RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART A
ANNUAL PROGRESS REPORT

Reporting Year: FY 2025

REQUIRED COMPONENTS
The RWHAP Part A Progress Report is made up of the following components:
(Please indicate with X in the box for each component that is complete.)

Components	Completed
I. Program Narrative (not to exceed 15 pages)	
a. Early Identification of Individuals with HIV/AIDS (EIIHA)	☒
b. Integrated HIV Prevention and Care Plan	☒
II. Final Service Category Plan Tables	☒
III. Women, Infants, Children, and Youth (WICY) Expenditures Report	☒
IV. Planning Council/Planning Body report	☒

The Annual Progress Report (APR) summarizes what has been achieved from the goals, objectives, and activities included in the HRSA competitive application (HRSA 25-054). This same template will continue to be available for the next three-year period of performance FY25-FY27. Information on unmet need will be added to this template only in FY27, at which time recipients will report overall progress for the full three-year period.

Program narrative for section b. is the only section that specifically focuses on progress to the Integrated HIV Prevention and Care Plan.

The APR should be submitted using the suggested tables or by responding in narrative following the outline as provided at the beginning of each component. Individually upload components I, II, III, and IV of the APR into EHB as separate files and submit the full report.

I. Programmatic Narrative – not to exceed 15 pages.

a. Early Identification of Individuals with HIV/AIDS (EIIHA)Strategy Update

a. Early Identification of Individuals with HIV/AIDS (EIIHA) Update	
Identification of Individuals Unaware of their HIV Status	
Activities	Measurable Outcomes Example: # of individuals that were tested Example: # of individual newly diagnosed
Provide HIV testing to high-risk populations to make them aware of their HIV status, including same day result options.	In FY2025, the Sacramento County Sexual Health Promotion Unit (SHPU) and affiliated community-based testing sites successfully completed 3,180 HIV tests with high-risk individuals and provided them with same day test results. The total amount of tests conducted increased by 1,289 from the previous fiscal year.
Conduct testing at venues accessible to high-risk populations through venues associated with their culture, geography, and lifestyle to maximize testing efforts.	• Utilizing the Wellness Without Walls (W3) Mobile Testing Van, which began offering services in 2022, 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. • Partnering with community-based organizations (CBOs) allows increased HIV/STI testing access to the population through venues where the clients feel comfortable and safe. Some CBOs provide offsite testing through canvassing of high-risk areas, such as encampments.
Educate medical providers on HIV testing and referral resources to increase routine testing of population at large.	During the reporting period, 3 trainings were conducted on topics related to HIV/STI testing and result disclosure to the nurses from Los Rios Community College District, as well as medical assistants and nursing staff at the Sacramento County Chest Clinic. A total of 29 medical providers were trained.
Certify and train new HIV testers on rapid HIV testing to expand TGA's capacity.	SHPU has expanded partnerships with CBOs and has hired new staff within the unit and at the Sexual Health Clinic (SHC). During FY2025, 3 HIV/HCV test counselor trainings

	were made available for new HIV testers. A total of 43 new HIV testers were trained and certified.
Maintain the Sacramento Workgroup to Improve Sexual Health (SacWISH) in order to focus on ending the HIV epidemic.	SHPU hosted a total of 3 SacWISH meetings (set on a quarterly recurring schedule). A component of these meetings involves discussing current efforts toward Ending the HIV Epidemic and eliciting continued community support.as well as potential program expansion opportunities.
Expand number of nontraditional testing partners who reach more of the targeted populations by increasing the number of individuals who know their status.	SHPU has continued to expand partnerships with CBOs to reach priority populations with the onboard of Sierra Foothills AIDS Foundation, serving rural communities surrounding the city of Sacramento. In addition, a total of 110 self-test kits were distributed to Gender Health Center, Community Against Sexual Harm (CASH), and Los Rios Community Colleges, allowing various CBOs to offer an alternative option for testing.
Informing Individual that Tested Positive of their HIV Diagnosis	
Activities	Measurable Outcomes Example: # of individuals informed they tested positive
Provide HIV testing to high-risk populations to make them aware of their HIV status, including same day result options.	Of the 3,180 HIV tests conducted, there were 17 individuals that tested positive and were informed of their HIV status during their visit.
Conduct testing at venues accessible to high-risk populations through venues associated with their culture, geography, and lifestyle to maximize testing efforts.	Testing activities conducted via W3 and by CBOs include same day results, enabling clients to be informed of their HIV status during the same visit.
Decrease barriers that may prevent individuals from each target population from returning for test follow-up, including results, confirmatory testing, and/or treatment.	By utilizing rapid HIV testing, results are available the same day (within 20 minutes) - results are provided to clients during the same interaction in order to successfully give clients results. The use of this rapid HIV testing method allows SHPU and CBO staff to immediately link and transport clients for confirmatory testing, should a result be positive, which increases the number of clients linked to care and decreases barriers for access.

