ii. Project Narrative

INTRODUCTION

With a population of 3.3 million, San Diego County is the second most populous county in California and the fifth most populous county in the United States. San Diego County is a large and diverse county in terms of population and geography, encompassing 4,200 square miles of urban, suburban, and rural communities. There are 18 incorporated cities within San Diego County, as well over 30 unincorporated communities, 16 military installations, and 18 federally recognized Native American Tribal reservations, the most of any county in the United States. San Diego County is home to more than 100,000 active-duty military personnel and over 240,000 veterans, making it the region with the highest concentration of active-duty and retired military personnel in the United States. Along with Tijuana, Baja California, Mexico, San Diego County also forms one of the largest conurbations in the world. With a combined regional population of over five million people and three land ports of entry, the region experiences more than 50 million northbound crossings each year, making it one of the busiest land border crossings in the world.

Human immunodeficiency virus (HIV) continues to be a major health concern in San Diego County. As of December 31, 2023, there were 14,815 people in San Diego County living with HIV or acquired immunodeficiency syndrome (AIDS) 4,515 individuals who were aware of their status but not receiving HIV primary care, and 384 residents who were newly diagnosed with HIV. Despite significant advances over the last decade, several population groups are disproportionately impacted by HIV across San Diego County, including Black/African American and Hispanic/Latino gay, bisexual and other men who have sex with men (MSM), and persons who inject drugs (PWID). Data refenced in this application demonstrates the disproportionality and needs of these populations.

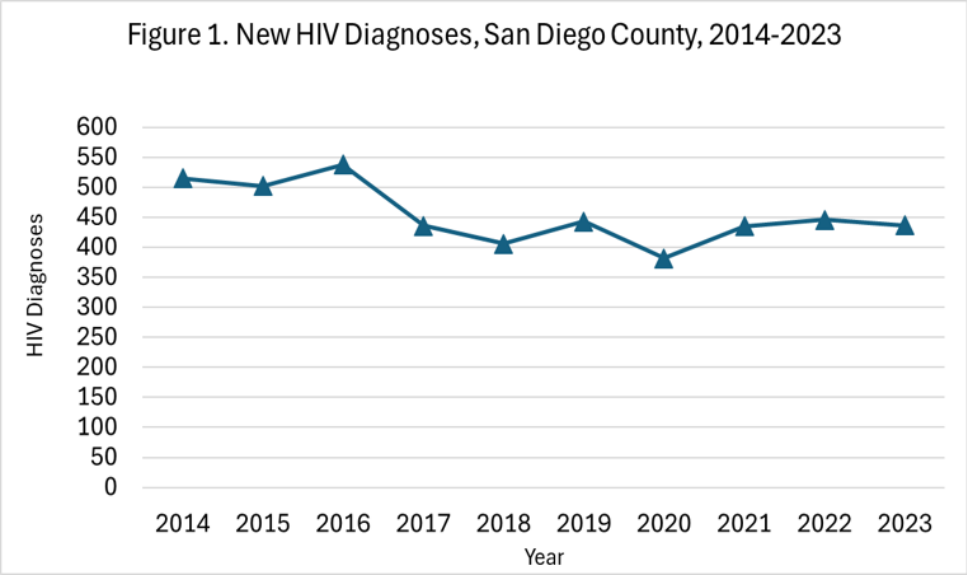
The County of San Diego was an early adopter of efforts to end the HIV epidemic, launching our Getting to Zero Initiative on March 1, 2016. The initiative was adopted after an extensive, 18-month review conducted by a task force of persons with lived experience, service providers and other key stakeholders. The task force concluded that all the medical tools required to end the epidemic were available, including highly effective treatment for persons living with HIV as well as the addition of pre-exposure prophylaxis (PrEP) for persons vulnerable to HIV acquisition. Getting to Zero is composed of five overlapping strategies. The first three of these strategies map directly to the first three pillars of the federal End the HIV Epidemic Initiative:

- **Test (Diagnose):** Identify all persons living with HIV but unaware of their status so they can be linked to care; identify all persons who are HIV-negative but vulnerable to HIV infection and link to PrEP.
- **Treat:** Ensure all persons living with diagnosed HIV achieve viral suppression by providing a comprehensive system of care, including access to anti-retroviral therapy, that is available to all, regardless of their ability to pay.
- **Prevent:** Reduce HIV acquisition among persons who are HIV-negative but vulnerable to infection by linking them to PrEP and other prevention resources.
- **Engage:** Mobilize community efforts to achieve collective impact by partnering with communities disproportionately impacted by HIV to develop and implement a shared agenda.
- **Improve:** Continually seek to improve outcomes along the HIV Care Continuum by engaging in continuous quality improvement.

The Getting to Zero initiative also supports the *Live Well San Diego* vision adopted by the County of San Diego's Board of Supervisors. *Live Well San Diego* is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. It is comprised of three core components: 1) Building Better Health focuses on improving the health of residents and supporting healthy choices; 2) Living Safely seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies; and 3) Thriving focuses on promoting a region in which residents can enjoy the highest quality of life.

Since its inception in 2016, the County of San Diego's Getting to Zero Initiative has resulted in significant progress toward ending the HIV epidemic in no small part due to its emphasis on community engagement. As shown in Figure 1, HIV case counts have decreased since 2016 when the Getting to Zero initiative was launched. Our efforts to end the HIV epidemic have been further buttressed over the last five years by additional funding from the Health Resources and Services Administration (HRSA), the Center for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH. We continue to deploy risk-based HIV testing in communities that continue to see high levels of HIV transmission; we have augmented those efforts by deploying routine, opt-out HIV testing in all regions of San Diego County to identify individuals who might be missed through risk-based testing. We have greatly expanded our efforts to ensure persons living with HIV have access to high quality care, and now all persons living with HIV in the County of San Diego have access to HIV medical care, including anti-retroviral therapy (ART), without regard to their ability to pay, and there are no waiting lists. Moreover, we fund rapid re-linkage in all of our medical sites so that any time a client living with HIV does not show up for a medical appointment, immediate efforts are made to re-engage the client in care, with a goal that care resumes within 1 – 3 days. Within the next 12 months, we expect to deploy low-barrier, low-demand access to medical care, allowing clients to receive care and wraparound services without appointment, and we are exploring how we might deploy Street Medicine to reach persons living with HIV who might not be able to access medical care otherwise. To expand our prevention efforts, we have deployed programs that focus specifically on persons who inject drugs, with a strong focus on harm reduction, relationship building, and linkage to wraparound services, including substance use treatment. We have also deployed a program that focuses specifically on the comprehensive needs of transgender women. The County has also expanded the scope of its Sexual Health Clinics to ensure rapid linkage to PrEP and post-exposure prophylaxis (PEP). To expand our community engagement efforts, we have deployed a mobile phone app, Getting to Zero, that provides information regarding access to HIV services, and we have also established Benefits Navigation to assist persons living with or vulnerable to HIV in accessing needed services. We have also deployed community engagement projects focused on several key populations, including Black and Hispanic gay, bisexual and other men who have sex with men; transgender and non-binary communities; women; and youth and young adults. We have also deployed a leadership development program that provides training to our community members about how to participate in community planning and advocacy around HIV and related issues.

Combined, these efforts will continue to position the County of San Diego to successfully implement activities that accelerate efforts to end the HIV Epidemic, as well as sustain, strengthen, and grow partnerships with our communities, including persons living with and vulnerable to HIV and the many organizations that serve them.



ORGANIZATIONAL INFORMATION

A. Grant Administration

1) Program Organization

a) How RWHAP Part A funds are administered

Part A and Minority AIDS Initiative (MAI) funds received by the County of San Diego's Board of Supervisors are administered by the HIV, STD and Hepatitis Branch (HSHB) of Public Health Services, a department within the Health and Human Services Agency (HHSA). To assure these funds are managed appropriately, in-kind support is provided by several County departments, including the HHSA Financial and Support Services Division (FSSD), Agency Contract Support, Public Health Services Administration, the Department of Purchasing and Contracting, Risk Management, and the Auditor and Controller's Office. All original procurement and contract documents are electronically maintained, per established and approved records retention requirements, by the Department of Purchasing and Contracting. The documents remain electronically accessible not only to all HHSA offices, but also to members of the public. Attachment 1 the program organizational chart provides a visual of the structure of the program.

As shown in Attachment 2, the HSHB team responsible for Part A administration who are charged directly to the grant totals 1 full time equivalent (FTE) positions, including partial FTEs for two Principal Administrative Analysts, eight Administrative Analyst and a Community Health Program Specialist. MAI administration totals 0.43 FTE including partial FTEs for one Principal Administrative Analysts, five Administrative Analyst and a Community Health Program Specialist. Additional in-kind support is provided for all of these positions as well as for the Chief, Assistant Medical Services Administrator, Health Planning & Program Specialist and a Pathways Fellow.

The Chief, Assistant Medical Services Administrator, and Community Health Program Specialist have primary responsibility for liaison activities with local HIV Planning Group (HPG) support staff. Additionally, all HSHB staff interact with HPG support staff as needed to

clarify planning body direction or provide answers to questions concerning distribution of funds. Table 1 depicts recipient administration tasks and responsible parties.

Table 1: Program Administration Staff and Tasks

TASKS	RESPONSIBLE PARTY
Accounting and contracting responsibilities	Principal Administrative Analyst and Administrative Analysts
Contract development	Chief, Assistant Medical Services Administrator, Principal Administrative Analyst, Health Planning & Program Specialist, Community Health Program Specialist, and Administrative Analysts in coordination with Public Health Services Administration and Department of Purchasing and Contracting
Monitoring of monthly invoices and expenditures and verification of payments	Principal Administrative Analyst, Administrative Analysts; Financial and Support Services Division staff; Community Health Program Specialists.
Collecting information for HRSA reports and payment drawdowns	Principal Administrative Analyst and Administrative Analysts, Financial and Support Services Division
Assuring required activities are conducted under the Clinical Quality Management Program	Chief, Assistant Medical Services Administrator, Principal Administrative Analyst, Community Health Program Specialist and Administrative Analysts

Consistent with local ordinance and civil service rules, all vacant County positions are filled using processes overseen by the County of San Diego's Department of Human Resources. Employee recruitment is initiated by a personnel requisition listing the vacancy, specific position requirements, and hiring contact. Recruitment consists of posting the vacancy on the County website and other online recruitment sources, including local professional networks as well as colleges and universities. Staff members within the Department of Human Resources rate candidates' qualifications and experience relative to the requirements of the position. Candidates meeting minimum requirements are placed on a list of persons eligible for interview. After interview and selection, the chosen candidate is then subject to a rigorous background check and medical clearance. Upon notification the chosen candidate has passed the background check and medical clearance, the requesting office is then authorized to issue an employment offer to that candidate.

HSHB also contracts with three fiscal intermediaries. United HealthCare is an administrative services organization that serves as the claims administrator for medical services, oral health care and psychiatric services. AIDS Healthcare Foundation serves as the claims administrator for outpatient medical specialty and oral health specialty services. Finally, the National Alliance on Mental Illness of San Diego serves as the fiscal intermediary for housing and emergency financial assistance.

All subrecipients are required to conduct background checks, including criminal histories, federal exclusion/debarment lists, and the State of California Medi-Cal (Medicaid) suspension websites. If the position requires a professional license, the State of California license list for that profession must also be checked. Administrative Analysts confirm that exclusion/debarment/Medi-Cal and professional license requirements are met during annual programmatic site visits. Additionally, Administrative Analysts verify subrecipient professional staff license information once per year by using the applicable State website.

b) Administration of Part A funds

Ryan White HIV/AIDS Program Part A funds are administered by the County of San Diego, not by a contractor or fiscal agent.

2) Grant Recipient Accountability

a) Monitoring

The subrecipient monitoring process planned for FY 2025-FY 2027 includes annual monitoring assessments to determine the level and degree of monitoring needed based on the complexity of the agreement and the risk it represents to the County. Subrecipients are monitored to the extent appropriate per agreement to ensure compliance with the terms and conditions, delivery of quality and cost-effective products/services, and to achieve the outcomes and deliverables described in the agreement. Monitoring includes all parts of the agreement. HSHB conducts performance monitoring to ensure subrecipients deliver the products/services according to the agreement requirements. Monitoring activities are required for every contract and include: 1) contractor orientation; 2) review and approval of invoices; 3) in-depth invoice reviews; 4) assurance of exclusion/debarment/Medi-Cal requirements; 5) criminal background check verification; 6) privacy and security provisions; 7) programmatic site monitoring visits; 8) review and approval of reports; 9) performance observation; 10) meetings; 11) fiscal monitoring of invoices/budgets and 12) desk reviews. HSHB shares the documented monitoring results, findings, follow-up actions required with deadlines, and final reports with subrecipients, as appropriate per activity, so subrecipients are aware and understand any operational and performance expectations and their status on meeting those expectations. When a subrecipient is not meeting expectations, it is addressed as soon as possible to resolve the problem. All monitoring activities are thoroughly documented and stored in the subrecipient's file(s) in the Contracts Administration Management System (CAMS) database.

