



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

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First District

JOEL ANDERSON
Second District

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Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: May 20, 2025

04

TO: Board of Supervisors

SUBJECT

ACCEPT HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)

OVERVIEW

Since 1991, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the United States Health Resources and Services Administration (HRSA) to provide care and treatment services to persons living with HIV. These funding sources include the *Ryan White HIV/AIDS Treatment Extension Act of 2009* (RWTEA) Part A and RWTEA Part A Minority AIDS Initiative (MAI), and *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B*.

RWTEA Part A and RWTEA Part A MAI comprise the single largest federal funding program focused on care, treatment and support services for persons living with diagnosed HIV. In San Diego County, this funding supports medical treatment, oral health care, mental health treatment, substance use disorder treatment, temporary housing assistance, and other critical services for persons living with HIV. This funding also supports operations of the HIV Planning Group, an official advisory body to the Board that, under the Ryan White legislation, has responsibility to assess unmet need and services gaps, and then allocate funding to address those gaps. On October 2, 2024, the County of San Diego (County), Health and Human Services Agency (HHSA) applied for a three-year cycle of funding. The County received a notice of award on January 14, 2025 and is estimating a three-year total funding of \$40 million.

The *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B* funding supports community engagement, leadership development, linkage and retention in HIV care, workforce development, benefits navigation, and housing supports for persons living with diagnosed HIV. On October 12, 2024, the County applied for a five-year cycle of funding. The County received a notice of award on January 6, 2025 and is estimating a five-year total funding of \$12.8 million.

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Today's action requests the Board accept an estimated three-year total of approximately \$37.4 million for RWTEA Part A and \$2.6 million in RWTEA Part A MAI, accept an estimated five-year total of approximately \$12.8 million in EHE funding, and authorize a Request for Statement of Qualifications for Outpatient Ambulatory Health Services and Re-engagement in HIV care, Oral Health Services, and Psychiatric Services, and to award contracts as needed.

This item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through education, prevention, and intervention to interrupt transmission of disease in the region. This item also supports the County Getting to Zero initiative by planning and allocating resources dedicated to services for residents who are vulnerable to or living with HIV.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grant, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of approximately \$37.4 million and \$2.6 million in grant funds from the Health Resources and Services Administration for the period of March 1, 2025 through February 29, 2028, for Ryan White Part A and Ryan White Part A Minority AIDS Initiative respectively, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of approximately \$12.8 million in grant funds from the Health Resources and Services Administration for the period of March 1, 2025 through February 28, 2030 for Ending the HIV Epidemic, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
4. In accordance with Section 401, Article XXIII of County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a Request for Statement of Qualifications (RFSQ), for Outpatient Ambulatory Health Services and Re-engagement in HIV care, Oral Health Services, and Psychiatric Services, and upon successful negotiations and determination of a fair and reasonable price, award contracts as needed for a term of one year with four option years and up to an additional six months if needed, and to amend the contracts as needed to reflect changes in services and funding, subject to

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the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.

5. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the following contracts to extend the contract term through December 31, 2025; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency:
 - a. Contract #556170 with AIDS Healthcare Foundation for Outpatient Ambulatory Health Services.
 - b. Contract #556172 with Family Health Centers of San Diego for Outpatient Ambulatory Health Services and Re-engagement in HIV Care Services, Oral Health Services, and Psychiatric Services.
 - c. Contract #556175 with San Diego American Indian Health Center for Oral Health Services.
 - d. Contract #556212 with University of California San Diego, Owen Clinic for Outpatient Ambulatory Health Services and Re-engagement in HIV Care Services, and Psychiatric Services.
 - e. Contract #563231 with University of California San Diego, Mother Child, and Adolescent Program for Outpatient Ambulatory Health Services and Re-engagement in HIV Care Services, and Psychiatric Services.
 - f. Contract #563284 with North County Health Project, dba TrueCare for Outpatient Ambulatory Health Services.
 - g. Contract #566466 with Vista Community Clinics for Outpatient Ambulatory Health Services and Re-engagement in HIV Care Services, Oral Health Services, and Psychiatric Services.
 - h. Contract #566476 with San Ysidro Health for Outpatient Ambulatory Health Services and Re-engagement in HIV Care Services, Oral Health Services, and Psychiatric Services.
6. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend contracts #507645 and #554288 with United HealthCare (dba AmeriChoice) for administrative services organization services to extend the contract term through December 31, 2025, and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.