Make Routine-Opt-Out Testing (ROOT) more widely practiced throughout Sacramento County.	Clinical services available within the County of Sacramento, such as SHC, W3, Sacramento County Main Jail, Rios, and Consumnes Correctional Center, currently implements ROOT.
Referral to Care of Newly Diagnosed Individuals	
Activities	Measurable Outcomes Example: # of individuals referred to care
Provide prevention and harm reduction education information, including PrEP and PEP information and referrals, to individuals at testing.	A total of 438 patients were referred for PrEP and PEP from the Sacramento County SHPU website's self-referral form, as well referral from other SHC patients, testing partners, and CBOs. Condom supplies and educational materials are accessible to county partners upon request. During this reporting period, 21,358 external condoms, 400 internal condoms, and 434 printed educational materials were distributed to the community.
Educate medical providers on HIV testing and referral resources to increase routine testing of population at large.	• An HIV/HCV POCT training to the Sacramento County Chest Clinic's medical assistant and nursing staff held in August 2025 offered referral resources and materials for HIV testing. • SHPU staff presented at 2025 Fentanyl Awareness and Action Summit on September 2025, highlighting the syndemics of HIV, HCV, STIs, and Overdose. Included in the presentation were resource referrals for HIV testing. The diverse group of attendees in the audience included medical providers, such as nurses, medical assistants, etc. • Two trainings for Los Rios Community College nurses were offered in August and October 2025 for HIV/STI testing and results disclosure. Both trainings incorporated referral resources for HIV testing. • In December 2025, SHPU staff presented on the county trends and SHPU program services at the 2nd Annual Sexual Health Summit hosted by the Sacramento Prevention Coalition, which included information on referral resources for HIV testing. A diverse group of attendees representing CBOs, governmental agencies, and healthcare were present.

Linkage to Care of Newly Diagnosed Individuals	
Activities	Measurable Outcomes Example: # of individuals linked to care within XX hours/days
Increase percent of newly diagnosed HIV+ people linked to medical care within one month of diagnosis through targeted, TGAwide referrals.	88% of the SHPU and community-based testing program's newly identified HIV+ clients (17) were linked to medical care within one month of diagnosis in FY25.
Increase the number of TGA residents at high risk for infection who are on PrEP.	During the reporting period, there were 285 individuals actively on PrEP through the services offered at SHC and Pucci's Pharmacy.

b. Integrated HIV Prevention and Care Plan (Sections V & VI of the Integrated Plan)

d. Integrated HIV Prevention and Care Plan	
Progress	
Goals and Objectives	Measurable Outcomes
In 2022 Sacramento County collaborated with the State of California in the development of *Ending the Epidemics: Addressing HIV, Hepatitis C, and STIs in California – Integrated Statewide Strategic Plan, 2022-202*6. This plan was created with ample community input, gathered through a series of local town-halls held across the State of CA, digital surveys, and key informant interviews with staff and community from EHE jurisdictions. Following the Strategic Plan, a companion document was released in August 2023 called, *Ending the Epidemics: Implementation Blueprint*. This document is structured in alignment with the social drivers of health, as is the Strategic Plan, however, the Blueprint maps out a plan for local jurisdictions to incorporate community feedback in order to create an actionable set of tasks to implement the integrated plan. In 2024, Sacramento County set to work developing our local Blueprint for implementation of the integrated state plan, utilizing our well-established stakeholder group, Sacramento Workgroup to Improve Sexual Health (SacWISH) to guide the effort. The process started with an overview of the Blueprint document to educate the community about the process of creating this plan. Then we facilitated a series of prioritization exercises, including the use of a PICK chart to identify the community's highest priority action items for implementation in our local Blueprint. Staff distributed a	During the reporting period, there were a total of 22 respondents to the HIV/HCV/STI Blueprint survey. SHPU and Facente Consulting staff held 5 meetings to plan for the SacWish in-person meeting that was scheduled for March 2026.