Administrative Analysts inform subrecipients annually of the following: Catalog of Federal Domestic Assistance title and number; federal award name; name of federal agency; federal award identification number, award date; amount obligated to subrecipient; amount of award expended for each contract fiscal year and estimated funding available for the current contract year.

Agency Contract Support receives Independent Audit Reports and Single Audits for all subrecipients who meet this requirement. When there are findings, Agency Contract Support issues a letter to the subrecipient outlining the corrective action. Follow-up is then conducted to ensure completion of the correction action. Agency Contract Support can also initiate and conduct programmatic site visits, in-depth invoice reviews, and other monitoring activities independent of HSHB.

b) Payor of Last Resort

Subrecipients are informed that Ryan White HIV/AIDS Program (RWHAP) funds may not be used if payment has been made or can reasonably be expected to be made by other sources such as state compensation programs, insurance policies, or other health benefits programs in compliance with the requirements stated in *PCN 21-02 Determining Client Eligibility and Payor of Last Resort in the RWHAP*. All Part A and B subrecipient contracts contain payor of last resort language. For example, agencies funded to provide HIV outpatient/ambulatory health services and medical case management services are required to screen applicants for Medi-Cal (Medicaid), Medicare, Covered California (the statewide insurance marketplace initiated under the Affordable Care Act) and other service eligibility. Screening is documented on the Ryan White medical case management intake form or the Ryan White Outpatient/Ambulatory Health Services application and is maintained in the client's file. People living with HIV with private health insurance are not eligible for Part A medical coverage unless Ryan White is covering a documented gap in the insurance. Following the HRSA guidelines, patients eligible for Veteran's Affairs or Indian Health Services benefits are served through Part A if they prefer. Subrecipient staff closely monitor client files to ensure compliance.

The administrative services organization is notified when an applicant is referred to Medi-Cal and monitors the application process to ensure compliance. Patients referred to Medi-Cal and/or Medicare must apply for these programs within 60 days of commencing services and are provided medical treatment through Ryan White Part A during this period. If the client is subsequently enrolled in Medi-Cal or Medicare, contracted providers must seek payment for services through Medi-Cal and re-classify any Ryan White reimbursement as program income.

In assuring payor of last resort compliance, the administrative services organization checks the current Outpatient/Ambulatory Health Services client eligibility list against client records of other medical systems including Medi-Cal, Aetna, Cigna, HealthNet, Humana, Pacificare, Blue Cross of California, Blue Shield of California, Tricare, and Kaiser every six months. Primary care patients found to have other coverage are removed from eligibility.

Consistent with the National Monitoring Standards, HSHB has included language in all contracts describing the use of program-generated revenue, including the prohibition of assessing client fees for any client at or below 100% Federal Poverty Level. Currently, all subrecipients waive fees related to any service funded by Ryan White.

c) Fiscal Oversight

Coordination of fiscal activities. HSHB staff includes a Fiscal Principal Administrative Analyst and two Fiscal Administrative Analysts; they coordinate with staff from the Financial and Support Services Division (FSSD). The County of San Diego utilizes several systems to track, reconcile, and report all program-related finances to ensure appropriate expenditure of Part A, Minority AIDS Initiative (MAI) and carryover funds.

Expenditures are tracked three-fold via 1) contract ledgers, 2) payment summaries, and 3) the County's accounting system (Oracle). Coordination of effort between staff responsible for program, contracts, fiscal, and FSSD staff occurs daily via emails, Microsoft Teams meetings, system trackers, logs, and reconciliations. HSHB tracks Part A formula and supplemental funding allocations and expenditures on an ongoing basis.

Claims creation for cost reimbursement on a quarterly basis are the result of continuous collaboration between staff responsible for contracts, fiscal, and FSSD via emails, Microsoft Teams meetings, system trackers, logs, and reconciliations.

Based on the successful response offered during the COVID-19 pandemic, and HSHB's commitment to decrease our carbon footprint, many County and subrecipient staff continue to telework or work in a hybrid capacity. As a result, internal processes and procedures have been updated to reflect e-signatures and proper workflow in order to maintain normal operations. HSHB utilizes Microsoft Teams to conduct voice communication and virtual face-to-face meetings with internal staff and providers.

To ensure timely monitoring and redistribution of unexpended funds, HSHB staff meets monthly to review expenditures and forecasts by service category. When a service category is identified as overspent in relation to the amount of time elapsed, trends and causes are analyzed and recommendations for follow-up action are identified. This allows relocation of funding from underspent service categories upon HIV Planning Group approval. In order to reallocate funds quickly if needed, the HIV Planning Group has authorized the Chief of HSHB to transfer up to $50,000 among service categories without prior planning body approval. Contract amendments to move funding are planned in advance to allow for the Department of Purchasing and Contracts processing time and to allow adequate time for the subrecipient to utilize the funds by the end of the contract term.

Fiscal tracking. HSHB tracks Part A, the Minority AIDS Initiative (MAI) and carryover funds separately. Expenditures per contract are tracked in a contract ledger in Excel in which several data points are cross-referenced, including contract approved budget, approved HIV Planning Group (HPG) service category allocations, and balances as per our accounting system (Oracle). Ledgers provide detailed information including budgets, allocation changes, month-by-month expenditures, year-to-date expenditures, remaining balance, percent of funds expended, and task numbers assigned to each payment. Upon completion of the fiscal invoice process in the ledger, invoices are logged into a payment summary tracker displaying expenditures by services category, administration, and Clinical Quality Management costs. To ensure invoice payments are processed in a timely manner, a time stamp entry is created in the HSHB invoice tracking log. At this point invoices are sent to FSSD staff for processing in Oracle.

This monitoring and tracking process allows HSHB to have control points resulting in accurate data reporting and enables management to make informed decisions and provide timely action based on authorization from planning body direction.

On a quarterly basis, expenditures are downloaded from Oracle for reconciliations, reporting, and claim creation. To track and process claims effectively and appropriately, Ryan White Part A and MAI funds have been assigned unique task numbers to allow the tracking of expenditures separately from other funding sources. Claims are prepared by FSSD staff, reviewed by the Fiscal Administrative Analysts, and approved by the Principal Administrative Analyst and the Assistant Medical Services Administrator prior to the reimbursement drawdown from the federal Payment Management System (PMS). Unspent funds are tracked by FSSD and HSHB via Oracle, payment summaries, and ledgers.

Reimbursement. Subrecipients are required to submit invoices, using a HSHB-designed invoice template, by the 10th calendar day after the end of the reporting month in which services are provided. The assigned Administrative Analyst date-stamps invoices upon receipt and then reviews and provides a preliminary approval as reasonable, allocable, and allowable expenditures. If issues are identified, the Administrative Analyst contacts the subrecipient for clarification/additional documentation to support their invoice. If issues are not resolved, the Administrative Analyst elevates the concerns to the Principal Administrative Analyst who oversees contracts. Once the review is completed, and requested clarification/documents are

received, the invoice is entered into the internal payment tracking spreadsheet and then sent to the Contracting Officer's Representative (COR) for final approval and signature, authorizing the payment. Disallowed expenses are reported to the subrecipient according to HSHB policy. FSSD personnel date-stamp invoices upon receipt and process the invoices for payment in Oracle using net 30 payment terms, according to contract documents. Invoices are entered into Oracle for payment via checks or Electronic Fund Transfer to the subrecipient. After the payment term process period, the Fiscal Administrative Analyst checks Oracle to confirm the subrecipient has been paid and note the date paid and the amount. Following confirmation that the payment has been made, the Administrative Analyst maintains the invoice copies in the subrecipient files.

In response to the COVID-19 pandemic, a system was developed to process invoices entirely through electronic means. Utilization of this system enabled timely processing of Ryan White Part A invoices and established a protocol to follow in the event of future need.

Invoices for the final month of the Ryan White fiscal year are sent to FSSD flagged as "Priority Validation," identifying the invoice as one that requires priority for processing. By using this method, payments can be issued quickly and reflected in Oracle. This practice assists with preparing the Ryan White Part A final quarterly cost report and year-end reporting requirements.

B. Maintenance of Effort (MOE)

See Attachment 3 for Maintenance of Effort table and a description of the process and elements used to determine the expenditures in the calculations.

NEEDS ASSESSMENT

A. Demonstrated Need

1) Epidemiologic Overview

a) Summary of the HIV epidemic in the County of San Diego

As described in the introduction, San Diego County is one of 58 counties in the state of California and home to over 3.3 million people. The County is the second most populous county in California and the fifth most populous county in the United States. San Diego County is both a large county in terms of geography with 4,200 square miles of urban, suburban, and rural communities, and diverse in terms of population make up.

Table 2: Socio-Demographic Characteristics of San Diego County Residents

Socio-Demographic Characteristics	#	% of total
Race/Ethnicity*		
White, not Hispanic	1,433,598	43.6
Black/African American, not Hispanic	149,105	4.5
Hispanic	1,134,647	34.5
Asian/Pacific Islander, not Hispanic	400,354	12.2
American Indian/Alaska Native, not Hispanic	9,338	0.3
Multi-Race, not Hispanic	148,992	4.5
Other, not Hispanic	13,667	0.4
Total	3,289,701	100
Gender*		

Male	1,667,851	50.7
Female	1,621,850	49.3
Total	3,289,701	100
Age (Years)*		
≤14 years	581,402	17.7
15 - 19 years	208,638	6.3
20 - 44 years	1,228,563	37.3
45+ years	1,271,098	38.6
Total	3,289,701	100
Language Spoken at Home (5 years and over) †		
Speak English Only	1,964,368	63.4
Speak a Non-English Language at Home and Speak English "Very Well"	730,761	23.6
Speak Spanish and English less than "very well"	252,472	8.1
Speak Asian and Pacific Islander Language and English less than "very well"	101,220	3.3
Speak Other Language and English less than "very well"	49,962	1.6
Total	3,098,783	100
Educational Attainment (25 years and over) †		
Less than high school	254,837	11.3
High school graduate (includes equivalency)	409,287	18.1
Some college (no degree) or associate degree	666,815	29.6
Bachelor's degree or higher	926,681	41.0
Total	2,257,620	100
Economic**		
All People Below the Federal Poverty Level	338,752	10.6
All Families Below the Federal Poverty Level	53,919	7.0
Median household income‡	$96,974	--
Health Insurance Coverage for Civilian Noninstitutionalized Population‡		
With health insurance coverage	2,949,118	92.7
No health insurance coverage	231,067	7.3
Total	3,180,185	100

Percentages may not total 100 due to rounding.
* U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates Detailed Tables, B03002, B01001.
†U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates Data Profiles, Table DP02 Selected Social Characteristics in the United States.
**U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates Detailed Tables, Tables B17024, B17010.
‡ U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates Data Profiles, Table DP03 Selected Economic Characteristics in the United States.

As seen in Table 2, 43.6% of the County's population is Non-Hispanic White, followed by 34.5% Hispanic/Latino, 12.2% Asian, and 4.5% Black/African American. Of note, 22.6% of the County's population was born outside of the United States and 36.6% speak a language other than English at home. When it comes to socioeconomic status, 10.6% of the County's population

live below 100% of the federal poverty line, and the median household income is $96,974. In terms of health insurance and educational attainment, 92.7% of the County's population has health insurance and 41% of the population 25 years of age and older have a bachelor's degree.

As of 2023, there were 14,815 individuals living with HIV in San Diego County with 384 new HIV cases diagnosed in 2023. Among newly diagnosed HIV cases, 52% were among Hispanic/Latino individuals. The HIV epidemic continues to be geographically most concentrated in the City of San Diego, which is by far the largest incorporated city in the County with a population of close to 1.4 million residents. Nonetheless, persons living with HIV reside in most cities, communities and areas of the county. Despite significant advances over the last decade, several population groups are disproportionately impacted by HIV across San Diego County, including Black/African American and Hispanic/Latino gay, bisexual and other men who have sex with men (MSM), and persons who inject drugs (PWID).

