SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, JUNE 26, 2025, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A

The Charge of the Priority Setting and Resource Allocation Committee: To review, analyze, and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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Meeting Location & Directions:

Priority Setting & Resource Allocation (PSRAC)

Thursday, June 26, 2025
1:00 PM - 4:00 PM

Southeast Live Well Center
5101 Market St.
San Diego, CA 92114 Tubman Chavez Rm A

Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

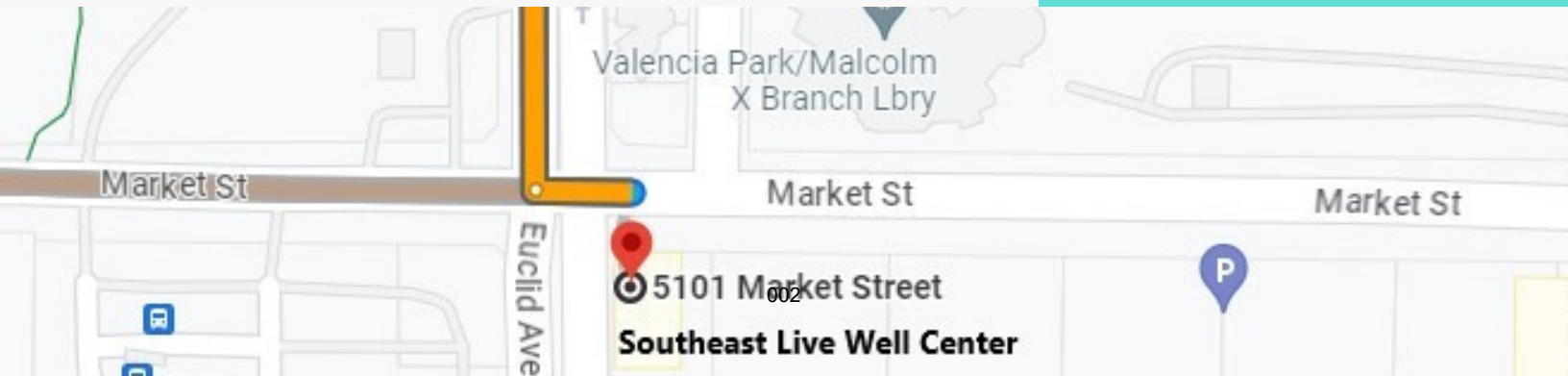
FROM I-805 NORTH:

1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.

PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

MTS Bus Routes:
3, 4, 5, 13, 60, 916, 917 and 955



PSRAC CONFLICT OF INTEREST (COI) Sheet

	Davenport, Beth	Fleming, Tyra	Garcia Bigley, Felipe	Jacobs, Delores	Kubricky, Cinnamen	Luna, Sergio	Matthews, Eva	Mendoza Aguirre, Marco	Mueller, Chris	Van Brocklin, Rhea
CHS: WICYF*										
Early Intervention Services: Regional Services										
Early Intervention Services: Minority AIDS Initiative										
Emergency Financial Assistance										
Food Services: Food Bank/Home Delivered Meals										
Home-Based Health Care Coordination										
Medical Case Management										
Medical Nutrition Services										
Mental Health: Groups / Therapy										
Mental Health: Counseling / Therapy										
Mental Health: Psychiatric Medication Management										
Non-Medical Case Management										
Oral Health										
Outpatient Ambulatory Health Services: Medical Specialty										
Outpatient Ambulatory Health Services: Primary Care										
Outreach Services										
Peer Navigation**										
Subtance Use Disorder Treatment: Outpatient										
Subtance Use Disorder Treatment: Residential										
Transportation: Assisted and Unassisted										

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

Fleming, Tyra
Jacobs, Delores
Kubricky, Cinnamen

Luna, Sergio
Mendoza Aguirre, Marco

Revised 6/24/2025

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, June 26, 2025, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A
Remotely via Zoom

To participate remotely via Microsoft Teams:

Join the meeting now

Meeting ID: 236 006 374 012 **Password:** xt9vG6BY

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is six (6)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Cinnamen Kubricky | Sergio Luna | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair)

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
    a. **Review of Committee Charge**
    b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
    c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
    d. **Focus on service priorities, not on specific service providers.**
    e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for June 26, 2025
6. Debrief on FY 2024-25 Budget
7. Old Business:
    a. None
8. New Business:
    a. **ACTION:** Recommendations for reallocations for FY 25 (the current fiscal year, March 1, 2025 – February 28, 2026) (if needed)

b. Review data on the **HIV Care Continuum/Unaware Estimate** and discuss findings
   i. Include data on **RW clients vs. all clients**
   ii. Include data on **viral suppression rates** (include RW clients vs. all clients)
   iii. **RW Client Homelessness**
c. Review data on **Unmet Need Estimate and Unaware Estimate,** and discuss findings
d. **ACTION:** Review and approve key data findings on **Co-occurring Conditions, Poverty, and Insurance,** and discuss findings – Ken Riley
e. Review **HRSA and Ryan White Part A guidelines (PCN 1602)**

9. Routine Business:
   a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
   b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
   c. Review the Monthly and Year-to-Date service utilization report
   d. Committee Attendance
10. Suggested items for the future committee agenda
11. Announcements

    Next meeting date: July 10, 2025, from 1:00 PM – 4:00 PM
    Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123; Conference Room 124 and *Remotely via Zoom*
12. Adjournment

Principles for PSRA Decision-Making Process	**Criteria for the PSRA Decision-Making Process**
Principles Guiding Decision Making (Priorities should reflect the Principles) 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions	**Criteria for Priority Setting** 1. Documented Need based on: a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

For more information, visit our website at www.sdplanning.org

RW 2024-25 PART A AWARD INFORMATION	
Funding Source	Total RW 2024-25 Award
Part A	11,667,474.00
Part A MAI	784,859.00
TOTAL AWARD AMOUNT	**12,452,333.00**

RW 2024-25

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN

Through February 2025

FY24-25 ALLOCATION BREAK DOWN

Funding Source	Admin. $	Admin. %	CQM $	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	50.40%	49.60%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
TOTAL	**1,209,850.00**		**382,000.00**		**10,860,483.00**	**12,452,333.00**	**70%**	**30%**

Ryan White Part A Allocations — **% Elapsed** **100%**

Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	**1,102,630.00**	**11%**	**826,112.00**	**1,928,742.00**	**19%**	1,192,322.60	**62%**	**736,419.40**	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	**195,000.00**	**2%**	**-**	**195,000.00**	**2%**	147,641.00	**76%**	**47,359.00**	
Psychiatric Medication Management	1j	12	**6,000.00**	**0%**	**11,393.55**	**17,393.55**	**0%**	13,712.08	**79%**	**3,681.47**	
Oral Health	1k	3	**160,940.00**	**2%**	**80,631.00**	**241,571.00**	**2%**	168,489.43	**70%**	**73,081.57**	
Medical Case Management	1h	4	**1,151,853.00**	**12%**	**-**	**1,151,853.00**	**11%**	1,128,936.90	**98%**	**22,916.10**	
Non-Medical Case Management for Housing		6	**200,000.00**	**2%**	**(200,000.00)**	**-**		-	**0%**	**-**	
Housing: Emergency Housing	2e	7	**1,183,515.00**	**12%**	**(55,793.30)**	**1,127,721.70**	**11%**	1,023,222.92	**91%**	**104,498.78**	
Housing: Location, Placement and Advocacy Services NEW		8	**100,000.00**	**1%**	**(100,000.00)**	**-**		-	**0%**	**-**	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	**807,507.00**	**8%**	**43,000.00**	**850,507.00**	**8%**	627,611.60	**74%**	**222,895.40**	
Non-Medical Case Management	2h	5	**392,021.00**	**4%**	**-**	**392,021.00**	**4%**	363,421.47	**93%**	**28,599.53**	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	**993,157.00**	**10%**	**-**	**993,157.00**	**10%**	992,942.19	**100%**	**214.81**	
Childcare Services	2a		**-**	**0%**	**-**	**-**	**0%**	-	**0%**	**-**	
Early Intervention Services: Regional Services	1c	14	**810,000.00**	**8%**	**(20,000.00)**	**790,000.00**	**8%**	730,060.90	**92%**	**59,939.10**	
Health Education & Risk Reduction	2d	14a	**-**	**0%**	**-**	**-**	**0%**	-	**0%**	**-**	
Outreach Services	2j	14b	**-**	**0%**	**-**	**-**	**0%**	-	**0%**	**-**	
Referral Services	2l	14c	**-**	**0%**	**-**	**-**	**0%**	-	**0%**	**-**	
Referral to Health and Supportive Services (Peer Navigation)		16	**300,000.00**	**3%**	**(86,800.00)**	**213,200.00**	**2%**	195,353.42	**92%**	**17,846.58**	

Ryan White Part A Allocations								% Elapsed	100%		
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(171,000.00)	729,000.00	7%	664,090.16	91%	64,909.84	
Psychosocial Support Services		17	46,744.00	0%	(46,744.00)	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	260,127.00	3%	53,000.00	313,127.00	3%	312,837.94	100%	289.06	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(73,120.00)	155,380.00	2%	107,676.90	69%	47,703.10	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	1%	137,890.46	91%	13,939.54	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	535,362.04	100%	710.96	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	33,693.12	95%	1,848.88	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	285,232.84	100%	32.16	
Emergency Financial Assistance	2b	24	36,856.00	0%	42,804.00	79,660.00	1%	67,237.95	84%	12,422.05	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	332,483.25	10,187,043.25	100%	8,727,735.92	86%	1,459,307.33	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2024-25 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Multi-Disciplinary Team			593,183.00		-	593,183.00	86%	511,851.17	86%	81,331.83	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	92,377.19	92%	7,622.81	
		Subtotal	693,183.00		-	693,183.00	100%	604,228.36	87%	88,954.64	
		TOTAL	10,547,743.00		332,483.25	10,880,226.25		9,331,964.28	86%	1,548,261.97	

CORE and Support Sevices Allocation Breakdown				
Total Allocation		Total Expenditure	Total Balance	% Balance
CORE Medical Services	5,186,313.55	4,091,224.76	1,095,088.79	21.11%
Support Services	5,103,029.70	4,636,511.16	466,518.54	9.14%
TOTAL	10,289,343.25	8,727,735.92	1,561,607.33	

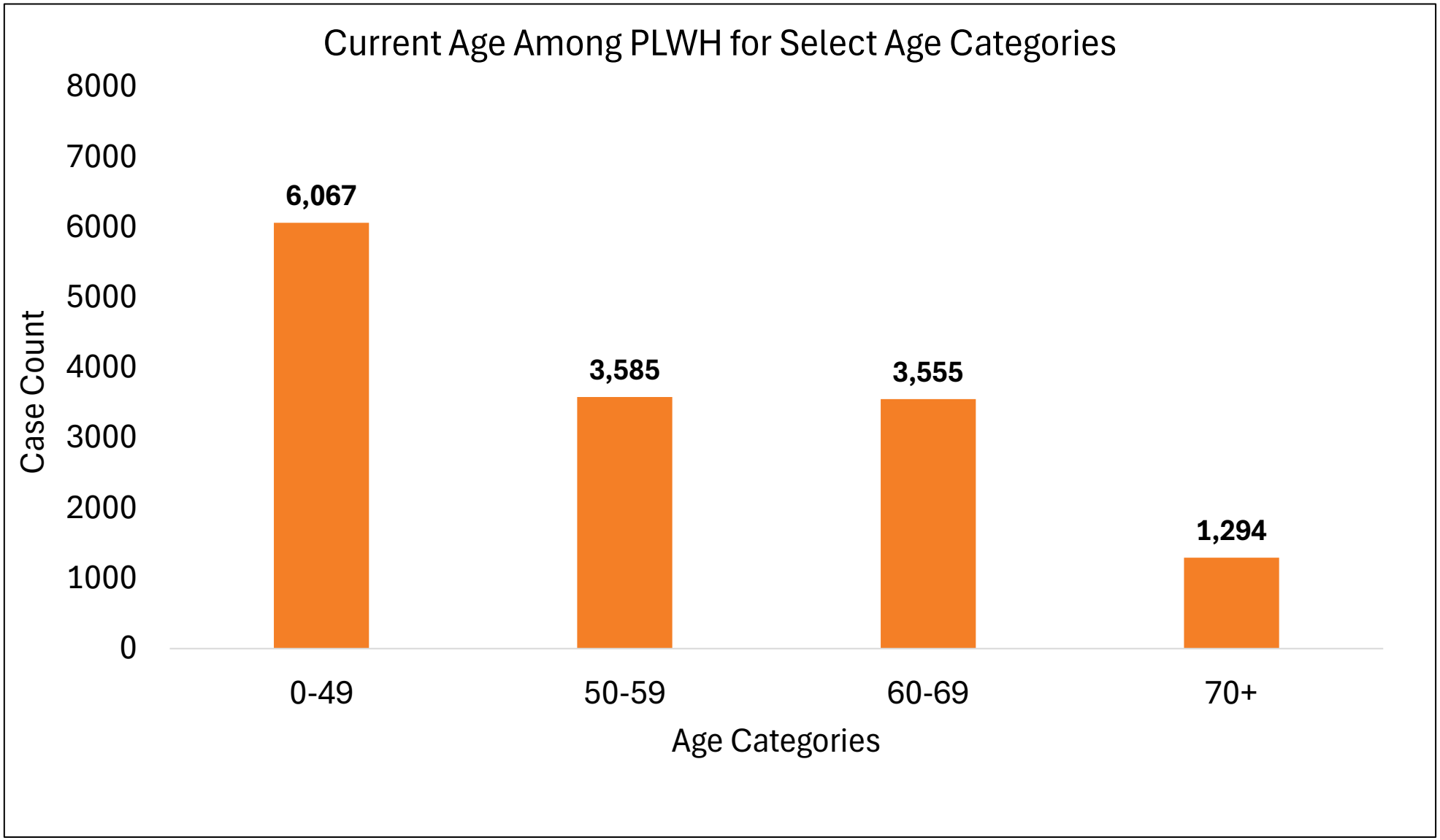
Month: Feb-25 Part A & Part B Prevention Comp A/C HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF FEB 2025						
RW 2024-25 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	**RW 2024/2025 Service Dollars**	**Contract YTD Expenditure**	**% of Year Invoiced**	**% Spent**	**Balance**	**Comments**
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	100.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	100.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	$182,527.73	100.00%	97.14%	5,372.27	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	$116,327.33	100.00%	65.50%	61,272.67	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	714,552.00	$630,714.36	100.00%	88.27%	83,837.64	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	$39,182.14	100.00%	78.36%	10,817.86	Part B Payment Summary
CoSD Medical Case Management	392,403.61	375,087.29	100.00%	95.59%	17,316.32	Part B Cost Report
CoSD Early Intervention Services	375,134.29	364,863.83	100.00%	97.26%	10,270.46	Part B Cost Report
Ryan White Part B Total	**1,897,589.90**	**1,708,702.68**			**188,887.22**	
Prevention (27-0047) - awaiting						
Counseling and Testing				0.00%	-	Payment Summary
Evaluation/ Linkage Activities/ Needs Assessment				0.00%	-	Payment Summary
Prevention Total	**-**	**-**		**0.00%**	**-**	
HRSA Ending the HIV Epidemic Total - 20-078 FY 24-25	**4,061,078.00**	**785,388.39**		**19.34%**	**3,275,689.61**	Payment Summary
TOTAL	**5,958,667.90**	**2,494,091.07**			**3,464,576.83**	

Priority Setting & Resource Allocation Committee

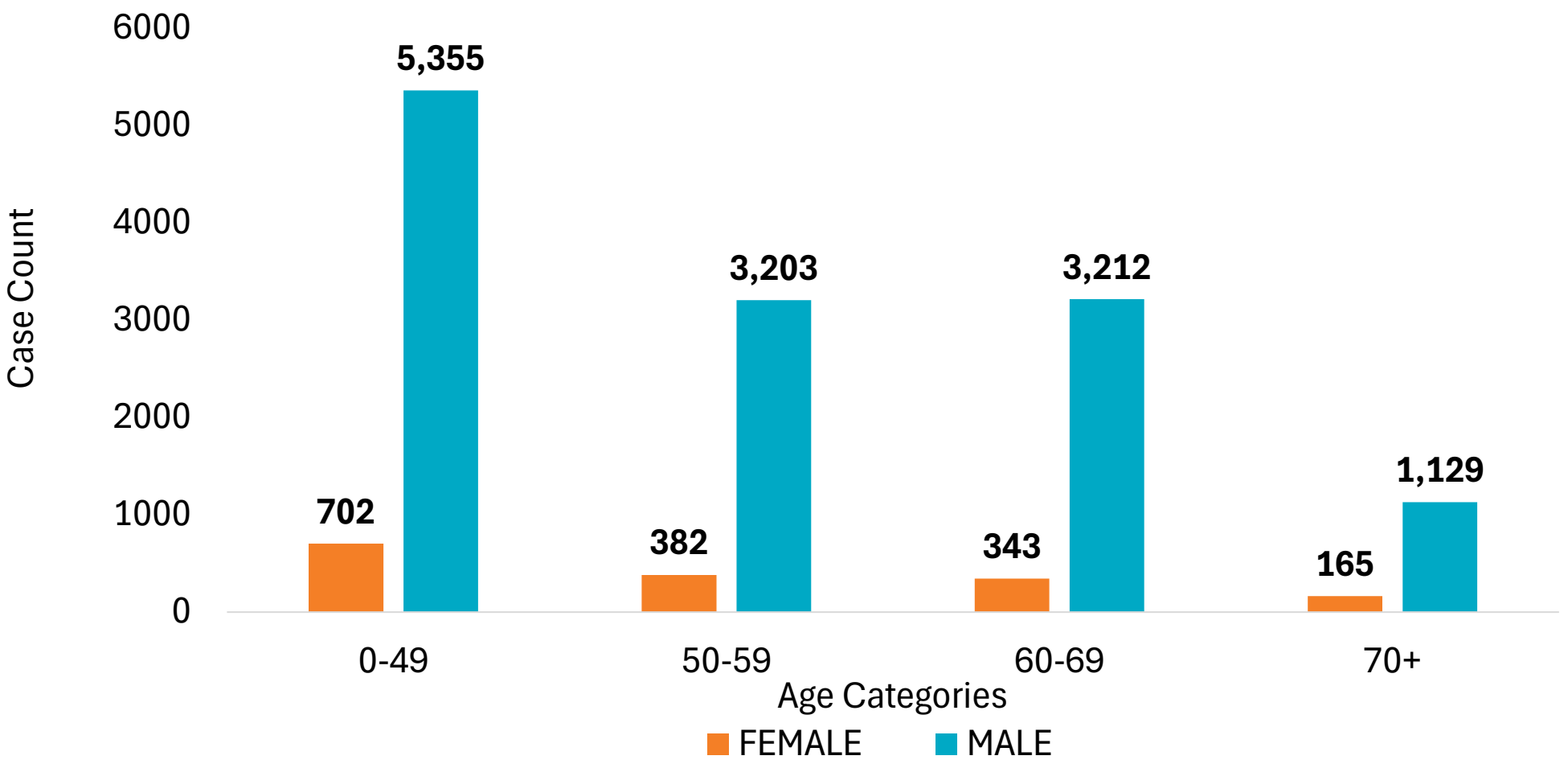
HIV and HCV Epidemiology Surveillance Program 06/26/2025
Public Health Services – Epidemiology & Immunization Services Branch
Dr. Samantha Tweeten, PhD
Cesar Arevalo, MPH
Garrett McGaugh, MPH

