COUNTY OF SAN DIEGO RESPONSES TO 2025-2026 GRAND JURY REPORTS

COUNTY OF SAN DIEGO RESPONSE TO 2025-26 GRAND JURY REPORT "How Do We Sell Hope?" Published June 17, 2026

FINDINGS

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.

> **Response:** The County of San Diego disagrees partially with this finding. "Getting to Zero," and "Ending the HIV Epidemic," are two initiatives that were specifically developed to address the HIV Epidemic. These two initiatives align in their focus on reducing new HIV infections, improving linkage and retention, and addressing population-level disparities. Our local Getting to Zero (GTZ) initiative and the federal Ending the HIV Epidemic (EHE) initiative have overlapping pillars that focus on Test/Diagnose, Treat and Prevent. Getting to Zero includes two additional pillars, Engage and Improve. However, their objectives are not all the same. Ending the HIV Epidemic includes an additional pillar, Respond. Live Well San Diego frames a broad public health and wellbeing vision; GTZ and EHE strategies are described as operational extensions of this framework. Despite their differences, all of these initiatives align and rely on multisector collaboration involving Federally Qualified Health Centers (FQHCs), hospitals, community-based organizations, and public health agencies to deliver coordinated prevention and care services, with community engagement and integrated planning serving as key components.

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.

> **Response:** The County of San Diego disagrees partially with this finding. Getting to Zero and Ending the HIV Epidemic do have overlap in timelines, goals, and strategic pillars. This can result in ambiguity about which initiative is the primary guiding framework. However, since 2016, County of San Diego, Public Health Services HIV, STD and Hepatitis Branch has referenced Getting to Zero when developing major documents such as the Integrated Plan for HIV Prevention and Care, grant applications, and social marketing and media. Getting to Zero is our foundation. When the federal Ending the HIV Epidemic started in 2019 and similarities were noted between the initiative, we saw this as an indication of being ahead of the curve in our work. Throughout the County's work, this alignment is noted. Feedback that

referencing the two initiatives may be creating uncertainty and confusion among our stakeholders is an important consideration. Further, our shift toward a "status neutral," whole-person framework further might be blurring the boundaries between initiatives.

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.

Response: The County of San Diego disagrees partially with this finding. Getting to Zero was initially proposed by the Joint United Nations Programme on AIDS (UNAIDS) in their Strategic Plan for 2011-2015. Getting to Zero was grounded in science, which demonstrated that the combination of effective prevention, HIV testing and universal access to treatment could halt the epidemic.

The goal of Getting to Zero strives for zero new HIV infections, zero AIDS-related deaths, and zero discrimination. In the time since the original strategic plan was produced, there is evidence of reduced new infections and reduced AIDS-related deaths. While there is still no cure for AIDS, there are now many long-term survivors of the HIV epidemic, hence the thought that HIV has shifted to chronic disease management.

Persistent disparities, including the disproportionate number of new diagnoses among younger adults ages 20 to 39, demonstrate that ongoing transmission continues in key populations. Across local, state, and national strategies, there is wide acknowledgement that achieving zero new infections is a long-term, aspirational, and in many ways stretch goal given enduring structural barriers such as housing instability, stigma, and substance use. At the same time, stakeholders consistently affirm that these ambitious targets serve an important purpose: they function as constant reminders of the overarching goals for HIV reduction, anchoring prevention and treatment efforts and reinforcing shared commitment to sustained progress. The County's progress in reducing new infections and expanding testing, pre-exposure prophylaxis (PrEP), and harm reduction shows the goal is strategically pursued—even if challenging.

Finding 4: The $1,300,468 in County Supplemental Funds returned to HRSA, could have been used for other RWHAP services like mental health in the North Coastal Region, housing Partial Assistance Rental Subsidy, and specialty dental care.