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7. Authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

EQUITY IMPACT STATEMENT

In San Diego County, gay, bisexual, and other men who have sex with men comprise 62% of recent HIV diagnoses and 70% of persons living with HIV. Moreover, like much of the United States, HIV has disproportionately impacted some of San Diego County's most vulnerable residents, which include Black and Hispanic communities, gay, bisexual, and other men who have sex with men. According to the 2024 local surveillance data, Black residents comprise 4.4% of the San Diego County population, but proportionately they represent 20% of recent HIV diagnoses. Likewise, Hispanic residents comprise 35% of the San Diego County population, yet proportionally they represent 53% of recent HIV diagnoses.

The County of San Diego Health and Human Services Agency, Public Health Services in partnership with the HIV Planning Group, an official advisory board to the San Diego County Board of Supervisors, conducts need assessments of residents living with or vulnerable to HIV and assessments of system capacity and capabilities every three years. This process includes engaging with different impacted communities through focus groups annually. These engagement efforts play a crucial role in informing decisions and ensuring resources are effectively and equitably distributed to serve the needs of those most impacted by HIV in San Diego County. Accepting grant funding and establishing new contracts for services will support equity by ensuring populations and services align with addressing health disparities.

SUSTAINABILITY IMPACT STATEMENT

The proposed actions align with the County of San Diego (County) Sustainability Goal #2 to provide just and equitable access to County services and resources, and Sustainability Goal #4 to protect the health and well-being of San Diegans. This will be accomplished by increasing capacity and services aimed to prevent, identify, and treat HIV. Testing identification, and treatment of HIV will improve the overall health of communities, reduce the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs.

FISCAL IMPACT

Recommendation #2: Authorize acceptance of Ryan White Part A and Part A Minority AIDS Initiative funds

Funds for this request are included in the Fiscal Year (FY) 2024-25 Operational Plan and FY 2025-27 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated annual program costs of \$4,310,334 and revenue of \$4,234,475 in FY 2024-25, costs of \$13,146,521 and revenue of \$12,915,150 in FY 2025-26, and costs of \$13,803,847 and revenue of \$13,560,907 in FY 2026-27, for a total cost of \$40,764,990 and

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revenue of \$40,047,550 through FY 2027-28. The funding for this grant is the United States Health Resources and Services Administration.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$75,859 in FY 2024-25, \$231,371 in FY 2025-26, and \$242,940 in FY 2026-27, for a total of \$717,440 through FY 2027-28. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs.

There will be no change in net General Fund cost and no additional staff years.

Recommendation #3: Authorize acceptance of Ending the HIV Epidemic funding

Funds for this request are included in the Fiscal Year (FY) 2024-25 Operational Plan and FY 2025-27 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated annual program costs of \$884,889 and revenue of \$854,696 in FY 2024-25, and costs of \$2,654,672 and revenue of \$2,564,088 in FY 2025-26 and FY 2026-27, for a total cost of \$13,273,358 and revenue of \$12,820,440 through FY 2029-30. The funding for this grant is the United States Health Resources and Services Administration.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$30,193 for FY 2024-25, and \$90,584 for FY 2025-26 and FY 2026-27, for a total of \$452,918 through FY 2029-30. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs.

There will be no change in net General Fund cost and no additional staff years.