Aging Population and HIV



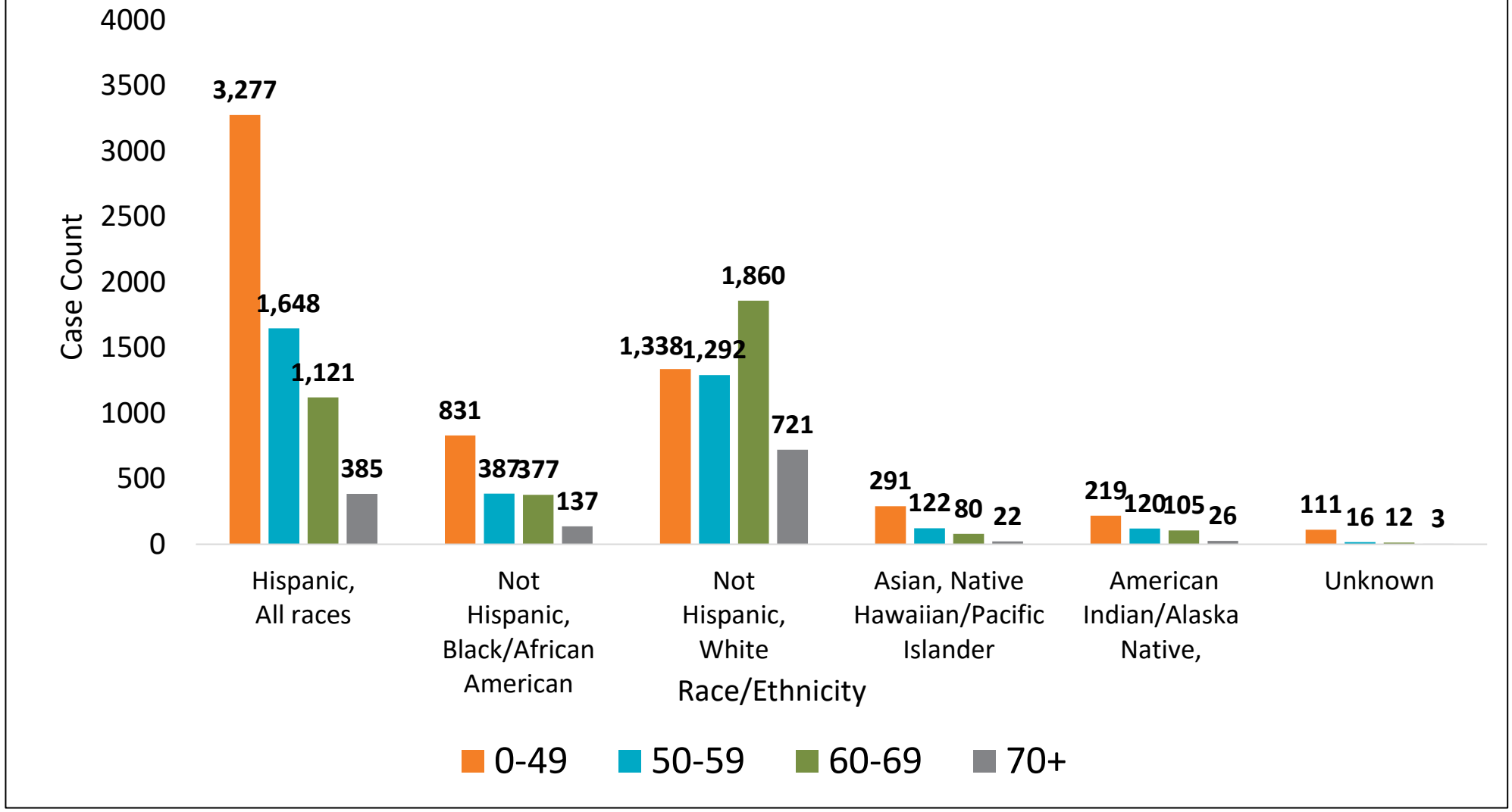
Data as of 12/31/2024
*People Living with HIV
Missing = 106

Current Age by Select Age Categories Among PLWH* by Sex at Birth



Data as of 12/31/2024
*People Living with HIV
Missing = 114

Current Age by Select Age Categories Among PLWH* by Race/Ethnicity

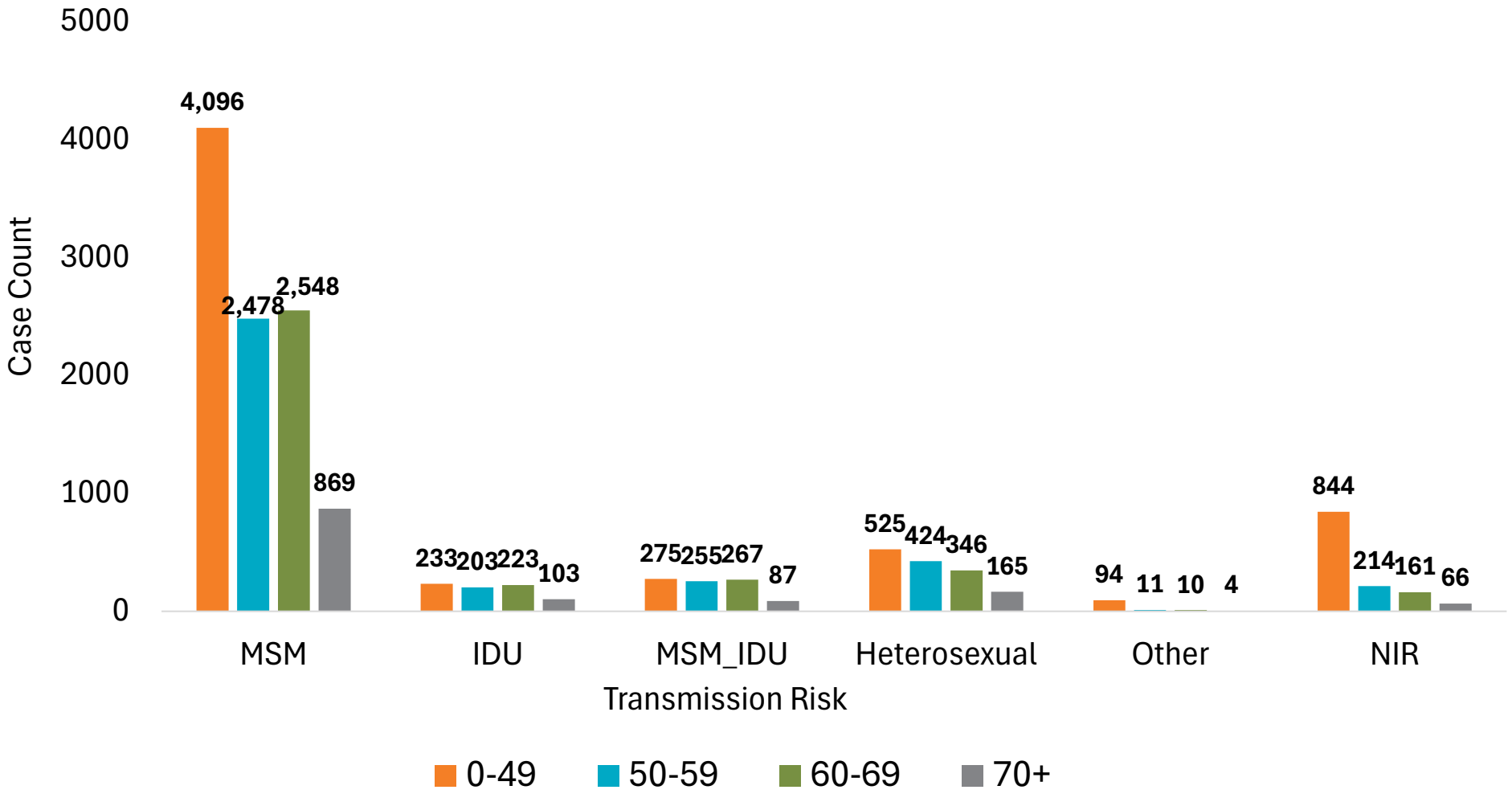


Data as of 12/31/2024

*People Living with HIV

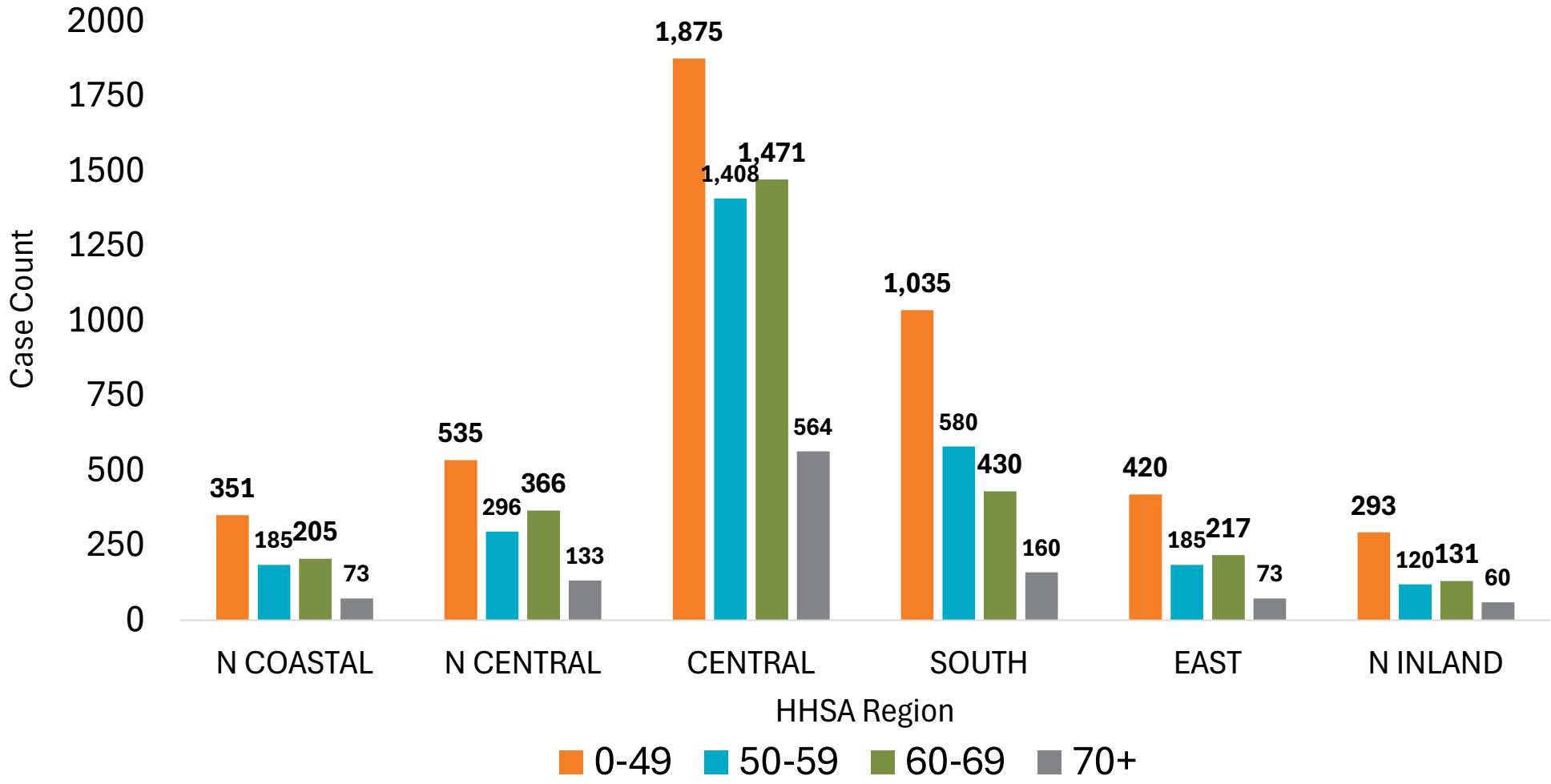
Missing = 106

Current Age by Select Age Categories Among PLWH* by Transmission Risk



Data as of 12/31/2024

Current Age by Select Age Categories Among PLWH* by HHSA† Region



Data as of 12/31/2024

*People Living with HIV

† Health and Human Services Agency

Ryan White Clients - Viral Suppression

Viral Load<200 copies/mL

Demographics of HIV Cases by Viral Suppression - Gender

Table 1. Gender of HIV Cases by Viral Suppression

	All Cases				All with a Viral Load Test			Ryan White Clients		
	Viral Suppression				Viral Suppression			Viral Suppression		
	Yes	No	No Viral Load Test	Total	Yes	No	Total	Yes	No	Total
Male	72.1%	5.1%	22.8%	11,058	93.4%	6.6%	8,536	84.6%	15.4%	2,810
Female	66.7%	7.7%	25.7%	1,434	89.7%	10.3%	1,066	84.1%	15.9%	572
Trans-Woman	59.8%	25.0%	15.2%	132	87.8%	12.2%	90	84.7%	15.3%	118
Total	70.7%	5.4%	23.9%	12,942	93.0%	7.0%	9,855	84.5%	15.5%	3,506

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression - Race/Ethnicity

Table 2. Race/Ethnicity of HIV Cases by Viral Suppression

	All Cases				All with a Viral Load Test			Ryan White Clients		
	Viral Suppression				Viral Suppression			Viral Suppression		
	Yes	No	No Viral Load Test	Total	Yes	No	Total	Yes	No	Total
Latino/Hispanic†	69.7%	5.8%	24.5%	5,551	92.3%	7.7%	4,192	89.0%	11.0%	1,969
Black/African-American	63.0%	8.2%	28.9%	1,520	88.5%	11.5%	1,081	78.1%	21.9%	424
White	74.8%	4.1%	21.1%	4,761	94.9%	5.1%	3,755	82.1%	17.9%	819
Asian/PI‡	74.5%	2.3%	23.2%	478	97.0%	3.0%	367	84.5%	15.5%	58
Other§	74.5%	6.5%	19.0%	459	91.9%	8.1%	372	80.0%	20.0%	60
Unknown	39.3%	11.6%	49.1%	173	77.3%	22.7%	88	63.1%	36.9%	176
Total	70.7%	5.4%	23.9%	12,942	93.0%	7.0%	9,855	84.5%	15.5%	3,506

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latino/Hispanic ethnicity may belong to any race group
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/Alaskan Native and Other Races

Demographics of HIV Cases by Viral Suppression - Age

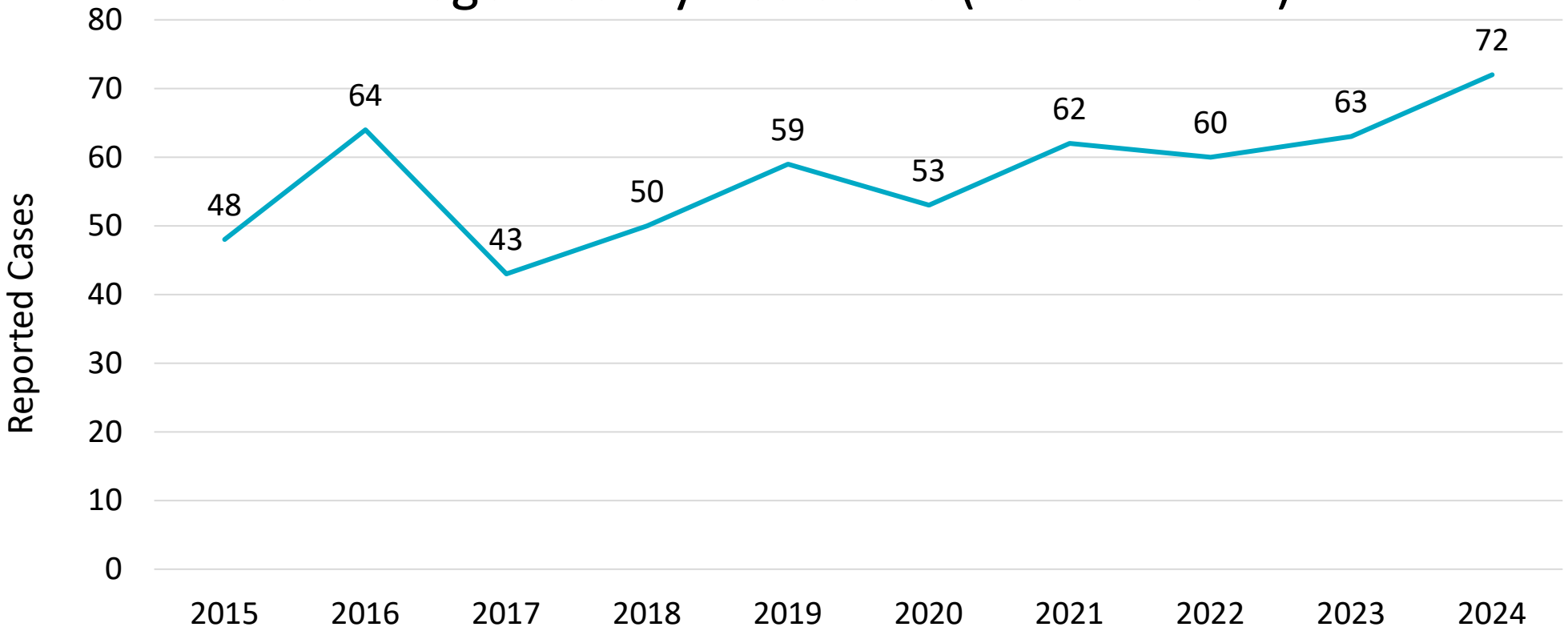
Table 3. Age of HIV Cases by Viral Suppression

	All Cases				All with a Viral Load Test			Ryan White Clients		
	Viral Suppression				Viral Suppression			Viral Suppression		
	Yes	No	No Viral Load Test	Total	Yes	No	Total	Yes	No	Total
< 12	70.2%	7.0%	22.8%	114	90.9%	9.1%	4,192	91.7%	8.3%	24
13-24	68.5%	6.4%	25.1%	2,083	91.4%	8.6%	1,081	86.0%	14.0%	57
25-44	71.5%	5.4%	23.1%	8,563	93.0%	7.0%	3,755	83.0%	17.0%	1,338
45-64	69.5%	4.3%	26.2%	2,047	94.1%	5.9%	367	85.5%	14.5%	1,585
65 and over	77.0%	4.4%	18.5%	135	94.5%	5.5%	372	85.1%	14.9%	495
Total	70.7%	5.4%	23.9%	12,942	93.0%	7.0%	9,855	84.5%	15.5%	3,506