As of 2023, there were 916 Black/ African American MSM living with HIV in San Diego County with 22 new HIV cases diagnosed in 2023 (5 of these new cases were late diagnoses). Of the 916 individuals living with HIV, 563 (61.5%) were in care. Of the 563 individuals who were in care, 443 (78.6%) were virally suppressed, and 120 (21.3%) were in care but not virally suppressed. For Hispanic/Latino MSM, there were 4,265 people living with HIV in San Diego County with 97 new HIV cases diagnosed in 2023 (17 of these new cases were late diagnoses). Of the 4,265 individuals living with HIV, 2,934 (68.8%) were considered in care. Of the 2,934 individuals who were in care, 2,497 (85.1%) were virally suppressed, and 437 (14.9%) were in care but not virally suppressed. Lastly, as of 2023, there were 789 HIV positive individuals who reported injection drug use as their only risk factor. Of the 789 individuals, 22 were newly diagnosed in 2023 and of those, 2 (9.1%) were considered late diagnoses. As of 2023, 472 (59.8%) PWID individuals were in care. Of the 472 individuals who were in care, 366 (77.5%) were virally suppressed.

b) Socio-demographic characteristics of persons newly diagnosed, people with HIV and persons at higher risk for HIV in the County of San Diego

i. Demographic data

Table 3 (also included as Attachment 4) provides demographic characteristics of San Diego County residents diagnosed with HIV in 2019-2023 (incident cases) and persons living with HIV disease (prevalent cases) in San Diego County in 2023. Note: the total number of people living with HIV in Table 3/Attachment 4 (15,005) is compiled using the Enhanced HIV/AIDS Reporting System (eHARS), and is a different data set that what is used in other part of the application which reflects the final California Department of Public Health processing of cases and determination of residency. The difference between the two data sets is 190.

Table 3: Newly Diagnosed and Persons Living with HIV Disease by Demographic Group and Exposure Category in San Diego County

Demographic Group/ Exposure Category	Newly Diagnosed with HIV Disease, 2019-2023		Persons Living with HIV Disease, as of 12/31/2023	
	#	% of Total	#	% of Total
Race/Ethnicity				
White, not Hispanic	497	23.2	5,716	38.1
Black/African American, not Hispanic	276	12.9	1,836	12.2
Hispanic/Latino[1]	1,128	52.6	6,316	42.1
Asian/Pacific Islander, not Hispanic	73	3.4	497	3.3

Demographic Group/ Exposure Category	NEWLY DIAGNOSED WITH HIV DISEASE, 2019-2023		PERSONS LIVING WITH HIV DISEASE, AS OF 12/31/2023	
	#	% of Total	#	% of Total
American Indian/Alaska Native, not Hispanic	7	0.3	38	0.3
Multiple races, not Hispanic	40	1.9	466	3.1
Unknown	122	5.7	136	0.9
Gender				
Male	1,759	82.1	11,652	77.7
Female	310	14.5	1,495	10.0
Transgender women	12	0.6	135	0.9
Unknown	62	2.8	1,723	11.5
Age[2]				
<13 years	7	0.3	12	0.1
13-19 years	43	2.0	25	0.2
20-29 years	619	28.9	697	4.6
30-39 years	719	33.6	2,601	17.3
40-49 years	360	16.8	2,839	18.9
50-59 years	272	12.7	4,037	26.9
60+ years	123	5.7	4,758	31.7
Unknown		0.0	36	0.2
Transmission Category				
Men who have sex with men	1,025	47.8	10,415	69.4
Injection drug use	97	4.5	797	5.3
Men who have sex with men and inject drugs	53	2.5	985	6.6
Heterosexual contact[3]	105	4.9	1,517	10.1
Perinatal exposure	6	0.3	125	0.8
No identified risk/Other[4]	857*	40.0	1,166	7.8
Total	2,143	100	15,005	100

Percentages may not total 100 due to rounding

[1]Hispanics/Latinos category includes all reported race categories.

[2]Age at diagnosis for newly diagnosed. Age as of 2024 for persons living with HIV disease.

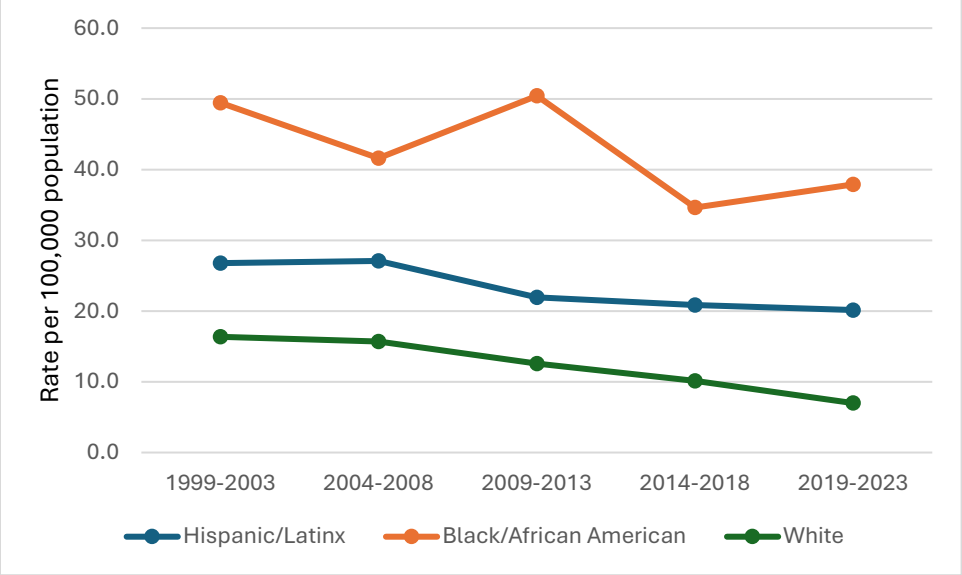
[3]Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

[4]Other for Persons Living with HIV Disease includes blood/tissue exposure.

*A decrease in documentation of risk in medical records at time of case report has been seen in many jurisdictions.

The number of newly diagnosed HIV cases in San Diego County has continued to decline significantly during the past five years. As seen in Figure 2, there has also been a decline in case rate across race/ethnicity from 1999 to 2023.Variation in the rate seen in Black/African American cases is likely due to these being small case numbers. Therefore, small changes in case numbers result in larger swings in values. Whites have the lowest rates followed by Hispanic/Latino cases, while Black/African Americans have the highest case rates. This has been consistent over the past 30 years.

Figure 2: Average yearly rate of HIV diagnoses by 5-year time periods, San Diego County



ii. Socioeconomic data

Table 4 shows the 5 zip codes with the highest five-year rates of HIV diagnosis per 100,000 from 2018-2022, ordered from the highest to lowest rate. Detailed socioeconomic data are not available for each reported case. Instead, socioeconomic data at the zip code level are presented. There is wide variation in the socio-economic status of cases. Across these zip codes, the median household income varies from $58,209 to $94,210, and the percentage of population below the federal poverty level is between 7.9% and 16.3%.

Table 4: Socioeconomic Characteristics of Zip Codes with the Highest Rates (2018-2022)

Zip Code	Income[1]		Educational Attainment[2]		Health Insurance[3]	Language[4]
	Median Household Income	Percent of Population Below Federal Poverty Level	Percent High School Graduate or Higher	Percent Bachelor's Degree or Higher	Percent Uninsured, Civilian non-institutionalized	Percent Speak English less than "very well"
92103	$94,210	7.9%	96.8%	63.6%	3.1%	6.1%
92173	$58,209	16.3%	59.3%	11.0%	13.3%	39.8%
92104	$86,291	9.7%	91.7%	53.0%	9.2%	10.3%
92101	$86,403	16.2%	92.6%	56.1%	6.3%	7.4%
92116	$93,661	8.8%	96.0%	57.6%	6.7%	6.1%

[1]U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, Table S1901, Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars).
[2]U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, Table S1501, Educational Attainment.
[3]U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, Table S2701, Selected Characteristics of Health Insurance Coverage in the United States.
[4]U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, Table S1601, Language Spoken at Home.

c) Co-occurring Conditions

See Attachment 5 for a description of the conditions co-occurring with HIV in San Diego County.

d) Health care coverage options available to all people with HIV

Several health care coverage options exist for people living with HIV in San Diego County. Medi-Cal (California's Medicaid program) is deployed through private health care payer systems, much like health maintenance organizations. Known as Medi-Cal Managed Plans, there are four different plans in San Diego County, providing persons living with HIV choices in how and where they receive their care. Among the plans, persons living with HIV have access to the largest providers of HIV care and treatment services in San Diego County, including access to federally qualified health centers as well as other public (University of California San Diego Medical System) and private (Kaiser Permanente, Sharp, Scripps) systems. All providers that accept Ryan White also accept Medi-Cal Managed Plans. Eligibility for Medi-Cal includes an income at or below 138% of the federal poverty level and residency in California. There are no out-of-pocket expenses related to HIV care provided through Medi-Cal. As of January 2024, all individuals in California who meet income requirements qualify for full-scope Medi-Cal, regardless of their immigration status. Individuals who do not qualify for coverage through Medi-Cal are eligible to purchase insurance through Covered California. There are currently six insurance plans available in San Diego County, all of which provide access to HIV care. Eligibility for insurance through Covered California includes an income above 138% of the federal poverty level as well as documentation of U.S. citizenship or legal residency for more than five years. For individuals enrolled in Covered California, or those who are dual-enrollees in Medicare and Medi-Cal, the California Department of Public Health offers additional programs to increase the affordability of insurance, including premium payment assistance and coverage for out-of-pocket expenses, including co-pays, deductibles and co-insurances. The County of San Diego division of Self-Sufficiency Services aims to assist residents of San Diego County in selecting and enrolling in health care coverage options. Individuals can receive in-person enrollment assistance by visiting one of the six Family Resource Centers throughout the County or through one of the many enrollment workers deployed throughout other County facilities. Enrollment assistance is also supported through contracts with non-profit organizations. Individuals who do not meet the requirements for either Medi-Cal or Covered California can enroll in Ryan White services. When combined with the AIDS Drug Assistance Program (ADAP) offered through the California Department of Public Health, all persons living with HIV in San Diego County have access to HIV medical care without regard to their ability to pay for it.

2) Unmet Need

There are 14,815 living individuals diagnosed with HIV infection whose current address is San Diego County. Of those 14,815 individuals, 10,300 (69.5%) are considered in care. There are 4,515 (30.5%) individuals considered to have unmet need. Of the 10,300 individuals that are considered in care, 1,698 (16.5%) are not virally suppressed. There were 384 newly diagnosed HIV cases in San Diego County in calendar year 2023. Of the 384 new cases, 92 (24.0%) cases were considered late diagnoses.

a) Eliminating Unmet Need

San Diego County and several other California counties (Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Fracisco) joined the California Department of Public Health Office of AIDS (OA) to create Ending the Epidemics, which is California's Integrated Plan to end the HIV, STI and HCV epidemics. This ambitious plan has adopted a syndemic approach, which recognizes that "two or more diseases or health conditions cluster and interact within a population because of social and structural factors and inequities, leading to an excess burden of disease and continuing health disparities."[1] One of the many strengths of the syndemic approach is a strong focus on addressing the underlying social and structural causes of inequity. As a result, San Diego's approach, along with much of California, is to focus on many of the social determinants of health, including access to culturally responsive medical and behavioral health care, housing stability, community engagement, and economic opportunity.

Additionally, San Diego County is the recipient of funding from HRSA to develop and deploy a whole-person care approach to services, with a focus on preventing HIV acquisition in vulnerable populations. This approach recognizes that a narrow focus on HIV is often insufficient, given the totality of people's lives, which include their families, friends, peers, economic pressures, communities, the institutions with which they interact, their health, and their aspirations. The whole-person care approach partners with clients to identify and support achievement of goals and to address any barriers or needs through a wrap-around service model.

Unmet need can thus be seen as an outcome of structural inequality, discrimination, racism, HIV-related stigma and oppression. Local needs assessments, involving both community members and providers, confirm mistrust of the healthcare system and other governmental systems as result of institutional trauma and racism, creating barriers to engagement and retention in care. For example, immigration status and federal immigration policies hinder vulnerable communities from achieving health equity. Because San Diego County shares a border with Mexico, immigration-related barriers are extremely relevant, especially for Hispanic residents.

In alignment with the Ending the Epidemics plan and our whole-person care approach, and in response to findings of our own needs assessments, HSHB continues to partner with culturally embedded organizations, including several of our federally qualified health centers, who have established trust with their communities. Moreover, HSHB continues to deploy a coordinated HIV services model, through which key services (medical and non-medical case management, early intervention services, mental health services, outreach, transportation and childcare) are combined into a single program; Coordinated HIV Services are available in every region of San Diego County. The County has also deployed Harm Reduction Services, which utilizes a whole-person care approach focused on persons who inject drugs. Services include outreach, health and risk reduction education, linkage to behavioral health and other needed services, linkage to housing, linkage to medical care, HIV/STI/HCV integrated testing and linkage to care, provision of harm reduction supplies (clean syringes, smoking supplies, naloxone, fentanyl test strips), and collection of used syringes. Finally, as previously discussed, the County has deployed several contracts to engage different communities disproportionately impacted by HIV, including Black and Hispanic MSM, persons who inject drugs, women, youth and young adults. Future community engagement efforts will focus on older adults, Native American communities, and Asian/Pacific Islander communities.

[1] HIV.gov (2024). "Defining the term syndemic" Accessed on September 26, 2024 from https://www.hiv.gov/blog/defining-the-term-syndemic.