community-wide survey to seek further input and narrow down the action items included in our plan and ultimately released our local version of the Blueprint January 15th 2025. In April 2025, staff developed a Qualtrics survey intended to measure progress towards meeting the deliverables outlined in our local implementation blueprint. The survey was released and promoted widely to community agencies and partners however, we received limited responses. In an effort to gather more robust data to capture the implementation of our local Blueprint, staff worked alongside Facente Consulting to design and brainstorm new approaches to measuring successful implementation of the Blueprint. During this reporting period, SHPU and Facente Consulting staff met regularly to plan and prepare for an in-person community meeting of the Sacramento Workgroup to Improve Sexual Health (SacWISH). The meeting is scheduled for March 2026 to focus primarily on the follow-up and progress of the HIV/HCV/STI Blueprint. In addition, revisions were made to the initial community-wide survey, which is intended to be released in the next reporting period.	
Key Activities	
Activities	Measurable Outcomes
Racial Equity: Develop a comprehensive workforce development project, community college seminars to promote public health careers, resumé development webinars, and professional development workshops for people in fields related to public health, with special emphasis on Black, Indigenous, and other people of color (BIPOC) and people from other priority communities not yet well represented in the HIV, HCV, and STI workforce.	Nothing to Report at this time
Racial Equity: Ensure Requests for Proposals (RFPs), Request for Qualifications (RFQs), and other formal application or bidding processes encourage applying organizations to recruit, hire, and retain BIPOC and others from priority communities, emphasizing lived experience as an equivalent to degree requirements.	Sacramento County HIV Care Services currently launched RFPs for Ryan White services, which will included language encouraging applying organizations to recruit, hire, and retain BIPOC and others from priority communities, emphasizing lived experience as an equivalent to degree requirements.
Health Access: Partner with hospital emergency departments (EDs) to expand care to priority populations, recognizing that for many people with limited healthcare access the ED is their sole source of medical care. Leverage state funds, along with other resources, to implement comprehensive opt-out screening for HIV, HCV, and syphilis in EDs. Pilot programs for expanded diagnostic, preventative, and curative care for priority populations entering the ED for any reason. Anyone with a positive pregnancy	The SHPU's HIV Early Action Response Team (HEART) had compiled a draft list of emergency room contacts from various healthcare settings, including Kaiser, UC Davis,

test should receive an opt-out rapid syphilis test and be treated empirically if likelihood of returning for treatment is low. ED-based navigators for HIV, HCV, and STI treatment are often the key to successful implementation of ED-based screening programs, both because they improve outcomes for patients and because they increase willingness of hospital administration to take on the responsibility of a screening program.	Mercy, Sutter, etc. to support linkage to care efforts.
Health Access: Better utilize mobile vans to expand access to HIV, HCV, and STI testing; syringe services programs; buprenorphine; HIV, HCV, and STI treatment; COVID, MPX, hepatitis A and B, influenza, and HPV vaccinations; reproductive care services; and basic wound care or other urgent care services. Mobile vans providing comprehensive services can be especially helpful in expanding access to people living in rural/frontier areas, youth in schools in communities with limited health access, people living in homeless encampments, and others who may not regularly engage in traditional medical care. Consider sites frequently accessed by priority populations such as flea markets, warehouse and industrial worksites, migrant farm communities, schools, and community sites in off-hours (e.g., for sex workers or others who may need nighttime access to services).	During the reporting period, W3 deployed to multiple locations on a monthly basis. Sites include: Grove, MedMark, BAART, Howe River Access, Florin Stay Safe Tiny Home Shelter, 3900 Roseville Road, Northgate/Woodlake Area, Township 9 Park and Hiram Johnson High School. These locations reach individuals in Tiny Home communities, people living in homeless encampments, and youth in schools in communities with limited health access. Services offered include HIV/HCV/STI testing and treatment, wound care, primary care services and referrals to substance use treatment and mental health services.
Housing First: Provide training to HIV, HCV, and STI service providers to screen for housing insecurity and link those who are unstably housed or at risk of losing housing to specialized multidisciplinary support services, with a special emphasis on people who are pregnant or parenting.	SHC and W3 staff have been trained to screen and link individuals for housing support by reaching them at sites, such as shelters, encampments, tiny homes, etc. The W3 mobile unit allows SHPU to actively meet the priority populations at targeted locations and connect them with resources, including SHC, Community Healthworks, etc.
Housing First: Build systems that allow people to access housing support through public health and community-based HIV, HCV, and STI programs, by developing collaborative partnerships, cross-training, and bidirectional referral agreements between public health, healthcare for the homeless, and community-based organizations delivering HIV, HCV, and STI services and coordinated entry systems.	Local FQHC, One Community Health, works with several landlords, and employs a housing navigator on their team to connect them with housing services. Sunburst Projects, another

