# Sacramento HIV Care Services Program

Recipient
FY25 Annual Narrative Report
March 1, 2025 – February 28, 2026

# FY25 ANNUAL RECIPIENT REPORT

# EXECUTIVE SUMMARY

The Sacramento HIV Care Services Program (HCS), formerly referred to as the Ryan White Program, encompasses Sacramento, Placer, El Dorado, and Yolo County. However, with Ending the HIV Epidemic funding, there is no residency restriction which has expanded the number of clients (14) in other counties (4) receiving services. During FY25, the program served 2,283 unduplicated clients; compared to 2,187 in FY24. In FY25, the greatest numbers of Ryan White clients in the program are between the ages of 25-44 (36.36%), with the majority of individuals (85.41%) residing in Sacramento County.

Most notably, the program assisted 274 **new (never been served in the program) clients**. These are new clients to the program. During the same period last year, the program served 267 new clients.

There is a disproportionate impact of HIV/AIDS among African Americans in the program. African Americans make up 6.35% 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 HCS system of care is currently 25.67%. Of note is the representation of the Hispanic caseload in the HCS system of care. For the three quarters of 2025, Hispanics accounted for 29.39% of the caseload, or 8.69% 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 FY25, 67.06% (1,531 clients) of the clients in the Sacramento HIV Care Services Program had income ranges between 0 to 138% of the Federal Poverty Level. Whereas in FY24, 67.9% (1,485 clients) had income ranges between 0 to 138% of the Federal Poverty Level.

Of the HCS clients served in FY25, males are the primary gender group (77.44%) living with HIV/AIDS. Likewise, Men Having Sex with Men (MSM) is the most reported mode of transmission at 55.41%.

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, transportation and food remain a constant struggle for clients. Increased daily living expenses further increase the demand for assistance, which puts a strain on the availability of these services.

# ANNUAL RECIPIENT REPORT
# for the Period of March 1, 2025, to February 28, 2026

Between the period of March 1, 2025, and February 28, 2026, the following major accomplishments occurred:

## RECIPIENT ACTIVITIES:

## HRSA PART A GRANT

- Submitted FY24 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 FY24 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 FY25 Allocations report
- Prepared FY25 Provider contract budget amendments
- Prepared FY25 Provider budgets
- Prepared FY25 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 FY25 Q1, Q2 and Q3 Recipient report
- Run Ryan White Statistical Reports for FY26 Grant Application
- Drafted/Finalized/Submitted Org Chart for FY26 Grant Application
- Drafted/Finalized/Submitted Maintenance of Effort for FY26 Grant Application
- Drafted/Finalized/Submitted Core Medical Services Waiver for FY26 Grant Application
- Drafted/Finalized/Submitted HIV Care Continuum for FY 26 Grant Application
- Drafted/Finalized/Submitted Letter of Assurance from Planning Council for FY26 Part A Grant Application
- Drafted/Finalized/Submitted Budget for FY26 Grant Application
- Two mid-year reallocations and one rapid Year-End Reallocation including Contract Budget Amendments

**STATE OFFICE OF AIDS GRANT**

- Submitted FY24 RSR report to State Office of AIDS (SOA)
- Uploaded client-level data into ARIES
- Submitted FY24 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 FY24 Part B and Part B MAI year-end reports
- Submitted FY25 Part B budgets to State for approval
- Learned how to submit budgets and invoices through HCC
- Prepared FY25 1st, 2nd and 3rd Quarter Part B supplemental claims
- Prepared Board letter to accept funding
- Prepared FY25 Provider contract budget amendments
- Prepared FY25 Provider budgets
- Resolved HIV Care Connect (HCC) Import Error Reports
- Reconciled and reviewed Part B Q1, Q2 and Q3 claims

**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 Bi-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 FY25 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
- Revised work plan and carryover budget several times
- Drafted/Finalized/Submitted the FY25 EHE Non-Compete Application
- Drafted/Finalized/Submitted the EHE Triannual Report #3 covering 9/1/25 – 12/31/25
- Attended Mandatory Intensive TA training in San Diego
- Attended HRSA Reverse Site Visit in HRSA Headquarters for both Part A & EHE
- Processed contract amendments to add additional providers

## 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 FY25 Allocations/Expenditure worksheets and Provider Invoice Log
- Reconciled logs
- Created new internal tracking folders for FY25
- 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
- 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
- Drafted/Finalized/Released FY26-31 RFP

## SUPPORT TO SERVICE SUBRECIPIENTS/CONTRACTORS:

- Conducted Service Provider meetings
- Provided technical assistance (TA) on RSR preparation and submitted with Subrecipients
- 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 2025 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, Governance, 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 during Administrative Assessment Committee FY25 Mid-Year Review
- Followed up on proposed seat changes with Board of Supervisors
- Finalized work with a contractor to update the HHSPC Website and launched new website.