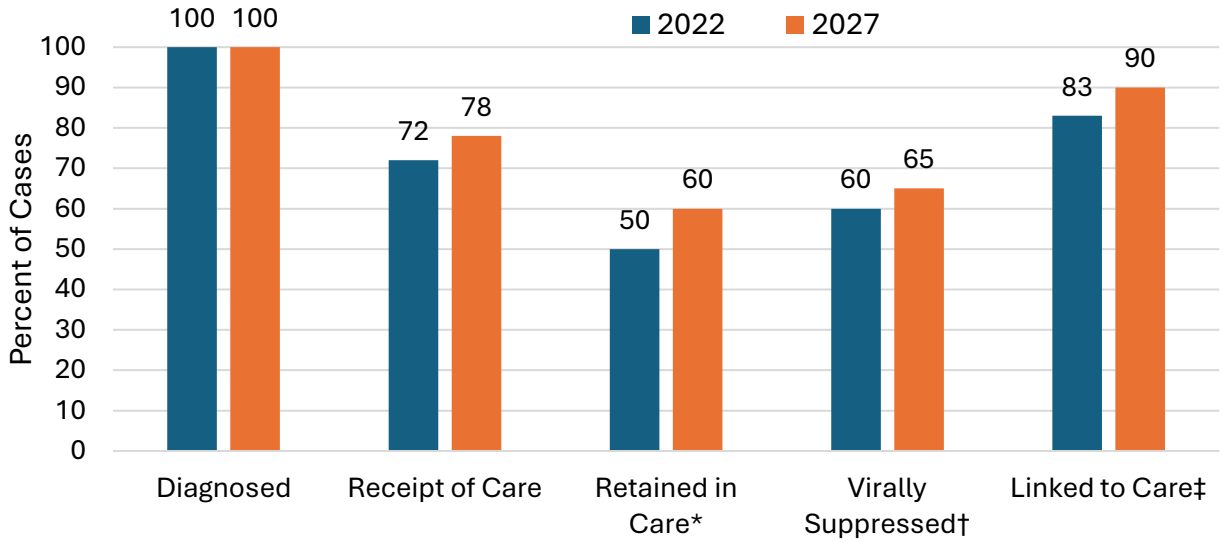
Housing Stability. San Diego County has become one of the most unaffordable places to live in the United States, and needs assessments have documented the struggles of community members to balance their health and housing needs. Housing instability prevents individuals from engaging and remaining in care and has been linked to increased participation in transmission behaviors, resulting in negative health outcomes for both those living with HIV and those vulnerable to HIV. To address these needs, HSHB has deployed several housing support programs including a shallow-rent subsidy, eviction prevention, move-in assistance and short-term hotel stays. Additionally, HSHB works closely with the County's HOPWA program to provide wrap-around services to clients enrolled in the Tenant-Based Rental Assistance Program. In the next year, HSHB will be deploying additional services through Ryan White Part A to provide support to clients who are looking for affordable housing. The County of San Diego is working to address this need with the establishment of a Housing Services and Equitable Communities team, dedicated to support for community housing needs.

Behavioral Health. Behavior health is a critical part of health care services for people vulnerable to and living with HIV. Individuals living with HIV are more likely to experience certain mental health conditions than those who are not infected, impeding their ability to stay in care and achieve viral suppression as they deal with competing health needs. As a result, behavioral health services are core components of HIV safety net systems for persons living with or vulnerable to HIV. Mental health services, including individual, couple, family and group therapy, are deployed in reach region of the County of San Diego, and because of its importance, we monitor existing service capacity to ensure there are no waiting lists.

Moreover, in needs assessments of persons living with or vulnerable to HIV, access to culturally responsive substance use treatment was highly ranked as a need. In 2021 the County Board of Supervisors adopted a Harm Reduction Framework, which includes housing support, workforce development, and healthcare integration and access, all of which improve engagement and retention in HIV care. Access to both outpatient and residential treatment is widely available through programs managed by the HHSA's Behavior Health Services division. As discussed earlier, the County of San Diego launched the County's Harm Reduction Services Program (HRSP) to provide a whole-person care approach to persons who inject drugs, many of whom are unhoused. Finally, persons who are eligible to receive Medi-Cal and have substance use disorder or serious mental illness or housing instability have been prioritized to receive Enhanced Care Management. Enhanced Care Management encompasses outreach and education, service planning and care coordination, and whole-family support to ensure our most vulnerable residents can receive ongoing support to access the services they need.

3) HIV Care Continuum

Figure 3: HIV care continuum in San Diego County for all persons living with HIV for calendar year 2022 and 2027.



*Retained in care - having two labs in the given year, at least 3 months apart.
†Virally suppressed - have a viral load of less than 200.
‡Linked to care - having a care visit within 30 days of diagnosis; new diagnoses only.
Source: CDC HIV Surveillance data as of December 31, 2023.

2022 - total diagnoses= 13,766; total available for linkage to care=402.

B. Early Identification of Individuals with HIV/AIDS (EIIHA)

1) Description of planned EMA EIIHA activities for the three-year period of performance.

The County of San Diego's plan for the Early Identification of Individuals with HIV/AIDS (EIIHA) for the next three-year period reflects strategies aligned with the National HIV/AIDS Strategy, California's Ending the Epidemics (EHE) Integrated Statewide Strategic Plan, and the County of San Diego Getting to Zero (GTZ) plan.

National HIV/AIDS Strategy. The National HIV/AIDS Strategy (NHAS) aims to end HIV in the United States by 2030, including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. In the discussion below, we will discuss activities that align with NHAS goals, including preventing new infections, improving health outcomes for persons living with HIV, reducing HIV-related health disparities, and improving service coordination.

California Department of Public Health (CDPH) Ending the Epidemics Integrated Statewide Strategic Plan. This five-year strategic plan focuses on the syndemic of HIV, HCV, and STIs, with a goal to advance health equity and address the following social determinants of health: racial equity, housing, health access, mental health and substance use, economic justice, and stigma. This plan provides a timely opportunity to develop and implement services that address social determinants of health and support a holistic approach to HIV service delivery across San Diego County. Specific strategies to fulfill these goals include: (1) developing secure ways for clinical providers, local health jurisdictions, homeless services programs, and other community-based organizations to share information and resources to coordinate people's care

while protecting their privacy rights, (2) encouraging collaboration between local and statewide mental health programs, substance use programs, harm reduction and HIV/HCV/STI programs, and (3) use of paid peer engagement by people from the communities being served to educate, support, advocate, and link to care people who public health services and the health care system have historically mistreated or overlooked.

County of San Diego's Getting to Zero Initiative. Described more fully in the introduction, San Diego County was an early adopter of efforts to end the HIV epidemic. Based upon a community engagement process and strong political leadership, San Diego County became one of the first jurisdictions to recognize that HIV had become a winnable battle due to advances in HIV treatment and highly effective prevention interventions. Getting to Zero is composed of five overlapping strategies, including Test, Treat, Prevent, Engage and Improve. As stated earlier, there is significant overlap between the County's plan and the objectives of NHAS.

In alignment with the goals, objectives and strategies of these plans, HSHB will describe in the following sections the activities that have been deployed or will be deployed to meet EIIHA goals in the next three-year period of performance. In our approach, San Diego County is building upon our existing efforts by adopting new and innovative ways of delivering HIV testing, treatment and prevention services regardless of HIV status.

EIIHA activities are funded by six primary sources:

- Ryan White Parts A and B fund in-person and venue-based outreach, referral and linkage, early intervention services, HIV outpatient/ambulatory health services, and other core medical and support services. Part B also funds focused testing in federally qualified health centers (FQHCs).
- CDC funding (Integrated HIV Surveillance and Prevention Programs for Health Departments and CDC Ending the HIV Epidemic Initiative) and California Department of Public Health funding support in-person and online outreach, community based focused HIV testing, opt-out HIV testing in County of San Diego Sexual Health clinics and detention facilities, HIV partner services, wraparound HIV prevention services, mobile services, harm reduction services and linkages to antiretroviral therapy (ART) and PrEP.
- HRSA Ending the HIV Epidemic Initiative and Status Neutral/Whole Person Care Approaches will fund community engagement and leadership training services, alternative forms of HIV care (ex. field-based low-barrier HIV primary care services, and field-based comprehensive HIV medical services), care coordination/case management services for persons vulnerable to HIV acquisition, and Social Networking Strategies (described more fully below).

a) Description of any adjustments to the strategy based on lessons learned from the prior period of performance.

Through countywide partnerships and strategic allocation of federal, state and local funds, HSHB has made significant progress on early identification, new diagnoses, viral suppression, and mortality over the last several years. To continue to make advances towards ending the HIV epidemic, HSHB will focus on three additional efforts: 1) mitigate medical and system mistrust resulting in residents not being able to access testing, treatment and prevention resources; 2) implement a status-neutral/whole-person care and syndemic approach; and 3) reach individuals and populations who have not been successfully reached by existing efforts.

Mitigating Medical and System Mistrust. The COVID-19 pandemic and its disproportionate impact on people of color communities highlighted the legacy of systemic and institutional racism and also provided the County of San Diego with valuable experience in partnering with communities of color to reduce disparities in vaccine uptake and improve health outcomes. Unfortunately, the Mpox outbreak in 2022 showed that medical mistrust persists, as the County's data indicated that Black and Hispanic communities were disproportionately impacted by Mpox but far less likely than White residents to seek vaccination. One large factor inhibiting Mpox vaccine uptake was the addition of stigma, discrimination, homophobia and transphobia, which served as strong disincentives of people of color communities to seek vaccination, as the vaccine was an indication of a risk faced largely by MSM and transgender communities of color. This reluctance mirrors the disproportionate risk of HIV infection faced by Black and Hispanic communities and the disparate outcome of lower HIV viral suppression rates experienced by Black residents. To reduce these disparities resulting from medical mistrust, HSHB will deploy medical advocacy services, which will provide clients with individualized support in identifying and achieving health-related goals, including in-person support in attending medical and other appointments. HSHB will also continue to require cultural competency training for all contracted providers. And HSHB will work with the San Diego County HIV Planning Group and the Ryan White Clinical Quality Management Committee to monitor progress in closing the disparities in health care outcomes noted in Attachment 4.

Whole-person and syndemic approaches. To better reach communities vulnerable to HIV and encourage HIV testing, HSHB is using HRSA funding to develop and implement a status-neutral/whole person approach to HIV service delivery for racial and ethnic minorities. Status-neutral refers to an approach for systems design that integrates HIV testing, care, treatment and prevention into a single system, thus creating a no-wrong door approach that focuses on the health and well-being of individuals and offer supports regardless of HIV status. HSHB will deploy care coordination/non-medical case management services for persons vulnerable to HIV acquisition, providing HSHB with an opportunity to enhance the work with HIV-negative persons who might need additional support due to housing status, mental health, substance use or disability. While maintaining the goal to link persons to PrEP, HSHB will also be able to provide coordination for other health care, behavioral health care, and other support service needs.

Extending Reach: In conjunction with the implementation of status-neutral/whole person care approach described previously, HSHB will to deploy a Social Networking Strategy (SNS) in the last quarter of 2024. SNS is an evidence-based approach to identify, engage, and motivate people who are unaware of their status to accept HIV testing and engage in available care and prevention services. SNS is based on two underlying principles: people in the same social network share the same behaviors that increase the chances of getting or transmitting HIV, and people in the same social network know and trust each other. To support the shift to a whole person/status-neutral approach, the third activity will update existing HIV service standards to reduce or eliminate distinctions between services for persons living with HIV and persons who are vulnerable to HIV. By employing a status neutral approach and providing comprehensive care for all people regardless of HIV status, this initiative will help reduce HIV stigma, prioritize health equity, and turn the tide on HIV-related disparities across the County of San Diego.

Additionally, the Getting to Zero initiative seeks to advance HIV testing, treatment and prevention by ensuring widespread availability of HIV services and engaging communities to improve health outcomes and reduce new HIV infections. However, with increasing availability

of HIV services, locations, and provider organizations spread across the County, it became important to develop a centralized location for free, multi-lingual, HIV related resource information for San Diego residents. Through stakeholder engagement, community input, and collaboration with the local HIV Planning Group, the County of San Diego Getting to Zero mobile application and Resource Guide (available in both online and print formats) was developed as a centralized hub for accessing HIV related resource information. Application features include supportive services for HIV, HCV, Mpox, and basic needs such as food, housing, transportation, and behavioral and emotional health. By decreasing access barriers and creating a portal for medical and support services for persons living with or vulnerable to HIV, HSHB is enhancing countywide linkage to care, navigation infrastructure, and advancing health equity goals. HSHB will continue to engage with local providers, community-based organizations, stakeholders, as well as end-users for continuous app improvement and ensure the app continues to be responsive to community needs.

b) Description of activities, anticipated outcomes, primary collaborators for each of the four EIIHA components listed below.

i. Description of activities and anticipated outcome.