Response: The County of San Diego disagrees partially with this finding**.** County staff and the HIV Planning group strive to ensure there is no unspent Ryan White Part A funding. Each year, the County of San Diego and the HIV Planning Group engage in a planning process from March through July, leading to the development of the proposed budget for the following year. During this process, the County and the HIV Planning Group analyze epidemiological data, needs assessment data, service utilization data and expenditure data. After that review, the HIV Planning Group ranks service categories like oral health and mental health by priority and allocates funding

to those service categories. Under federal law and regulation, the County does not participate in the establishment of rankings or on funding allocations. The decisions of the HIV Planning Group are binding upon the County, and County staff follow their direction in deployment of funding through contracts with local health care providers and community-based organizations. Once the grant period begins, however, the County can make recommendations to the HIV Planning Group to move funding from one category to another.

Unfortunately, given the significant overlap between Ryan White eligibility and Medi-Cal eligibility, the ability of Ryan White to pay for certain services is limited by the payor of last resort requirement, which means that Ryan White funds cannot be used to pay for a service where there is a third-party payor, like Medi-Cal. Mental health and oral health services are both covered by Medi-Cal. For the grant period of 3/1/23 to 2/29/24, the HIV Planning Group allocated $1,061,062 to mental health services and then reduced that amount by $85,092 during the year. Despite that reduction, at the end of the grant period, $98,910 was unspent. Moreover, during the grant period of 3/1/24 to 2/28/25, the HIV Planning Group had allocated $900,000 to mental health services and then reduced that funding by $171,000 during the year. Despite that reduction, there was still $64,910 unspent in the category. Similarly, during the grant period of 3/1/23 to 2/29/24, the HIV Planning Group allocated $300,940 to oral health services (including dental specialty services) and then reduced that amount by $174,728 during the year, leaving a small balance of $3,563 unspent. In the following grant period (3/1/24 to 2/28/25), the HIV Planning Group allocated $160,940 to oral health services and then increased that funding amount by $80,631 during the year. At the end of the period, there was $73,082 unspent.

Nonetheless, the County and the HIV Planning Group will continue to work together to identify opportunities for rapid deployment of projected and identified savings, such as the effort to expand food assistance in FY 25-26.

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.

Response: The County of San Diego disagrees partially with this finding. The County does closely monitor expenditures, leading to a recommendation in November 2024 to re-allocate $328,940 in unspent funding in several service categories to increase funding for HIV primary care services. This recommendation was made due to high utilization of Ryan White primary care services through September 2024, leading to concerns that, based upon projections, there might not be enough funding to ensure service availability through the end of February 2025. Those projections, however, did not predict a significant drop in utilization beginning in November 2024. When the lower expenditures were noted in January and February, there were no opportunities to re-deploy the unspent HIV primary care funding to other service categories. Based upon this experience, County staff and the HIV Planning Group continue to identify services where large amounts of funding can be redirected and spent quickly to address

the needs of our residents living with HIV, such as the introduction of food vouchers in fiscal year 2025-2026.

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.

Response: The County of San Diego disagrees partially with this finding. Given the complexity of reallocations and fiscal tracking, stakeholder perception of opacity might be plausible and well founded, particularly regarding underspending, performance and utilization. The HIV Planning Group's role in resource allocation requires timely communication, and any delays or unreliable info could reasonably erode trust. The gap between when the HIV, STD and Hepatitis Branch had confirmation of the situation and when the information was reported to the HIV Planning Group was a few weeks. The following shows the time between final close-out and communication to the Priority Setting and Resource Allocation Committee and the HIV Planning Group:

- Ryan White Close-out for FY24: 5/15/25

- Priority Setting and Resource Allocation meetings
  - 3/13/25 – fiscal report provided to committee on expenditures through January 2025.
  - April – no meeting scheduled
  - 5/8/25 – no meeting (cancelation)
  - 6/12/25 – fiscal report provided to committee on expenditures through end of February 2025 (end of fiscal year)
  - 6/26/25 – fiscal report provided to committee on 6/12/25 was further discussed

- HIV Planning Group meetings:
  - 3/26/25 – fiscal report on data through January 2025 was provided
  - 4/23/25 – fiscal report on preliminary year end data for FY24 was provided
  - 5/28/25 – meeting canceled by HIV Planning Group Chair
  - 6/26/25 – fiscal report on final FY24 expenditures was provided

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

Response: The County of San Diego agrees with this finding.

