- Maintained Sacramento TGA website with current agendas, minutes, event information, and Council Membership Binder updates
- Conducted Mechanics of the Planning Council for Council
- Sent Annual Acknowledgements reminders to Council Members
- Finalized PAC Reference Manual
- Worked on Ad Hoc Committee requests
- Prepared Carryover Recommendation Memo
- Assisted ACC with HIV Update at Clunie Community Center.
- Assisted during Administrative Assessment Committee FY24 Mid-Year Review
- Followed up on proposed seat changes with Board of Supervisors
- Secured and began work with a contractor to update the HHSPC Website

UTILIZATION AND TRENDS IN CARE:

- **New Clients:** At the end of Fiscal Year 2024, the Sacramento HIV Care Services Program served 267 new unduplicated clients. Nine (9) of the clients reside in El Dorado County, 14 in Yolo, 19 in Placer, and the other 225 reside in Sacramento.

Whereas, during Fiscal Year 2023, the Sacramento HIV Care Services Program served 198 new unduplicated clients. Seven (7) of the clients reside in El Dorado County, eight (8) clients in Yolo, 13 clients in Placer County, and the other 170 reside in Sacramento.

Below is a five-year comparison between fiscal year 2019 through fiscal year 2024.

County	FY20	FY21	FY22	FY23	FY24
El Dorado	5	10	11	7	9
Placer	15	21	17	13	19
Sacramento	148	164	213	170	225
Yolo	7	15	17	8	14

TOTAL CLIENTS:

During FY24, there was a total of 2,187 unduplicated clients receiving services in the Sacramento Transitional Grant Area. There were 2,177 clients during the same reporting period the prior year.

- **Clients by Age:**

Age Category	2023		2024	
	# of HIV+ Clients	% of HIV+ Clients	# of HIV+ Clients*	% of HIV+ Clients*
Infants 0 - 2 years	0	0.00%	0	0.00%
Children 3 - 12 years	1	0.05%	1	0.05%
Youth 13 - 19 years	9	0.41%	8	0.37%
Youth 20 - 24 years	27	1.24%	38	1.74%
Adults 25 - 44 years	760	34.91%	783	35.80%
Adults 45 - 59 years	697	32.02%	671	30.68%
Adults 60+	683	31.37%	686	31.37%
Totals	2,177		2,187	

- **Clients by County:**

During FY24, 85.41% of the clients (1,868) resided in the County of Sacramento. El Dorado County was home to 3.93% of the clients (86); Placer 5.94% of the clients (130) and Yolo was home to 4.71% of the clients (103).

Whereas, in FY23, 86.5% of the clients (1,883) resided in the County of Sacramento. El Dorado County was home to 3.67% of the clients (80); Placer 5.56% of the clients (121); and Yolo home to 4.27% of the clients (93).

Below is a five-year comparison from fiscal year 2020 through 2024. Yolo, El Dorado and Placer Counties have experienced a slight increase in clients by the end of the current year compared to the prior fiscal year. However, during the five-year period, all counties have experienced a decrease in clients.

County	FY20	FY21	FY22	FY23	FY24
El Dorado	104	101	101	80	86
Placer	138	149	138	121	130
Sacramento	2082	2046	1962	1,883	1,868
Yolo	112	112	114	93	103
Total Clients	2436	2408	2315	2,177	2,187

- **Clients by Ethnicity:**

	2023	% of Clients	2024	% of Clients
White	927	42.58%	878	40.15%
Black/African American	535	24.58%	542	24.78%
Asian/Pacific Islander	101	4.64%	119	5.44%
Hispanic (of any race)	586	26.92%	618	28.26%
American Indian/Alaskan	<u>28</u>	<u>1.29%</u>	<u>30</u>	<u>1.37%</u>
	2,177	100%	2,187	100 %

- **Clients by Gender:** At the end of FY4, there were 57 transgender clients (2.61%), 1,710 male clients (78.19%) and 420 female clients (19.20%). During fiscal year 2023, there were 48 transgender clients (2.20%), 1,737 male clients (79.79%) and 392 female clients (18.01%).

Below is a five-year comparison from fiscal year 2020 through 2024. Both transgender and female clients have increased compared to the year-end figures last fiscal year.

County	FY20	FY21	FY22	FY23	FY 24
Female	473	457	446	392	420
Male	1,908	1,892	1,807	1,737	1,710
Transgender	55	59	62	48	57
Total Clients	2,436	2,408	2,315	2,177	2,187

- **Clients by Income:**

2023		
Percent of Poverty Level	# of Clients	% of Clients
No Income – 100% of Poverty	1,263	58.10%
101 - 138% of Poverty	276	12.70%
139 - 250% of Poverty	266	12.24%
251 - 300% of Poverty	231	10.63%
301 - 400% of Poverty	96	4.42%
401 - 500% of Poverty	36	1.66%
Over 500% of Poverty	6	0.28%
Total	2,174*	

*Three clients' income were unknown.

2024*

Percent of Poverty Level	# of Clients	% of Clients
No Income – 100% of Poverty	1,223	55.92%
101 - 138% of Poverty	262	11.98%
139 - 200% of Poverty	293	13.40%
201 - 300% of Poverty	246	11.25%
301 - 400% of Poverty	110	5.03%
401 - 500% of Poverty	43	1.97%
Over 500% of Poverty	10	0.46%
Total	2,187	

*FY24 Poverty Guidelines were updated in the county database. The Poverty Level breakdowns were adjusted to match those of the Federal Government.

In FY23, 58.1% of the clients (1,263) reported at 100% or below the Federal Poverty Level. Whereas that decreased to 55.92% (1,223 clients) in FY24.