The activities described in this section address all four EIIHA components (Identification, Informing, Referral, Linkage). Please reference the EIIHA summary table below as it provides additional information related to anticipated outcomes, and primary collaborators.

Outreach. Outreach activities include in-person, venue-based, and online approaches to identify individuals vulnerable to HIV infection and to link them to HIV testing services. Activities also include efforts to identify individuals living with HIV who are not receiving care and linking them to an HIV provider. Online outreach takes place in a number of virtual venues, including mobile phone and web-based applications (Grindr, Scruff, Facebook, Instagram, Snapchat, etc.) as well as websites targeting the Central, North and South regions to ensure their residents have access to information that are most relevant to their geographic location.

Community Engagement. Community engagement enhances the understanding of the day-to-day realities of priority populations and sparks discussions about creative ways to harness community strengths, address barriers to accessing HIV prevention, care, and treatment, and dig deeper into the underlying social determinants of health. HSHB will continue to implement community engagement activities including activities focusing on persons over the age of 50, indigenous populations, and Asian American/Pacific Islanders. In addition, HSHB will continue intensify community engagement activities during the next three-year period of performance, including organizing community forums, implementing education and outreach efforts, and further developing leadership training opportunities. Combined, these community engagement activities will continue to help HSHB engage new people vulnerable to and living with HIV and the HIV providers and non-traditional partners who serve them, ensure that efforts build the capacity of the health department to work meaningfully and authentically with communities, and ensure a coordinated response that integrates activities across funding sources and programs.

HIV Testing. HIV testing is widely available in the County using two different approaches, Focused Testing and Routine Opt-Out Testing (ROOT). Focused testing is deployed in areas known through epidemiology to have high rates of transmission and acquisition. These testing services focus on reaching persons vulnerable to HIV acquisition and offering testing in

locations and venues that are easily accessible. ROOT is deployed in health care settings, such as primary care clinics, where all clients are tested without assessment of their risk. HIV testing conducted by HSHB staff occurs primarily in the County's three Sexual Health Clinics, located in areas of San Diego County with the highest STI incidence. All individuals seen at the County's Sexual Health clinics and not previously known to be HIV positive are tested for HIV using blood-based antibody/antigen testing. Clients can decline the test if they prefer to not get tested. Furthermore, individuals can request standalone HIV testing if they are not seeking any additional STI-related services. HIV testing is also conducted by County of San Diego staff in the new Harm Reduction Services Program (HRSP) that was implemented on April 29, 2024. Focused HIV rapid antibody testing is available onsite to any client not known to be living with HIV. In the case of a preliminary positive rapid HIV test, staff draw blood for confirmatory testing, and the results of confirmatory testing are followed up by clinic and HRSP staff to ensure disclosure, rapid linkage to ART, and HIV Partner Services.

HSHB also contracts with federally qualified health centers (FQHCs) to conduct focused HIV testing in communities and venues where individuals who are vulnerable to HIV infection can be accessed. Focused testing is conducted in conjunction with Ryan White-funded early intervention services located in the Central and South regions. In 2023, 1,617 tests were conducted with 29 newly identified positives diagnosed in those regions. Additionally, the CDC funds two federally qualified health centers to conduct focused testing in San Diego. HSHB also funds ROOT with two federally qualified health centers providing services in North Coastal/North Inland, Southeastern Communities and East regions of San Diego County. The goal of this effort is to assist these federally qualified health centers in sustaining routine HIV screening in primary care settings. The contracts pay for the costs of HIV tests when no other payer source is identified and pay staff salaries to conduct rapid linkage to ART and HIV partner services for newly identified HIV-positive persons. In 2023, 17,206 routine tests were conducted through these contracts with 12 persons newly identified with HIV. HSHB has also deployed routine HIV testing in six of the County's seven local detention facilities. All persons who are incarcerated in these facilities who request a sick call are tested for HIV as a routine part of their care unless they are previously known to be HIV positive. Inmates can decline the test if they choose. Standalone HIV testing is also available upon request to any person who is incarcerated. In 2023, there were 1,649 HIV tests conducted in the detention facilities, with five positives newly diagnosed.

Leveraging the County's CDC EHE funding, HSHB also partnered with University of California San Diego (UCSD) to support the implementation of ROOT across multiple UCSD departments. As part of this initiative, UCSD rolled out ROOT at Rady's Children's Hospital Emergency Department, UCSD Student Health Services, UCSD Urgent Care and UCSD Internal Medicine. During this time, UCSD successfully also rolled out their phone line for UCSD clinic staff and patients to connect with the UCSD ROOT team. To date, 2,899 HIV tests have been conducted resulting in the identification of four new HIV cases.

Lastly, HSHB has worked in partnership with CDPH, Building Healthy Online Communities (BHOC), and NASTAD to implement TakeMeHome (TMH), a home-testing distribution program advertised on dating apps, where users see an ad for home testing and are offered a free HIV/HCV/STI-home test kit.

HIV Partner Services. The County of San Diego's HIV Partner Services program focuses on eliciting names and contact information of sex and needle-sharing partners of persons newly diagnosed with HIV and other persons known to be HIV positive but not in care or virally

suppressed. Once identified, communicable disease investigators attempt to locate these partners to inform them of exposure to HIV and link them to HIV testing and other services. Partners who test HIV negative are referred to a PrEP navigator and other HIV prevention services as appropriate. For partners newly identified as HIV positive, rapid linkage to ART, treatment and support services is provided. For partners previously known to be HIV positive, confirmation is made that the partner is receiving HIV primary medical care and, if not, linkage to care is facilitated.

Comprehensive HIV Prevention Services for Persons who Inject Drugs (PWID). Using funding from the County's CDC EHE grant, HSHB partnered with the county's largest FQHC to provide wraparound services for people who inject drugs. Funding has supported the expansion of high-quality, stigma-free, community-based harm reduction services to underserved areas of the county. These activities continue filling critical gaps in services by implementing the first three strategies of the Getting to Zero plan: conduct comprehensive HIV, HCV, and STI testing (Test), provide status-neutral health care navigation for those diagnosed with HIV, HCV, and STIs (Treat), and link PWID to resources such as PrEP, harm reduction, and social services (Prevent). In San Diego County, PWID do not achieve viral suppression at rates seen by other groups. Thus, early diagnosis and linkage to substance use disorder treatment and mental health resources will help with early identification, increase viral suppression, prevent death, improve health outcomes, and reduce disease transmission among PWID.

Rapid Linkage to ART. For individuals who are newly diagnosed with HIV, the primary goal is to assure linkage to HIV primary care and initiation of ART as soon as possible and ideally within 0 to 7 days after the confirmatory disclosure session. For clients who are insured, the test counselor facilitates access to HIV care through the client's provider network. For those who are uninsured, the test counselor links the client to Medi-Cal screening and enrollment assistance if they meet income and residency criteria. The test counselor also provides a warm hand off to a Ryan White provider for enrollment into Part A services to ensure care can commence rapidly and is not delayed due to the Medi-Cal eligibility determination process, which can sometimes take up to 60 days. Ryan White medical providers also enroll clients in other benefit programs, such as the AIDS Drug Assistance Program and the Office of AIDS HIV Insurance Premium Payment programs (OA-HIPP).

When disclosing an HIV diagnosis to an individual, test counselors assess the individual's support system, including the presence of a partner or spouse, family members, and friends who can provide emotional support. If crisis counseling is needed, the test counselor provides linkage to those services. Test counselors also assess other needs that are critical for successfully linking newly diagnosed individuals to care. This includes housing, transportation, mental health and substance use disorder services, and facilitating referrals to case management services that will support linkage and retention to needed resources. During the confirmatory disclosure session, test counselors schedule the first HIV primary care medical appointment and offer transportation to the visit, if needed.

Using funding from HRSA EHE initiative and in efforts to improve referrals, linkages and re-engagement in care, HSHB has enhanced existing outpatient/ambulatory health services contracts to further support referrals, linkages and re-engagement in care through outreach and early intervention services.

Expansion of navigation and support for individuals newly diagnosed with HIV has also been enhanced by expanding the involvement of the County's Communicable Disease Investigators (CDIs). Funded by the County's HRSA EHE, the main purpose of this program is

to expand access to HIV care and treatment for individuals newly diagnosed with HIV. This project is working to ensure newly diagnosed individuals are referred to HIV care, retained in care, and adhere to their anti-retroviral therapy after their initial linkage.

HIV/STI Integration. Like many metropolitan areas in the U.S., San Diego County has seen a precipitous increase in STI incidences. Cases of infectious syphilis nearly doubled (from 576 to 1131 cases) from 2013 to 2022, and cases of gonorrhea increased by 169% (from 2,865 to 7,694 cases) over the same period. Despite the COVID-19 pandemic, San Diego continued to see elevated rates of STDs in 2020 with 1,118 cases of infectious syphilis and 6,061 cases of gonorrhea. Incidence in both diseases has disproportionately impacted MSM, the group that is most vulnerable to HIV infection.

In recognition of these increases, the County has integrated HIV disclosure assistance and PrEP navigation into STI field investigations. Currently, all individuals diagnosed with primary or secondary syphilis and select early latent cases are actively investigated by communicable disease investigators. Investigations include confirmation of adequate treatment, patient interview (including elicitation of sexual partners), and determination of HIV status. For individuals who are HIV positive, staff verify that clients are currently receiving HIV-related medical services, and that those who are not receive support in linkage to care. For individuals who are HIV negative or untested, staff work with medical providers to facilitate HIV testing. When providers do not perform HIV testing, staff reach out to the patients to link them to HIV testing. Individuals who test positive are linked to care; individuals who test negative are referred to PrEP navigation to access PrEP and other HIV prevention services. For partners elicited from infectious syphilis cases co-infected with HIV, staff inform partners not only of their exposure to syphilis but also to HIV so appropriate testing and treatment options can be provided.

Linkage to PrEP/PEP. For all focused HIV testing programs provided or contracted by HSHB, individuals testing negative who report behaviors that make them vulnerable to HIV acquisition receive counseling about the benefits of PrEP. Those interested in pursuing PrEP are given a warm hand-off to a PrEP navigator or coordinator who conducts a PrEP orientation session with the client. Ideally, this orientation session occurs right after the testing session but can be scheduled for a later time depending upon the needs of the client. PrEP coordination services are funded by HSHB in most high-volume HIV testing locations, including federally qualified health centers in the North, Central and South regions of the County. PrEP coordinators not only get referrals from testing but often from outreach, in-reach, medical providers, and other community members and service providers. PrEP coordinators follow up with clients to ensure they access a medical provider, obtain and fill a prescription, and begin and continue to take PrEP as appropriate. Occasionally, there are instances where early identification of new positives occurs when clients who do not know their status access testing to obtain PrEP. These clients are linked to ART and other core medical and support services.

The County of San Diego also provides oral PrEP medications to eligible clients who receive services in the Sexual Health Clinics. On August 14, 2024, a PrEP program was implemented at the Sexual Health Clinic at South Public Health Center (the interim main Sexual Health Clinic until a new facility in central San Diego is identified). Clients who meet medical criteria for PrEP and are uninsured or underinsured and meet criteria for enrollment in pharmaceutical patient assistance programs are provided oral PrEP medications through the program. Clients still meet with the PrEP coordinator to determine the best long-term plan for PrEP for the client and are referred to a Human Services Specialist for determination of Medi-Cal eligibility. Clients may continue to access PrEP through the Sexual Health Clinics as long as

they remain eligible for the pharmaceutical patient assistance programs. By the end of year one of the award, it is anticipated that oral PrEP will be available for uninsured clients at all three Sexual Health Clinics. Once oral PrEP is available at all clinic sites, the County of San Diego will move forward with development of an injectable PrEP program.

Transgender Services. HSHB has partnered with San Ysidro Health, one of the county's largest FQHCs, to provide transgender specific services. Funding supports enhancement of the San Ysidro Health's existing transgender system of healthcare which includes PrEP, HIV treatment, primary care, care coordination services, and linkages to evidence-based harm reduction services and social support services.

To address health inequities among transgender populations, HSHB will also increase capacity across San Diego County's HIV system of care by training Ryan White providers in systemic factors that contribute to the HIV epidemic among transgender people, identifying transgender-specific health needs so they can be addressed and improved within existing service delivery models, and implementing gender-responsive policies that strengthen HIV care and treatment for transgender people. This will contribute to better linkage to care, adherence to treatment, and retention in HIV care among transgender communities across San Diego County, thereby reinforcing early identification of individuals with HIV/AIDS.

ii. Summary table of EIIHA components, anticipated outcomes, activities, and collaborators.