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

Response: The County of San Diego disagrees partially with this finding. Although there was frustration among HPG members, the County disagrees with the premise that there was a late delivery of critical data or rushed priority setting process.

Epidemiologic Data

Every January, the HIV Planning Group and the HIV, STD and Hepatitis Branch discuss data needs for the year. The HIV Planning Group is expected to provide a list of requested data to the HIV, STD, and Hepatitis Branch. The HIV, STD and Hepatitis Branch produces and/or collects data to be ready for HIV Planning Group review by the middle to the end of May. Starting in May, data is provided to HIV Planning Group members through presentations and handouts provided at meetings. It is common for the HIV Planning Group members to then ask for additional subsets of data. Time must be allowed for those additional requests. Given that the HIV Planning Group's priority-setting responsibilities require accurate data, the County understands how any type of delay or requests for additional information would reasonably compress timelines and create frustration.

Each year, a calendar schedule is established between staff, the HIV Planning Group Chair and the Priority Setting and Resource Allocation Committee Chair. The number of meetings scheduled to conduct the priority setting process increases from May through July. Typically, in May, the number of meetings is increased from one to two; in June and July the committee meets weekly. This is to allow for ample time to review data, plan and act. Actions then go to the full HIV Planning Group. Just as there are additional Priority Setting and Resource Allocation meetings, there are also additional HIV Planning Group meetings scheduled.

Budget Data

As noted in Finding 6, the schedule of when final close-out occurred and when information was presented to the Priority Setting Committee and the HIV Planning Group was provided. Throughout the year, data is provided 30-45 days post the closing of a month. So, for funds expended in the month of July, budget expenditures will be reported in the first two weeks of September. To further expand what occurs during that time, providers submit invoices to the HIV, STD and Hepatitis Branch between the 10th and the 15th of each month (contracts vary). Once submitted, invoices are reviewed for accuracy and completeness by an administrative analyst and a Contracting Officer's Representative (COR). Once reviewed, invoices are signed and then forwarded to the HIV, STD and Hepatitis Branch fiscal teams, who then enter information into Oracle and payment summaries are updated. From there, budget reports can be created.

Rushed Priority Setting Process

In Fiscal Years 2024 and 2025, during the prime months of Priority Setting and Resource Allocation (May through July), the following meetings were scheduled/held (cancelations noted):

5/9/24	5/8/25 – canceled
6/6/24	6/12/25
6/13/24	6/26/25

7/11/24	7/10/25 – canceled
7/18/24	7/17/25
7/25/24	7/24/25
	8/7/25

*Note: meeting cancelations are made by the Chair of the Priority Setting and Resource Allocation Committee and the Chair of the HIV Planning Group.

In Fiscal Years 2024 and 2025, the following HIV Planning Group meetings were scheduled/held (cancelations notes) specifically for Priority Setting and Resource Allocation:

7/24/24	7/23/25
8/7/24	8/6/25
8/14/24 -- canceled	8/13/25
8/28/24 -- canceled	8/20/25 – canceled
	8/27/25 -- canceled

*Note: meeting cancelations are made by the Chair of the HIV Planning Group.

Each year a sufficient number of meetings are scheduled to conduct the Priority Setting and Resource Allocation process. As shown above, meetings are regularly canceled once each of the groups have completed their process. There is ample opportunity to spend more time conducting the process.

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.

Response: The County of San Diego agrees with this finding.

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

Response: The County of San Diego agrees with this finding.

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

Response: The County of San Diego agrees with this finding.

RECOMMENDATIONS

The 2025-2026 San Diego County Grand Jury recommends that the County of San Diego Public Health Services:

Recommendation 1: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: Sunset "Getting to Zero," in favor of the federal initiative "Ending the Epidemic."

