“How Do We Sell Hope?”

County Sends Back Millions in Urgently Needed HIV Funds

SUMMARY

On August 5, 2024, San Diego County (County) received its final installment towards a $12.4 million Ryan White HIV/AIDS Program (RWHAP) award from the U.S. Health Resources and Services Administration (HRSA).[1] For the thousands of underserved County residents afflicted with the Human Immunodeficiency Virus (HIV), it is no exaggeration to say this funding represents the last, tenuous, safety net providing life-sustaining care. The cause is great. The need is greater.

And so, it was to the shock and disbelief of many RWHAP consumers, purveyors, and volunteers who sit on the HIV Planning Group (HPG), when, in July 2025, the County was forced to return $1,300,468 to HRSA—about 10% of the 2024 award.[2]

To be clear, RWHAP funds were not returned out of lack of need, but because, as the Grand Jury learned, the County does not realize its year-end largesse in time to reallocate spending to other high-demand RWHAP patient core or support services. Admittedly, last year’s repayment was unusual for its dollar amount, but it was not the first time the County had a RWHAP “Unobligated Balance” (UOB). In 2023, the UOB was close to $1 million ($966,228).[3]

And the last two years were not anomalies. The Grand Jury discovered that the County typically runs about an $800,000 UOB for its RWHAP award every year. Yet despite other RWHAP services with patient waiting lists, budget shortfalls, and a County hiring freeze, the Grand Jury could not find any call for the accounting of, or sounding of the alarm by, the Board of Supervisors that might have reversed course and prevented these grant funds from having to be returned to U.S. coffers.

This is the story of how two vital county organizations—the HIV, STD, Hepatitis Branch (HSHB) and HPG, a dedicated, hard-working band of volunteers—stand united in the

face of a devastating disease to prioritize, coordinate, and provide HIV services for those County residents who need them. In each's common quest to do the most by doing good, the Grand Jury's investigation revealed that this symbiotic relationship is "broken," straining under a cloud of distrust and shared misgiving.

Even as one County expert notes that HIV has evolved from a medical emergency to a chronic condition, the Grand Jury believes that RWHAP and the care that it provides, is about quality of life—a clarion call that the oft-forgotten, quietly subsisting on society's margins, are also owed the chance to live a life of dignity and meaning. It is on their behalf that the Grand Jury makes the following eight (8) recommendations to the Board of Supervisors to streamline spending, mitigate tensions, and, perhaps most importantly, to better provide valuable, ongoing care for our County residents:

- Sunset "Getting to Zero," in favor of the federal initiative "Ending the Epidemic."

- Call for the Board to meet jointly with leaders of HSHB and HPG for strategic planning and accounting of RWHAP service run rates to better guard against surprise swings in utilization. This will allow time during the grant year for HPG to adjust its spending recommendations to the Board so that it can provide for other categories that may have waiting lists. HSHB should also report to the Board on carryover and forfeited amounts.

- Appoint a "Program Delegate" to work with Los Angeles County Health and Human Services to leverage LA's best practices on how they achieve zero RWHAP Part A UOB.

- Set a hard May 15 deadline for transferring Key Performance Indicators (KPI) and all relevant data to HPG to facilitate timely planning, analysis, and consumer input in the planning process.

- Build an HPG-data specific dashboard to facilitate real-time priority setting and funding recommendations throughout the year as needed. This will lessen reliance on in-person data exchanges.

- Simplify the “County of San Diego HHSA HIV Needs Assessment Survey” with fewer, less complicated questions. The Grand Jury also recommends testing different versions of the survey in off years to determine which achieves highest return rates.

- Reinstate offering gift cards for survey completion.

- Explore using the USPS to mail hard-copies of the Survey to HPG consumers, including a self-addressed stamped envelope for returning completed surveys. Such an approach may increase return numbers to reach the 95% confidence level for meaningful feedback**.**

BACKGROUND

Ryan White HIV/AIDS Program Genesis & Early Years

Ryan White was a 13-year-old boy living in Kokomo, Indiana, when he was diagnosed with AIDS after a blood transfusion in December 1984. His doctors gave him six months to live. When Ryan tried to return to school, he faced AIDS-related discrimination in his Indiana community. Along with his mother Jeanne White Ginder, he rallied for his right to attend school. He gained national attention and became the face of public education about the disease. Surprising his doctors, Ryan lived five years longer than expected. He died in April 1990, one month before his high school graduation. Four months later, Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in August 1990.[4]

In San Diego, though medical records are incomplete and/or protected under laws of privacy, local media reported that the first two cases of HIV/AIDS appeared in 1981.[5] The number of cases doubled the following year.[6]

Since 1990, the RWHAP has been updated four times to meet the changing needs of people with HIV.[7] RWHAP grant recipients must develop strategic plans to find people with HIV who do not know their status and help direct them to HIV care. These plans

are intended to make it easier for people to get tested and access a continuum of care, especially for minorities, low-income, and underserved communities.[8]

In an October 31, 2014, memo to the San Diego County Chief Administrative Officer, the San Diego County Board of Supervisors cited the stigma associated with HIV as just one reason many high-risk individuals avoid testing and treatment—fearing a HIV positive test result will lead to ostracizing by their families, friends, and communities[9]. The County saw 481 newly diagnosed cases of HIV that year.[10]

With the promise of new, preventive therapeutics in 2014, including Pre-Exposure Prophylactics (PrEP) and Non-Occupational Post-Exposure Prophylactics (nPEP), and Anti-Retroviral Therapy (ART)—proven to suppress viral loads to at or near undetectable levels—the Board called for the formation of a “time-limited” subcommittee to address stigma and other barriers to providing HIV care and information to San Diego residents.[11]

The committee met nine times between December 2014 and July 2015[12] to review epidemiological data, HIV drug research, national guidelines and recommendations.[13] The next year, on July 19, 2016, the Board of Supervisors adopted the “Getting to Zero Implementation Plan San Diego County.”[14] There were 13,643 County residents living with HIV/AIDS.[15]

Last year, according to the September 2025 CDC’s, “Core Indicators for Monitoring the Ending the HIV Epidemic Initiative,” San Diego County had 392 new HIV diagnoses—a 19% drop in new infections in 10 years.[16]

“Getting to Zero” has six guiding principles:[17]

1) Promoting awareness of HIV as a major public health concern;

2) Engaging private health care systems in “Getting to Zero;”

3) Implementing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to reduce new HIV infections;

4) Using HIV and STD surveillance data to improve health outcomes for people living with HIV, as well as identify individuals at high risk for HIV infection;

5) Developing specific strategies to reduce disproportionalities among key populations and;

6) Pursuing policies that will help achieve “Getting to Zero.”