EIIHA Components	**Anticipated Outcomes**	**Activities**	**Primary Collaborators**
1. Identification of individuals unaware of their HIV status	Identify 95% of people living with previously undiagnosed HIV.	• Social Networking Strategies • Outreach • Community engagement • Services for PWID • HIV testing • Harm reduction services • PrEP/PEP services • Transgender services	County of San Diego: • Subcontractors • Tuberculosis Control and Refugee Branch • Epidemiology and Immunization Branch • Sheriff's Medical Unit • Behavioral Health Services • Housing and Community Development Services • Office of Border Health
2. Informing individuals that tested positive of their HIV diagnosis	Ensure 95% of persons newly diagnosed with HIV are informed of their status.	• Social media promotion • Social Networking Strategies • Outreach • Community engagement • Services for PWID • Partner Services • Harm reduction services • PrEP/PEP services • Transgender services	County of San Diego: • Subcontractors • Epidemiology and Immunization Branch • Sheriff's Medical Unit • Behavioral Health Services • Office of Border Health
3. Referral to care of	Provide referrals to HIV primary care	• Social media	County of San Diego: • Subcontractors

newly diagnosed individuals	services for 100% of persons newly diagnosed with HIV and informed of their status.	• Social Networking Strategies • Outreach • Community engagement • Services for PWID • Harm reduction services • PrEP/PEP services • Benefits navigation program • Transgender services	• Epidemiology and Immunization Branch • Sheriff's Medical Unit • Behavioral Health Services • Housing and Community Development Services • Office of Border Health
4. Linkage to care of newly diagnosed individuals	Link 95% of persons newly diagnosed with HIV and informed of their status to HIV primary care services and anti-retroviral therapy, with a verified medical visit.	• Social media • Social Networking Strategies • Outreach • Community engagement • Services for PWID • Harm reduction services • PrEP/PEP services • Linkage to ART services • HIV field-medicine • Low barrier HIV medical care • HIV/STI Integration • Benefits navigation program • Transgender services	County of San Diego: • Subcontractors • Epidemiology and Immunization Branch • Sheriff's Medical Unit • Behavioral Health Services

iii. Primary collaborators

The HIV service delivery system in San Diego County has always relied upon close partnerships and collaborative efforts to implement EIIHA activities, including partnerships and ongoing collaborations with research institutions, FQHCs, community-based organizations, and advocates. Close coordination will continue internally between the testing program, Sexual Health Clinics, Quest Diagnostics, and the Public Health Lab (PHL) at our different County locations. Additional collaborative efforts include other departments within Public Health Services, such as the Tuberculosis Control and Refugee Health Branch, which conducts HIV testing with patients in the County's categorical tuberculosis clinics, and the HIV Epidemiology and Surveillance Program, which oversees local HIV surveillance; Behavioral Health Services, which collaborates with our Harm Reduction Services Program; and Housing and Community Development, which provides housing to low-income people living with HIV/AIDS. Finally, collaborative efforts will also include the County's Sheriff's Medical Unit to ensure that routine HIV testing is available to all persons who are incarcerated in County detention facilities. In 2023, 1,649 tests were conducted in the detention facilities, newly identifying 5 people with HIV.

Due to the central importance of outreach and testing to the EIIHA plan, HSHB has partnered with providers funded by the County as well as other sources, including the CDC and

HRSA. These providers include but are not limited to community-based organizations such the San Diego LGBT Community Center, large healthcare organizations such as the University of California San Diego, and local FQHCs such as Family Health Centers of San Diego, Vista Community Clinic, and San Ysidro Health. HSHB has also established an ongoing partnership with the San Diego State University Research Foundation to provide evaluation and technical assistance.

C. Subpopulations of Focus

1) Identify three subpopulations with disparities in health outcomes in your jurisdiction (e.g., subpopulations with disparities in viral suppression, receipt of care, retention in care, late diagnosis, HIV incidence, etc.), and briefly describe the specific needs for each subpopulation.

As of December 31, 2023, there were 15,005 people in the County of San Diego living with HIV (LHJ-San Diego CO.2023 CDPH, Office of AIDS). However, despite a decreasing trend of newly diagnosed HIV cases, several population groups are disproportionately impacted by HIV. Based on local epidemiology, data from the unmet need framework, analysis of needs assessment data, outcomes in the HIV care continuum, and community engagement findings, the County of San Diego has identified three subpopulations of focus disproportionately affected by HIV: Black/African American MSM, Hispanic/Latino MSM, and persons who inject drugs (PWID).

A review of available local epidemiological data through 2023 indicates that the majority of persons living with HIV through year-end 2023 were MSM, and the majority of recent HIV diagnoses for over ten years were people of color. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time.

The HIV rate was higher for Non-Hispanic Black/African Americans (38.2 per 100,000) than Hispanic/Latinos (20.5 per 100,000) or Non-Hispanic Whites (7.2 per 100,000) between 2019 and 2023. Black/African Americans had a significantly lower level of viral suppression (47%) compared to all persons living with HIV (57%), and there was a significantly lower level of viral suppression for Hispanic/Latinos (55%) compared to Whites (61%). Overall, PWID (45%) and those who identify as MSM and PWID (46%) had significantly lower viral suppression compared to all persons living with HIV (57%).

Persons Who Inject Drugs. To achieve the Getting to Zero goal of ending the HIV epidemic by 2030, it is imperative to prevent HIV among those who are at high risk for getting HIV if they use needles, syringes, or other drug injection equipment that someone with HIV previously used.[2] Although data regarding injection drug use in San Diego County is very limited, a 2007 estimate suggests that approximately 35,000 people in San Diego County inject drugs, and it is likely that this rate has increased substantially since then. Similarly, a 2019 environmental scan of PWID in San Diego provided evidence of prevalent and worsening injection drug use across the County. Based on results from a 2022 Community Readiness Assessment[3], this population experiences extensive barriers to healthcare and faces challenges with substance use, behavioral health, and recovery support.

San Diego County community members identified substance use disorders as a prevalent problem in communities affected by HIV, often because of trauma and structural inequalities.

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[2] Centers for Disease Control and Prevention. Safety and Effectiveness of Syringe Services Programs. Environmental Assessment of People Who Inject Drugs in San Diego (2020).

[3] County of San Diego, San Diego State University Institute for Public Health. Harm Reduction in San Diego County: A Community Readiness Assessment (2022).

This population has an elevated risk for blood-borne viruses (particularly HIV and HCV), staphylococcal infections, endocarditis, and AA amyloidosis and other skin infections. They are also more likely to die of overdose, self-inflicted injury, trauma/accidents, and AIDS-related causes than other populations. PWID in San Diego may face transportation barriers when seeking care, with many relying on public transit or walking to travel around the county. According to a local needs assessment, the majority of PWID are unhoused or unstably housed. Because San Diego is one of the most unaffordable housing markets in the United States, support is needed not only for people to secure housing but also to maintain housing. Chronic health conditions, mental health disorders, and histories of trauma, which are common in this population, can make it difficult to maintain housing. Many do not have reliable access to a phone or a permanent address, which presents a challenge for ongoing care coordination. Fear of legal repercussions for use of illicit substances and past discrimination from healthcare institutions may also prevent PWID from seeking care. Additional barriers that PWID face to utilize preventive strategies such as accessing a syringe service program includes lack of transportation, unsafe areas, law enforcement, staffing incompetence, and fear of judgment/stigma. Members of the population stated that the worry of being judged, and a sense of shame and embarrassment were reasons for not accessing social services in the community.

There are 789 persons diagnosed with HIV whose current address is in San Diego County and who have inject drug use as their only risk factor. Of the 789 individuals, 22 were newly diagnosed in 2023 and of those, 2 (9.1%) were considered late diagnoses. Although 472 (59.8%) PWID individuals are in care, 317 (40.2%) are considered not in care. Of the 472 individuals who are considered to be in care, 366 (77.5%) are virally suppressed and 106 (22.5%) are not virally suppressed.

Hispanic/Latino MSM. Hispanic/Latino MSM represent the largest number of recent HIV cases in San Diego County and the second largest number of persons living with HIV. Based on 2023 data findings, the group with the highest percentage of simultaneous diagnosis (diagnosis of AIDS occurring within 12 months of initial diagnosis of HIV) for recent HIV disease diagnoses (2018-2022) were Hispanic/Latino at 26.9%.

Hispanic/Latino MSM are often diagnosed with HIV late in their illness and are more likely to progress from HIV to AIDS within one year of diagnosis. Through needs assessments and community engagement efforts, many Hispanic/Latino MSM report fears of accessing HIV testing and/or medical care services for various reasons, including fear related to how HIV results will affect their status to reside in the U.S. Some Hispanic/Latino MSM are living in San Diego County without legal documentation and have concerns that seeking services will result in deportation, loss of employment or other legal problems. These men are often unaware of available services or do not understand that they may be eligible to receive services. Data from local needs assessments indicate there is distrust of medical systems and fear that information collected in medical settings will be shared with other government agencies. Moreover, stigma related to HIV and homosexuality is common in many traditional families, communities and religious institutions. Hispanic/Latino MSM report concerns about loss of familial support or basic needs such as housing or employment if members of the community become aware of their risk for HIV or their sexual behavior. They may be less likely to access services in agencies that are LGBT-centered, opting for services that are more family-centered. As a result, they do not access medical services until they are sick, delaying early diagnosis of HIV. Finally, Hispanic/Latino MSM are affected by language and/or cultural barriers. They may be monolingual Spanish-speaking or prefer to receive health information in Spanish. Ensuring

bilingual and culturally responsive personnel are available can be a challenge in providing services, as recruitment of bilingual and culturally proficient staff has been cited as a challenge faced by provider organizations across San Diego County. Hispanic/Latino MSM may have concerns regarding confidentiality and may be less likely to disclose risk information to service providers, thus interfering with accurate assessment of risk and willingness to participate in disclosure assistance services; and as a result, they may not receive services that address their needs.

There are 4,265 persons living with HIV whose current address is San Diego County and identify as both Hispanic/Latino and MSM. 97 new cases were identified in 2023, of which 17 (17.5%) met the definition for "late diagnosis." Of the 4,265 individuals, 2,934 (68.8%) were in care in 2023, and 1,331 (31.2%) were not in care. Of the 2,934 persons who are in care, 2,497 (85.1%) were virally suppressed and 437 (14.9%) were in care but not virally suppressed.

Black/African American MSM. Black/African American MSM experience HIV health disparities, particularly regarding retention in care and viral suppression. For Black/African American MSM, racism, discrimination and trauma create barriers for accessing services, and the stigma that is associated with same-sex sexual behavior in many segments of Black/African American communities creates further impediments to acknowledging risk. Moreover, a history of disenfranchisement, marginalization and health inequity impede the ability of these men to seek or receive accurate health information and services. Data from the HPG's Survey of HIV Impact indicate that many Black/African American MSM do not pursue testing, primarily because they do not prioritize sexual health or HIV risk, they are distrustful of the service delivery system, or they worry that getting tested might be perceived as an admission of engaging in stigmatized behavior. Program materials addressing HIV risk associated with gay, bisexual and other men who have sex with men may not be accessed by Black/African American MSM, out of fear that doing so might also be perceived as an admission of engaging in stigmatized behavior. The additional co-factor of poverty means many Black/African American MSM lack adequate health coverage and prioritize more immediate needs, such as food and housing, over health needs. Other long-standing, unaddressed physical health, mental health and substance use needs often exist that prevent these men from prioritizing HIV risk or HIV testing.

As of 2023, there were 916 HIV infected individuals whose current address is San Diego County and identify as both Black/African American and MSM. 22 new cases were identified in 2023, of which 5 (22.7%) met the definition of 'late diagnosis'. Of the 916 individuals, 563 (61.5%) are considered in care, and 353 (38.5%) are not in care. Of the 563 individuals in care, 443 (78.6%) were virally suppressed and 120 (21.3%) were in care but not virally suppressed.

2) Briefly describe how the activities for each required EIIHA component align with the needs of the identified subpopulations of focus for the jurisdiction. Indicate which EIIHA activities are not applicable.