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

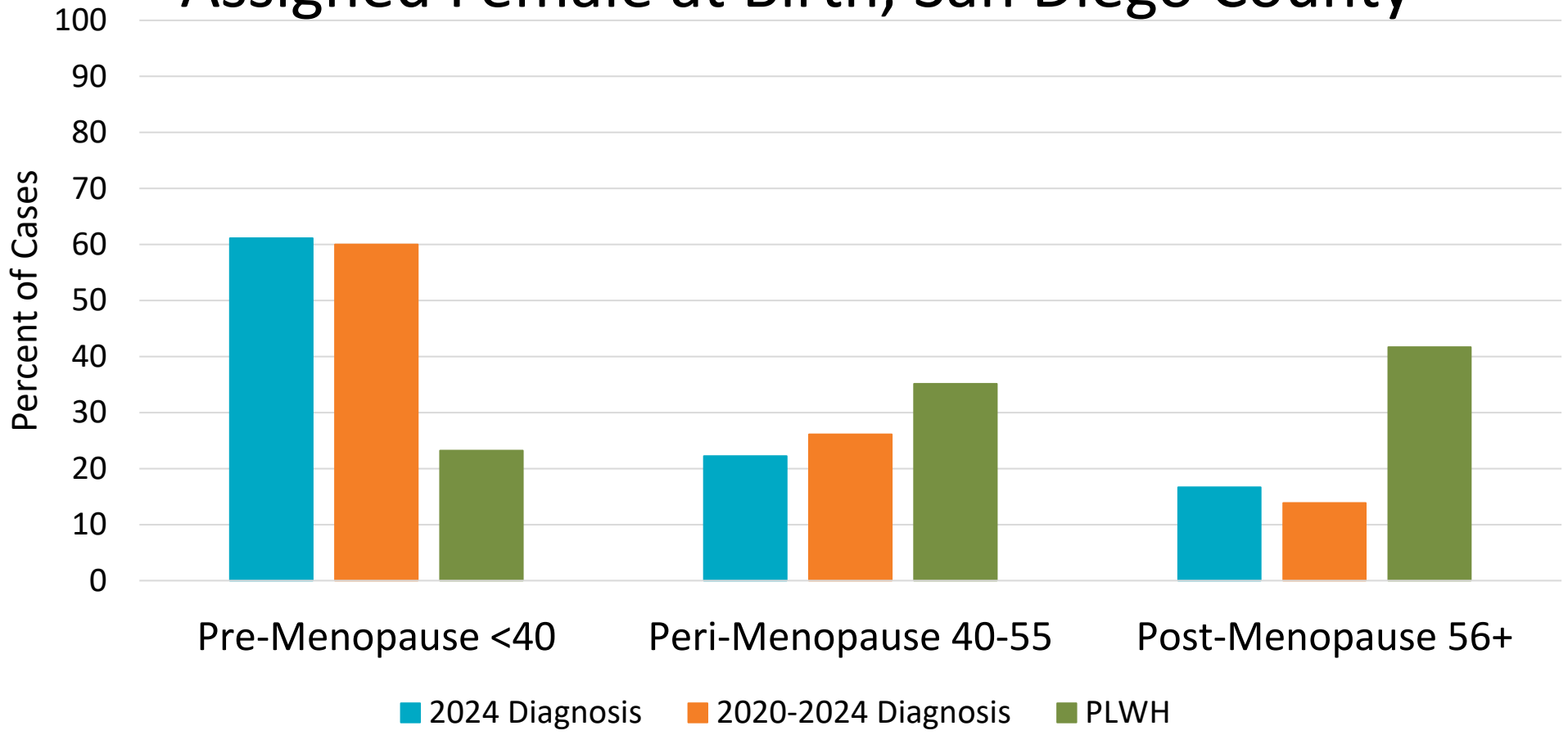
Women and HIV

HIV Cases Reported
Among Persons Assigned Female at Birth
San Diego County Residents (2015 – 2024)



Data as of 12/31/2024

Age* Group of HIV cases Among Persons Assigned Female at Birth, San Diego County



Data as of 12/31/2024
*Current Age

Table 4. Race/Ethnicity* of HIV cases Among Persons Assigned Female at Birth, San Diego County

		2024	2020-2025				PLWHIV			
		Total	<40	40-55	56+	Total	<40	40-55	56+	Total
Race Ethnicity*	Hispanic/Latina†	43.1%	50.0%	42.0%	32.6%	45.5%	49.7%	47.0%	39.2%	44.4%
	Black	29.2%	21.5%	19.8%	20.9%	21.0%	21.4%	24.6%	22.3%	22.9%
	White	19.4%	19.9%	30.9%	37.2%	25.2%	17.8%	18.9%	31.3%	23.8%
	Asian/NHPI‡	-	-	-	-	2.6%	3.8%	5.0%	3.9%	4.3%
	AIAN/Other§	-	-	-	-	1.9%	3.5%	3.9%	3.0%	3.5%
	Unknown	-	4.8%	2.5%	2.3%	3.9%	3.8%	0.5%	0.3%	1.2%
	Total	72	186	81	43	310	370	560	664	1594

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latina/Hispanic ethnicity may belong to any race group
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

Table 5. Transmission Risk of HIV cases Among Persons Assigned Female at Birth, San Diego County

		2024	2020-2025				PLWHIV			
		Total	<40	40-55	56+	Total	<40	40-55	56+	Total
Tranmission Risk	PWID*	9.7%	9.7%	7.4%	16.3%	10.0%	9.2%	12.7%	21.2%	15.4%
	Heterosexual	27.8%	21.5%	32.1%	25.6%	24.8%	36.5%	70.0%	66.9%	60.9%
	Other	-	0.5%	0.0%	0.0%	0.3%	12.2%	0.5%	0.9%	3.4%
	NIR	62.5%	68.3%	60.5%	58.1%	64.8%	42.2%	16.8%	11.0%	20.3%
	Total	72	186	81	43	310	370	560	664	1594

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
*Persons Who Inject Drugs
¥ No Identified Risk

Table 6. HHSA Region of HIV cases Among Persons Assigned Female at Birth, San Diego County

		2024	2020-2025				PLWHIV			
		Total	<40	40-55	56+	Total	<40	40-55	56+	Total
HHSA Region	Central	44.4%	10.8%	9.9%	4.7%	9.7%	30.3%	31.3%	31.8%	31.2%
	East	9.7%	16.1%	16.0%	11.6%	15.5%	10.3%	10.0%	10.7%	10.4%
	South	27.8%	21.0%	21.0%	16.3%	20.3%	19.5%	18.0%	19.3%	18.9%
	North Coastal	6.9%	8.1%	8.6%	11.6%	8.7%	7.6%	9.8%	8.3%	8.7%
	North Inland	-	8.1%	9.9%	-	8.7%	7.6%	4.6%	6.3%	6.0%
	North Central	-	10.8%	9.9%	-	9.7%	8.1%	7.3%	10.5%	8.8%
	Unknown	-	-	-	-	-	16.8%	18.9%	13.1%	16.0%
	Total	72	186	81	43	310	370	560	664	1594

Data as of 12/31/2024

Table 7. Late Testing by Age Category Among Individuals Assign Female at Birth (2020 – 2024)

		0 month	<4month	<12month	HIV Only	Total
Age	<40	8.1%	9.7%	10.8%	65.1%	186
	40-55	24.7%	28.4%	29.6%	22.4%	81
	56+	14.0%	18.6%	25.6%	12.5%	43
	Total	41	8	6	255	310
	Total %	13.2%	15.8%	17.7%	82.3%	100.0%

Data as of 12/31/2024

Table 8. Late Testing by Race/Ethnicity Among Individuals Assign Female at Birth (2020 – 2024)

		0 month	<4month	<12month	HIV Only	Total
Race/Ethnicity*	Hispanic/Latina†	15.6%	18.4%	18.4%	45.1%	141
	Black	4.3%	5.7%	7.1%	21.6%	65
	White	5.7%	6.4%	9.2%	25.5%	78
	All Other‡	19.2%	23.1%	23.1%	7.8%	26
	Total	41	8	6	255	310
	Total %	13.2%	15.8%	17.7%	82.3%	100.0%

Data as of 12/31/2024

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
*All categories except Latina/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latina/Hispanic ethnicity may belong to any race group
‡Includes Asian, Native Hawaiian and Pacific Islander, Includes American Indian/ Alaskan Native and Other Races

Table 9. Late Testing by Transmission Risk Category Among Individuals Assign Female at Birth (2020 – 2024)

		0 month	<4month	<12month	HIV Only	Total
Transmission Risk	PWID*	6.5%	6.5%	6.5%	11.4%	31
	Heterosexual	6.5%	13.0%	14.3%	25.9%	77
	NIR¥	11.0%	11.9%	13.5%	64.8%	201
	Other	-	-	-	-	1
	Total	41	8	6	255	310
	Total %	13.2%	15.8%	17.7%	82.3%	100.0%

Data as of 12/31/2024
*Persons Who Inject Drugs
¥ No Identified Risk

Table 10. Late Testing by HHSA Region Among Individuals Assign Female at Birth (2020 – 2024)

		0 month	<4month	<12month	HIV Only	Total
HHSA Region	Central	13.0%	15.7%	19.1%	36.5%	115
	East	12.5%	14.6%	16.7%	15.7%	48
	South	19.0%	19.0%	19.0%	20.0%	63
	North Coastal	11.1%	14.8%	18.5%	8.6%	27
	North Inland	7.4%	7.4%	7.4%	9.8%	27
	North Central	10.0%	20.0%	20.0%	9.4%	30
	Total	41	8	6	255	310
	Total %	13.2%	15.8%	17.7%	82.3%	100.0%

Data as of 12/31/2024

Table 11. Race/Ethnicity* of HIV Cases By Viral Suppression Among Individuals Assigned Female at Birth

		All Cases				All With Viral Load		
		Virally Suppressed				Virally Suppressed		
		Yes	No	No Viral Test	Total	Yes	No	Total
Race/Ethnicity*	Latina/Hispanic†	69.0%	7.8%	23.2%	613	89.8%	10%	471
	Black/African-American	63.6%	7.2%	29.2%	332	89.8%	10%	235
	White	64.8%	7.2%	28.0%	347	90.0%	10%	250
	Asian/NHPI‡	74.2%	0.0%	25.8%	62	100.0%	0%	46
	AIAN/Other§	66.7%	16.7%	16.7%	54	80.0%	20%	45
	Unknown	42.1%	0.0%	57.9%	19	100.0%	0%	8
Sex at Birth	Female (Total)	66.5%	7.4%	26.1%	1,427	90.0%	10%	1,055

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)
*All categories except Latina/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latina/Hispanic ethnicity may belong to any race group
‡Includes Asian, Native Hawaiian and Pacific Islander
§ Includes American Indian/ Alaskan Native and Other Races

Table 12. Age Category of HIV Cases By Viral Suppression Among Individuals Assigned Female at Birth

		All Cases				All With Viral Load		
		Virally Suppressed				Virally Suppressed		
		Yes	No	No Viral Test	Total	Yes	No	Total
Current Age	Pre-Menopause <40	59.8%	9.6%	30.6%	356	86.2%	14%	247
	Perimenopause 40-55	65.3%	8.7%	26.0%	507	88.3%	12%	375
	Post-Menopause 56+	71.8%	5.0%	23.2%	564	93.5%	6%	433
Sex at Birth	Female (Total)	66.5%	7.4%	26.1%	1,427	90.0%	10%	1,055

Data as of 12/31/2024
Viral suppression is defined as a viral load count less than 200 (<200)

Table 13. Transmission Risk Category of HIV Cases By Viral Suppression Among Individuals Assigned Female at Birth

		All Cases				All With Viral Load		
		Virally Suppressed				Virally Suppressed		
		Yes	No	No Viral Test	Total	Yes	No	Total
Risk	PWID	61.8%	9.2%	29.0%	217	87.0%	13%	154
	Heterosexual	70.4%	5.8%	23.9%	851	92.4%	8%	648
	Other	80.0%	8.9%	11.1%	45	90.0%	10%	40
	NIR	57.3%	10.5%	32.2%	314	84.5%	15%	213
Sex at Birth	Female (Total)	66.5%	7.4%	26.1%	1,427	90.0%	10%	1,055

Data as of 12/31/2024

Table 14. Demographics Of Care Status Among Individuals Assigned Female At Birth

		In Care	
		Yes	No
Race/Ethnicity*	Latina/Hispanic†	73.70%	26.30%
	Black/African-American	72.90%	27.10%
	White	73.90%	26.10%
	Asian/NHPI‡	73.50%	26.50%
	AIAN/Other§	94.50%	5.50%
	unknwon	42.10%	57.90%
	Total	1,178	416

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
*All categories except Latina/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latina/Hispanic ethnicity may belong to any race group
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

Table 15. Demographics Of Care Status Among Individuals Assigned Female At Birth

		In Care	
		Yes	No
Current Age	Pre-Menopause <40	73.20%	26.80%
	Perimenopause 40-55	77.30%	22.70%
	Post-Menopause 56+	71.40%	28.60%
	Total	1,178	416

Data as of 12/31/2024

Table 16. Demographics Of Care Status Among Individuals Assigned Female At Birth

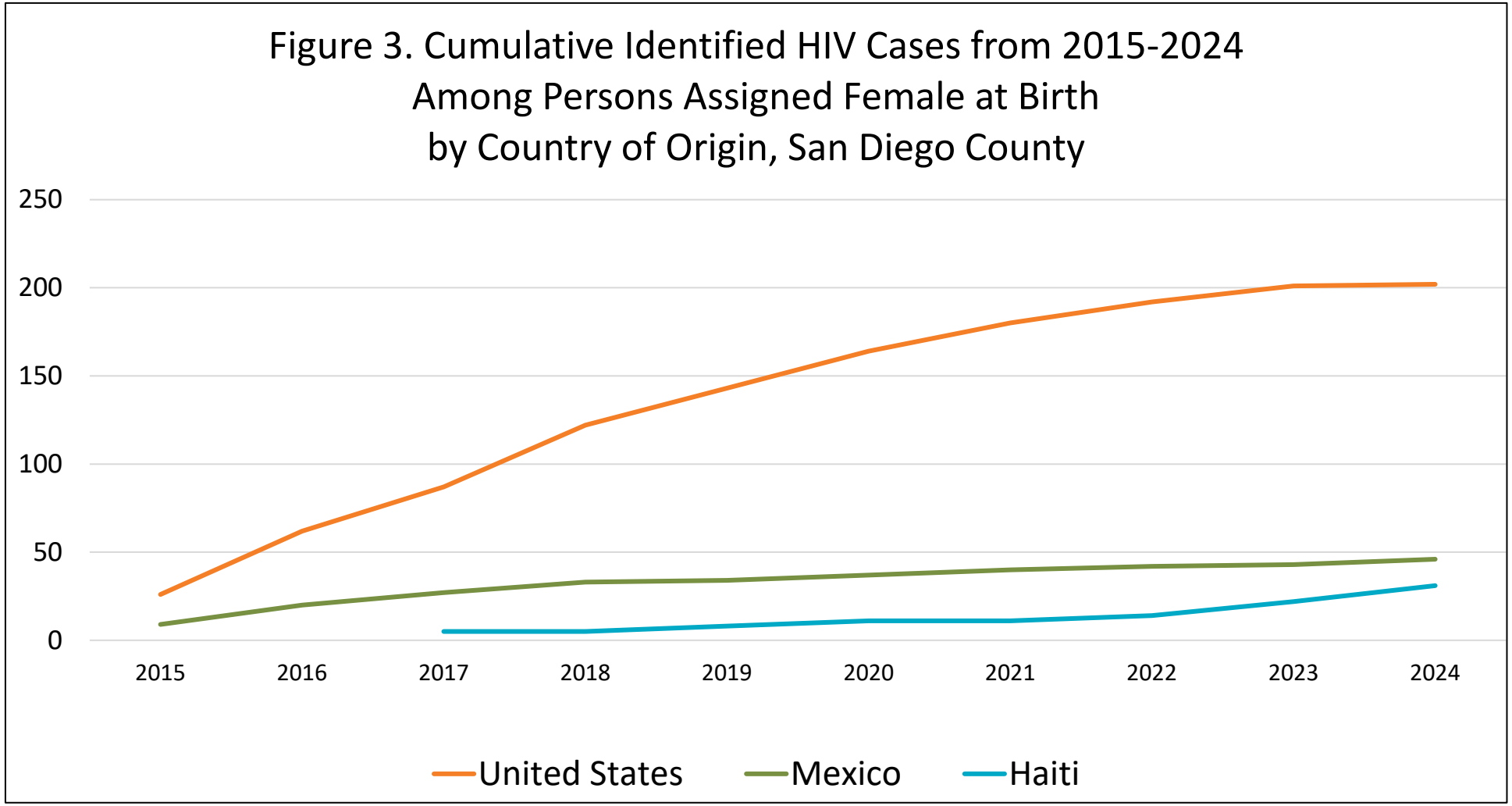
		In Care	
		Yes	No
Transmission Risk	PWID	71.50%	28.50%
	Heterosexual	73.90%	26.10%
	Other	75.90%	24.10%
	NIR	75.20%	24.80%
	Total	1,178	416

Data as of 12/31/2024

Table 17. Demographics Of Care Status Among Individuals Assigned Female At Birth

		In Care	
		Yes	No
HHSA Region	Central	71.50%	28.50%
	East	73.90%	26.10%
	South	71.40%	28.60%
	North Coastal	79.00%	21.00%
	North Inland	76.00%	24.00%
	North Central	66.70%	33.30%
	Unknown	82.00%	18.00%
	Total	1,178	416

Data as of 12/31/2024



Data as of 12/31/2024

THANK YOU

SANDIEGOCOUNTY.GOV/HHSA

The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

Contact Us

Samantha.Tweeten@sdcounty.ca.gov

Cesar.Arevalo1@sdcounty.ca.gov

Garrett.McGaugh@sdcounty.ca.gov

SANDIEGOCOUNTY.GOV/HHSA

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June 2025 Priority Setting and Resource Allocation Committee Meeting

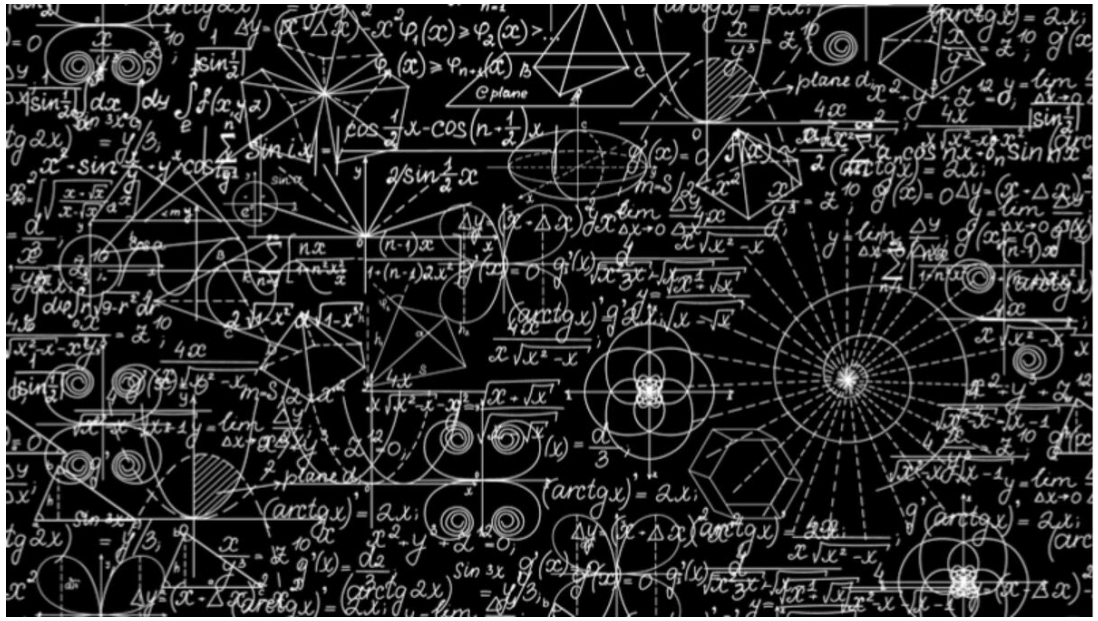
Dustin Walker, PhD (*he/him*)