As its name suggests, the goal of the above six recommendations is “zero.” Borrowing from the “Joint United Nations Program on AIDS Strategic Plan for 2011-2015,” “Getting to Zero” envisioned a San Diego with zero new infections, zero AIDS-related deaths, and zero discrimination.[18]

Since “Getting to Zero’s” ambitious beginning, the first Trump Administration launched its own U.S. Federal multi-year HIV initiative, “Ending the Epidemic,”[19] on Feb 5, 2019, which directs RWHAP federal spending to 48 counties; Washington, D.C.; San Juan, Puerto Rico, as well as seven states that have substantial rural HIV burden. San Diego and seven other counties in California were identified as “Eligible Grant Areas” (EGA).[20]

The Grand Jury learned that the County’s HIV, STD, Hepatitis Branch (HSHB) is the “Recipient” for RWHAP funds and is responsible for contracting with providers and for paying services with the grant it receives each year. HPG, a separate County entity from HSHB, makes its recommendations to the Board and establishes, “Priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds.”[21]

The table below illustrates the HRSA-defined roles of HPG and HSHB[22]:

Figure 2. Roles/Duties of the Chief Elected Official, Recipient, and Planning Council/Planning Body

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council/Planning Body
Establishment of PC/PB	✓		
Appointment of PC/PB Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Subrecipient Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

The Grand Jury learned that to be eligible to receive RWHAP funded care, a consumer cannot be eligible for any other insurance (e.g. Medi-Cal, Medicare). RWHAP has been called the payor of last resort.

HPG Responsible for RWHAP Parts A & MAI

While RWHAP consists of five parts,[23] according to several interviews conducted by the Grand Jury, HPG is responsible for allocating spending under Part A, which includes the Minority AIDS Initiative (MAI)[24]:

Components of the Part A Award	
Formula Award	Funds are awarded based on the percent of total living case counts across all jurisdictions multiplied by the amount available for distribution. Must spend at least 95 percent of formula award or subjected to penalties.
Supplemental Award	Funds are awarded based on scores from objective review.
Minority AIDS Initiative Funds	Funds support services for minority populations and are based on the percent of total living minority case counts across all jurisdictions multiplied by the amount available for distribution.

METHODOLOGY:

The Grand Jury wishes to express its appreciation for all those who participated in this investigation. HIV and the disease it causes, AIDS, have had a devastating impact on many San Diegans. Through its care initiatives and the service of HPG volunteers—who labor without acclaim—the County achieves results that are praiseworthy and transformative.

During this investigation, the Grand Jury spoke with RWHAP providers, past and current members from the County HSHB, HPG, Lesbian Gay Bisexual Transgender Queer Asexual/Allies (LGBTQA+) leaders, and people with lived experiences (consumers). In addition, the Grand Jury reviewed the following documents and websites:

- CDC Stacks "Core Indicators…" Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (Preliminary Data): National HIV Surveillance System Data Reported Through March 2025
- CDC, HRSA "Integrated HIV prevention…" Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021
- County HHSA Report, HIV/AIDS Epidemiology Report 2016, EpiReport2017final.pdf
- County of San Diego Board of Supervisors "Agenda Item, "Getting to Zero" Initiative (Districts All)," March 1, 2016
- County of San Diego Board of Supervisors Memo, October 31, 2014

- County of San Diego Monthly STD Report, Vol 17, Issue 9
- County of San Diego, Board of Supervisors, “Agenda Item, Authorize Acceptance of HIV Services Grant Funding and Applications for Future Funding Opportunities (Districts: All)”
- County of San Diego—Department of Purchasing and Contracting Amendment Contract 507645, Modification 41, Jan 1, 20245; Contractor: United Healthcare dba AmeriChoice; Agreement Title: Administrative Services Organization
- Ending the HIV Epidemic; www.HIV.gov/ending-hiv-epidemic; March 20, 2025
- County of San Diego HHSA HIV Needs Assessment Survey
- “Getting to Zero” Implementation Plan San Diego County
- HHS “Public Health Services,” Org Chart July 2025 PHS Leadership Org Chart.pdf
- HIV Surveillance Data Tables, Volume 5, Number 4, Centers for Disease Control and Prevention, September 2024
- HIV Surveillance Data Tables, Volume 6, Number 1, Centers for Disease Control and Prevention, March 2025
- HIV.gov, “What is Ending the HIV Epidemic?” What is ‘Ending the HIV Epidemic: A Plan for America’? | HIV.gov
- HPG Meeting Agenda August 13, 2025
- HPG Membership Committee Meeting Packet
- HPG Priority Setting and Resource Allocation Committee Agenda, July 31, 2025
- HRSA Department of Health & Human Services Letter, August 29, 2023
- HRSA HAB RWHAP Program Part A Final Unobligated Balance Report and Final Carryover Request, July 19, 2024
- HRSA HAB RWHAP Program Part A Final Unobligated Balance Report and Final Carryover Request, July 17, 2025
- HRSA HAB RWHAP Part A manual
- HRSA Part A Grants, Part A: Grants to Eligible Metropolitan and Transitional Areas | Ryan White HIV/AIDS Program
- HRSA Ryan White HIV/AIDS Program
- HRSA website About the Program | Ryan White HIV/AIDS Program
- InewSource, “Fluke Loss…” San Diego County returns $1.6 million of federal HIV aid
- Policy Notice, 12-02 Part A and Part B Unobligated balance, HIV/AIDS Bureau; hab-part-uob-policy.pdf