Recommendation #4: Authorize the Director, Department of Purchasing and Contracting, to issue a Request for Statement of Qualifications (RFSQ)

Funds for this request are included in the Fiscal Year (FY) 2025-27 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenue of \$993,988 in FY 2025-26, and estimated costs and revenue of approximately \$993,988 in FY 2026-27. The funding source is the United States Health Resources and Services Administration Ryan White Part A funding. There will be no change in net General Fund cost and no additional staff years.

Recommendation #5: Authorize Contract Amendments for Extensions

Funds for this request are included in the Fiscal Year (FY) 2025-27 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenue of \$496,994 in FY 2025-26. The funding source is the United States Health Resources and Services Administration Ryan White Part A funding \$467,174 (Outpatient

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Ambulatory Health Services, Oral Health and Psychiatric service contracts) and Ending the HIV Epidemic \$29,820. There will be no change in net General Fund cost and no additional staff years.

Recommendation #6: Authorize Contract Amendments for Extensions

Funds for this request are included in the Fiscal Year (FY) 2025-27 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenue of \$480,000 in FY 2025-26. The funding source is the United States Health Resources and Services Administration Ryan White Part A funding. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The HIV Planning Group reviewed this item at its meeting on April 23, 2025, and recommended approval of items #1, #2, #3 and #7.

The Health Services Advisory Board is scheduled to review this item (recommendations #4, #5, and #6) at its meeting on May 13, 2025.

BACKGROUND

On March 1, 2016 (25), the San Diego County Board of Supervisors (Board) adopted the Getting to Zero initiative, which seeks to end the HIV epidemic in San Diego County. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

1. Test: Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services that provide support for remaining in treatment.
2. Treat: Ensure that everyone living with HIV in San Diego County has access to HIV treatment services so that persons living with HIV can achieve viral suppression.
3. Prevent: Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources and other services that provide support for remaining HIV-negative.
4. Engage: Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcomes along the HIV care continuum.
5. Improve: Engage in continuous quality improvement activities to achieve the objectives of the Getting to Zero plan.

The County of San Diego (County) Health and Human Services Agency (HHSA), Public Health Services (PHS) leverages various resources to effectively support the needs of individuals vulnerable to or living with HIV, including ensuring the availability of testing, prevention, and

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treatment services. In October 2024, the County applied for Ryan White Part A and Ryan White Part A Minority AIDS Initiative funding, as well as Ending the HIV Epidemic funding. The recommendations below support these two funding sources and the Getting to Zero Initiative. The need for HIV services continues. As of December 31, 2024, there were 14,603 people living with HIV in San Diego County and an estimated 1,110 persons living with but unaware of their HIV status.

Recommendation #2: Authorize Acceptance of Ryan White HIV/AIDS Treatment Extension Act (RWTEA) Part A and RWTEA Part A Minority AIDS Initiative (MAI) Funds

Services funded by the RWTEA Part A and RWTEA Part A MAI revenue play a vital role in the County Getting to Zero initiative. RWTEA Part A services fill gaps in the local HIV delivery system by ensuring individuals living with HIV have access to high quality HIV primary care and additional support services. Funded services include HIV primary medical and dental care, case management, mental health services, substance use disorder treatment services, emergency financial assistance, emergency and temporary housing assistance, and other support services. Currently, in San Diego County, over 3,300 persons living with HIV receive at least one of these services funded by Ryan White each year.

The goal of the Ryan White program is to ensure all persons living with HIV are linked to and retained in HIV primary medical care. The key measure of success is the rate of viral suppression. A person living with HIV who is not virally suppressed would expect to have 50,000 or more copies of HIV in a milliliter of blood. However, when treated, the number can drop below 200, at which point the virus is deemed “suppressed.” When that happens, HIV can no longer do any further damage to the immune system. When a person living with HIV has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. In calendar year 2023, 60% of people living with diagnosed HIV achieved viral suppression in San Diego County. Patients in the RWTEA Part A system of care have even better rates of viral suppression. In Ryan White fiscal year 2023-2024 (March – February), patients receiving RWTEA Part A services in San Diego County who had a recorded viral load test, showed a viral suppression rate of 94%, compared to the San Diego County overall viral suppression rate of 71%. The viral suppression rate for San Diego County overall rose over 11% from 2023, demonstrating significant improvement. Additional data from the United States Health Resources and Services Administration (HRSA), which oversees the Ryan White program, shows that in 2023 San Diego County had one of the highest viral suppression rates of the 52 jurisdictions funded in the United States and Puerto Rico at 94.3%.