	CBO, works with pregnant individuals to assist with finding housing during treatment for Syphilis and HIV care.
Mental Health and Substance Use: Integrate HIV/HCV/STI testing into settings that serve people with mental health or substance use concerns, such as mental health facilities, rehabilitation facilitates, and housing programs.	A number of community partners (SANE, LGBT Center, Sierra Foothills AIDS Foundation) provide sexual health screenings in settings that serve people with mental health and/or substance use disorders.
Mental Health and Substance Use: Offer cross- sector trainings where drug treatment providers receive continuing education credits for attending tailored trainings about HIV, HCV, and STIs in behavioral health settings, and HIV/HCV/STI-focused providers receive continuing education credits for attending behavioral health-focused trainings tailored to their own work.	The SHPU staff facilitated a presentation to providers at the at 2025 Fentanyl Awareness and Action Summit focused on harm reduction, substance use and sexual health, data specific to STIs in Sacramento County, and the SHPU's prevention efforts.
Economic Justice: Expand HIV/HCV/STI tester trainings in California to be more accessible and low- or no-cost, so that more people can be trained as HIV/HCV/STI test counselors to gain work experience and provide a needed service to members of their own communities. Encourage HIV/HCV/STI test counselor training of people with lived experience who are serving in jobs such as peer navigators, and community health workers.	A total of 3 HIV/HCV test counselor trainings were hosted by SHPU in partnership with UCSF at no cost to testing partners in attendance. Staff from various agencies, such as Pucci's, HRS, Sierra Hills AIDS Foundation, Sunburst Projects, etc.
Economic Justice: Revise local hiring processes to ensure that (a) recruitment is advertised equitably, with broad reach to non-traditional venues in communities most affected by HIV, HCV, and STIs (prioritizing recruitment via community-based organizations over academic institutions where possible), and (b) pilot and validate interview questions include questions related to social justice, racial health equity, and lived experience.	Nothing to Report at this time.
Anti-Stigma Strategies: Identify and, where feasible, implement strategies within funding announcements and scopes of work to reward community representation in staffing and program planning, implementation, and evaluation.	SHPU-funded subcontractors currently employ staff who are representative of the communities they serve, including individuals with lived experience and those who identify as BIPOC, LGBTQ+, and other historically underrepresented groups.

<table>
<tr><td colspan="2">Anti-Stigma Strategies: Connect with non-traditional partners, including local vendors and businesses, share information about HIV, HCV, and STIs and invite leaders in those venues to participate in conversation and services, including rapid HIV, HCV, or STI testing. This helps bring information and services directly to the community, meeting them “where they are” physically, emotionally and financially.</td><td>Pucci’s Pharmacy, a locally owned community pharmacy partners with Sacramento County Public Health and provides sexual health screenings at a number of local businesses (Sac Buddies, Faces nightclub, Badlands, Depot, and the Bolt). Sunburst Projects, another local CBO, partners with Academy STAY, Celebrate Oak Park, and Farmhouse Glass. And Golden Rule Services partners with Birdhouse, a local youth shelter, to provide testing services. The LGBT Center works closely with La Familia family resource center, in particular their counseling center. And lastly, the Sacramento County staff offered testing services to residents in tiny home communities, defendants charged with non-violent drug possession, violations of probation, and certain drug-related and property crimes, etc.</td></tr>
<tr><td colspan="2">Key Collaboration Activities</td><td></td></tr>
<tr><td>Type of Collaboration</td><td>Activities</td><td>Measurable Outcomes</td></tr>
<tr><td>Stakeholders
Community Engagement
Workgroups
Evaluation/Data Gathered from Collaboration</td><td>The data collected from the HIV/HCV/STI Blueprint survey comprised of members from the SacWISH workgroup, which includes key stakeholders in sexual health.