- Public Law 111-87—October 30, 2009, “Ryan White HIV/AIDS Treatment Extension Act of 2009
- RW 2025-26 Part A Award Information
- Ryan White HIV/AIDS Program Funding 2015-2025; https://ryanwhite.hrsa.gov/about/budget
- San Diego County Website, HIV, STD and Hepatitis Branch, “Getting to Zero”
- San Diego Magazine From the Archives: What San Diego's AIDS Epidemic Looked Like in 1988 - San Diego Magazine
- SanDiegoCounty.gov, “Harm Reduction in San Diego County, A Community Readiness Assessment,” CRA_FinalReport.pdf
- Times of San Diego, March 1, 2016, “San Diego Adopts Plan…” San Diego Adopts Plan to Eradicate HIV/AIDS in 10 Years

DISCUSSION

Through months of careful study, the Grand Jury concentrated its investigation on five questions foundational to its recommendations:

I. What is the County RWHAP award amount and what is HPG’s role?
II. Has “Getting to Zero” reached the end of its usefulness?
III. What led to the County’s 2024 return of $1.3 million in RWHAP funds?
IV. How can data sharing between HSHB, Epidemiology, and HPG be enhanced?
V. How can the County’s “Needs Assessment Survey,” be simplified and made more accessible?

I. What Is the County RWHAP Award Amount and What Is HPG’s Role?

According to the June 2025 HPG, “Year to Date Expenditure and Savings” Grant Year 2025 RWHAP award to the County was $11,667,474 for Part A, and $784,859 for MAI, for a total fund amount of $12,325,778.[25]

However, on August 21, 2025, the U.S. Department of Health and Human Services (HHS) awarded San Diego an additional $427,958, as carryover from Grant Year 2024, bringing the total amount for this year to $12,753,736.[26]

As the recipient of the award funds, the chief elected official of the eligible area (San Diego County Board of Supervisors), must establish or designate an HIV Health Services Planning Council that accurately reflects the demographics of the population of individuals with HIV/AIDS in the eligible area, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.[27] For the County, HPG is the "planning council."

According to the County HHSA website, HPG consists of a total of 44 seats appointed by the San Diego County Board of Supervisors[28], of which, the Grand Jury learned, 25 are currently filled. RWHAP legislation states that the planning council must be comprised of members with specific roles and backgrounds, including 33% made up of "People with lived experiences."[29]

The 25 members of HPG are unpaid volunteers making up six subcommittees[30]:

1) Steering Committee
2) Membership
3) Community Engagement
4) Strategies and Standards
5) Medical Standards & Evaluation
6) Priority Settings and Resource Allocation

A salaried, three-person support team, paid for by the County, is dedicated to administrative tasks and to providing meeting support. Administration charges cannot exceed 10% of the award amount.[31] The cost of all activities carried out by the "HIV health services planning councils and planning bodies," count toward the 10% administrative cap.[32]

While HSHB and HPG work closely together, the Grand Jury learned that both must follow strict program guidelines around real and perceived conflicts of interest (conflicted):

> The planning council…may not be directly involved in the administration of a grant under section 300ff-11(a) of this title. With respect to compliance with the preceding sentence, the planning

> council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.[33]

II. Has Getting to Zero Reached the End of Its Usefulness?

In interviews, the Grand Jury learned that there is disagreement among key stakeholders about whether "Getting to Zero" is still the County guiding initiative or if it has been replaced by the federal effort, "Ending the Epidemic," which seeks to reduce the number of new infections by 90% by 2029.[34]

One member of HPG told the Grand Jury that "Getting to Zero" was a 10-year initiative and that it was on its way out. Another LGBTQA+ community leader said the principles of "Getting to Zero" are completely aligned with "Ending the Epidemic."

As an example of this alignment, "Getting to Zero" deigns to, "Increase public awareness of HIV and strengthen countywide prevention efforts. The initiative sets clear goals and objectives, encourages collaboration between local organizations and health care providers, and pursues policy changes that support HIV eradication."[35]

This collaboration, or partnership between local organizations, is further espoused in "Ending the Epidemic:"

> In addition to the coordination of federal agencies, key components for the success of this initiative will be active partnerships with city, county, tribal, and state public health departments, local and regional clinics and healthcare facilities, clinicians, providers of medication-assisted treatment for opioid use disorder, professional associations, advocates, community—and faith-based organizations, and academic and research institutions.[36]

Similarly, an August 2024 Board of Supervisors, "County of San Diego Agenda Item," mentions both initiatives (whether intentionally or not): "Since its adoption, the 'Getting to Zero' initiative has evolved into a comprehensive approach to *ending the HIV epidemic*."[37]

It's increasingly clear to the Grand Jury that similarities of mission and method make "Ending the Epidemic" and "Getting to Zero" distinctions without a meaningful difference. And while popular parlance suggests that both initiatives are interchangeable, consider that the County is committed to a third, overarching, but similarly worded 2010 initiative, "Live Well San Diego:"

> "Live Well San Diego, a vision is built on the strength of collaboration, bringing together a diverse network of community members, organizations, businesses, schools, and local governments united by a shared commitment to support a region that is Building Better Health, Living Safely, and Thriving."[38]

Along with the above redundancies, there's an epidemiological reason to question "Getting to Zero's" viability. The Grand Jury spoke with a senior County epidemiologist on the front line of HIV surveillance and learned that getting to zero infections is a "stretch goal"—the country has made the shift from HIV as a medical emergency to chronic disease, and it is now in the hands of individuals.