CQM Manager

HIV, STD & Hepatitis Branch

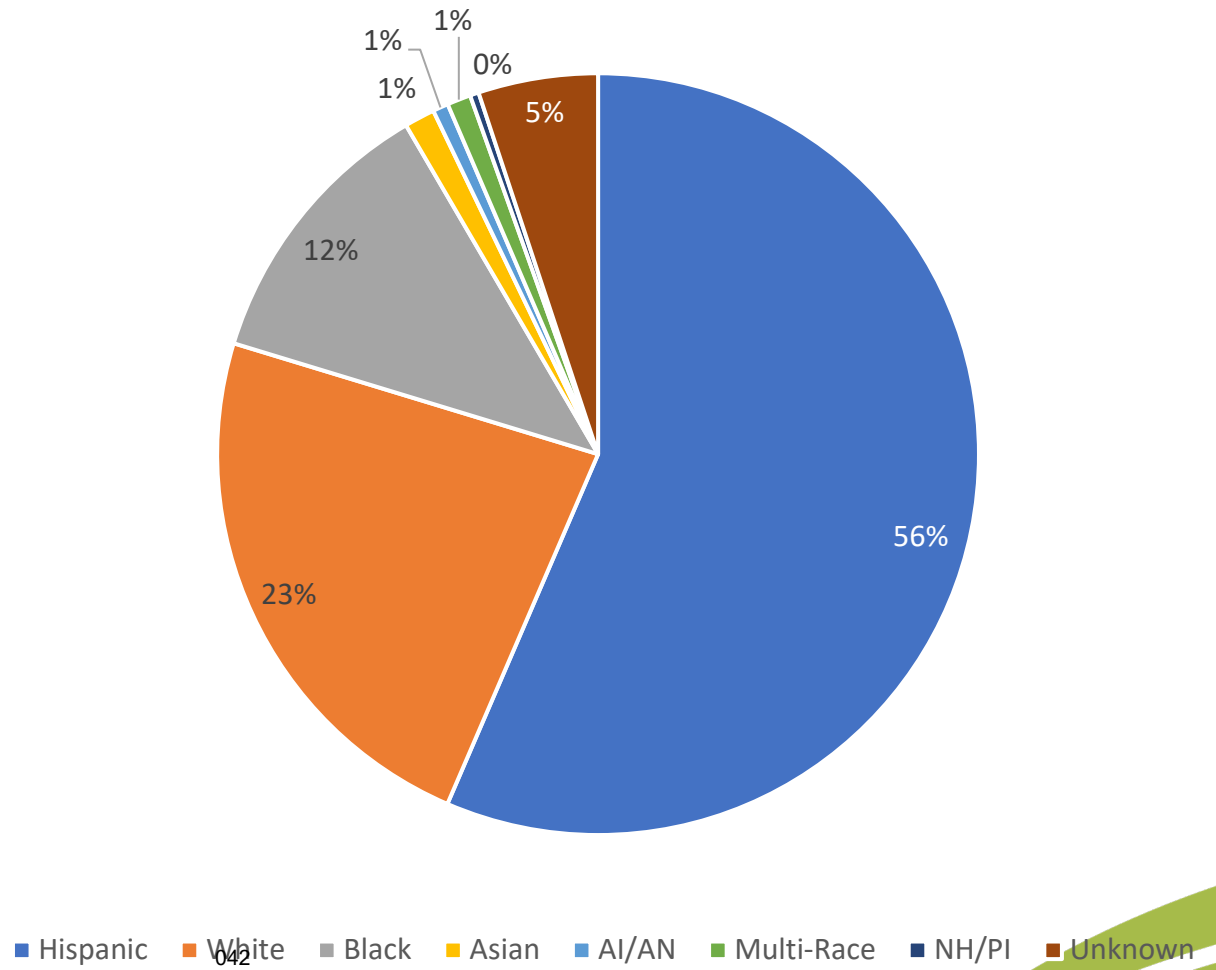
Today

1. Data to share
   a. FY24 Ryan White (RW) client demographics
   b. FY24 RW viral suppression rates
   c. FY24 RW unhoused clients
2. FY24 = Mar 2024 – Feb 2025
3. Ryan White Parts A and B
4. Please feel free to stop me and ask questions at any time ☺



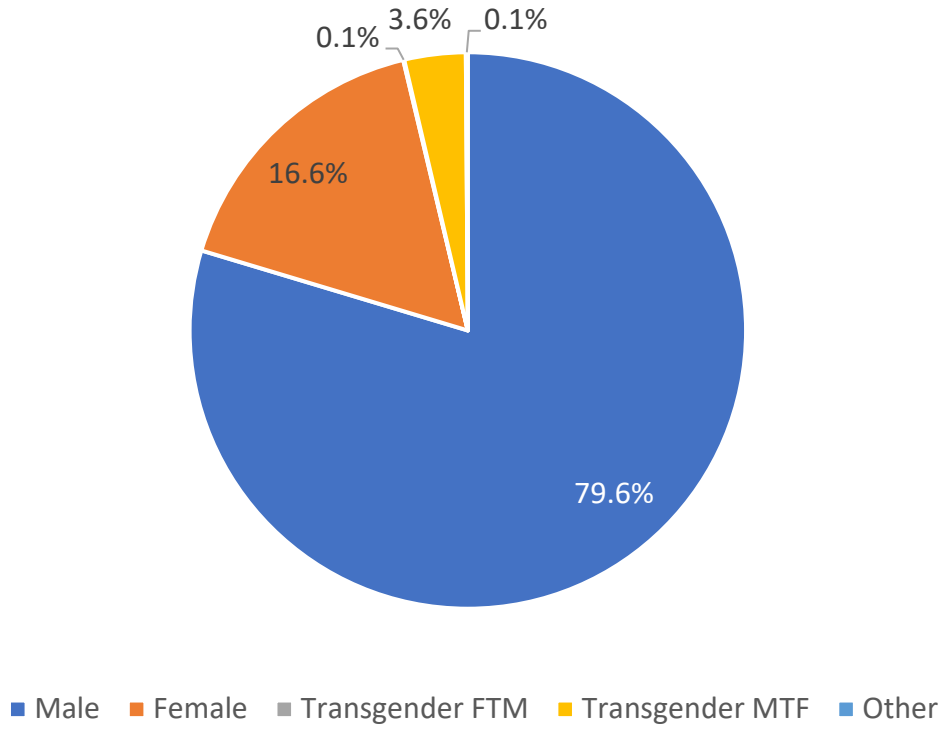
FY24 RW Clients Racial Demographics (N=3,483)

- Hispanic 1,967
- White 809
- Black 414
- Asian 45
- AI/AN 23
- 1+ 35
- NHPI 13
- Unknown 177

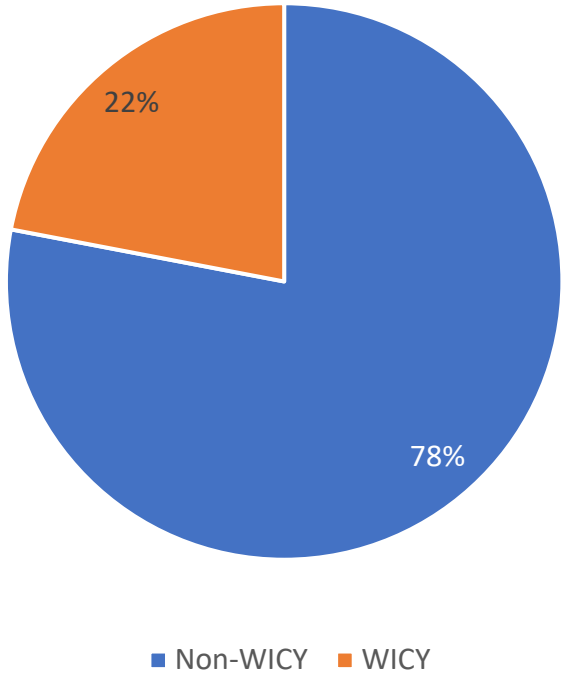


FY24 RW Clients Gender Demographics (N=3,483)

All Ryan White Clients

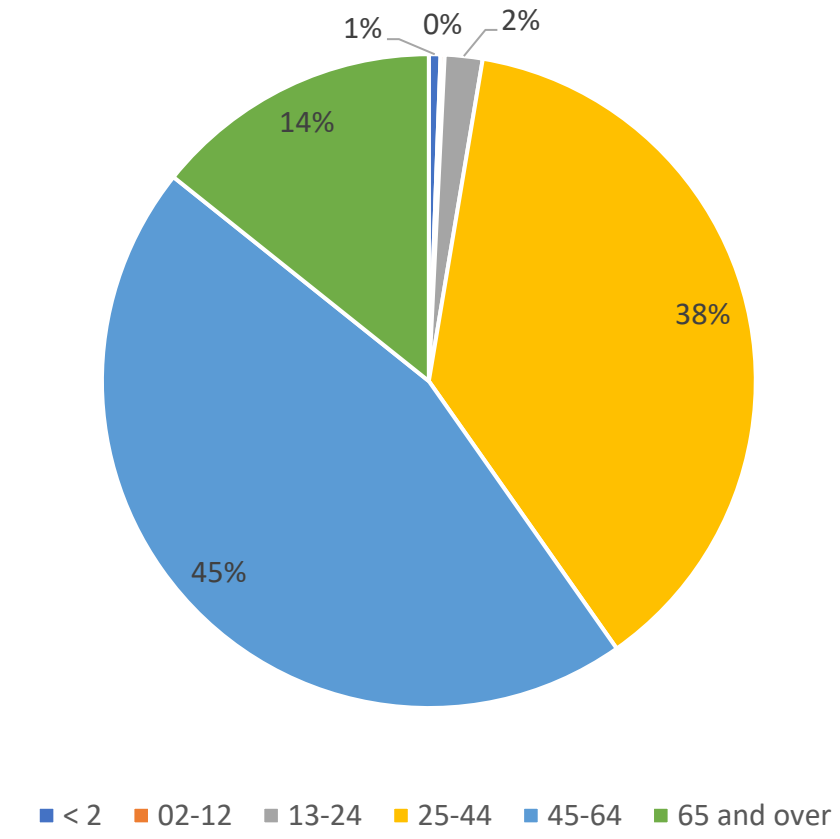


WICY Clients

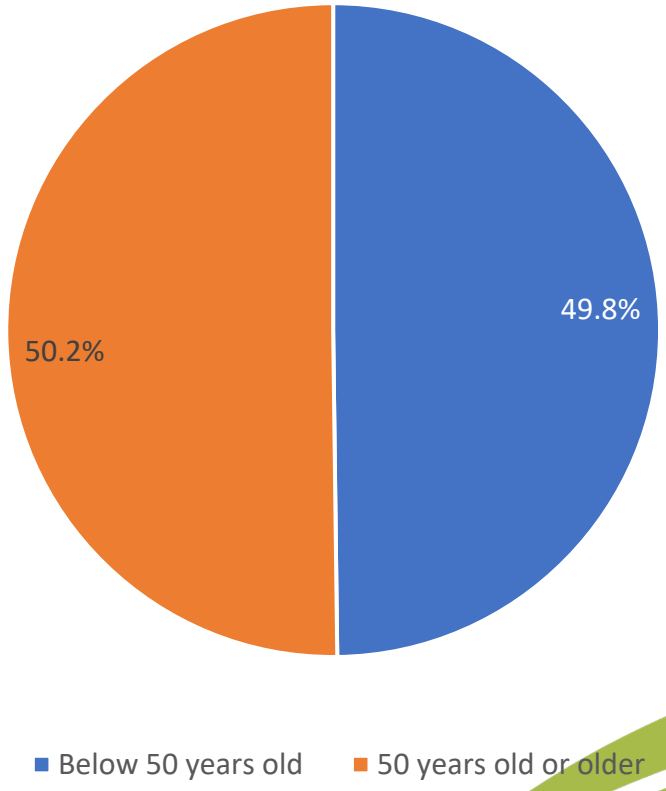


FY24 RW Clients Age Demographics (N=3,483)

All Ryan White Clients



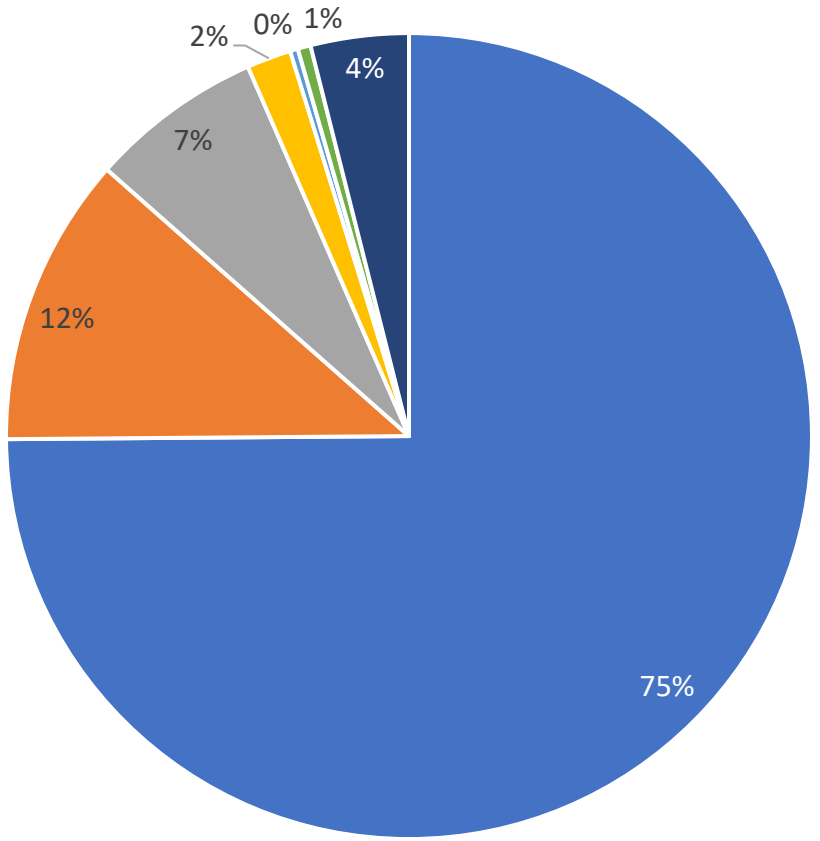
50-years old or older



FY24 RW Clients Income Demographics (N=3,483)

Federal Poverty Level

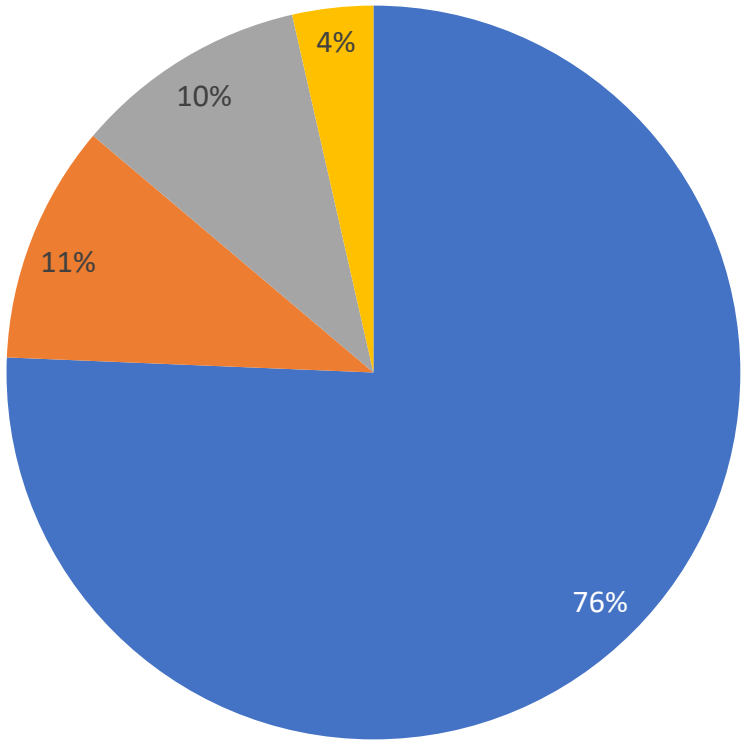
- < 138% 2,608
- 138-199% 405
- 200-299% 242
- 300-399% 62
- 400-500% 11
- > 500% 18
- Unknown 137



FY24 RW Clients Housing Status (N=3,483)

Most Recent Living Situation

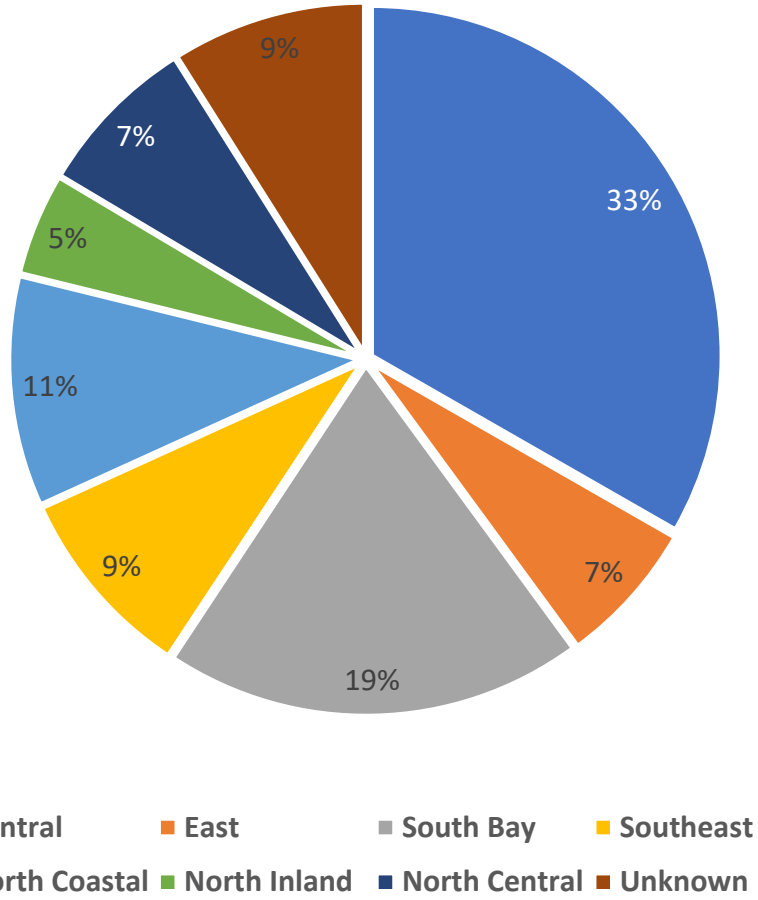
- Stable 2,635
- Temporary 366
- Unstable 358
- Unknown 124