PWID Activities. As stated in the 2019 environmental scan of PWID in San Diego (Family Health Centers of San Diego and SDSU IPH, 2020), the report presented research that firmly establishes that one of the most effective interventions for reducing health risks and infectious disease among PWID is a harm reduction approach, known as syringe service programs (SSPs). Our comprehensive HIV prevention program focusing on PWID encompasses all four EIIHA components. This program is intended to eliminate HIV transmission in San Diego County through coordinated efforts in HIV prevention, diagnosis, treatment and outbreak

response. The focus of this program is to identify, treat, and prevent new infections through the following activities:

1. Identify individuals who are vulnerable to HIV infection and link them to HIV pre-exposure prophylaxis (PrEP) and other needed services
2. Conduct HIV, HCV, and STI testing
3. Identify persons living with HIV and link them to HIV treatment, HCV care, and STI care as appropriate
4. Conduct referrals to other health and support services such as substance use disorder treatment, syringe service programs, and mental health services
5. Link persons to evidence-based harm reduction services including syringe services, low threshold medication-assisted treatment, behavioral treatment, and recovery support services (ex. peer coaching and support, vocational counseling, legal services, etc.)
6. Link persons to social support services, including housing, transportation, and food

All services are provided in settings that are low barrier, thus supporting immediate initiation, retention, and re-engagement (as needed) in care. Additionally, the County of San Diego's HRSP provides several direct services, including integrated medical screening activities (HIV, HCV and STI screening); education to participants about transmission of HIV, STIs, hepatitis C, and other blood-borne infectious diseases; and harm reduction, proper syringe disposal and overdose prevention. The HRSP also conducts integrated screening activities (e.g., screening for HCV and STIs) in conjunction with HIV screening. To make testing widely accessible in the community, screening activities are responsive to the location and needs of participants (e.g., mobile and outreach services). Lastly, HIV testing is conducted using blood-based, antibody/antigen tests, unless it is determined that rapid HIV testing is more appropriate given participant needs.

Hispanic/Latino and Black/African American MSM Activities. Ongoing, specific activities that have and will continue to be utilized with Hispanic/Latino and Black/African American MSM to identify those unaware, inform them of their diagnosis, refer and link them to care beyond the activities described in the EIIHA section include:

- Addressing medical mistrust by: (1) providing Ryan White providers access to enhanced, skill-based trainings to HIV service delivery to improve the ability of providers to consistently communicate cultural respect, knowledge and humility as well as the skills required for trauma-informed care; (2) identifying minority-specific health needs that need to be addressed and improved within existing service delivery models; and (3) plan for the deployment of strategies that address the stigmas faced by HIV community members, particularly those living with HIV who are Black/African American and Hispanic/Latino MSM.
- Provide focused HIV testing, outreach (in person, venue-based, and online via social media), HIV partner services, and PrEP navigation.
- Reduce barriers related to fear and distrust of health care systems and government agencies by collaborating with established, culturally embedded organizations and providers who are already trusted by the population.
- Conduct focused outreach activities in key points of access, such as primary care settings, community events, and health fairs, where information about HIV can be included with other important health information so that it is more accessible.

- Collaborate with community groups and organizations to create family friendly environments to reduce the stigma related to HIV and same-sex sexual behavior.
- Provide information on sexual risk and HIV services to private medical providers, in venues where these men congregate, and via the Internet using social media and websites.
- Support routine, opt-out HIV testing in healthcare settings serving this population, including the County's categorial sexual health clinics and detention facilities.
- Provide training to develop the cultural proficiency of providers serving this population.
- Fund multi-disciplinary team approaches, which combine medical case management, mental health, and substance use disorder treatment with outreach activities to better address multiple unmet needs.
- Utilize mobile testing units to provide HIV testing in various locations that can easily be accessed by both populations.
- Assure that all services can be delivered in either English or Spanish, as needed.
- Provide written materials and in-person services in Spanish; assess literacy levels and provide information visually and orally, as necessary.
- Collaborate with the San Diego Office of Border Health to coordinate bi-national health needs and responses.

APPROACH

A. Planning Responsibilities

1) Letter of Assurance from Planning Council Chair(s)

See Attachment 7 for a letter of assurance signed by the Chair of the San Diego HIV Planning Group.

2) Resource Inventory

a) Coordination of Services and Funding Streams Table

See Attachment 8 for an inventory of local HIV resources and includes information on funding sources for HIV prevention, care, and treatment services in San Diego County.

WORK PLAN

A. HIV Care Continuum Services Table and Narrative

1) HIV Care Continuum Services Table

See Attachment 9 for the HIV Care Continuum Table for San Diego County.

2) HIV Care Continuum Narrative

a) How planned service categories aid in addressing:

i. Significant issues and core service needs identified in the Integrated HIV Prevention and Care Plan; and ***ii. impact the steps of the HIV care continuum.***

Using the Centers for Disease Control and Prevention (CDC) diagnosis-based HIV Care Continuum guidance and HIV surveillance data, the County of San Diego developed a diagnosis-based HIV Care Continuum (HCC) that included the following elements: Baseline and FY 2027 target numerators and denominators, percentage for each step along the continuum, service categories funded by RWHAP Part A that support projected outcomes, and methodology used to determine goals (Attachment 9). The County's HCC, which is a visual representation of people living with HIV across a continuum consisting of several steps required to achieve viral suppression, is a valuable tool used for planning, establishing goals in service contracts, and for monitoring the local HIV epidemic. The HCC has been used by the County of San Diego and the

HIV Planning Group to identify gaps, determine needs, and leverage RWHAP Part A service categories to address identified needs and ensure people with HIV stay healthy, have improved quality of life, and live longer. The following are highlights of the County of San Diego's HCC as illustrated by Attachment 9:

Diagnosed: This is defined as the percent of the total number of people living with HIV age 13 years and over who are aware of their HIV status. As of 2022, 92% of people living with HIV in San Diego County were aware of their status. The goal for the next three-year period of performance is to increase the percentage of people living with HIV who know their status to 95% (3% increase). Even though this continuum step was not identified as a significant issue across the EMA, the County of San Diego will continue to employ Early Intervention Services and leverage existing Data to Care approaches, surveillance based partner services, and countywide HIV testing approaches (supported by non-RWHAP funding streams including CDC's High Impact Prevention and Ending the HIV Epidemic Initiative) to not only maintain the EMA's strong HIV testing foundations but also enhance the system's HIV capacity to achieve projected goals.

Receipt of care: This is defined as the percentage of persons with diagnosed HIV who had at least one medical care visit as indicated by having at least one viral load and/or CD4 count blood test during the calendar year. As of 2022, 72% of people diagnosed with HIV in San Diego County received medical care for HIV infection. The goal for the next three-year period of performance is to increase the percentage of people diagnosed with HIV who receive medical care for HIV infection to 78% (6% increase). This continuum step was identified as a significant issue across the EMA and a focus area for the next three-year period of performance. Currently, the following RWHAP Part A service categories are being leveraged to ensure people diagnosed with HIV receive medical HIV care: Outpatient/Ambulatory Health Services; Medical and non-Medical Case Management; Transportation; Emergency Financial Assistance (EFA), Housing Services, Mental Health Services; and Substance Use Treatment.

Despite EMA successes in this continuum step over the last several years, enhancing current strategies in the next three-year period of performance is needed to meet projected goals. As highlighted throughout our application, housing related costs continue to negatively impact access to HIV care. As with other parts of the Country, people living with HIV in San Diego County often prioritize housing needs over medical needs or expenses. Given the close link between housing and HIV, the County of San Diego has helped address this need by successfully implementing housing-focused interventions, such as rental assistance and supportive housing over the last several years. During the next three-year period of performance, the County of San Diego will build on current infrastructure by increasing resource availability for emergency financial assistance and housing services as directed by the HIV Planning Group, and leverage HRSA's Ending the HIV Epidemic Initiative to work side-by-side with the County of San Diego Housing and Community Development Services and the County's Housing Opportunities for Persons with AIDS (HOPWA) program to expand housing and supportive services for people living with HIV. The goal of this cross-departmental partnership will be to increase support for health and behavioral health services, permanent housing placement services, and benefits navigation assistance to people living with HIV. Combined, these strategies will not only positively impact the HIV care continuum but ensure people with HIV have increased access to housing opportunities which will contribute to better access medical care, take their HIV medication consistently, and see their healthcare provider regularly.

In addition to emergency financial assistance and housing service enhancements, the County of San Diego will also expand on the EMA's existing mental health services. As noted in the Resolution of Challenges section of our application, mental health services are needed but underutilized. To address this, the Ryan White Clinical Quality Management Committee has commenced a quality improvement project to identify and mitigate barriers to provision of Part A mental health services. As part of this, the County will collect qualitative and quantitative data regarding mental health service delivery, conduct consumer feedback listening sessions to identify and understand issues related to accessing and utilizing RWHAP Part A mental health services, and use theory of improvement to analyze efficacy and long-term sustainability of mental health services. As with EFA and Housing Services, the County of San Diego will also leverage HRSA's Ending the HIV Epidemic Initiative to increase funding support for psychosocial support groups to expand supportive environments for people with HIV across the county. Combined, these strategies will positively impact the HIV care continuum by contributing to improved mental health outcomes and overall well-being, meeting projected HCC goals, and helping people living with HIV regain and maintain positive mental health outcomes.

Retained in care: This is defined as the percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year. As of 2022, 50% of people diagnosed with HIV in San Diego County were retained in HIV care. The goal for the next three-year period of performance is to increase the percentage of people diagnosed with HIV who are retained in HIV care to 60% (10% increase). Even though this continuum step was not identified as a significant issue across the EMA, the County of San Diego will continue to employ the following service categories to both sustain the EMA's service network and ensure routine HIV care provider attendance in accordance with the patient's needs is maintained: Outpatient/Ambulatory Health Services; Medical and non-Medical Case Management; Transportation; Early Intervention Services; Mental Health Services; and Substance Use Treatment.

Viral Suppression: This is defined as the 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, defined as less than 200 copies/ml. As of 2022, 60% of people diagnosed with HIV in San Diego County were virally suppressed. The goal for the next three-year period of performance is to increase the percentage of people diagnosed with HIV who are virally suppressed to 65% (5% increase). It is important to note that as of August 2024, viral suppression among County of San Diego RWHAP clients was 93% which underscores the importance and significant achievement of the Ryan White program. As is the case for many jurisdictions, the 2022 percent for viral suppression was greater than the retained in care percentage. This is likely due to current HIV healthcare practices in which patients may visit their providers only once a year and thus not meet the definition of Retained in Care. Furthermore, several large healthcare systems in San Diego County have failed to provide viral load results through electronic laboratory reporting (ELR), which has impacted the overall percent of viral suppression across the county. In other words, it is likely that some virally suppressed patients who have had viral loads measured in these care systems may not be included in the Virally Suppressed calculation. In addition, for healthcare systems that have not been providing ELR, cases may also not be included in Receipt of Care and Retained in Care calculations. Nonetheless, the County has been working to enter all care system and provider labs into ELR to improve the data quality and HCC results, a practice that will continue to take place over the next three-year period of performance. Similarly, even though this continuum step

was not identified as a significant issue across the EMA, the County of San Diego will continue to work with FQHCs, CBOs, universities, hospital systems and non-traditional partners to improve the Virally Suppressed data quality for non-RWHAP providers, continuing to promote undetectable equals un-transmittable (U=U), and implement evidence-based practices such as Rapid ART initiation, comprehensive testing (HIV, HCV and STIs), and PrEP and PEP engagement and retention. The following RWHAP Part A service categories will also continue to support step goals and ensure people with HIV achieve and maintain viral suppression: Outpatient/Ambulatory Health Services; Medical and non-Medical Case Management; Transportation; Emergency Financial Assistance, Housing Services, and Early Intervention Services; Mental Health Services; and Substance Use Treatment.

Linkage to Care: This is defined as the percentage of persons with newly diagnosed HIV infection who were linked to care within 30 days of their diagnosis as evidenced by a documented viral load and/or CD4 count blood test. As of 2022, 83% of people newly diagnosed with HIV were linked to care within 30 days of diagnosis. The goal for the next three-year period of performance is to increase the percentage of people newly diagnosed with HIV who are linked to care within 30 days of diagnosis to 90% (7% increase). Even though this continuum step was not identified as a significant issue across the EMA, the County of San Diego will continue to implement RWHAP and non-RWHAP activities to ensure people newly diagnosed with HIV are linked to care. Leveraging the County's HRSA and CDC Ending the HIV Epidemic Initiative, as well as the County's HRSA-funded Status Neutral Approaches to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities implementation project, the County will continue to work with local providers to create and enhance linkage to care systems and linkage to care process maps and critical pathways to successfully link clients with a new HIV diagnosis to rapid ART and/or their first HIV medical appointment in ideally a day or before 7 days.

Continuing with the County's strong community engagement record set forth by the County's Getting to Zero Initiative, the County will also conduct community engagement efforts with communities affected by HIV including Asian Americans and Pacific Islanders, Indigenous populations, and people over the age of 50. These efforts will continue to inform goals and support the County, and further develop effective linkage to care approaches. RWHAP Part A service categories that will be leveraged to ensure people newly diagnosed HIV infection are linked to care within 30 days of their diagnosis include: Outpatient/Ambulatory Health Services; Medical and non-Medical Case Management; Transportation; Early Intervention Services; Mental Health Services; and Substance Use Treatment.