An example of just how HIV containment is in the hands of individuals can be seen in infection rates among young people. For those men and women between the ages of 20-39, longitudinal therapeutics, like ART, have seemingly dispelled fears held by older generations who lived through the HIV scourge that defined the 1980s and 90s. The County's June 6, "2024 Key Data Findings HIV EPIDEMIOLOGY" shows that between 2019-2023 (the most recent data available) 28.9% of new HIV cases were young adults, ages 20-29, and 33.6% were ages of 30-39.[39]

What these numbers reveal is that 63% of all new infections are young people in San Diego County, ages 20-39. The Grand Jury learned that, in 2026, HIV is about bringing incidence down to an endemic level that's acceptable, and that even with a vaccine—even with a cure—we won't get to zero. Smallpox is the only disease humans have ever eradicated.

III. What Led to the County's 2024 Return of $1.3 Million RWHAP Funds?

A RWHAP grant year runs from March 1 through February 28 of the following year and is identified by the year the funds were awarded (e.g. Grant Year 2025).

In what local media called a "fluke loss,"[40] and whose flukiness was echoed in interviews, the Grand Jury reviewed the County's *2024 Part A Final Unobligated Balance and Final Carryover Request*, which details funds that were not committed before the 2024 Grant Year expired (Feb 28, 2025).

The Grand Jury learned that a large portion of the 2024 $1.72 million declared UOB and carryover amount was due to unanticipated underutilization of Primary Care from November 2024 through February 2025. The County requested, and received, $472,000 as a carryover to Grant Year 2025. The remaining $1.3 million was returned to the U.S. Treasury.[41]

So, what happened?

HPG Meeting Minutes from October of 2024, showed HSHB reported utilization rates for primary care were 70% expended with five months of the grant year left.[42] Fearing this crucial service would run out of money, HPG approved a November HSHB request to prop up "Primary Care." To do so, HPG shifted $328,940 from three other RWHAP services: "Non-Medical Case Management for Housing," "Housing Placement Location & Advocacy Services," and "Psychosocial Services."[43]

In January, an additional $296,252 from "Emergency Housing" was reallocated to Primary Care.[44] In the end, a last-minute, "Hail Mary" reallocation of $625,192 was fund-shifted from the above services to ensure "Primary Care" stay funded for the year. When the demand for primary care declined substantially, however, along with a delay finalizing a major provider contract, the County had on its hands a final Grant Year 2024 "Unobligated Balance" of $1,728,426.[45]

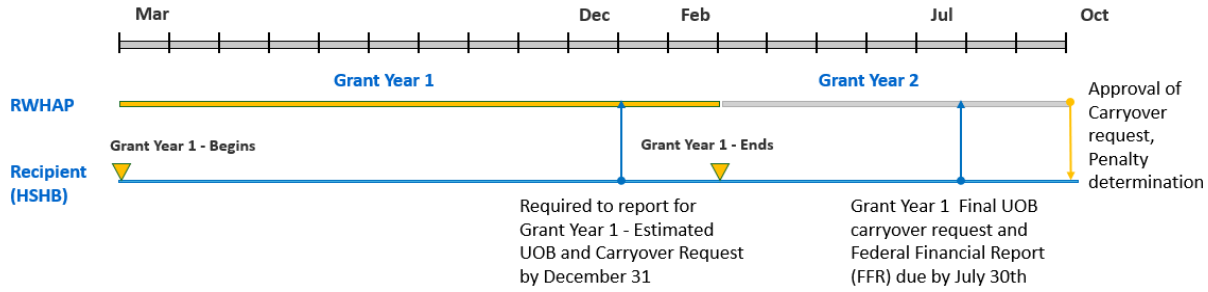
RWHAP Part A funds do not automatically roll over from one year to the next. To wit, any unspent portion of an award must be returned to the Federal Government unless a waiver has been completed and approved beforehand:

> Part A grantees must submit a waiver/carryover request NO LATER THAN DECEMBER 31 OF EACH YEAR (with an automatic extension to the first workday following December 31, should it be a weekend or holiday). Failure to submit a timely carryover request and estimated UOB to HRSA will result in a grantee being ineligible to receive Ryan White HIV/AIDS Program Part A formula carryover funds.[46]

The legislation goes on to state that:

> If a grantee does not submit a carryover request by December 31 because there is no anticipated UOB, and then later identifies and reports Part A formula UOB on the final Federal Financial Report (FFR), the grantee is not eligible to submit a final Ryan White HIV/AIDS Program Part A carryover request, and no such request will be honored.[47]

RWHAP Part A Grant Award and Unobligated Balance (UOB) Timelines

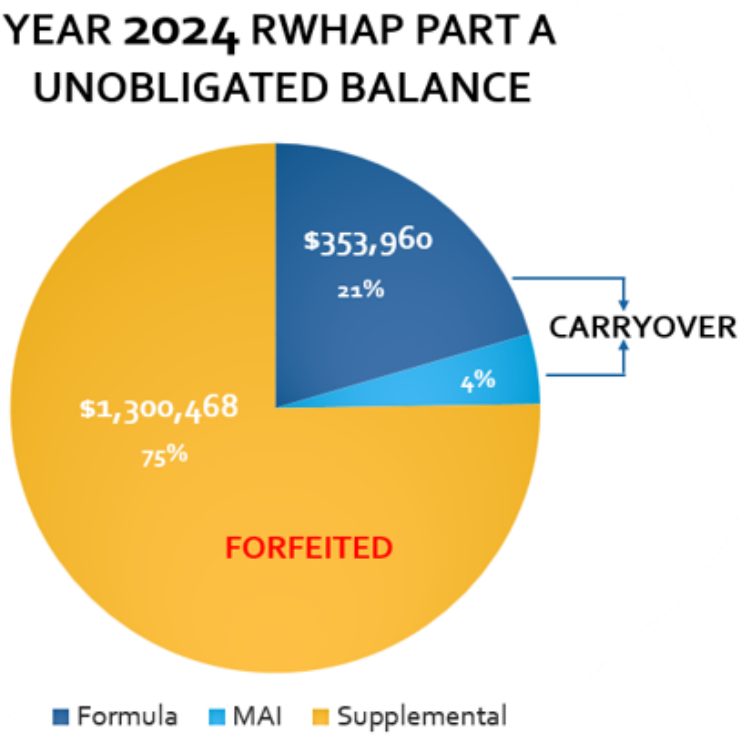


The reasons given by the County for last year's UOB: "Unanticipated savings of direct personnel, non-personnel and administrative costs." [48]

So then why did the County only request $427,959 be carried over to 2025 ($353,960 for Part A Funds and $73,998 for MAI Funds)[49] of the entire $1.72 million UOB?