FY24 RW Clients Regional Demographics (N=3,483)

San Diego Region

- Central 1,159
- East 232
- South Bay 674
- Southeast 311
- North Coastal 370
- North Inland 164
- North Central 261
- Unknown 312

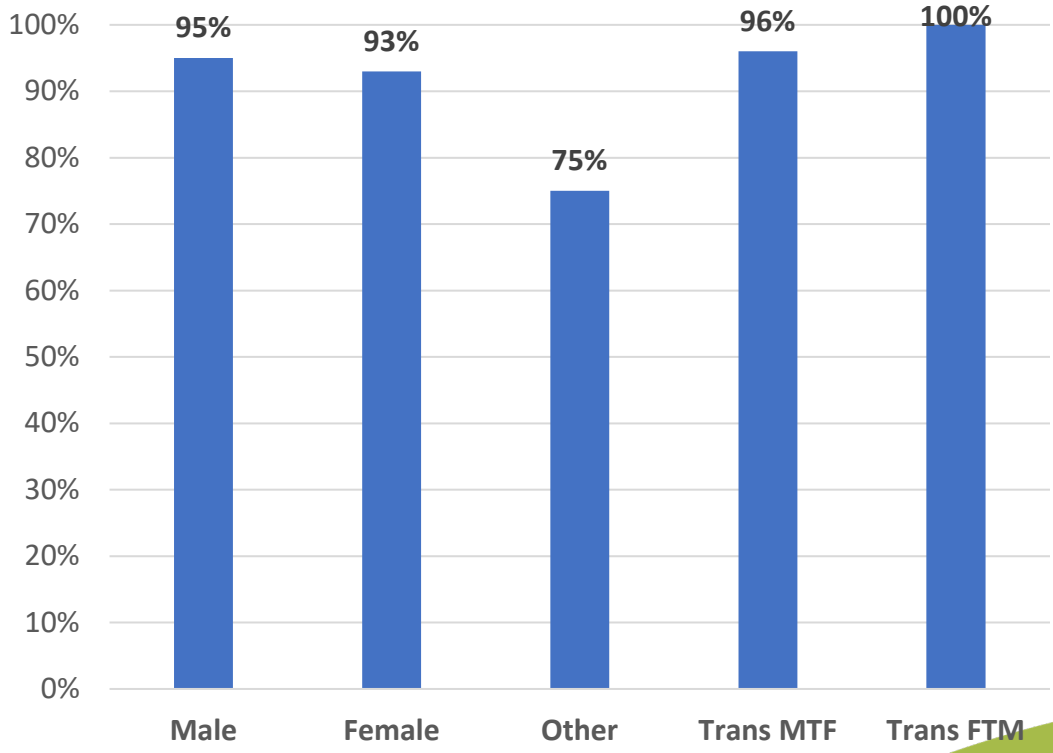


FY24 RW Clients Viral Suppression (1)

All Ryan White Clients

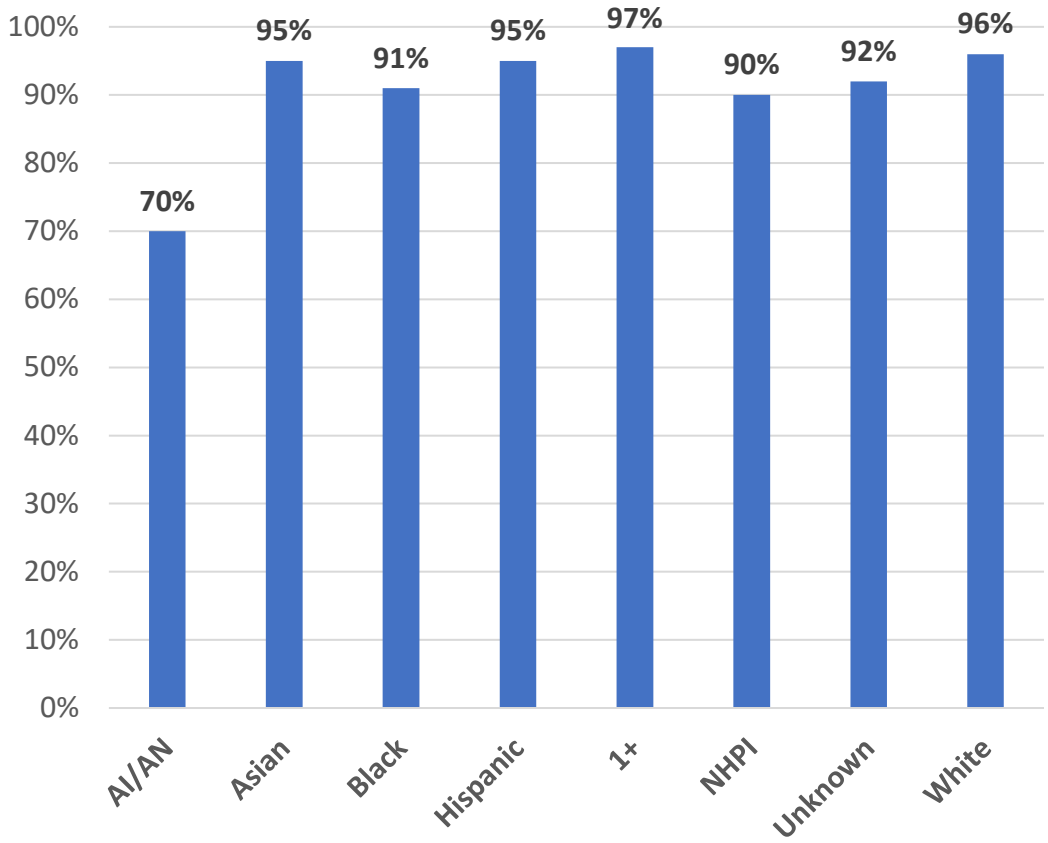
- Viral load suppression rate: 94%
  - Test on file: 3,329
  - No test on file: 154
  - Virally suppressed: 3,145
  - Not virally suppressed: 184

Viral Suppression, by gender

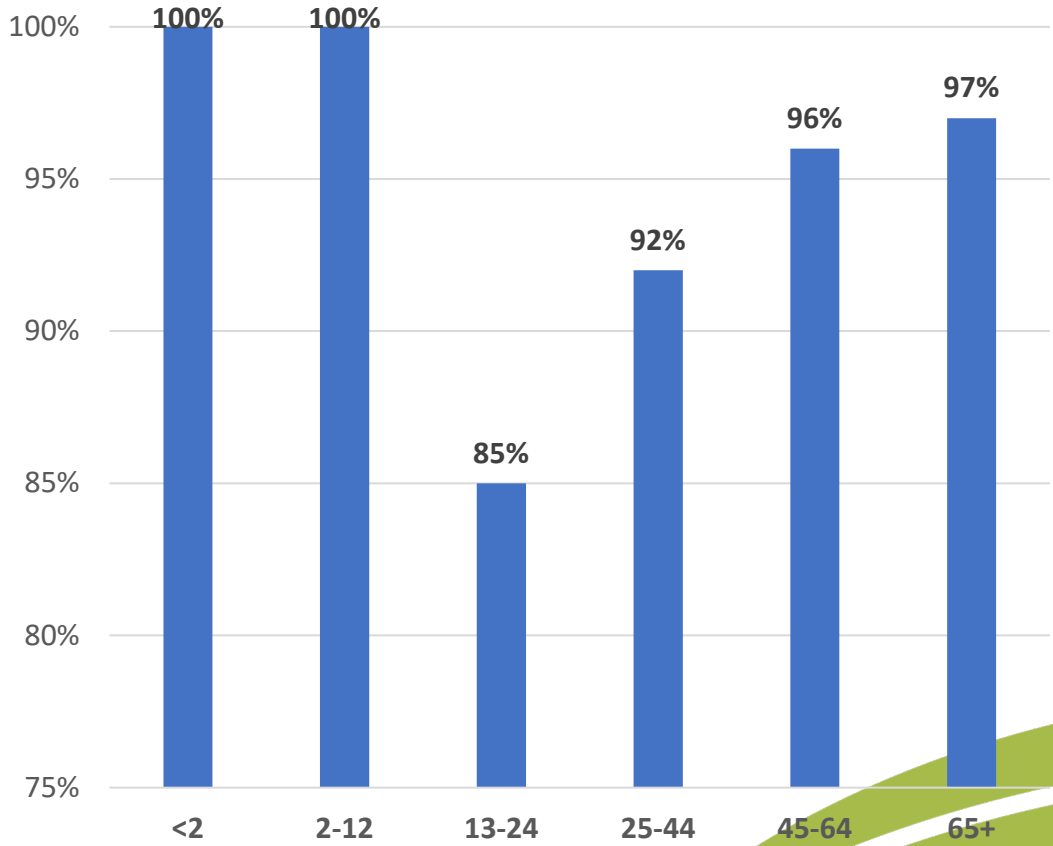


FY24 RW Clients
Viral Suppression (2)

Viral Suppression, by race

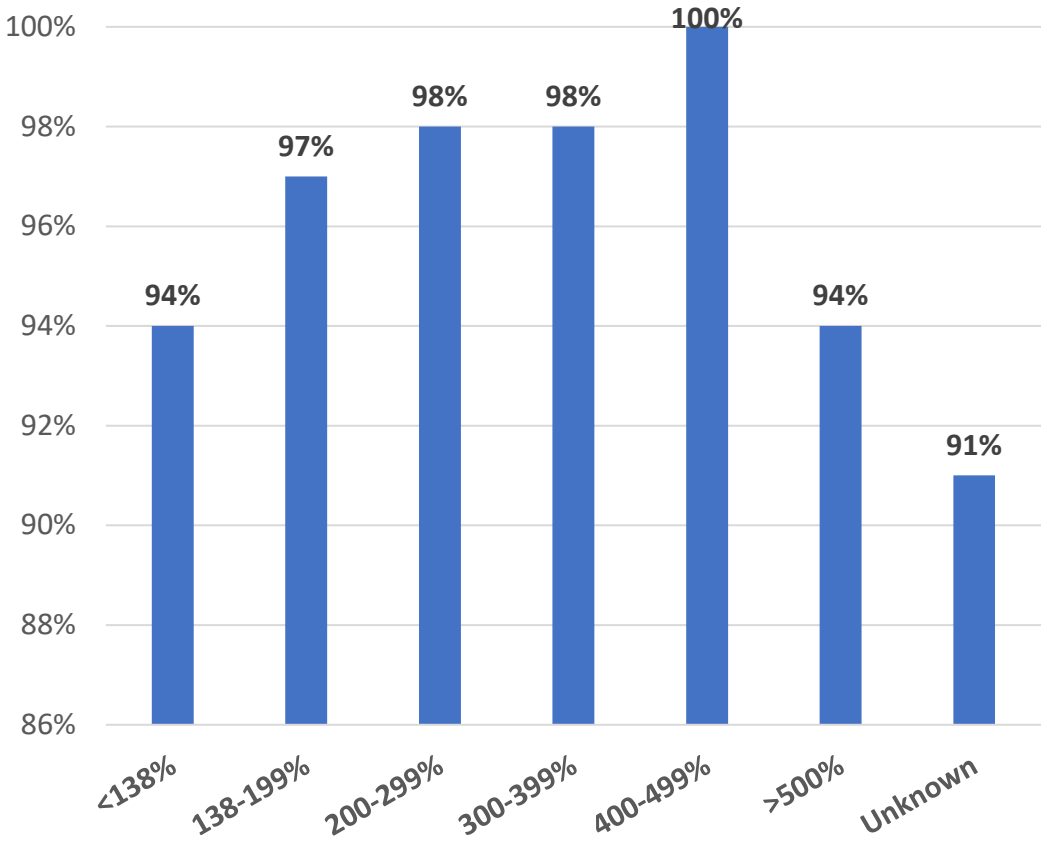


Viral Suppression, by age

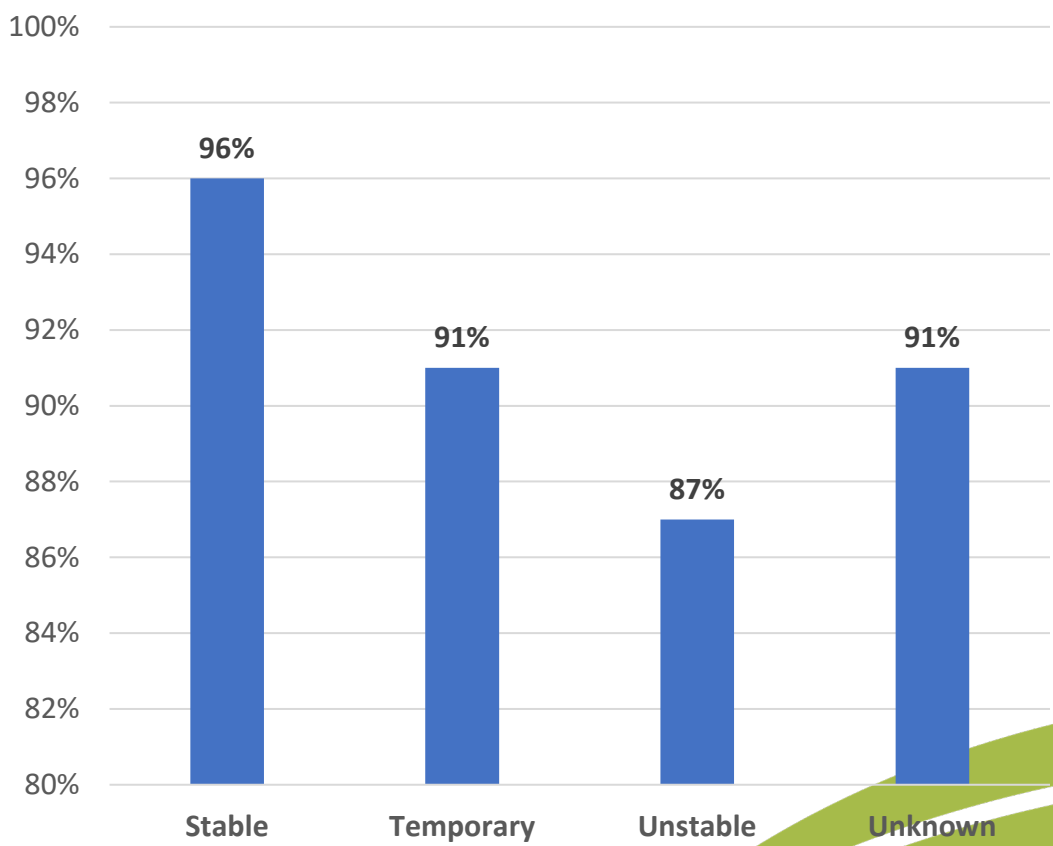


FY24 RW Clients
Viral Suppression (3)

Viral Suppression, by FPL



Viral Suppression, by living situation

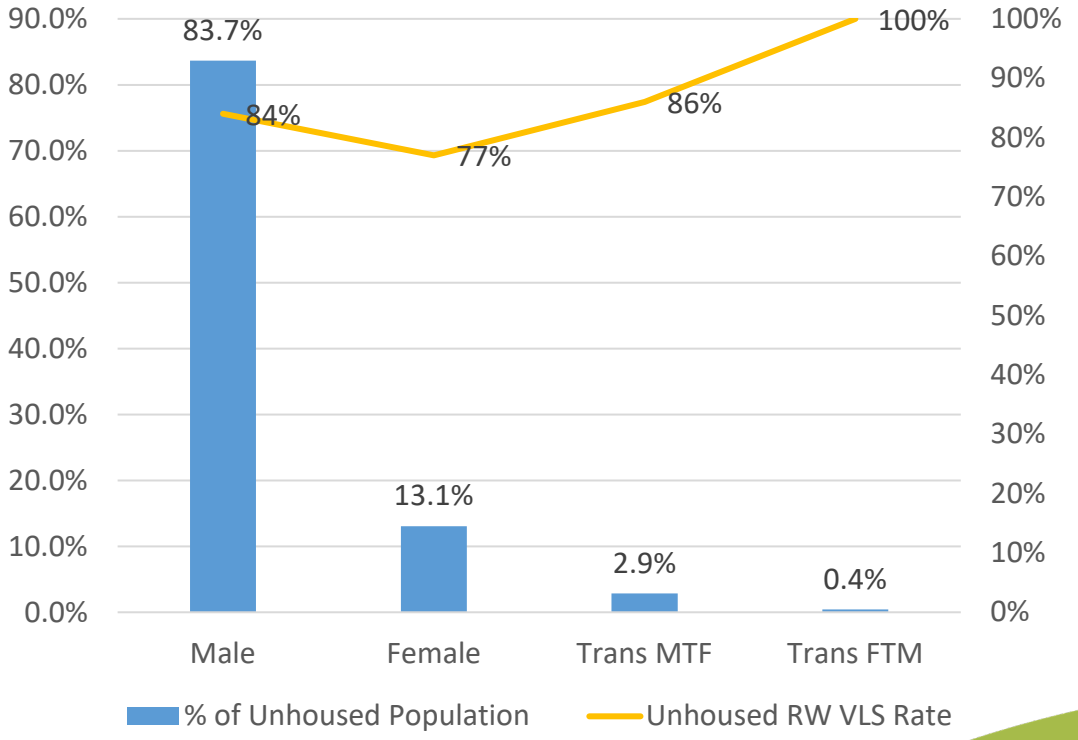


FY24 Unhoused RW Clients (1)