## UTILIZATION AND TRENDS IN CARE:

- **New Clients**: At the end of Fiscal Year 2025, the Sacramento HIV Care Services Program served 274 new unduplicated clients. The Sacramento HIV Care Services Ending the HIV Epidemic program provides services regardless of county of residence. Therefore, there are non-traditional counties included in the chart below. Please refer to the chart below for the client's residence county in FY25.

  Whereas, during 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.

  Below is a five-year comparison between fiscal year 2020 through fiscal year 2025.

| County | FY21 | FY22 | FY23 | FY24 | FY25 |
|---|---|---|---|---|---|
| El Dorado | 10 | 11 | 7 | 9 | 3 |
| Placer | 21 | 17 | 13 | 19 | 12 |
| Sacramento | 164 | 213 | 170 | 225 | 224 |
| Yolo | 15 | 17 | 8 | 14 | 21 |
| Amador | N/A | N/A | N/A | N/A | 1 |
| Calaveras | N/A | N/A | N/A | N/A | 2 |
| San Joaquin | N/A | N/A | N/A | N/A | 2 |
| Stanislaus | N/A | N/A | N/A | N/A | 9 |

**TOTAL CLIENTS:**
During FY25, there was a total of 2,283 unduplicated clients receiving services by the HIV Care Services Program. There were 2,187 clients during the same reporting period the prior year.

- **Clients by Age:**

| | 2024 | | | 2025 | |
|---|---|---|---|---|---|
| Age Category | # 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 | 0.04% |
| Youth 13 - 19 years | 8 | 0.37% | | 4 | 0.18% |
| Youth 20 - 24 years | 38 | 1.74% | | 45 | 1.97% |
| Adults 25 - 44 years | 783 | 35.80% | | 830 | 36.36% |
| Adults 45 - 59 years | 671 | 30.68% | | 692 | 30.31% |
| Adults 60+ | 686 | 31.37% | | 711 | 31.14% |
| Totals | 2,187 | | | 2,283 | |

- **Clients by Ethnicity:**

| | 2024 | % of Clients | 2025 | % of Clients |
|---|---|---|---|---|
| White | 878 | 40.15% | 865 | 37.89% |
| Black/African American | 542 | 24.78% | 586 | 25.67% |
| Asian/Pacific Islander | 119 | 5.44% | 127 | 5.56% |
| Hispanic (of any race) | 618 | 28.26% | 671 | 29.39% |
| American Indian/Alaskan | 30 | 1.37% | 34 | 1.49% |
| | 2,187 | 100% | 2,283 | 100% |

- **Clients by County:**

  In comparing the traditional counties served of El Dorado, Placer, Yolo and Sacramento, during FY25, 85.41% of the clients (1,950) resided in the County of Sacramento. El Dorado County was home to 3.37% of the clients (77); Placer 5.65% of the clients (129) and Yolo was home to 4.94% of the clients (113).

  Whereas, in 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).

  Below is a five-year comparison from fiscal year 2021 through 2025. Yolo 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 | FY21 | FY22 | FY23 | FY24 | FY25 |
|---|---|---|---|---|---|
| El Dorado | 101 | 101 | 80 | 86 | 77 |
| Placer | 149 | 138 | 121 | 130 | 129 |
| Sacramento | 2,046 | 1,962 | 1,883 | 1,868 | 1,950 |
| Yolo | 112 | 114 | 93 | 103 | 113 |
| Amador | N/A | N/A | N/A | N/A | 1 |
| Calaveras | N/A | N/A | N/A | N/A | 2 |
| San Joaquin | N/A | N/A | N/A | N/A | 2 |
| Stanislaus | N/A | N/A | N/A | N/A | 9 |
| Total Clients | 2,408 | 2,315 | 2,177 | 2,187 | 2,283 |

- **Clients by Gender:** At the end of FY25, there were 70 transgender clients (3.07%), 1,768 male clients (77.44%) and 445 female clients (19.49%). During FY24, there were 57 transgender clients (2.61%), 1,710 male clients (78.19%) and 420 female clients (19.20%).