Stunned. Shocked. And Left Asking: What Happened to the Remaining $1.3 Million?

The remaining $1,300,468 not carried over to 2025 was classified as “Part A Supplemental Funds” (competitive grants that are in addition to formula funds and based on “demonstrated need”[50]). According to HRSA, Part A Supplemental Funds are not eligible for carryover: *Grantees may not submit a carryover request for supplemental funds, which would permit those funds to be added to the subsequent grant year.*[51] This was also confirmed by one County financial analyst with whom the Grand Jury spoke.



In interviews with the Grand Jury, several HPG members said they were "shocked" to learn that the County had underspent by $1.7 million. They seemed exasperated as they chronicled how they were asked to reallocate funds in October, only to later be informed that the County had not realized the projected Primary Care shortfall.

The Grand Jury, however, was surprised that HPG was shocked. First, this was not the only year the County incurred a UOB. In 2023, the County’s UOB was close to a million

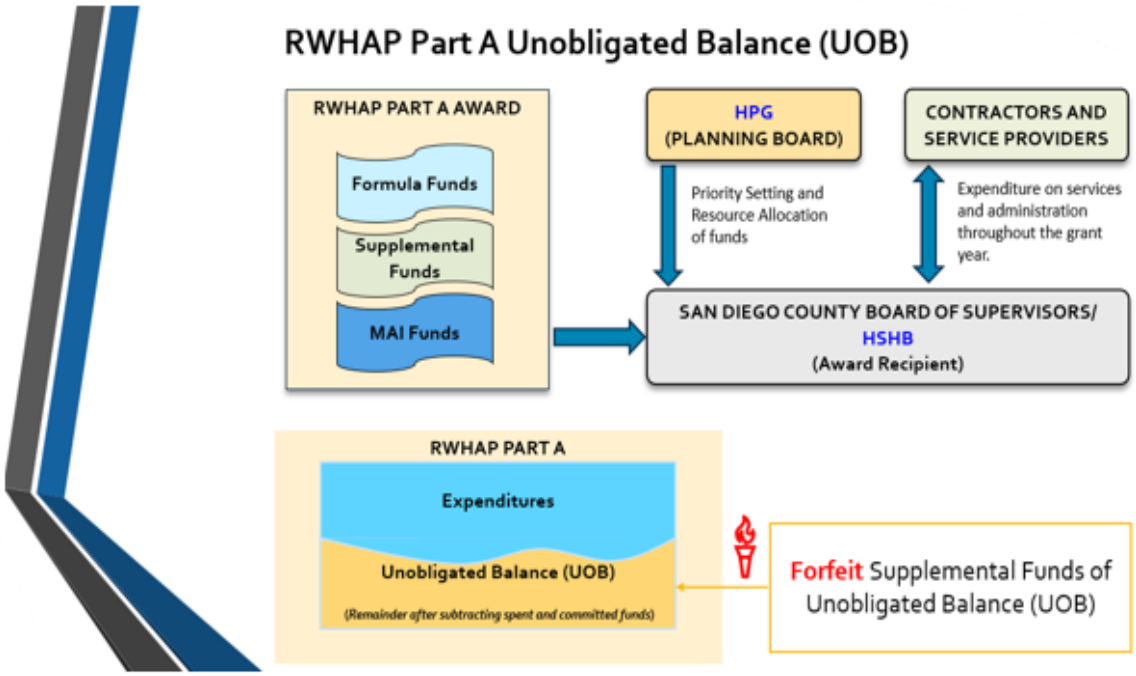
dollars: $966,228 of which $456,164 was designated Supplemental Funds and had to be forfeited.[52] Second, the County maintains that about half of 2024's UOB was due to the failure that year to secure a provider contract in time for services to be provided and funds to be spent.

Some members of HPG told the Grand Jury that they first learned of the year 2024 funds-return around April/May 2025. Others said it was around June 2025. Local media reported that the refund was first reported to HPG at the June meeting. From iNewsSource.org, Jul 19, 2025: "A county official, speaking at a June 25 meeting of the planning group when the issue first came up…"[53]

The Grand Jury reviewed the HPG Meeting Minutes from earlier this year. The HPG Meeting Minutes in April 2025 state that "FY2025 expenditures are not yet available. A request for carryover will go out in May."[54] There was no HPG General Meeting in May. The HPG Meeting Minutes that first mention specific savings for Grant Year 2024 was in June 2025:

> There was about 1.5 [sic] million dollars in savings at the end of FY24, including primary care, oral health and other categories. - A request to discuss this further at the next Priority Setting and Resource Allocation Committee (PSRAC) meeting. - Looking into changing the resource allocation process.[55]

The County filed its Grant Year 2024 carry-over request with HRSA on July 17, 2025.[56]



No one knows for certain why the October Primary Care run rate, used to justify the reallocation of RWHAP funds, did not materialize for the rest of the 2024 Grant Year, or why County service utilization takes so long to report. As one senior County financial analyst explained to the Grand Jury, all invoices by providers have to be received by the County by the 10th of the succeeding month. Yet, the Grand Jury learned that it takes 90 days for HSHB to report on utilization rates.