Response: This recommendation requires further analysis. This recommendation requires further analysis because Getting to Zero is a Board of Supervisors initiative with strong local branding, community ownership, and a long history of guiding HIV planning efforts. The Getting to Zero initiative also includes "Engage" and "Improve" components that are not fully reflected in the federal Ending the HIV Epidemic framework. Any shift away from Getting to Zero would require thoughtful planning to preserve the strengths of the local initiative while aligning with federal priorities. When the Ending the HIV Epidemic initiative was launched, the HIV, STD and Hepatitis Branch conducted a crosswalk of the two initiatives, comparing the scope, pillars, and operational requirements of Getting to Zero and Ending the HIV Epidemic to determine where alignment already existed and where there were differences.

To further evaluate the recommendation, the County proposes a review lasting no more than six months. This analysis will include:

- Assessing the implications of sunsetting a Board-directed initiative, including governance, community expectations, and long-term planning commitments.
- Evaluating potential impacts on local engagement, including the role Getting to Zero plays in community identity, collaboration, and continuity.
- Identifying what would be needed to transition branding, communication, and planning structures if a shift were recommended.
- Reviewing resource, staffing, and contracting considerations to understand practical implications of transitioning from one framework to another.

This analysis will help determine whether fully transitioning to Ending the HIV Epidemic initiative would strengthen local efforts or whether maintaining Getting to Zero remains the most effective approach for the region.

Recommendation 2: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: 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.

Response: This recommendation requires further analysis. The County agrees that coordinated strategic planning is appropriate and beneficial. Additional analysis is needed to determine what processes can realistically reduce unexpected events in service utilization. Utilization can fluctuate for reasons that even strong planning cannot always anticipate. The HIV Planning Group can adjust spending recommendations, and depending on the timing within the fiscal year, implementing changes may or may not be feasible. As the end of the fiscal year nears, it is more difficult to make meaningful changes given the time needed to execute contract amendments and for provider to spend money.

The HIV, STD and Hepatitis Branch can report on carryover and forfeited funds, including dollar amounts and percentages, as part of improving transparency.

To fully evaluate this recommendation, the County proposes completing a review within six months. The analysis would include:

- Assessing current strategic planning and forecasting processes to identify where earlier or more frequent coordination could be helpful.
- Reviewing the opportunities and limits of predicting utilization swings and determining what level of variation can reasonably be addressed through planning.
- Mapping the fiscal year and contracting timelines to clarify what types of HIV Planning Group recommendation changes can be implemented and when.
- Identifying options to strengthen routine reporting of carryover and forfeited amounts, including standardized dollar and percentage reporting.
- Meeting with PHS and HHSA leadership to coordinate presentations to Board of Supervisors offices.
- Evaluating the workload implications.

Recommendation 3: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: 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.

Response: This recommendation has not yet been implemented but will be implemented in the future. This recommendation will be implemented and expected to begin within the next six months. The proposed timeline includes:

- Identifying a staff lead (Month 1)
- Initiating contact with Los Angeles County (Months 2-3)
- Establishing a regular communication structure (Months 4-5)

Establishing a formal "Program Delegate" to collaborate with Los Angeles County will allow us to learn from LA's monitoring cadence, contract management structures, and reallocation practices. These insights may strengthen our own internal processes and improve consistency in spending and utilization management.

Recommendation 4: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: 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.

Response: This recommendation has not yet been implemented but will be implemented in the future. Establishing a hard deadline of May 15 may reduce frustration reported in planning processes and improve the quality of decision making for (re) allocation recommendations. In January of each year, the HIV Planning Group and the HIV, STD and Hepatitis Branch meet to discuss requested data for the annual planning process. A strict May 15 deadline is generally a reasonable date to provide data that was agreed upon at the beginning of the calendar year. One consideration beyond our span of control is that we receive surveillance data from California Department of Public Health (CDPH). A delay on the part of CDPH could impact our ability to finalize reports by May 15.