All Ryan White Clients

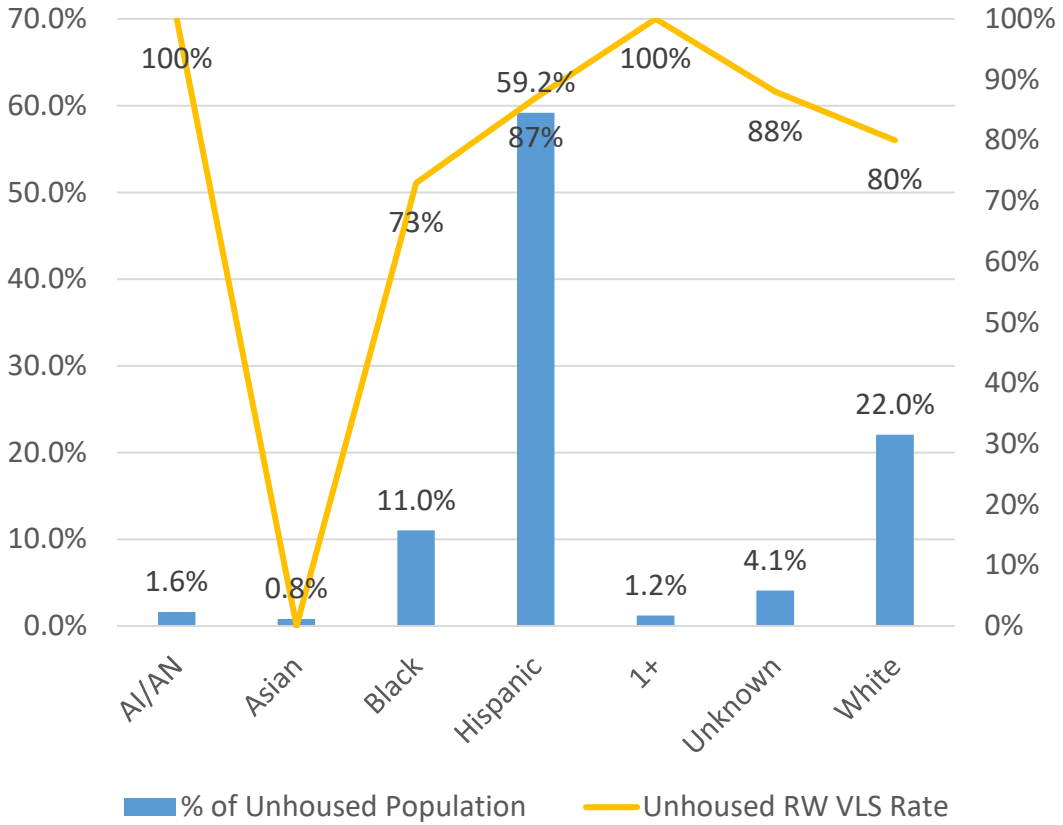
- Total RW population: 3,483
- Unhoused population: 245
  - Viral load suppression rate: 84%
    - Test on file: 239
    - No test on file: 6
    - Virally suppressed: 200
    - Not virally suppressed: 39

Unhoused Clients, by gender

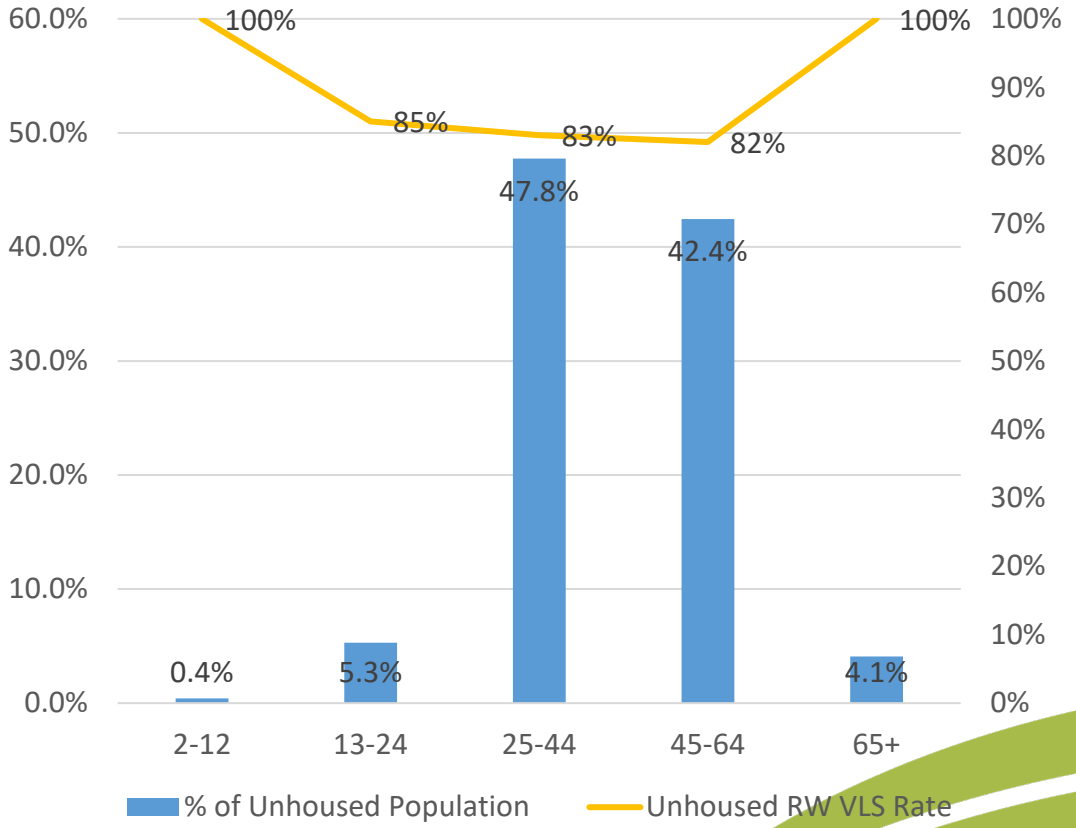


FY24 Unhoused RW Clients (2)

Unhoused Clients, by race

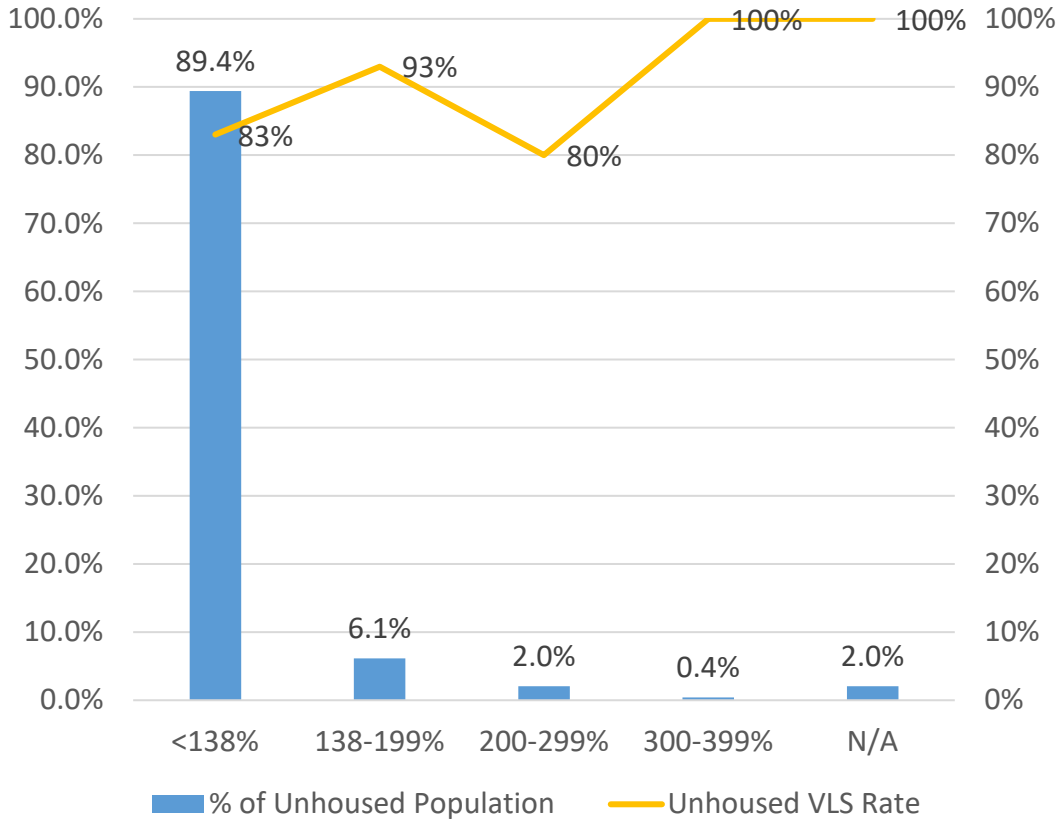


Unhoused Clients, by age

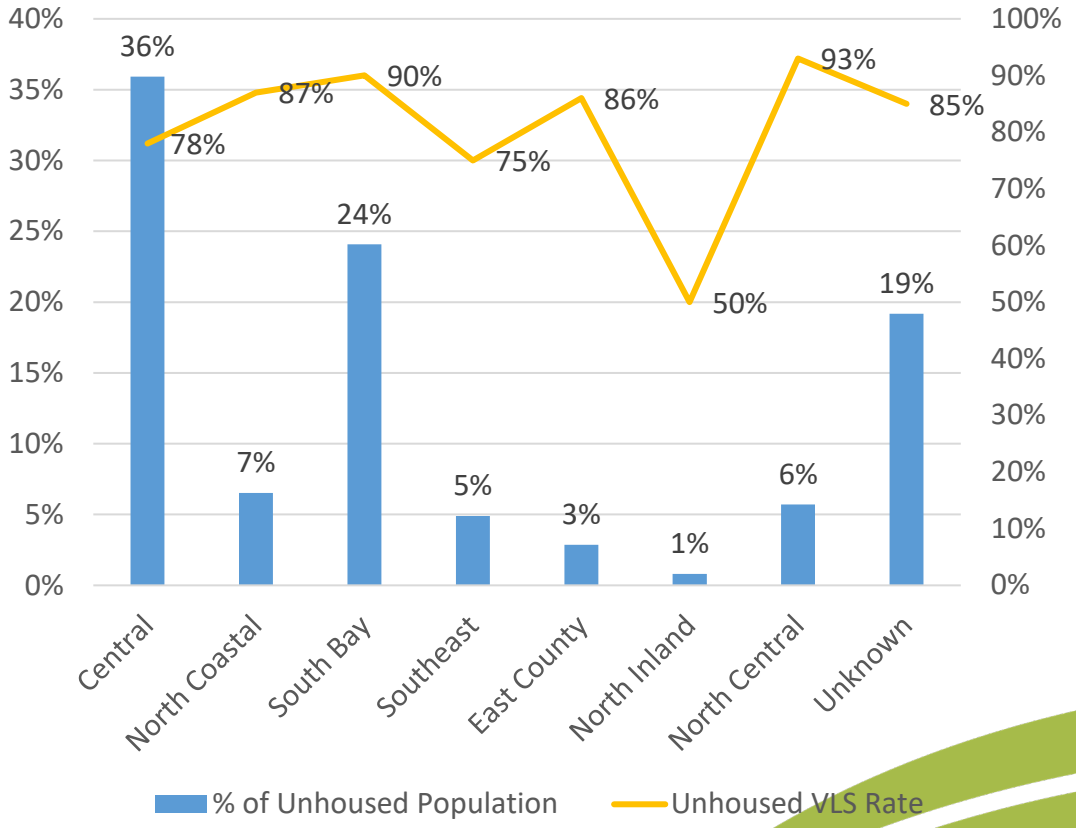


FY24 Unhoused RW Clients (3)

Unhoused Clients, by FPL



Unhoused Clients, by region




QUESTIONS

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services
Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)

Description:

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Ryan White Utilization Report

Summary of Services for FY 24

(March 1, 2024 - February 28, 2025)

HIV, STD and Hepatitis Branch

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

MEETING DATE	GOAL	• OBJECTIVES
January 9, 2025	**Reports:** 1. PARS Report 2. Monthly Report Review	• Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
February 13, 2025 **Canceled**	**Reports**: 1. PARS Report 2. Monthly Report Review	• Address change in FY 25 Part A funding (if needed) • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
March 13, 2025	**Data:** 1. Integrated/Getting to Zero Plan **Reports:** 1. PARS Report 2. Monthly Report Review	• Address change in FY 25 Part A funding (if needed) • Core Medical Services Waiver and the 75% grant funding spending requirement • Review the Statewide Integrated Plan goals related to PSRAC • Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC. • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings. • Special data needs from the Recipients' Office
April 10, 2025	*No meeting scheduled*	
May 8, 2025	*No Meeting Due to Quorum*	
June 12, 2025	**Data:** **1. Statewide Integrated Plan goals and GTZ**	• Address change in FY 25 Part A funding (if needed) • Review the Statewide Integrated Plan goals related to PSRAC • Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC.

Updated 06.23.2025

	2. **HIV/AIDS Epidemiology** 3. **Co-occurring Conditions, Poverty, and Insurance** 4. Regional distribution of **RWTEA Part A/B Services** 5. **Ryan White Service Eligibility Criteria** **Reports:** 6. PARS Report 7. Monthly Report Review	• Review updated **HIV/AIDS Epidemiology Data** and discuss findings (if available) • Review and approve key data findings on **the regional distribution of RWTEA Part A/B services** and discuss findings • Review and approve key data findings on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.

June 26, 2025
 	
3 hours
	Data:
	1. **HIV Care Continuum**
	2. **Unmet Need Estimate/Unaware Estimate**
	3. **HRSA and Ryan White Part A guidelines (PNC 1602)**
	4. **Co-occurring Conditions, Poverty, and Insurance**
	Reports:
	5. PARS Report
	6. Monthly Report Review
		• Address change in FY 25 Part A funding (if needed)
		• Review data on the **HIV Care Continuum/Unaware Estimate** and discuss findings
		  ○ Include data on **RW clients vs. all clients**
		  ○ Include data on **viral suppression rates** (include RW clients vs. all clients)
		  ○ **RW Client Homelessness**
		• Review data on **Unmet Need Estimate and Unaware Estimate and** discuss findings
		• Review **HRSA and Ryan White Part A guidelines (PCN 1602)**
		• Review and approve key data findings on **Co-occurring Conditions, Poverty, and Insurance,** and discuss findings
		• Partial Assistance Rental Subsidy (PARS) report
		• Review service categories that underspend (monthly)
		• Review YTD data on **service utilization** and discuss findings.

July 10, 2025 **3 hours**	**Data:** **1. Minority AIDS Initiative (MAI) funding** **2. Non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies** **3. Ryan White's service eligibility criteria & other service guidelines** **4. 2024 Survey of HIV Impact of the Needs Assessment**	• Summarize/Finalize Key Findings data on HIV Epidemiology • Summarize/Finalize Key Findings data on the regional distribution of Ryan White Part A/B services • Summarize/Finalize Key Finding data on Service Eligibility Criteria • Presentation on **Minority AIDS Initiative (MAI) funding** and its uses for services in all regions • **Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies** • (The county's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ • Review data on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings (including Out-Of-Care data) • Review the Qualitative and Quantitative **2024 Survey of HIV Impact of the Needs Assessment** • Review YTD data on **service utilization** and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

July 17, 2025 **3 hours**	**Data:** 1. All data findings/ Overall Summary and KF by service category 2. FY 26 Service Priority Ranking **Reports**: 1. PARS Report 2. Monthly Report Review	• Summarize/Finalize Key Findings data on HIV Care Continuum/Unaware Estimate • Summarize/Finalize Key Finding data on **Unmet Need Estimate and Unaware Estimate** • Review, summarize, and finalize data on **regional focus groups** and the **GTZ Action Plan Community Feedback Report,** and discuss findings • Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027) • Summarize YTD data on service utilization and discuss findings • PARS Report criteria and other service guidelines • Review service categories that underspend (monthly) • Review YTD data on • **service utilization** and discuss findings.
July 24, 2025 **3 hours**	**Data:** 1. All data findings/ Overall Summary and KF by service category 2. FY 26 Funding Allocation Recommendations	• Review/summarize any additional data that is available, including key findings by service category and Overall summary of data. • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 26 (March 1, 2026 – February 28, 2027). • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027
July 31, 2025 **3 hours**	**Data:** 1. All data findings/summaries, including KF by service category **Reports:**	• Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) • As needed to complete the FY 26 priority setting and budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027)

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

	1. Monthly Report Review 2. Other Business as Needed (FY 25 Reallocations)	• Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
August 14, 2025 **3 hours (If Needed)**	**Data:** 1. All data findings/summaries, including KF by service category **Reports**: 2. Monthly Report Review 3. Other Business as Needed (FY 25 Reallocations)	• Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) • As needed to complete the FY 26 priority setting, budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027) • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
September 11, 2025	**Data:** 1. Debrief PSRA process 2. CY 2026 Work Plan **Reports:** 1. PARS Report 2. Monthly Report Review	• Debrief the FY 26 priority setting and budget allocation process • Develop CY2026 PSRAC work plan • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
October 9, 2025	*No meeting scheduled*	
November 13, 2025	**Reports:** 1. PARS Report 2. Monthly Report Review	• Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
December 11, 2025	• *No meeting scheduled*	

SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING PACKET

APPENDIX

(Page 087)

ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

(An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: ***(1) for "just cause"*** *and* ***(2) due to "emergency circumstances"****.*

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
"Just Cause"	▪ There is a childcare or caregiving need (*for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner*) that requires the member to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ There is a need related to a defined physical or mental disability that is not otherwise accommodated for. ▪ Traveling while on official business of the legislative body or another state or local agency.	A member is limited to **<u>two (2)</u>** virtual attendances due to "just cause" per calendar year.
"Emergency Circumstances"	**"*A physical or family medical emergency that prevents a member from attending the meeting in person*."** A member is ***<u>not</u>*** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	**A member of the legislative body must:** 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1].

[1]If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

Additional Requirements for a Member Participating Remotely

In addition to making a request either for "just cause" or due to an "emergency circumstance" for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member:
   - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
   - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. *(See "requirements/limitations" for the use of emergency circumstances.)*
2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
3. The member shall participate through both audio and visual technology.

LIVE WELL SAN DIEGO

San Diego HIV Planning Group FY26

PRIORITY SETTING & BUDGET ALLOCATION

Your voice matters! Help shape how funding is used in your community. Join us for the HIV Planning Group's upcoming budget allocation meetings and make sure your priorities are heard. This is an opportunity to use your voice in the discussion about services, programs, and resources for people living with and impacted by HIV/AIDS in San Diego.