Even if consumer trends are not apparent when reviewing provider invoices, the Grand Jury discovered that there is ample opportunity for timely capture of this important data on the backend. United Healthcare, (dba AmeriChoice) is the key third-party adjudicator for RWHAP Part A services. The "Agreement Terms and Work" section of the January 1, 2024, AmeriChoice contract (Amendment 507645, Modification 41) provides, in part: *Contractor shall provide financial, demographic and utilization report to the HSHB on a monthly basis or as requested by the County*.[57] This means the County could have requested usage data for Primary Care at any time and as often as needed to be strategic about funding. As such, the Grand Jury maintains that with

regular review of utilization data, at the very least, service run rates should not have been a surprise to the County (and with regular reporting, HPG).

The Grand Jury learned that RWHAP Primary Care had $736,000 remaining funds at the end of the 2024 Grant Year. Had no funds been transferred, the County would still have had about $110,000 left in Primary Care ($736,000-$625,192) at the end of the Grant Year. Considering these dollar amounts, and that mechanisms have been established to allow HSHB staff to review care utilization, the Grand Jury wonders why the County was seemingly caught flat-footed by the Primary Care run rate about-face?

Despite the actual savings being $1.7 million, the HPG meeting minutes never corrected the previously reported $1.5 million figure, leaving members to assume the issue was less severe than it truly was. Nor did anyone in HPG seem to know that of the $1.7 million “Unobligated Funds Balance and Carry Over Request,” $1.3 million did not qualify for carry-over and was effectively forfeited by the County. What is clear to the Grand Jury is that if realized in time, these forfeited funds could have been used to pay for other RWHAP high-demand services with waiting lists, like “Mental Health Counseling,” “Housing Assistance,” and “Dental Care.”

By comparison, Los Angeles County’s 2024 RWHAP award was $46.4 million, (more than three-times larger than that of San Diego’s $12.1 million) and ranked second in grant amount among EGA’s in the nation.[58] The Grand Jury learned that Los Angeles did not have a UOB for the last two grant years (2023, 2024). The Grand Jury was also advised that LA County submitted a “Core Services Waiver” which, by demonstrating that consumers have immediate access to medical care, allows LA County to spend 25% on support services—transportation, meal delivery, unstable housing—ordinarily limited to 10% of the award amount.

IV. How Can Data Sharing Between HSHB, Epidemiology, & HPG Be Enhanced?

The HPG committee responsible for making recommendations regarding service priorities, service delivery, and funding allocation to the larger planning group is the "Priority Setting and Resource Allocation Committee" (PSRAC).[59] The Grand Jury learned that when ranking its HIV care categories, such as need for Housing (ranked #7) or Primary Care (ranked #1)[60], PSRAC uses data provided from a number of HSHB sources, County's epidemiology team, Ryan White Continuum of Care Team, viral suppression, historical trends, consumer needs assessments, and information about similar services (to avoid service duplication). Much of this information is shared with HPG through a series of in-person presentations by the County.

In interviews with HPG Members, the Grand Jury learned that this data is needed by the end of May so that HPG can complete the months-long planning process and allow for public comment. However, HSHB is often late in providing this information.

Late conveyance of the next year's planning data was a recurring concern raised with the Grand Jury when describing HPG's working relationship with HSHB. These delays in data sharing cause frustration and force HPG to rush its planning process. For example, in August 2024, HPG was still receiving data sets for the 2025 Grant Year plan—long after that plan should have been finalized. And even then, according to testimony, the County provided data only after HPG, "started making noise."

Perhaps the County can borrow a page from acute care hospital operations. During the Covid Pandemic, many hospitals in the County, like Scripps Health, developed a Covid-specific dashboard to manage caseloads, expedite triaging, and better direct limited care resources like labor and bed availability. In this vein, the Grand Jury reviewed several of the County HHSA dashboards. It concluded that an HPG-specific dashboard—accessible by leaders in HPG and designed to include necessary HPG metrics and KPI—will improve decision making, enhance communication, and alert HSHB, HPG, and the Board, in real time, when run rates start to deviate from plan.

Such a tool can also provide a window of opportunity to reallocate funds promptly before they have to be returned to HRSA.

V. How Can the Needs Assessment Survey Be Simplified and Made More Accessible?

In addition to timeliness of data, the Grand Jury learned of challenges with the "County of San Diego Health and Human Services Agency HIV Needs Assessment Survey" (Survey), taken every three years by people with lived experiences.[61] The Survey is available online with paper copies available in providers' offices. Between March 2023 and February 2024 (the last year the Survey was administered), HPG served 3,363 people.[62] However, the Survey is used for all HIV positive persons in the County, not just those receiving Schedule A, RHWAP-funded care.

HPG members shared with the Grand Jury that the number of survey responses lagged due to length of the survey and survey fatigue. One member told us that she remembers 500 responses in the past. Another said he remembers 1,100 responses for surveys administered in 2017. The Grand Jury confirmed that 182 surveys were returned in 2021.[63] In 2024, there were 310 completed surveys.[64] If the Grand Jury assumes all 3,363 County residents served by HPG had equal access to a survey last year, 310 responses is a 9.2% return rate, or 36 responses shy of the 346 needed to reach 95% confidence level with ±5% margin of error. Since the Survey is intended for all of the County's 14,512 HIV-positive persons[65], the County would need 375 responses. (*Statistically, a 95% confidence level with a ±5% margin of error means that if the survey were repeated many times, one would expect that about 95 out of 100 surveys would estimate the "true customer value" within 5 percentage points*.)

The Grand Jury heard that many RWHAP consumers do not have access to a computer and lack the skills to navigate a survey online; expecting consumers, *en masse*, to complete the digital version of the Survey is not realistic.