During the next three-year period of performance staff members from the HIV Epidemiology Surveillance Program will continue to provide regular HCC reports, updates and presentations to the HIV Planning Group and its subcommittees to not only inform key stakeholders but also support the implementation of systematic approaches to address the HIV epidemic. Similarly, the County of San Diego will continue to work collaboratively with the HIV Planning Group and community partners to ensure people have access to care, stay and remain in HIV care, and achieve sustained viral suppression which is paramount for overall well-being. While the County of San Diego RWHAP will be crucial for maintaining a comprehensive system of care, additional funding streams such as HRSA's Ending the HIV Epidemic Initiative and Status Neutral/Whole Person Approaches, and CDC's Ending the HIV Epidemic and High-Impact HIV Prevention and Surveillance programs will further support the County's efforts to increase Rapid ART initiation, linkage and retention in care, and ultimately reduce the impact of HIV in San Diego County particularly for communities disproportionally impacted by HIV.

B. Funding for Core and Support Services
1) Service Category Plan
a) Service Category Plan Table
See Attachment 10 for the Service Category Plan Table that illustrates how all RWHAP Part A and MAI core medical and support services are funded in San Diego County for FY 2024 and FY 2025.

b) MAI Service Category Plan Narrative

i. All services listed in the MAI service category plan table address the needs of San Diego County's MAI populations and aim to prevent new HIV infections, improve health outcomes, and decrease health disparities and inequities. The services listed in the MAI Service Category Plan represent a set of culturally tailored approaches designed to address the specific needs of these populations. All the listed services are located in community settings and take into account the underlying cultural, social, and contextual factors related to MAI populations.

ii. New HIV cases and HIV-related deaths in the County of San Diego have decreased steadily over the last several years. Despite these successes, there are groups that are disproportionately affected by HIV. These groups include Black/African American MSM and Hispanic/Latino MSM. Findings from community engagement efforts offer some insight into the barriers and challenges that are impacting the County of San Diego's ability to further reduce new HIV infections. For example, among Black/African American MSM, racism, discrimination, trauma, stigma, and the historical impact of marginalization and inequity have created barriers to accessing services and have negatively impacted retention in care and viral suppression. Among Hispanic/Latino MSM, stigma, distrust in the medical system, immigration status, and cultural and linguistic barriers have impacted access to HIV testing and care which has led to high rates of late and simultaneous diagnoses when compared to other racial and ethnic groups across San Diego County. Black/African Americans and Hispanic/Latinos comprise the two largest racial and ethnic minority groups most impacted by HIV in the EMA. As shown in Attachment 4, Black/African Americans make up 12.2% of prevalent HIV cases and 12.9% of new cases despite accounting for only 4.7% of the total population in the County of San Diego. Hispanic/Latinos account for 42.1% of prevalent cases and 52.6% of new cases while making up 33.7% of the total San Diego County population. While HIV impacts other racial and ethnic minority groups in the jurisdiction, these groups do not experience health disparities to the same extent as Black/African Americans and Hispanic/Latinos. For this reason, services have focused primarily on meeting the needs of these identified populations.

Considering these noteworthy disparities in HIV incidence, prevalence and care, the San Diego HPG approved the allocation of funding to two subcategories of services that are provided through coordinated service centers. The first category is Multi-Disciplinary Teams for dually and multiply diagnosed individuals of racial and ethnic minority populations living with HIV. The second category is Emergency Housing. The primary focus of these categories is to identify people living with HIV, determine their needs and link them to care through facilitated referrals and appointments. These activities differ from other Ryan White Part A services in that they utilize approaches that address various co-occurring conditions to meet the needs of all San Diego County racial and ethnic minority populations. The County of San Diego has experienced an ongoing and increasing housing crisis. This crisis has led to increased risks for eviction and homelessness among MAI population groups, which directly impacts a person's ability to remain

in care. To address this, the HPG added allocations for Emergency Housing Assistance through MAI funding. The action was made to specifically address the disparities experienced by Black/African Americans and Hispanic/Latinos in obtaining and retaining affordable housing in the County of San Diego. Gaining and maintaining stable housing will ultimately help improve viral suppression and other HIV-related health outcomes on the HIV care continuum for identified MAI subpopulations. Similarly, to enhance case management efforts for care coordination of dually and multiply diagnosed clients, the HPG continued Multi-Disciplinary Teams as the primary service component offered through MAI funding. The multi-disciplinary team activities assess the needs of clients and link them to the appropriate services. Multi-disciplinary team activities include mental health, outpatient substance use treatment, outreach, and medical and non-medical case management. Mental health and substance use disproportionally impact identified subpopulations of focus often because of historical trauma and structural inequalities.

2) Unmet Need

a) Table 05: Identify specific interventions that are focused on improving the outcomes for individuals with unmet need that 1) are late diagnosed, 2) have unmet need, and 3) are in care but not virally suppressed, as outlined in Attachment 6.

Intervention	Area of Impact
Routine opt-out testing implementation grants (Diagnose)	• Late diagnosis
Wrap around services for persons who inject drugs (Diagnose, Treat, Prevent)	• Late diagnosis • Unmet need • In care, not virally suppressed
Comprehensive services for transgender people (Diagnose, Treat, Prevent)	• Late diagnosis • Unmet need • In care, not virally suppressed
Getting to Zero mobile application and resource guide (Diagnose, Treat, Prevent)	• Late diagnosis • Unmet need • In care, not virally suppressed
Low Barrier Medical Care (Treat)	• Unmet need • In care, not virally suppressed
Benefits Navigation (Treat, Prevent)	• Unmet need • In care, not virally suppressed
Community Engagement (Diagnose, Treat, Prevent)	• Late diagnosis • Unmet need • In care, not virally suppressed
Data to Care (Treat)	• Unmet Need • In care, not virally suppressed
Surveillance Based Partner Services (Diagnose, Treat, Prevent)	• Late diagnosis • Unmet need • In care, not virally suppressed
Focused and routine opt-out testing (Diagnose)	• Late diagnosis

3) Core Medical Services Waiver

a) The County of San Diego is requesting a HRSA RWHAP Core Medical Services Waiver for FY 2025; see Attachment 11.

RESOLUTION OF CHALLENGES

Table 6: Major challenges, barriers, proposed resolutions, and intended outcomes for San Diego County

Challenge: Addressing mental health among people living with HIV. Mental health services are underutilized.		
PROPOSED RESOLUTION	**INTENDED OUTCOMES**	**CURRENT STATUS**
• Analyze mental health service utilization trends between fiscal years 2018 and 2024. • Conduct consumer feedback listening sessions to identify and understand issues related to accessing and utilizing Ryan White mental health services in San Diego County. • In collaboration with stakeholders, conduct cause-effect analysis of mental health service provision in San Diego County. • Collect data from Ryan White providers implementing theory of improvement to analyze efficacy and long-term sustainability of mental health services. • Standardize interventions and implement across mental health service providers in San Diego County.	• Improve access to, and utilization of, Ryan White mental health services in San Diego County. • Increase stakeholder engagement in Ryan White mental health services in San Diego County.	• Multi-disciplinary team approaches, which combine medical case management, mental health, and substance use disorder treatment to better address multiple unmet needs, are available in the South, Southeastern and Central Regions of San Diego County. • Funding for psychosocial support services to increase service availability countywide is currently being procured. • Mental health services continue to be available in all regions, but service capacity greatly exceeds service demand.

Challenge: Housing costs. Housing instability among persons living with HIV is the single greatest predictor of lack of viral suppression among Ryan White Part A clients.		
PROPOSED RESOLUTION	**INTENDED OUTCOMES**	**CURRENT STATUS**
• Increase partnerships with existing housing service providers to increase	• Increase access to safe, affordable housing for people living with HIV.	• Of all existing housing subsidy programs, there waiting lists range

Challenge: Housing costs. Housing instability among persons living with HIV is the single greatest predictor of lack of viral suppression among Ryan White Part A clients.		
PROPOSED RESOLUTION	**INTENDED OUTCOMES**	**CURRENT STATUS**
access to permanent affordable housing opportunities. • Increase funding for existing Part A shallow rent subsidy program to help clear existing waiting list. • Leverage EHE funding to augment existing HOPWA program to increase availability of wrap-around services for clients and increase housing stability • Onboard additional providers to enhance system stability • Implement standalone housing case management program to provide more intensive support for persons living with HIV who need affordable housing. • Implement Housing Placement, Location and Advocacy contract to develop relationships with property management companies and increase opportunities for affordable housing among Ryan White Part A clients.	• Increase proportion of persons living with HIV who are linked to and retained in care. • Increase proportion of persons living with HIV who are virally suppressed.	between 3 years (Ryan White shallow rent subsidy) and 12+ years (Section 8/Housing Choice Voucher and HOPWA Tenant-Based Rental Assistance). • HOPWA program to augment services provided to HOPWA clients using HRSA Ending the HIV Epidemic Initiative resources. • The HIV Planning Group has recruited a representative from the HOPWA program.

Challenge: Identifying people living with HIV who never linked to care or who have fallen out of care.		
PROPOSED RESOLUTION	**INTENDED OUTCOMES**	**CURRENT STATUS**
• Implement Status Neutral/Whole Person Care approach to create	• Increase proportion of persons living with HIV	• HSHB received funding from HRSA to implement

Challenge: Identifying people living with HIV who never linked to care or who have fallen out of care.		
PROPOSED RESOLUTION	**INTENDED OUTCOMES**	**CURRENT STATUS**
service delivery system with no wrong doors. • Deploy low-barrier HIV medical care to ensure access to needed services • Deploy HIV care through urgent care settings to increase flexibility and availability for clients	who are linked to and retained in care. • Increase proportion of persons living with HIV who are virally suppressed.	Status Neutral/Whole Person Care approaches. • Hired additional County Communicable Disease Investigators and expanded their role to increase linkages to care as part of an Ending the HIV Epidemic pilot. • HSHB has deployed funding to all providers of Outpatient/Ambulatory Health Services to ensure there are dedicated staff who can rapidly re-engage clients do not attend medical appointments. • HSHB continues to manage the Data to Care program which uses surveillance data to identity persons living with diagnosed HIV who are not receiving care and re-link them to care.

EVALUATION AND TECHNICAL SUPPORT CAPACITY
A. Clinical Quality Management (CQM) Program
1) Quality improvement activity for FY2025

Quality Improvement (QI) Project: Improving Utilization of Mental Health Services					
METHODOLOGY USED	**RELATED SERVICE CATEGORY**	**KEY ACTIVITIES**	**TIMELINE**	**PERSONS OR ORGANIZATIONS RESPONSIBLE**	**INTENDED OUTCOME OR IMPACT**
• We have received feedback from both our local HIV Planning Group and the most recently completed Needs Assessment that mental health services are needed but underutilized. • Depending upon the possible problem(s) identified during the exploratory phase of the QI project, and the proposed intervention thereafter, we will use one of the following quality improvement methodologies: • Model for improvement if	Mental Health Services	• Identify and evaluate mental health service utilization trends between fiscal years 2018 and 2024. • Conduct consumer feedback listening session(s) to both identify and understand issues related to accessing and utilizing Ryan White mental health services in San Diego County. • In collaboration with stakeholders, conduct cause-effect analysis of mental health service provision in San Diego County. • In collaboration with stakeholders, create project charter, including selecting appropriate QI methodology, crafting aim statement, selecting intervention and drafting	• This QI project will be conducted in collaboration with our CQM Committee, which only meets for 90 minutes once a month. Given the structure and approval processes for our CQM Committee, this projected timeline has been constructed accordingly. • *March 2025 – May 2025*: identify utilization trends, conduct consumer feedback listening sessions, and complete cause-effect analysis. • *June 2025 – August 2025*: create and	• CQM Manager (HSHB) • Ryan White Program staff (core and support service providers) • Ryan White Program content experts • Branch Chief (HSHB) • Community Health Program Specialist (HSHB)	• Improve access to and utilization of Ryan White mental health services in San Diego County. • Collect qualitative and quantitative data regarding mental health service delivery in San Diego County. • Increase stakeholder confidence in Ryan White mental health service delivery system in San Diego County.

Quality Improvement (QI) Project: Improving Utilization of Mental Health Services					
METHODOLOGY USED	**RELATED SERVICE CATEGORY**	**KEY ACTIVITIES**	**TIMELINE**	**PERSONS OR ORGANIZATIONS RESPONSIBLE**	**INTENDED OUTCOME OR IMPACT**
intervention aims to address quality of/gaps in care, or • Experience-based co-design if intervention aims to improve user experience.		theory of improvement, assigning roles and responsibilities, and implementing theory of improvement. • Collect data from Ryan White provider(s) implementing theory of improvement to analyze efficacy and long-term sustainability of intervention. • Share findings for QI intervention with stakeholders, including HIV Planning Group (HPG), HPG Consumer Committee, and Clinical Quality Management Committee. • Standardize intervention and implement across mental health service providers in San Diego County.	approve project charter and initiate QI project. • *September 2025 – December 2025*: implement and monitor QI project by collecting data from participating Ryan White service providers. • *January 2026 – February 2026*: analyze finalized data and complete assessment of intervention, share findings with stakeholders, propose standardization of intervention, and implement across Ryan White mental health service delivery system.		