MEETING SCHEDULE

Priority Setting & Resource Allocation Committee

1:00 PM - 4:00 PM

- June 12, 2025
- June 26, 2025
- July 10, 2025
- July 17, 2025
- July 24, 2025
- July 31, 2025

HIV Planning Group

2:00 PM - 5:00 PM

- August 6, 2025
- August 13, 2025
- August 27, 2025

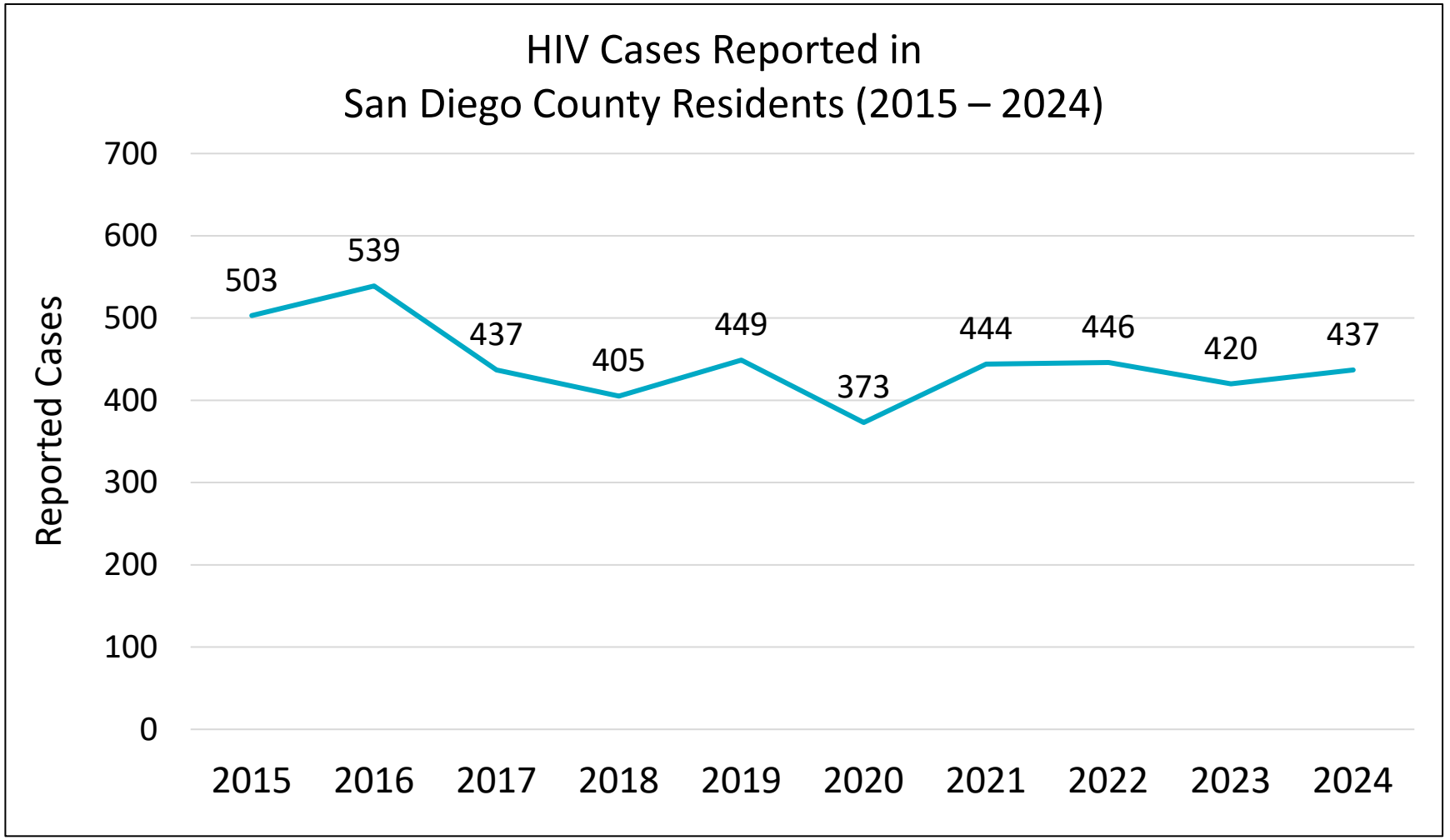
For Locations and More Information

Visit Our Website
www.SDPlanning.org

Or email us at
HPG.HHSA@sdcounty.ca.gov

Priority Setting & Resource Allocation Committee

HIV and HCV Epidemiology Surveillance Program 06/12/2025
Public Health Services – Epidemiology & Immunization Services Branch
Dr. Samantha Tweeten, PhD
Cesar Arevalo, MPH
Garrett McGaugh, MPH



Data as of 12/31/2024

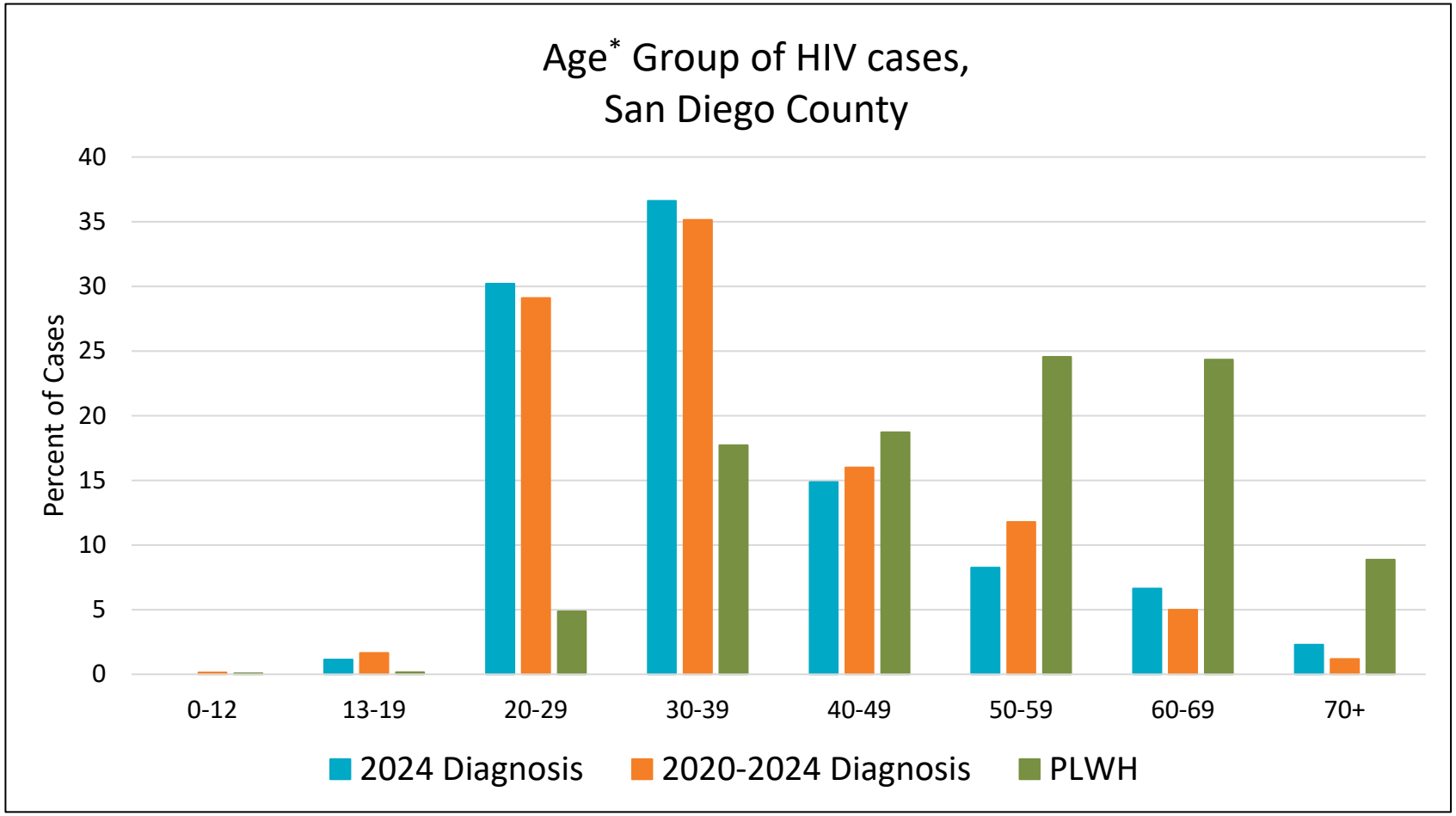
Data Sources

- San Diego County system, eHARS
- California Department of Public Health (CDPH), Office of AIDS (OA)
  - For Care Continuum

General Data Layout

- Most slides depict
  - 2024 Diagnoses in San Diego County residents
  - 2020-2024 Diagnoses in San Diego County residents
  - People Living with HIV Disease (PLWH) – Resident in San Diego County and alive as of December 31, 2024
  - The three different categories help compare the most recent years cases with the 5-year period and the prevalent cases
- Other tables are labeled with specific case sets

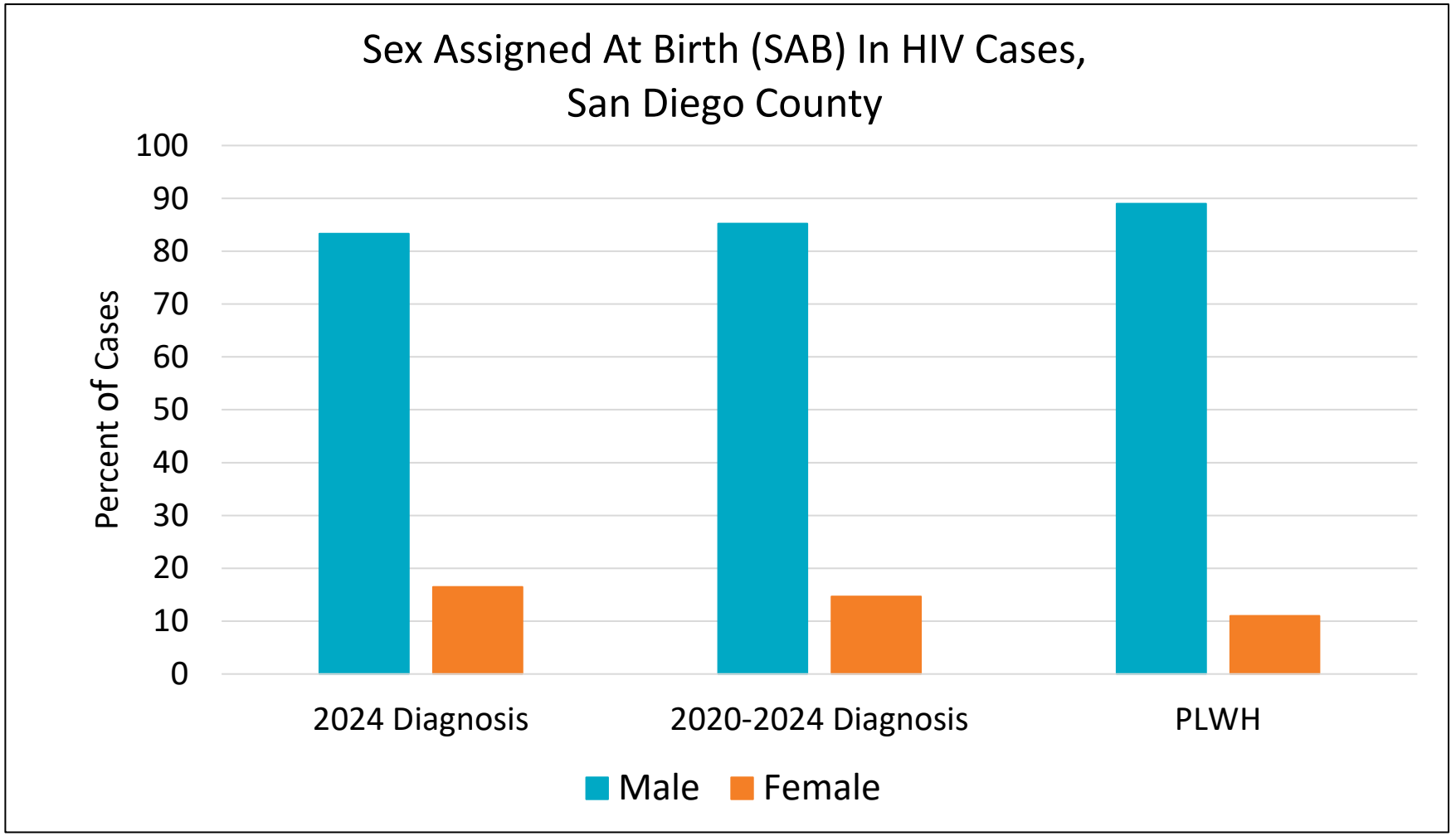
Demographics



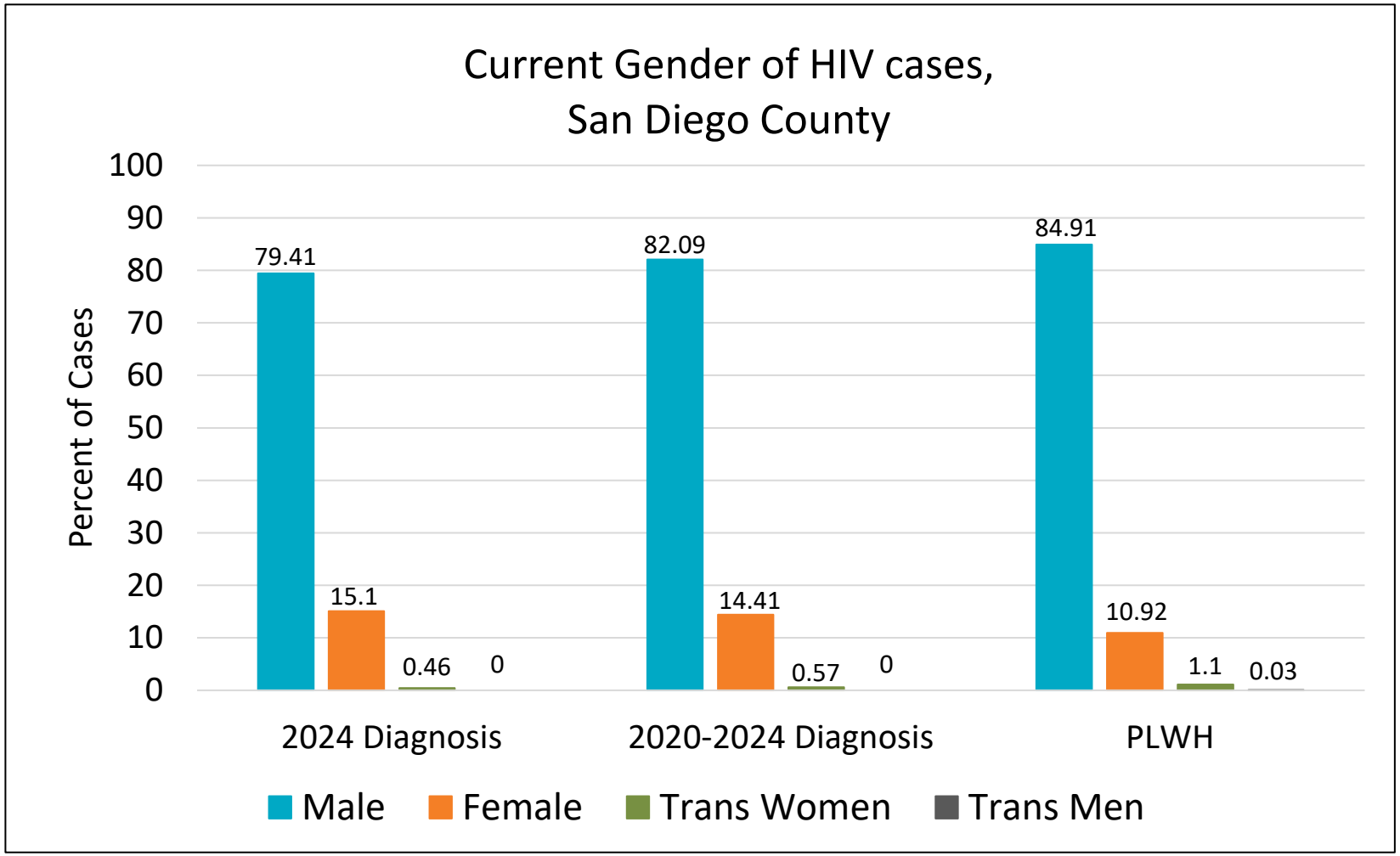
Data as of 12/31/2024

*Age at diagnosis is used for 2024 and 2020 – 2024 cases. Current Age in 2024 is used for PLWH

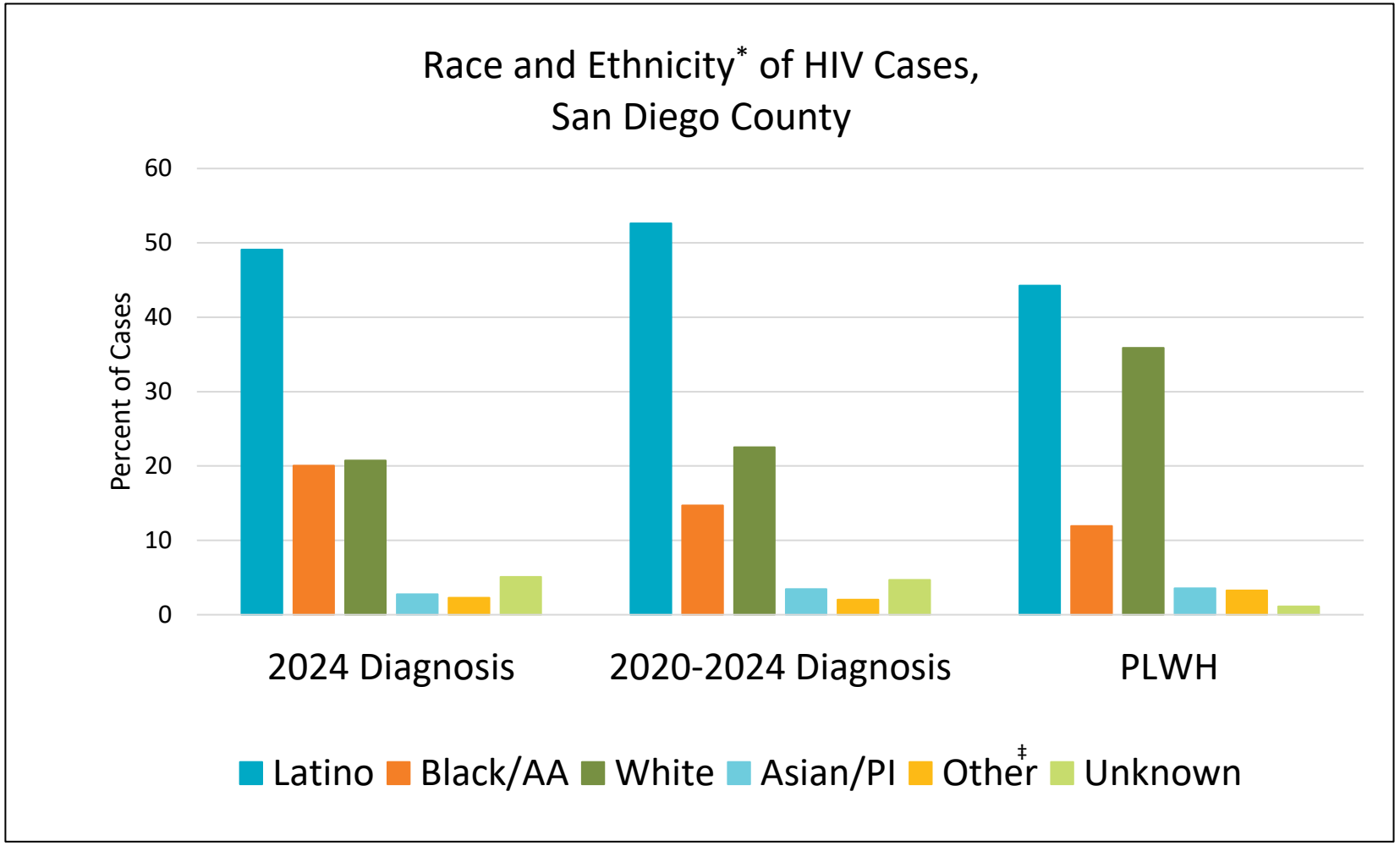
†People Living with HIV



Data as of 12/31/2024



Data as of 12/31/2024



Data as of 12/31/2024

*Persons of Latino/Hispanic ethnicity may belong to any race group. All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Includes Asian and Native Hawaiian and Pacific Islander

‡Includes American Indian/ Alaskan Native and Other Races

Race and Ethnicity * of HIV Cases, San Diego County

	2024 Diagnosis			Recent Diagnosis (2020 - 2024)			PLWH	
Race/Ethnicity*	n	%	Rate†	n	%	Rate†	n	%
Latino/Hispanic‡	213	49%	18.98	1,114	53%	19.85	6,459	44%
Black	87	20%	60.70	311	15%	43.40	1,742	12%
White	90	21%	6.44	477	23%	6.83	5,240	36%
Asian & PI§	12	3%	2.80	73	3%	3.40	519	4%
AIAN & Other¶	10	2%		43	2%		474	3%
Unknown	25	6%		102	5%		169	1%
Total	437			2,120			14,603	