The Grand Jury reviewed the Survey. There are 71 questions for those younger than 50 years-of-age, and 87 questions for those older than 50.[66] By comparison, the "U.S. Individual Income Tax Return 1040A" form is 46 questions.[67]

Unlike form 1040A however, many of the County's Survey questions have multiple parts and several responses from which to select. For example, Question 61 asks the Survey taker to consider 36 different outcomes (A-I=9 questions times four possible responses)[68]:

County of San Diego | HHSA HIV Needs Assessment Survey

61. For each item in the rows below, check only one box that most closely matches the frequency during the last 12 months:

	Always	Sometimes	Never	Not Applicable
A. I knew the HIV status of my sex partners.	☐	☐	☐	☐
B. I knew whether my sex partners had been tested for STIs.	☐	☐	☐	☐
C. I told my sex partners my current HIV status.	☐	☐	☐	☐
D. I used condoms when having sex with person(s) who didn't know my HIV status.	☐	☐	☐	☐
E. I used condoms when having sex with a person(s) not living with HIV or a person(s) who did not know their HIV status.	☐	☐	☐	☐
F. I used condoms when having sex with a person(s) not living with HIV who is on PrEP.	☐	☐	☐	☐
G. I used condoms when having sex with a person(s) living with HIV.	☐	☐	☐	☐
H. I used condoms when having sex with a person(s) living with HIV who told me they have an undetectable viral load.	☐	☐	☐	☐
I. I am on PrEP and I told my sex partners about it.	☐	☐	☐	☐

The Grand Jury learned that the County previously incentivized consumers to take the survey by offering grocery and gas cards. It is unclear why this practice was discontinued but certainly with a $1.2 million RWHAP administration budget[69] (10% of award amount), the Grand Jury is convinced that the benefit of receiving more—thoughtfully completed Surveys—outweighs the $25 gift-card expense. Nor would gift cards violate the Stark Law[70] or Anti-Kickback Statute[71] since Survey completion does not involve physician referrals or rewards for a consumer choosing a specific service.

HPG Members—Unsung Heroes Just Doing What They Do

Despite the challenges involved with administering the Survey, receiving timely data, forfeited Schedule A funds, and the questionable relevance of “Getting to Zero,” the Grand Jury finds it laudable that the volunteers who make up HPG give tirelessly to the common good. They are the unsung heroes in this narrative. Nevertheless, HSHB and HPG are experiencing unease, leaving some HPG members feeling “being thrown under the bus.” As one source confided to the Grand Jury, “We’re supposed to be a team, and the team is broken.”

FACTS & FINDINGS

Fact: “Getting to Zero” was launched by the County July 19, 2016, with the goal of zero HIV infections, zero deaths, and zero discrimination through local collaboration.

Fact: The U.S. Government launched the federal HIV initiative “Ending the Epidemic” in 2019 to achieve a 90% reduction in HIV infections through community-driven collaboration.

Fact: “Live Well San Diego,” began in 2010, as a County public health initiative to build healthy communities through collaboration.

Fact: There is disagreement among stakeholders whether "Getting to Zero" is still an active HIV initiative.

FINDING 1: “Getting to Zero,” “Ending the Epidemic,” and “Live Well San Diego,” share common objectives and rely on collaboration between local organizations and healthcare providers.

FINDING 2: Because three concurrent initiatives share similar goals and strategies, stakeholders disagree whether “Getting to Zero” continues to serve as the County’s central HIV initiative.

Fact: Of San Diego’s most recent HIV infection rates, 63% were among young people between the ages of 20-39.

Fact: With the advent of ART, HIV has shifted from a medical emergency to chronic disease management.

FINDING 3: The shift to chronic disease management and the high percentage of HIV infection rates comprised of young people means the County's goal of achieving zero new infections is at best a stretch goal.

Fact: Several County RWHAP services like mental health, housing, and dental care have consumer waiting lists.

Fact: The County had a Supplemental UOB of $1,300,468 last year.

Fact: Supplemental Funds are not eligible to be carried over and must be returned to the U.S. Government.

FINDING 4: The $1,300,468 in County Supplemental Funds returned to HRSA, could have been used for other RWHAP services like mental health counseling, housing assistance, and dental care.

Fact: With four months left in the 2024 Grant Year, the County's RWHAP primary care utilization was 70%.

Fact: Between November 2024 and January 2025, HSHB asked HPG to reallocate $625,000 from other RWHAP services to shore up primary care funding.

Fact: Underutilization of primary care between Dec 2024 and Feb 2025 contributed to roughly half of the County's UOB and forfeited funds.

Fact: The County's contract with United Healthcare (dba AmeriChoice) requires monthly utilization reporting to HSHB.

FINDING 5: The County's failure to closely monitor monthly primary care utilization contributed to about half of the County's UOB and forfeited funds.

Fact: The first documented reference to the County's RWHAP 2024 UOB was in the June 2025 HPG Meeting Minutes, four months after the 2024's February 28 close.

Fact: Both HPG and HSHB reported they were shocked by the amount of 2024 UOB.

Fact: Several in HPG leadership were not advised of the County's forfeiture of $1.3 million in Supplemental funds.

FINDING 6: HSHB's lack of both transparency and promptness in reporting RWHAP forfeited and carry-over funds has contributed to HPG distrust toward HSHB.

Fact: Los Angeles County is a RWHAP grant recipient.

Fact: Los Angeles received $46.4 million in 2024 RWHAP award.

Fact: Los Angeles' 2024 RWHAP award was more than three times larger than San Diego County's 2024 award.

Fact: Los Angeles did not have a carryover request for Grant Years 2023 and 2024.

FINDING 7: Los Angeles spent all of its RWHAP award for the last two years.

Fact: The County (HSHB, Epidemiology) provide critical decision-making data, consumer survey results, and service utilization rates to HPG to complete its RWHAP priority setting for the succeeding year.

Fact: HPG needs this data by the end of May.

Fact: For Grant Year '25, the County was still providing data to HPG in August.

FINDING 8: The County's late delivery of critical data to HPG has caused frustration among HPG members and rushed the priority setting process.