Technical assistance from Facente Consulting provided SHPU with guidance and support to coordinate an in-person event that would engage community partners in the implementation of the Blueprint. In partnership, SHPU and Facente Consulting staff drafted meeting activities and intended outcomes.</td><td>Nothing to Report at this time.
A revised HIV/HCV/STI Blueprint annual survey will be launched community-wide during the next reporting period to capture tangible efforts to address the social determinants of health included in the Blueprint document.</td></tr>
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I. Service Category Plan Tables

See instructions on Service Category Plan Worksheet.

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

See instructions on WICY Report worksheet.

IV. Planning Council/Planning Body Report

See instructions on Planning Council/Planning Body Report worksheet.

Membership Categories	Vacancy Status	Vacancy Duration (if applicable)	Comment Section: Comments are required for all legislatively mandated categories. Include barriers for recruitment and plans to address vacancy.
Healthcare Provider, including Federally Qualified Health Center	NOT VACANT		
Community Based Organization (CBO) Serving Affected Populations/AIDS Service Organization (ASO)	NOT VACANT		
Social Service Provider (including housing and homeless services)	NOT VACANT		
Mental Health Provider	VACANT	5	Some of our seated members are qualified mental health providers, but they are currently seated in a different membership category that they also qualify for. While they are not seated in a specific seat as a mental health provider, they bring the expertise and knowledge of mental health concerns among PLWH to the Council. Vacancies are advertised on the Sacramento TGA's HIV Health Services Planning Council website (www.sacramento-tga.com) and Sacramento County Board of Supervisor's website.
Substance Abuse Provider	VACANT	6	The member in the Part C Recipient seat represent the agency providing this service in the TGA and while they do not represent this category, they bring the expertise and knowledge around Substance Abuse services to the Council. As there is only one Ryan White funded substance abuse provider in our TGA, it has been difficult to find someone available to fill this seat. Vacancies are advertised on the Sacramento TGA's HIV Health Services Planning Council website (www.sacramento-tga.com) and Sacramento County Board of Supervisor's website. Vacancies are shared at all Planning Council meetings and members are encouraged to share this information with anyone who may be able to fill the seat.
Mental Health & Substance Abuse Provider	VACANT		Not Applicable
Local Public Health Agency	NOT VACANT		
Hospital Planning Agency or Healthcare Planning Agency	VACANT	18	There are currently no hospitals/healthcare systems in our region that apply for or provide Ryan White services. As they do not provide these services it is difficult to identify and recruit someone for this position. As the activities of the Planning Council and the Ryan White program do not play a significant role in their operations or the plans for their operations, there is no buy-in for their participation. We have attempted to recruit other healthcare agencies/systems to apply for Ryan White funding to increase service provider options for clients and create buy-in among healthcare planning agencies. Vacancies are advertised on the Sacramento TGA's HIV Health Services Planning Council website (www.sacramento-tga.com) and Sacramento County Board of Supervisor's website. Additional research and outreach will be made to identify a potential member to fill this seat.
Affected Communities, including People with HIV and Historically Underserved Subpopulations	NOT VACANT		
Non-Elected Community Leader	NOT VACANT		
State Medicaid Agency	NOT VACANT		
State Part B Agency	NOT VACANT		
State Part B Agency & State Medicaid Agency	VACANT		Not Applicable
Part C Recipient	NOT VACANT		
Part D Recipient, or if none present, Representative of Organization Addressing the Needs of Children, Youth, and Families with HIV	NOT VACANT		
Other Federal HIV Programs, including HIV Prevention programs	NOT VACANT		
Representatives of/or Formerly-Incarcerated People with HIV	NOT VACANT		