  Below is a five-year comparison from fiscal year 2021 through 2025. Both transgender and female clients have increased compared to the year-end figures last fiscal year.

| Fiscal Year | FY21 | FY22 | FY23 | FY24 | FY25 |
|---|---|---|---|---|---|
| Female | 457 | 446 | 392 | 420 | 445 |
| Male | 1,892 | 1,807 | 1,737 | 1,710 | 1,768 |
| Transgender | 59 | 62 | 48 | 57 | 70 |
| Total Clients | 2,408 | 2,315 | 2,177 | 2,187 | 2,283 |

- **Clients by Income:**

**2024**

| Percent of Poverty Level | # of Clients | % of Clients |
|---|---|---|
| No Income – 100% of Poverty | 1,188 | 54.37% |
| 101 - 138% of Poverty | 245 | 11.21% |
| 139 - 250% of Poverty | 308 | 14.10% |
| 251 - 300% of Poverty | 244 | 11.17% |
| 301 - 400% of Poverty | 129 | 5.9% |
| 401 - 500% of Poverty | 56 | 2.56% |
| 501 - 600% of Poverty | 10 | 0.46% |
| Over 600% of Poverty | 5 | 0.23% |
| Total | 2,187* | |

*Two clients' income were unknown.

**2025***

| Percent of Poverty Level | # of Clients | % of Clients |
|---|---|---|
| No Income – 100% of Poverty | 1,288 | 56.42% |
| 101 - 138% of Poverty | 243 | 10.64% |
| 139 - 200% of Poverty | 306 | 13.40% |
| 201 - 300% of Poverty | 247 | 10.82% |
| 301 - 400% of Poverty | 135 | 5.91% |
| 401 - 500% of Poverty | 52 | 2.28% |
| 501 - 600% of Poverty | 9 | 0.39% |
| Over 600% of Poverty | 3 | 0.13% |
| Total | 2,283 | |

In FY25, 56.42% of the clients (1,288) reported at 100% or below the Federal Poverty Level. Which is an increase from 54.37% (1,188 clients) in FY24.

It should be noted that clients at/over 600% 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 FY25, Men Having Sex with Men (MSM) continue to represent the highest transmission level at (55.41%), with heterosexual transmission (32.37%) and Intravenous Drug Use (8.72%) the most common transmission methods.

  Whereas, 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.

  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:**

| | 2024 | | | **2025** | |
|---|---|---|---|---|---|
| CD4 Range | # of HIV+ Clients | % of HIV+ Clients | | # of HIV+ Clients | % of HIV+ Clients |
| Below 200 | 162 | 7.41% | | 156 | 6.83% |
| 200 - 499 | 569 | 26.02% | | 584 | 25.58% |
| 500 - 749 | 672 | 30.73% | | 709 | 31.06% |
| 750 - 1,499 | 736 | 33.65% | | 781 | 34.21% |
| Greater than 1,500 | 48 | 2.19% | | 53 | 2.32% |
| Unknown/Unreported | 0 | 0.00% | | 0 | 0.00% |
| Total Clients | 2,187 | | | 2,283 | |

- **Clients by Viral Load:**

| | 2024 | | | **2025** | |
|---|---|---|---|---|---|
| Viral Load | # of HIV+ Clients | % of HIV+ Clients | | # of HIV+ Clients | % of HIV+ Clients |
| Unknown/Unreported | 0 | 0.00% | | 1 | 0.04% |
| <= 20 (Undetectable) | 1,484 | 67.86% | | 1,503 | 65.83% |
| 21-200 (Virally Suppressed <=200) | 466 | 21.31% | | 536 | 23.48% |
| 201-999 | 49 | 2.24% | | 54 | 2.37% |
| 1,000 - 4,999 | 35 | 1.60% | | 49 | 2.15% |
| 5,000 - 9,999 | 8 | 0.37% | | 14 | 0.61% |
| 10,000 - 24,999 | 32 | 1.46% | | 26 | 1.14% |
| 25,000 - 74,999 | 32 | 1.46% | | 36 | 1.58% |
| 75,000 or Higher | 81 | 3.70% | | 64 | 2.80% |
| Total Clients | 2,187 | | | 2,283 | |

## CLIENT BARRIERS TO CARE:

As previously reported, housing, transportation and food remain a constant struggle for clients in the greater Sacramento area. The latest Point in Time Count (PIT) estimates that there are 7,458 people living unhoused in Sacramento County on any given night. An increase of 12.7% from 2024. Between 2024 and 2026, the number of people experiencing homelessness in shelters increased by 21.8%, from 2,671 to 3,253. The number of people experiencing unsheltered homelessness increased by 6.6%, rising from 3,944 to 4,205.

According to payscale.com[1], on June 8, 2026, Sacramento's cost of living is 24% higher than the national average. Sacramento's housing expenses are 38% higher than the national average and the utility prices are 63% higher than the national average. Transportation expenses like bus fares and gas prices are 34% higher than the national average. Groceries are 5% higher than the national average.

With 56.42% of the clients receiving HIV Care Program services living at 100% or less of the federal poverty level, increases in everyday living expenses are placing additional strain on their ability to meet basics. Conversely, increasing service demand for assistance is placing additional pressure on program resources, as more clients require support to offset rising living costs.

## 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).

##################################

[1] https://www.payscale.com/cost-of-living-calculator/California-Sacramento