It should be noted that clients at/over 500% of Poverty may only receive medical case management services for Part A/B-funded services. Otherwise, their income exceeds the threshold for eligibility.

- **Clients by Transmission:** At the end of FY24, Men Having Sex with Men (MSM) continue to represent the highest transmission level at (57.38%), with heterosexual transmission (29.9%) and Intravenous Drug Use (9.6%) the most common transmission methods.

Whereas, at the end of FY23, Men Having Sex with Men (MSM) continue to represent the highest transmission level at (58.66%), with heterosexual transmission (28.34%) and Intravenous Drug Use (9.65%) the most common transmission methods.

It should also be noted that the top three methods of transmission rankings remain the same (1-MSM, 2-Heterosexual, and 3-IDU).

- **Clients by CD4 Count:**

CD4 Range	2023		2024	
	# of HIV+ Clients	% of HIV+ Clients	# of HIV+ Clients	% of HIV+ Clients
Below 200	162	7.44%	162	7.41%
200 - 499	563	25.86%	569	26.02%
500 - 749	653	30.00%	672	30.73%
750 - 1,499	740	33.94%	736	33.65%
Greater than 1,500	55	2.53%	48	2.19%
Unknown/Unreported	4	0.18%	0	0.00%
Total Clients	2,177		2,187	

- **Clients by Viral Load:**

Viral Load	2023		2024	
	# of HIV+ Clients	% of HIV+ Clients	# of HIV+ Clients	% of HIV+ Clients
Unknown/Unreported	3	0.14%	0	0.00%
<= 20 (Undetectable)	1,448	66.55%	1,484	67.86%
21-200 (Virally Suppressed <=200)	457	21.00%	466	21.31%
201-999	46	2.11%	49	2.24%
1,000 - 4,999	43	1.98%	35	1.60%
5,000 - 9,999	15	0.69%	8	0.37%
10,000 - 24,999	43	1.98%	32	1.46%
25,000 - 74,999	41	1.88%	32	1.46%
75,000 or Higher	81	3.72%	81	3.70%
Total Clients	2,177		2,187	

CLIENT BARRIERS TO CARE:

As previously reported, housing remains a constant struggle for clients. A January 2024 article¹ from CBS reports that Sacramento renters are spending half (50%) of their income on rent. Whereas the report indicates a good rule of thumb is to spend 30% or less of your monthly income on rent. Another 2023 article² on housing from SFGate states that the Sacramento median home price is \$475,000, up 38% from 2019. The article explains that many people have moved from the Bay Area to Sacramento since the COVID-19 pandemic and “In 2020 alone, migration between San Francisco County and Sacramento County grew 70% from the previous year”. This migration puts a further burden on the already overwhelmed system of care in the region and increases the competition for finding affordable housing.

A 2023 report³ from the California Budget and Policy Center described that “There are disparities in experiences of homelessness by gender identity and sexual orientation. In terms of gender, the majority of unhoused Californians are male. Individuals who identify as transgender or gender-nonconforming are more likely than cisgender individuals to be unsheltered when they experience homelessness. Among youth, those who identify as LGBTQ+ are especially likely to experience homelessness”. A May 2024 report⁴ from the California Budget and Policy Center stated that “California’s homeless population is aging rapidly, with adults 50+ making up nearly 40% of those needing shelter. Without swift and intentional policy action, California faces a future with a growing number of unhoused older adults as the state’s population ages”.

An ABC report⁵ in March 2024 by Kandace Redd referenced the latest [Point in Time Count](#) (PIT) which estimates that there are 9,278 people living unhoused in Sacramento County on any given night. Out of those numbers, 72% are living unsheltered, meaning they're living in a tent, vehicle or without any shelter. The nightly count translates to about 16,000-20,000 people that experience homelessness at some point in the year. It is further reported that, “...the same research shows people of color are overrepresented among those experiencing homelessness in our region. Black residents, specifically, are 3-4x more likely to experience homelessness compared to other groups”.

A California Budget and Policy Center report⁶ in September 2024, stated that “California’s poverty rate increased to 18.9% in 2023, up from 16.4% in 2022 and 11.0% in 2021, according to new Census data. The state’s poverty rate was particularly high among Black and Latinx Californians and California continued to have the highest poverty rate of the 50 states”.

¹<https://www.cbsnews.com/sacramento/news/sacramento-renters-spending-more-than-30-of-their-paycheck-on-rent/>

²<https://www.sfgate.com/local/article/increased-migration-bay-area-to-sacramento-18262928.php>

³<https://calbudgetcenter.org/resources/qa-understanding-homelessness-in-california-what-can-be-done/>

⁴<https://calbudgetcenter.org/resources/the-rise-of-homelessness-among-californias-older-adults/>

⁵<https://www.abc10.com/article/news/local/new-affordable-housing-community-opens-south-sacramento/103-c49c7b1a-8126-4b68-b6c3-b49d4320a7d3>

⁶https://calbudgetcenter.org/resources/californias-poverty-rate-soars-to-alarmingly-high-levels-in-2023/?utm_source=mailchimp&utm_medium=email&utm_campaign=publication

RECIPIENT BARRIERS:

The Recipient continues to evaluate its existing systems for improvements in reporting and to produce tools that can be used to track clients and improve health outcomes. However, these improvements can be financially prohibitive with the cap on administrative expenses allowable by HRSA.

The Recipient has spent significant time on the data conversion from SHARE to the new HIV Care Connect (HCC) database from the California Department of Public Health, State Office of AIDS. HCC was a needed improvement over the outdated antiquated system ARIES. However, the major changes between HCC and ARIES require extensive work from the County’s Department of Technology Services in coordination with the HIV Care Services Program who are the subject matter experts of the data requirement for the annual Ryan White Services Report (RSR).

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