Planning Council/Planning Body Reflectiveness Table
(Use most recent HIV Prevalence data)

Provide data source and year of data: Local HIV Continuum of Care data, Office of AIDS, California State.(LHJ-SAC_TGA 2024)-Data Through 12/31/2024

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB		
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	If you do NOT meet reflectiveness, please describe the efforts being done to improve upon that demographic category.
White, not Hispanic	2399	43.19%	14	51.85%	4	50.00%	
Black, not Hispanic	1208	21.75%	5	18.52%	1	12.50%	The Planning Council actively recruits unaffiliated Part A clients of all demographics. All interested members are interviewed and appointed if able to positively impact the work of the Council, regardless of their demographic. There is an emphasis to communicate that transportation and childcare are available to members to help facilitate their participation. We recently lost an unaffiliated Part A client in this demographic and are actively working with our BIPOC agency to recruit unaffiliated clients.
Hispanic	1424	25.63%	6	22.22%	3	37.50%	
Asian/Pacific Islander	275	4.95%	1	3.70%	0	0.00%	
American Indian/Alaska Native	20	0.36%	0	0.00%	0	0.00%	
Multi-Race	229	4.12%	1	3.70%	0	0.00%	
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%	
Total	5555	100%	27	100%	8	100%	
Sex	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
Male	4628	83.31%	17	62.96%	7	87.50%	
Female	927	16.69%	10	37.04%	1	12.50%	
Total	5555	100%	27	100%	8	100%	
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
13-19 years	18	0.32%	0	0.00%	0	0.00%	
20-29 years	344	6.19%	1	3.70%	0	0.00%	The Planning Council actively recruits unaffiliated Part A clients of all demographics. All interested members are interviewed and appointed if able to positively impact the work of the Council, regardless of their demographic. There is an emphasis to communicate that transportation and childcare are available to members to help facilitate their participation. The Planning Council has participated in college health fairs to increase awareness and recruit members in this age demographic. The feedback and interest received at these events were very positive and there are plans to participate in additional college health fairs.
30-39 years	1062	19.12%	6	22.22%	1	12.50%	The Planning Council actively recruits unaffiliated Part A clients of all demographics. All interested members are interviewed and appointed if able to positively impact the work of the Council, regardless of their demographic. There is an emphasis to communicate that transportation and childcare are available to members to help facilitate their participation.
40-49 years	1053	18.96%	2	7.41%	0	0.00%	The Planning Council actively recruits unaffiliated Part A clients of all demographics. All interested members are interviewed and appointed if able to positively impact the work of the Council, regardless of their demographic. There is an emphasis to communicate that transportation and childcare are available to members to help facilitate their participation. We have one unaffiliated Part A client pending appointment in this demographic.
50-59 years	1279	23.03%	11	40.74%	4	50.00%	
60+ years	1797	32.36%	7	25.93%	3	37.50%	
Total	5553	100%	27	100%	8	100%	