Fact: The County's "HHSA HIV Needs Assessment Survey" is 71 questions long for those younger than 50-years-of-age, and 87 questions for those older than 50-years - of-age.

Fact: The Survey is conducted every three years.

Fact: Last year the County received 310 Survey responses, 65 fewer than the responses needed to achieve the industry standard 95% confidence level.

Fact: The Survey is available online and in providers' offices.

Fact: When total numbers of returned surveys were higher, the County formerly incentivized Survey completion with gift cards.

Fact: Many survey questions are multilayered, containing multiple questions.

FINDING 9: The length and complexity of the Survey leads to survey fatigue and contributes to the County's failure to get enough returns for a 95% confidence level.

FINDING 10: Lack of any survey incentive suppresses completed survey numbers.

FINDING 11: Many consumers lack convenient access or the skills to navigate an online survey.

REQUIREMENTS AND INSTRUCTIONS

The California Penal Code §933(c) requires any public agency which the Grand Jury has reviewed, and about which it has issued a final report, to comment to the Presiding Judge of the Superior Court on the findings and recommendations pertaining to matters under the control of the agency. Such comment shall be made no later than 90 days after the Grand Jury publishes its report (filed with the Clerk of the Court); except that in the case of a report containing findings and recommendations pertaining to a department or agency headed by an elected County official (e.g. District Attorney, Sheriff, etc.), such comment shall be made within 60 days to the Presiding Judge with an information copy sent to the Board of Supervisors. Furthermore, California Penal Code §933.05(a), (b), (c), details, as follows, the manner in which such comment(s) are to be made:

(a) As to each grand jury finding, the responding person or entity shall indicate one of the following:

(1) The respondent agrees with the finding

(2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

(b) As to each grand jury recommendation, the responding person or entity shall report one of the following actions:

(1) The recommendation has been implemented, with a summary regarding the implemented action.

(2) The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.

(3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the grand jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor. (c) If a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the Board of Supervisors shall respond if requested by the grand jury, but the response of the Board of Supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

Comments to the Presiding Judge of the Superior Court in compliance with the Penal Code §933.05 are required from the:

RECOMMENDATIONS

The 25-26 Grand Jury respectfully submits the following eight (8) recommendations to the San Diego County Board of Supervisors:

RECOMMENDATION 1: Sunset “Getting to Zero,” in favor of the federal initiative “Ending the Epidemic.”

RECOMMENDATION 2: Call for the Board to meet jointly with leaders of HSHB and HPG for strategic planning and accounting of RWHAP service run-rates and guard against surprise swings in utilization. Such a review can be done in time for a course correction. HPG can adjust its spending recommendations to the Board and provide for other categories that may have waiting lists. HSHB should also report to the Board on carryover and forfeited amounts.

RECOMMENDATION 3: Appoint a "Program Delegate" to work with Los Angeles County Health and Human Services to leverage LA's best practices on how they achieve zero RWHAP Part A UOB.

RECOMMENDATION 4: Set a hard May 15 deadline for transferring KPI and all relevant data to HPG to facilitate timely planning, analysis, and consumer input in the planning process.

RECOMMENDATION 5: Provide an HPG-data specific dashboard to facilitate real-time priority setting and funding recommendations throughout the year as needed. This will lessen reliance on in-person data exchanges.

RECOMMENDATION 6: Simplify the "County of San Diego HHSA HIV Needs Assessment Survey" with fewer, less complicated questions. The Grand Jury also recommends testing different versions of the survey in off years to determine which achieves highest return rates.

RECOMMENDATION 7: Reinstate offering gift cards for survey completion.

RECOMMENDATION 8: Explore using the USPS to mail hard-copies of the Survey to HPG consumers, including a self-addressed stamped envelope for returning completed surveys. Such an approach may increase return numbers to reach the 95% confidence level for meaningful feedback**.**

GLOSSARY

AIDS Acquired Immune Deficiency Syndrome

ART Anti-Retroviral Therapy

CARE Act Comprehensive AIDS Resources Emergency Act

EGA Eligible Grant Areas

HHS (U.S.) Health and Human Services

HHSA (County) Health and Human Services Agency

HIV Human Immune Deficiency

HPG HIV Planning Group

HRSA (U.S.) Health Resources and Services Administration

HSHB (County) HIV, STD, Hepatitis Branch

KPI Key Performance Indicators

LGBTQA+ Lesbian, Gay, Bisexual, Transgender, Queer, Asexual/Allies

MAI Minority AIDS Initiative

nPREP Non-Occupational Post-Exposure Prophylactics

PrEP Pre-Exposure Prophylactics

PSRAC Priority Setting and Resources Allocation Committee

RWHAP Ryan White HIV AIDS Program

UOB Unobligated Balance

USPS United States Postal Service

NOTES

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[4]**"**Who Was Ryan White," *HRSA Ryan White HIV/AIDS Program*, February 2022, p.1, paragraph 3, Who Was Ryan White? | Ryan White HIV/AIDS Program**,**

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[23] "HRSA Ryan White HIV/AIDS Program," *How Is the Program Structured*

[24] "Components of Part A Award," *Ryan White HIV/AIDS Program Part A Manual*," Ryan White HIV/AIDS Program Part A Manual, Attachment 1, p. 86

[25]Department of Health & Human Services, Health Resources and Services Administration, "Notice of Award," August 21, 2025, p.2

[26] Department of Health & Human Services, Health Resources and Services Administration, "Notice of Award," August 21, 2025, p.1

[27] 42 U.S. Code § 300ff-12 - Administration and planning council | U.S. Code | US Law | LII / Legal Information Institute

[28] About Us "Who Is in the HIV Planning Group," paragraph 4

[29] Ibid

[30] HPG Homepage "Committees"

[31] "Purpose of PCN," *Treatment of Costs*… Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D, p.1

[32] Ibid, "Non-allowable costs" p. 3

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