Data as of 12/31/2024

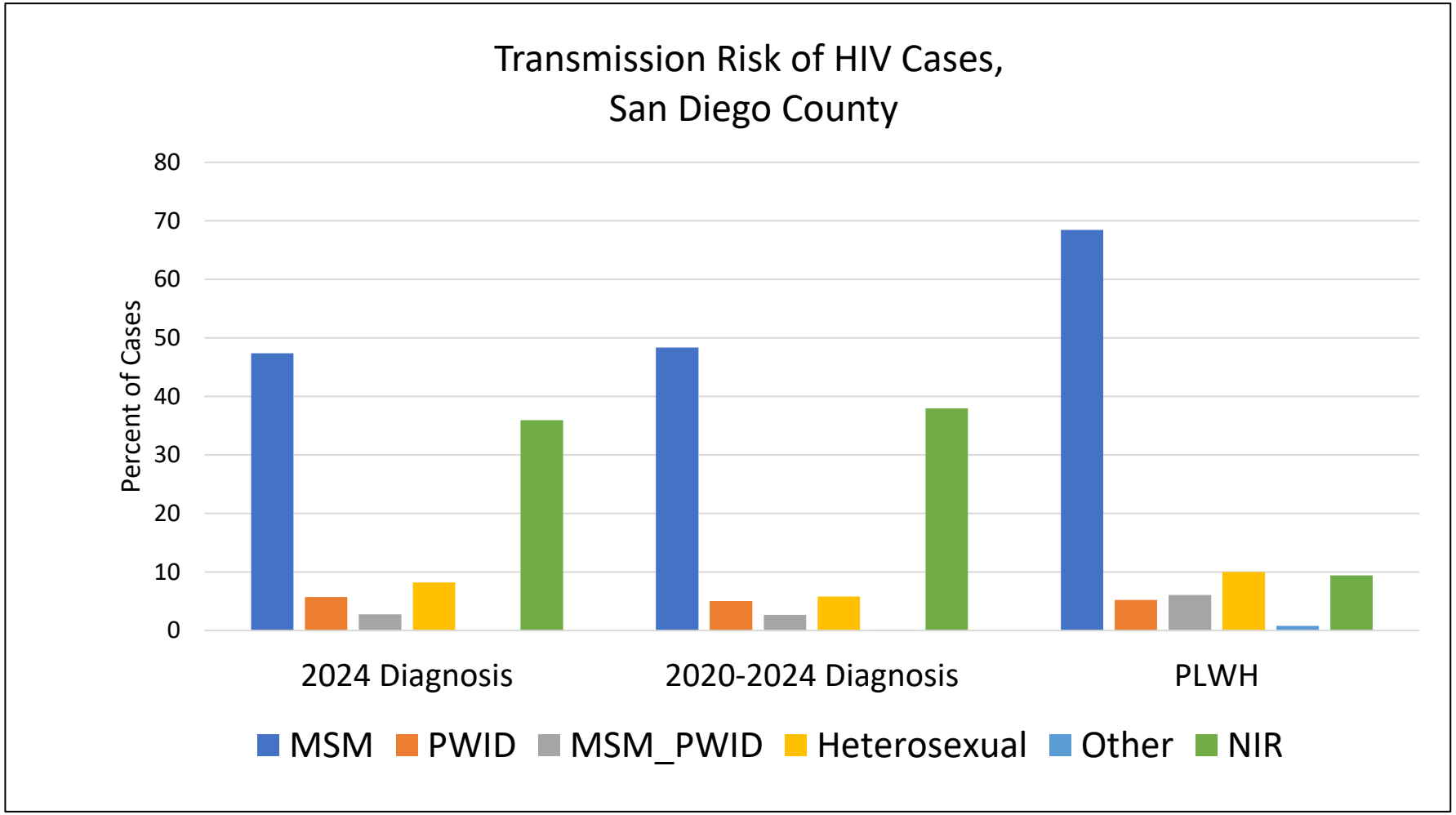
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Per 100,000 population, SANDAG 2022 Population Estimates

‡Persons of Latino/Hispanic ethnicity may belong to any race group.

§Includes Asian and Native Hawaiian and Pacific Islander

¶Includes American Indian/ Alaskan Native and Other Races



Data as of 12/31/2024
MSM = Men who have sex with men
PWID = Persons who inject drugs

HIV Cases by HHSA Region

HIV Cases by Race and Ethnicity

	2024 Diagnosis			Recent Diagnosis (2020 - 2024)			PLWH	
Race/Ethnicity	n	%	Rate	n	%	Rate	n	%
Hispanic	213	49%	18.98	1,114	53%	19.85	6,459	44%
Black	87	20%	60.70	311	15%	43.40	1,742	12%
White	90	21%	6.44	477	23%	6.83	5,240	36%
Asian/PI	12	3%	2.80	73	3%	3.40	519	4%
Other	10	2%		43	2%		474	3%
Unknown	25	6%		102	5%		173	1%
Total	437			2,120			14,607	

Data as of 12/31/2024

HIV Cases by HHSA Region and Demographics (2020-2024)

HIV Cases by HHSA Region and Age at Diasnosis

	HHSA Region							
Age at Diagnosis	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
13-19	1.3%	1%	1%	4%	1%	3%	0%	2%
20-29	25.4%	34%	27%	32%	38%	32%	0%	29%
30-39	38.5%	30%	37%	31%	25%	34%	50%	35%
40-49	17.1%	17%	15%	15%	14%	14%	50%	16%
50-59	10.9%	13%	12%	13%	15%	11%	0%	12%
60+	6.5%	4%	6%	5%	8%	6%	0%	6%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024

HIV Cases by HHSA Region and Demographics (2020-2024)

HIV Cases by HHSA Region and Race/Ethnicity

	HHSA Region							
Race/Ethnicity*	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
Latino/Hispanic†	45.2%	42%	77%	54%	58%	40%	0%	53%
Black/AA	22%	20%	7%	6%	3%	14%	0%	15%
White	23%	28%	8%	29%	29%	29%	100%	23%
Asian/PI‡	3%	2%	3%	4%	3%	7%	0%	3%
Other§	2%	3%	0%	2%	2%	3%	0%	2%
Unknown	4%	5%	4%	4%	5%	6%	0%	5%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024.
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Latino/Hispanic ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

HIV Cases by HHSA Region and Demographics (2020-2024)

HIV Cases by HHSA Region and Transmission Risk Category

	HHSA Region							
Risk Category	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
MSM	49%	42%	47%	49%	46%	53%	100%	48%
PWID	5%	5%	5%	6%	3%	6%	0%	5%
MSM+PWID	3%	2%	2%	4%	2%	4%	0%	3%
Heterosexual	6%	6%	6%	5%	4%	4%	0%	6%
Other	0%	0%	0%	0%	0%	0%	0%	0%
Unknown/NIR	36%	41%	41%	36%	45%	34%	0%	38%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024

Late Testing

Late Testing

- Having an AIDS diagnosis soon after HIV diagnosis
- Assumes patient is further along in infection process
- Three time frames used between HIV and AIDS diagnosis
  - <12 months
    - Originally used
  - ≤3 months
    - More commonly used
  - ≤30 days
    - Simultaneous diagnosis
    - Delay is usually due to labs needing more time.

Late Testing Demographics (2020-2024)

Late Testing by Sex at Birth (2020 – 2024)

Sex at Birth	0 Month	< 4 month	>12Month	HIV Only	Total
Male	12.1%	14.4%	16.0%	75.8%	1,803
Female	13.2%	15.8%	17.7%	75.8%	310
Unknown	0.0%	14.3%	28.6%	71.4%	7
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Late Testing Demographics (2020-2024)

Late Testing by Age Group (2020 – 2024)

Age Group	0 Month	< 4 month	>12Month	HIV Only	Total
0-12	33.3%	33.3%	33.3%	66.7%	3
13-19	0.0%	0.0%	2.9%	94.3%	35
20-29	6.6%	8.6%	9.6%	85.6%	617
30-39	10.2%	12.3%	14.1%	78.7%	745
40-49	18.9%	21.5%	22.7%	65.2%	339
50-59	18.4%	21.6%	25.6%	63.2%	250
60-69	23.6%	26.4%	28.3%	63.2%	106
70+	28.0%	36.0%	36.0%	48.0%	25
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Late Testing Demographics (2020-2024)

Late Testing by Race/Ethnicity (2020 – 2024)

Race/Ethnicity	0 Month	< 4 month	>12Month	HIV Only	Total
Latino/Hispanic	13.6%	16.5%	18.1%	72.3%	1,114
Black	9.6%	12.2%	13.8%	81.4%	311
White	11.9%	13.2%	15.7%	77.1%	477
Asian/PI	11.0%	13.7%	13.7%	78.1%	73
AIAN	18.6%	20.9%	20.9%	76.7%	43
Unknown	4.9%	5.9%	6.9%	89.2%	102
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

*All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Hispanic/Latino ethnicity may belong to any race group.

‡Includes Asian and Native Hawaiian and Pacific Islander

§American Indian/ Alaskan Native and Other Races

Late Testing Demographics (2020-2024)

Late Testing by Transmission Risk Category (2020 – 2024)

Risk Category	0 Month	< 4 month	>12Month	HIV Only	Total
MSM	9.2%	10.9%	12.5%	81.2%	1,025
PWID	15.0%	15.9%	16.8%	70.1%	107
MSM_PWID	1.8%	3.5%	3.5%	86.0%	57
Heterosexual	9.8%	17.1%	19.5%	72.4%	123
Other	33.3%	33.3%	33.3%	66.7%	3
NIR	16.9%	19.5%	21.5%	69.6%	805
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Late Testing Demographics (2020-2024)

Late Testing by HHSA Region (2020 – 2024)

HHSA Region	0 Month	< 4 month	>12Month	HIV Only	Total
Central	9.2%	11.8%	13.6%	79.3%	836
East	12.7%	14.5%	16.4%	77.3%	220
South	17.1%	18.9%	21.0%	70.8%	428
North Coastal	12.0%	14.7%	16.8%	74.9%	191
North Inland	14.0%	17.4%	18.0%	70.2%	178
North Central	12.8%	14.7%	15.8%	76.2%	265
Unknown	0.0%	0.0%	0.0%	100.0%	2
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Viral Suppression

Viral Load<200 copies/mL

Demographics of HIV Cases by Viral Suppression

Sex at Birth of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Supressed				Virally Supressed		
Sex	Yes	No	No Viral Load Test	Total	Yes	No	Total
Male	71.4%	5.0%	23.6%	11,414	93.5%	6.5%	8,717
Female	66.5%	7.4%	26.1%	1,427	90.0%	10.0%	1,055
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression

Table 5. Race/Ethnicity of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Supressed				Virally Supressed		
Race/Ethnicity	Yes	No	No Viral Load Test	Total	Yes	No	Total
Hispanic/Latino	69.7%	5.8%	24.5%	5,551	92.3%	7.7%	4,192
Black	63.0%	8.2%	28.9%	1,520	88.5%	11.5%	1,081
White	74.8%	4.1%	21.1%	4,761	94.9%	5.1%	3,755
Asian/PI	74.5%	2.3%	23.2%	478	97.0%	3.0%	367
Other**	74.5%	6.5%	19.0%	459	91.9%	8.1%	372
Unknown	39.9%	10.4%	49.7%	163	79.3%	20.7%	82
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latino/Hispanic ethnicity may belong to any race group
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§Includes American Indian/ Alaskan Native and Other Races

Demographics of HIV Cases by Viral Suppression

Current Age of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Suppressed				Virally Supressed		
Current Age	Yes	No	No Viral Load Test	Total	Yes	No	Total
0-12	100.0%	0.0%	0.0%	11	100.0%	0.0%	11
13-19	77.3%	9.1%	13.6%	22	89.5%	10.5%	19
20-29	67.9%	10.6%	21.5%	701	86.5%	13.5%	550
30-39	65.8%	6.7%	27.5%	2,523	90.7%	9.3%	1,829
40-49	65.4%	6.9%	27.7%	2,459	90.5%	9.5%	1,777
50-59	71.8%	4.4%	23.8%	3,077	94.2%	5.8%	2,344
60+	77.1%	3.1%	19.8%	4,043	96.1%	3.9%	3,242
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

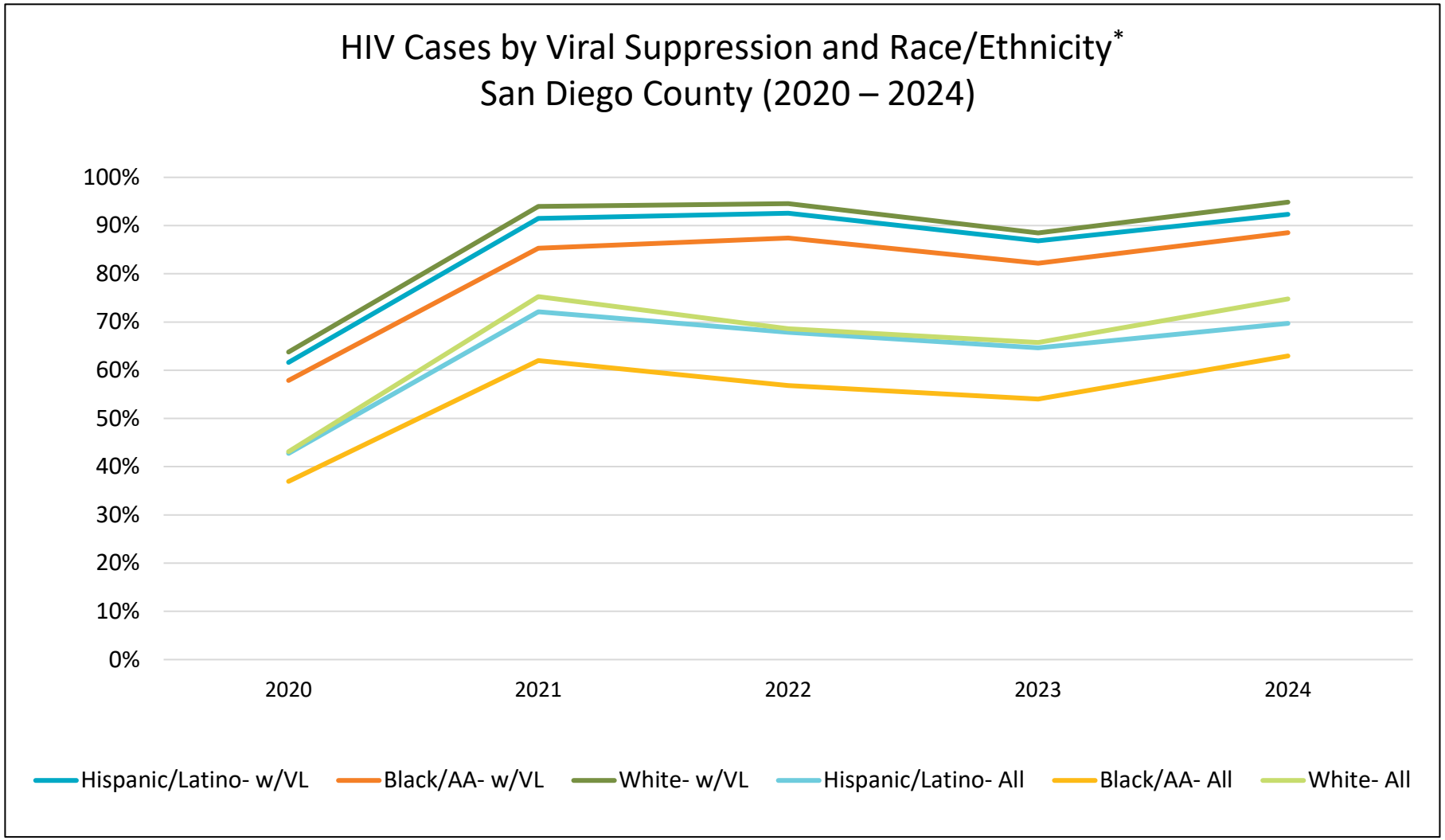
Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression

Transmission Risk of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Supressed				Virally Supressed		
Risk Category	Yes	No	No Viral Load Test	Total	Yes	No	Total
MSM	73.4%	4.2%	22.4%	8,823	94.6%	16.7%	6,846
PWID	60.1%	10.3%	29.6%	609	85.3%	5.4%	429
MSM_PWID	70.4%	8.5%	21.2%	780	89.3%	14.7%	615
Heterosexual	69.5%	5.7%	24.8%	1,277	92.4%	10.7%	960
Other	80.6%	6.8%	12.6%	103	92.2%	7.6%	90
NIR	58.6%	9.0%	32.4%	1,336	86.7%	7.8%	903
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years.
Viral suppression is defined as a viral load count less than 200 (<200).



Data as of 12/31/2024

*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Latino/Hispanic ethnicity may belong to any race group.

In Care

Having one or more labs in 2023-2024

In Care by Age Category, 2023-2024

Current Age (years)	In Care 2023-2024	
	Yes	No
Less than 13	100.0%	0.0%
13-19	86.7%	13.0%
20-29	84.9%	15.2%
30-39	79.9%	20.1%
40-49	73.8%	26.3%
50-59	73.9%	26.1%
60-69	75.8%	24.2%
70+	71.4%	28.6%
All	75.8%	24.2%
N	11,073	3,534

Data as of 12/31/2024

In Care by Race/Ethnicity, 2023-2024

Race/Ethnicity*	In Care 2023-2024	
	Yes	No
Hispanic/Latino†	72.1%	27.9%
Black/AA	72.0%	28.0%
White	80.5%	19.5%
Asian/PI‡	79.9%	20.1%
American Indian/Alaska Native	89.0%	11%
Other		
Unknown	59%	41.0%
All	75.8%	24.2%
N	11,073	3,534

Data as of 12/31/2024

*All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Hispanic/Latino ethnicity may belong to any race group.

‡Includes Asian and Native Hawaiian and Pacific Islander

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In Care by Transmission Risk , 2023-2024

Transmission Risk	In Care 2023-2024	
	Yes	No
MSM	77%	23%
PWID	66%	34%
MSM + PWID	79%	22%
Heterosexual	73%	27%
Unknown	76%	24%
All	76%	24%
N	11,073	3,534

Data as of 12/31/2024

In Care by HHSA Region, 2023-2024

Region	In Care 2023-2024	
	Yes	No
Central	73.3%	26.7%
East	73.3%	26.7%
South	69.1%	30.9%
North Coastal	76.7%	23.3%
North Inland	78.2%	21.8%
North Central	73.9%	26.1%
Unknown	84.8%	15.2%
All	75.8%	24.2%
N	11,073	3,534

Data as of 12/31/2024

THANK YOU

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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

Contact Us

Samantha.Tweeten@sdcounty.ca.gov

Cesar.Arevalo1@sdcounty.ca.gov

Garrett.McGaugh@sdcounty.ca.gov

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