Organization Name: County of Sacramento

Grant #: H89HA00048

Part A Service Category Plan Table

Service Categories	FY 2025 Actuals							
	Priority #	Allocated Amount	Expended Amount	Allocated and Expended Amount Differences	Unduplicated Clients	Service Unit Definition	Service Units	Average Cost per Service Unit
Core Medical Services								
AIDS Drug Assistance Program (ADAP) Treatment	28	Not Funded						
AIDS Pharmaceutical Assistance (LPAP)	18	Not Funded						
Early Intervention Services	29	Not Funded						
Health Insurance Premium & Cost Sharing Assistance	10	$21,871.00	$7,824.00	95%	8	1 unit = 1 Vendor Paid Insurance, Medical Visit or Deductible Co-pay dollar	7247	$1.08
Home & Community Based Health Service	20	Not Funded						
Home Health Care	21	Not Funded						
Hospice	22	Not Funded						
Medical Case Management (Incl. Treatment Adherence)	1	$1,193,620.00	$1,158,977.00	3%	1100	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	38909	$29.79
Medical Nutrition Therapy	12	$38,725.00	$42,794.00	-10%	220	1 unit - 1 Medical Nutritional Therapy face-to-face encounter	1650	$25.94
Mental Health Services	4	$513,495.00	$620,106.00	-19%	417	1 unit = 1 face to face or other encounter	10031	$61.82
Oral Health Care	5	$281,998.00	$174,642.00	47%	436	1 unit = 1 visit or vendor dollar	22721	$7.69
Outpatient/ Ambulatory Health Services	3	$409,160.00	$431,339.00	-5%	1477	1 unit = 1 visit or vendor dollar	73629	$5.86
Substance Abuse Outpatient Care	11	$176,488.00	$183,798.00	-4%	114	1 unit = 1 face to face or other encounter	3023	$60.80
CORE MEDICAL TOTAL		$2,635,357.00	$2,619,480.00	1%				
Support Services								
Child Care Services	14	$12,038.00	$9,428.00	24%	4	1 unit = 1 Vendor Child Care Dollar	8571	$1.10
Emergency Financial Assistance	9	$85,268.00	$97,098.00	-13%	200	1 unit = 1 Vendor Paid Other Critical Need	87833	$1.11
Food Bank/ Home Delivered Meals	6	$53,685.00	$92,406.00	-53%	400	1 unit = 1 Vendor paid food dollar	84017	$1.10
Health Education/ Risk Reduction	17	Not Funded						
Housing	7	$23,688.00	$10,579.00	77%	9	1 unit = 1 Vendor paid lodging dollar	9618	$1.10
Linguistics Services	19	Not Funded						
Medical Transportation	8	$109,646.00	$191,273.00	-54%	577	1 unit = 1 One-Way trip or Vendor transportation dollar	134757	$1.42
Non-Medical Case Management Services	2	$120,599.00	$134,711.00	-11%	883	1 unit = 1 face to face or other encounter	8942	$15.06
Other Professional Services	23	Not Funded						
Outreach Services	13	Not Funded						
Psychosocial Support	16	Not Funded						
Referral For Health Care Support Services	25	Not Funded						
Rehabilitation Services	26	Not Funded						

Respite Care	27	Not Funded						
Substance Abuse-residential	15	$15,506.00	0	100%	0	1 unit = 1 Detox Hour	0	#DIV/0!
SUPPORT SERVICES TOTAL		$420,430.00	$535,495.00	-24%				
GRAND TOTAL		$3,055,787.00	$3,154,975.00	-3%				

Part A Service Category	If expended amounts were under or over 25% from the allocated amount, please explain why there is a difference.		
	2025	2026	2027
AIDS Drug Assistance Program (ADAP) Treatment			
AIDS Pharmaceutical Assistance (LPAP)			
Early Intervention Services			
Health Insurance Premium & Cost Sharing Assistance	There was a lower than anticipated utilization of this service category. There were expansions to Medi-Cal this fiscal year that may have attributed to less utilization of this service category. The money in this service category was reallocated to other service categories that had a greater client need.		
Home & Community Based Health Service			
Home Health Care			
Hospice			
Medical Case Management (Incl. Treatment Adherence)			
Medical Nutrition Therapy			
Mental Health Services			
Oral Health Care	In FY25, the Planning Council decided to match Denti-Cal reimbursable rates and implemented an annual cap of $1,800 per client. These changes may have contributed to lower spending in this category than originally allocated. The money in this service category was reallocated to other service categories that had a greater client need.		
Outpatient/Ambulatory Health Services			
Substance Abuse Outpatient Care			
Child Care Services			
Emergency Financial Assistance			
Food Bank/Home Delivered Meals	There was a higher than anticipated demand for this service category. This may be attributed to increases in food prices and reductions in SNAP/CalFresh benefits for many clients.		
Health Education/Risk Reduction			
Housing	There was a lower than anticipated utilization of this service category. The Planning Council designates housing funds to be utilized for Emergency Housing assistance. The money in this service category was reallocated to other service categories that had a greater client need.		
Linguistics Services			
Medical Transportation	There was a higher than anticipated demand for this service category, with an increase in unduplicated clients utilizing this service. This may be attributed to increases in transportation costs, more frequent medical appointments, and geographic sprawl of clients.		
Non-Medical Case Management Services			
Other Professional Services			
Outreach Services			
Psychosocial Support			
Referral For Health Care Support Services			
Rehabilitation Services			
Respite Care			
Substance Abuse-residential	There was a lower than anticipated utilization of this service category. Other funding sources such as Medi-Cal have been able to cover the service without an extensive wait list as had been the issue in the past. . The money in this service category was reallocated to other service categories that had a greater client need.		