RWTEA Part A MAI was established in 1999 to improve access to HIV care and health outcomes for persons of color. Services funded by RWTEA Part A MAI include outreach, medical and non-medical case management, mental health services, outpatient substance use disorder treatment services, and medical transportation services. In Ryan White fiscal year 2023-2024, there were

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327 clients in San Diego County served in RWTEA Part A MAI, of whom 90% were virally suppressed.

Today's action requests the Board approve and authorize acceptance of \$37.4 million, and \$2.6 million respectively in RWTEA Part A and RWTEA Part A MAI funding to continue to support HIV care and treatment services.

Recommendation #3: Authorize Acceptance of Ending the HIV Epidemic Funding

The Ending the HIV Epidemic (EHE) initiative seeks to reduce new HIV infections in the United States to less than 3,000 per year by 2030. The initiative has four pillars that closely align with the local Getting to Zero initiative and includes 1) Diagnose all people with HIV as early as possible; 2) Treat people with HIV rapidly and effectively to reach sustained viral suppression; 3) Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP); and 4) Respond quickly to potential HIV outbreaks to get needed prevention and treatment service to people who need them.

Funding from EHE enhances and supports the efforts of Ryan White services. Since the inception of this funding, the County has largely focused its efforts on community engagement, leadership training and development, and re-engagement in medical care for persons living with HIV who have fallen out of medical care. Future plans include continued community engagement, leadership development, linkage and retention in HIV care, and new services such as workforce development, benefits navigation, and housing supports. A three-year community engagement project, led by a contracted community partner, and that ended in 2024, focused on women of all ages and youth/young adults. The goal of this project was to engage women and youth/young adults of all ethnicities who are living with, or vulnerable to, HIV infection in an effort to ensure appropriate linkages to services occurred. Over 300 women and youth/young adults were reached through outreach, community forums, and support groups, resulting in receipt of HIV testing, medical care and support services. Additionally, leadership training and development has prepared emerging leaders in community planning efforts for HIV. Each year, three training cohorts, comprised of up to 10 individuals per cohort, are implemented. At the end of three years, nine cohorts have been implemented with approximately 15 people graduating per cohort. Four graduates of leadership training are currently serving on the HIV Planning Group. Re-engagement efforts have been successful with 70% of people who had fallen out of HIV primary care, relinking through efforts of these services.

Today's action requests the Board to approve and authorize acceptance of \$12.8 million in Ending the HIV Epidemic funding to continue to support HIV care and treatment services.

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Recommendation #4 and #5: Authorize Request for Statement of Qualifications (RFSQ) for Outpatient Ambulatory Health Services and Re-engagement in HIV care, Oral Health Services, and Psychiatric Services, and Award Contract Extensions

The goal of the Ryan White Treatment Extension Act is to improve health outcomes and reduce the spread of HIV by funding medical and support services for low-income people with HIV. This includes people who don't have health insurance or who have limited access to health care. The purpose of Outpatient Ambulatory Health Services is to provide diagnostic and therapeutic services directly to a client by a licensed healthcare provider in an outpatient medical setting. In FY 2023-24, 988 clients received 2,760 Outpatient Ambulatory Health Services visits.