Recommendation 5: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: 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.

Response: This recommendation requires further analysis. This recommendation requires further analysis. Creating an HIV Planning Group specific dashboard is feasible for service utilization data, however, real-time funding information has thus far not been possible due to contracting, invoicing, and reconciliation timelines. Additional work is needed to determine what level of data automation is achievable, what resources would be required, and how a dashboard could realistically support priority setting throughout the year.

To assess this recommendation, we propose a review lasting no more than six months. The analysis would include:

- Identifying which utilization datasets can be updated frequently enough to support timely HIV Planning Group decision-making.
- Assessing opportunities and limitations around financial data, including billing cycles, payment processing, and reporting lag times.
- Evaluating the technical and staffing requirements for building and maintaining a dashboard, including data integration and quality assurance needs.
- Reviewing confidentiality, data-sharing, and system-access considerations.
- Exploring whether a dashboard would meaningfully reduce reliance on in-person data presentations.
- Exploring what training or workflow changes would be needed.

This analysis will clarify what type of dashboard is feasible, what value it can realistically provide, and what steps would be needed to move forward.

Recommendation 6: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: 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.

Response: This recommendation has not yet been implemented but will be implemented in the future. This recommendation to redesign the needs assessment has not yet been implemented but will be implemented in the next six months. Testing the redesigned survey in off years will go beyond six months. The County agrees that simplifying the survey and piloting alternative versions could improve participation and return rates.

Over the next six months, the County will work with HIV Planning Group committees and partner agencies to identify priority content areas, streamline questions, and ensure the survey remains representative, culturally appropriate, and inclusive. During this period, the County will also develop a pilot plan to test different formats—such as shortform versions, modular sections, and culturally tailored adaptations. The County will consider using a consultant through Ryan White and non-Ryan White funding sources to help guide this redesign.

Recommendation 7: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: Reinstate offering gift cards for survey completion.

Response: This recommendation requires further analysis. This recommendation requires further analysis to consider the utilization of gift cards. As noted on Page 21 of the Grand Jury report, providing gift cards for completion of the needs assessment is not standard practice. Incentive use raises compliance considerations, including procurement rules, Ryan White allowability requirements, and equity in distribution. A major part of the analysis needed would be determining an alternative funding source, as this is not allowable under Ryan White. Further, analysis would help us determine the appropriate incentive value, eligible populations, vendor selection, fraud-prevention protocols, should an alternative funding source be determined. We propose completing this review within six months. Analysis would include:

- Assessing legal and compliance requirements related to incentive use, including procurement and audit considerations.
- Identifying potential non-Ryan White funding sources that could support incentives.
- Evaluating operational needs, including vendor options, administrative workload, and fraud prevention measures.
- Determining what incentive structures (e.g., value, distribution method, eligibility criteria) would be appropriate and equitable.
- Reviewing potential benefits and risks to ensure incentives meaningfully support participation without unintended consequences.

Recommendation 8: The 2025/2026 San Diego County Grand Jury recommends that the San Diego County Board of Supervisors: 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**.**

Response: This recommendation will not be implemented because it is not reasonable. This recommendation will not be implemented given significant HIPAA, privacy, and data protection concerns. The only way to generate mailing lists or contact information for all people living with HIV in San Diego would be through surveillance data. Using surveillance data for outreach or direct contact is not an authorized or permissible function and would violate HIPAA, state confidentiality laws, and federal surveillance disclosure restrictions.

Beyond legal prohibitions, using individually identifiable health information for this purpose could create serious unintended consequences, including involuntary disclosure of HIV status, breaches of privacy, erosion of trust in public health systems, and increased stigma or harm to individuals. These risks outweigh any potential benefit.

Even if privacy laws were not a barrier, the operational and financial requirements, such as securing a compliant data environment, implementing strict access controls, ensuring secure mailing processes, and covering costs from the limited administrative budget would be prohibitive.