MAI Service Category Plan Table

Service Categories	FY 2025 Actuals							
	Priority #	Allocated Amount	Expended Amount	Allocated and Expended Amount Differences	Unduplicated Clients	Service Unit Definition	Service Units	Average Cost per Service Unit
Core Medical Services								
Medical Case Management (Incl. Treatment Adherence)	1	$202,053.00	$203,928.00	-1%	861	1 unit = 1 face to face or other encounter OR 1 unit = 1 face to face Medication Adherence Session	20899	$9.76
CORE MEDICAL TOTAL		$202,053.00	$203,928.00	-1%				
Support Services								
SUPPORT SERVICES TOTAL								
GRAND TOTAL		$202,053.00	$203,928.00	-1%				

MAI Service Category	If expended amounts were under or over 25% from the allocated amount, please explain why there is a difference.		
	2025	2026	2027
AIDS Drug Assistance Program (ADAP) Treatment			
AIDS Pharmaceutical Assistance (LPAP)			
Early Intervention Services			
Health Insurance Premium & Cost Sharing Assistance			
Home & Community Based Health Service			
Home Health Care			
Hospice			
Medical Case Management (Incl. Treatment Adherence)	NA		
Medical Nutrition Therapy			
Mental Health Services			
Oral Health Care			
Outpatient/Ambulatory Health Services			
Substance Abuse Outpatient Care			
Child Care Services			
Emergency Financial Assistance			
Food Bank/Home Delivered Meals			
Health Education/Risk Reduction			
Housing			
Linguistics Services			
Medical Transportation			
Non-Medical Case Management Services			
Other Professional Services			
Outreach Services			
Psychosocial Support			
Referral For Health Care Support Services			
Rehabilitation Services			
Respite Care			
Substance Abuse-residential			

FY 2013 Ryan White Part A
WICY Expenditure Report Worksheet

	B	C	D	E	F	G	H	I	J
2	**Section A: Identifying Information**								
4	**Recipient Organization Name and Grant Number:**	**County of Sacramento H89HA00048**							
5	**Reporting Year:**	**FY25**							
6	**TOTAL Service Expenditures**	**$**	**3,358,905.00**						
7									
9	**Section B: Percent of HIV/AIDS Cases in the EMA/TGA**								
11	CDC Data Percentage (insert based on applicable percentages)	**Women:**	16.18%	**Infants:**	0.02%	**Children:**	0.02%	**Youth**	1.53%
12	Total Part A Funds Used to Provide Services:	#1. Amount	#2. Percent	#3. Amount	#4. Percent	#5. Amount	#6. Percent	#7. Amount	#8. Percent
13		**$838,635.00**	**24.97%**	**$0.00**	**0.00%**	**$9,153.00**	**0.27%**	**$107,754.00**	**3.21%**
14	Are you requesting a WICY Waiver? (select "**yes**" or "**no**" in the dropdown menu in cell C14):	**Yes**							
15									
16	**Section C: WICY Waiver Expenditures**	**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.**							
17		**Women**		**Infants**		**Children**		**Youth**	
18	**Please indicate additional funding sources for WICY services provided**	**#1. Amount**	**#2. Percent**	**#3. Amount**	**#4. Percent**	**#5. Amount**	**#6. Percent**	**#7. Amount**	**#8. Percent**
19	**Total Part B Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
20	**Total Part C Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
21	**Total Part D Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
22	**Total Medicaid Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
23	**Total Medicare Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
24	**Total CHIP Funds Used**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
25	**Other Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
26	**Other Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
27	**Other Funds**	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%
28	**Overall Total**	$838,635.00	24.97%	$0.00	0.00%	$9,153.00	0.27%	$107,754.00	3.21%