The purpose of Re-engagement in HIV Care Services is to provide support for individuals living with HIV who are not successfully linked to care within 30 days of diagnosis or who have not received HIV care in the past 12 months. Services include identifying and addressing barriers to care and supporting linkage and re-linkage to care and work in alignment with Outpatient Ambulatory Health Services. The County currently has eight contracts with seven organizations to provide these services. In FY 2023-24, 138 individuals who were previously identified as having fallen out of HIV care, were re-engaged into HIV medical care. Of those individuals, 90% achieved viral suppression within 90 days of re-linkage to care, and 86% remained virally suppressed 12 months after re-engagement.

In FY 2023-24, 988 clients received 2,760 Outpatient Ambulatory Health Services visits. Oral Health Services provides outpatient diagnostic, preventive, and therapeutic services by dental care professionals. In FY 2023-24, 359 clients received 1,006 Oral Health visits. Psychiatric Services consists of diagnostic and therapeutic psychiatric services which may include prescribing and monitoring of psychotropic medication and in FY 2023-24, 26 clients received 36 Psychiatric Services visits.

Today's action requests the Board authorize an RFSQ for Outpatient Ambulatory Health Services and Re-engagement in HIV Care, Oral Health Services, and Psychiatric Services. Contracts would be awarded to all providers found to be qualified through the RFSQ process. Additionally, Today's action requests the Board authorize an extension of the eight existing contracts for primary care, dental care and psychiatric care, set to expire on June 30, 2025, for six months to allow HHSA and the Department of Purchasing and Contracting time needed to finish the procurement for these services and to award new contracts, subject to successful negotiations and determination of fair and reasonable pricing.

Recommendation #6: Authorize Extension of Administrative Services Organization Contracts

Since 2005, the County has contracted with United HealthCare (dba AmeriChoice) for administrative services organization (ASO) services to manage the day-to-day operations and the development, administration, implementation, monitoring and evaluation of contracts with

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providers of health care (contracts #507645 and #554228). Currently, this ASO contract provides administrative and support services for the Ryan White Treatment Extension Act program administered by PHS, and for the County Medical Services (CMS) program administered by HHSA, Self-Sufficiency Services. Future agreements will include HHSA Medical Care Services. Specific activities of the ASO include fund management and administration, enrollment and eligibility certification, claims adjudication, payment process and financial analysis and management, and reconciliation of claims at year-end.

The California State Department of Healthcare Services (DHCS) is implementing the California Advancing and Innovating Medi-Cal (CalAIM), a multi-year initiative to improve the quality of life and health outcomes by implementing broad delivery system, program, and payment reform across the Medi-Cal program. Extending the Administrative Services Organization contracts will ensure HHSA has the infrastructure and capacity in place with these contracted services to manage operations, administration, and monitoring of contracts with private sector health care providers and third-party billing, as service under CalAIM continues to expand and grow.

Today's action requests the Board authorize an extension of the existing ASO contracts, set to expire on June 30, 2025, for six months to allow HHSA and the Department of Purchasing and Contracting time needed to finish a competitive solicitation for this service and to award a new contract, subject to successful negotiations and determination of fair and reasonable pricing.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. Unrecovered costs for Recommendation #2 are estimated at \$75,859 for FY 2024-25, for RWTEA Part A and RWTEA Part A MAI funding. The funding source for these unrecovered costs will be existing Realignment and is necessary due to the HRSA funding cap of 10% for administrative costs. Unrecovered costs for Recommendation #3 are estimated at \$30,195 for FY 2024-25, for EHE funding. The funding source for these unrecovered costs will be existing Realignment and is necessary due to the HRSA funding cap of 10% for administrative costs. The public benefit for providing these services far outweighs these costs, as these programs fill an important gap in the local HIV service delivery system and ensuring individuals with HIV have access to high quality HIV primary care.

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LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the County of San Diego 2025-2030 Strategic Plan Initiatives of Sustainability (Resiliency) and Equity (Health), and the regional *Live Well San Diego* vision by supporting access to prevention, testing, and high-quality medical care that results in improved physical health.

Respectfully submitted,



FOR

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

N/A