

**California Department of Public Health, Office of AIDS
Monthly Report
January 2018**

Office of AIDS Division

Governor Brown released his proposed FY 2018-19 state budget on January 10, 2018. The California Department of Public Health (CDPH), Office of AIDS (OA) is pleased to announce that the budget proposal continues to support California's [Laying a Foundation for Getting to Zero](#) Plan. Under this budget proposal, the two OA programs that continue to receive state General Fund for local assistance are the HIV Surveillance and Prevention programs. Both the \$6.7 million in General Fund local assistance for the Surveillance program and the \$7.5 million in General Fund local assistance for the Prevention remain unchanged from the 2017 Budget Act. The budget includes two new changes related to the AIDS Drug Assistance Program (ADAP):

- The ADAP Eligibility and Enrollment Budget Change Proposal requests \$250,000 in ADAP Rebate Fund expenditure authority to support two administratively established positions for fiscal year (FY) 2017-18 and \$2.7 million in FY 2018-19 and ongoing for 15 permanent positions to manage the increased workload involved in transitioning ADAP eligibility and enrollment services to CDPH, OA.
- The ADAP Estimate proposes an increase in funding to ADAP Enrollment Sites. The 2017 Budget Act included a one-time legislative augmentation of an additional \$4 million for enrollment sites, for a total of \$8 million in FY 2017-18. Starting in FY 2018-19, the budget proposes moving to a model in which the total amount of funds for ADAP enrollment services performed is adjusted annually through the Estimate process based on caseload and estimated services to be performed each FY. For FY 2018-19, CDPH projects enrollment costs of \$7.99 million. In order to ensure that this on-going increase in funding to ADAP enrollment sites results in improved client outcomes and cost neutrality, CDPH plans to include performance measures in existing ADAP enrollment site contracts to ensure enrollment sites use the additional funding to transition an increased number of medication-only clients into private insurance and OA-HIPP and meet defined metrics, such as improvement in viral suppression rates at each enrollment site.

More information on the OA-specific portions of the budget is available at <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx>.

Senate Bill (SB) 239

SB 239 was chaptered in 2017 and took effect on January 1, 2018. SB 239 modified state criminal laws related to HIV transmission that specified a higher punishment than laws that apply to transmission of other communicable diseases. A fact sheet detailing all changes made by the bill is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/SB%20239%20OA%20Fact%20Sheet%202017_ADA-ADA.pdf

Ryan White (RW) Part B: ADAP

- **Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)**

OA is developing the enrollment worker training for the PrEP Assistance Program that will be rolled out in early 2018.

- **Access, Adherence, and Navigation Program**

OA is holding regular status meetings with enrollment sites selected to participate in the Access, Adherence, and Navigation Program to answer questions and provide program updates such as contracting and training updates.

On December 14, 2017, 9 individuals received the Access, Adherence, and Navigation policy and system training. Once these individuals complete the ADAP Enrollment System (AES) eLearning, they will begin enrolling ADAP clients into comprehensive health coverage.

- **Covered California Open Enrollment and Off-Exchange Plan Open Enrollment**

The Covered California open enrollment period is November 1, 2017, to January 31, 2018. ADAP staff and enrollment workers were provided with Management Memoranda regarding the Covered California open enrollment period, off-exchange plan open enrollment periods, and Office of AIDS Health Insurance Premium Payment (OA-HIPP) program requirements. The Management Memoranda contained information regarding changes for Covered California consumers and resources to help assist clients in choosing a health insurance plan. On December 14, 2017, OA mailed letters in English and Spanish regarding the Covered California open enrollment period to existing clients that are enrolled in Covered California and ADAP clients that do not have health coverage. The mailing inadvertently included clients that either had existing coverage with or was eligible for Medicare, Medi-Cal or private insurance. OA apologizes for the confusion and has sent out letters to the affected clients letting them know of the error and that no further action is required on their part.

RW Part B: HIV Care Program (HCP)

- All HCP and Minority AIDS Initiative (MAI) contractors received 2018-19 allocation award notification. The allocation award is the same as the 2017-18 HCP and MAI fiscal year, which is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HCPAllocationsFY201718.pdf. HCP and MAI 2018-19 Budget Forms are due to OA by Friday, February 23, 2018.
- The Housing Plus Project (HPP) is beginning the program evaluation process. OA staff will be reviewing data from the four pilot sites to determine program efficacy and outcomes. HPP is a five-year demonstration project, intended to stabilize housing as a targeted intervention focused on engaging and retaining clients of color in HIV care and treatment, and assisting clients to achieve and maintain viral suppression. Currently, HPP is **only available** in Kern, Orange, San Joaquin, and Tulare Counties.
- An in-person Stakeholder Engagement Group (SEG) meeting will be held in Sacramento on January 12, 2018. The SEG is working with OA to update the HCP, MAI, and Housing Opportunities for Persons With AIDS (HOPWA) allocation formulas. The meeting is an opportunity for the SEG to provide feedback to OA on draft HCP formulas and transitional elements.
- On October 30, 2017, the OA HIV Care Branch led a stakeholder webinar to share information about the HCP training needs, to solicit additional input regarding training needs, to share the current methods for providing HCP training and community engagement, and to share and obtain input on potential future models for improving HCP training.

OA invited approximately 209 participants to attend the a stakeholder webinar (137 HCP contractors, 46 HCP subcontractors and 26 others representing community and academic organizations and including all known partners currently providing HIV training services or potentially interested in bidding on HIV training contracts). Thirty-eight attended (23 HCP contractors, 8 HCP subcontractors, and 7 others).

During the stakeholder webinar, OA staff highlighted two options. Option 1: Consolidate meeting, conference and training services into one comprehensive contract and Option 2: Establish two contracts, separating meeting and conference planning services from training only services.

Moving forward, OA will go with “Option 2,” which includes establishing a competitive bid process for training services to increase the likelihood of procuring the best vendor to provide these services.

On January 2, 2018, OA emailed a letter to stakeholders to thank those who participated in the webinar and those who provided input in writing, and to provide the above information. This letter is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Stakeholder%20Letter.pdf.

HIV Prevention

- Assembly Bill (AB) 2640 was signed by Governor Edmund G. Brown and went in to effect January 1, 2017. AB 2640 created new California Health and Safety Code (HSC) for HIV testing requirements in healthcare and non-healthcare settings, including a requirement for medical providers or a person administering the HIV test to advise a patient who is known to be at high risk for HIV infection and tests negative for HIV about methods that prevent or reduce the risk of contracting HIV, including, but not limited to, pre-exposure prophylaxis and post-exposure prophylaxis, consistent with CDC guidance. A letter outlining the requirements for HIV testing in healthcare and non-healthcare settings resulting from AB 2640 is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/AB2640_PolicyLetter_Final_Letter_Approved_ADA%20to%20WEBSITE.pdf.
- On November 27 – 29, 2017, OA hosted a combined HIV prevention and HIV surveillance conference ***Bending the Arc Towards Justice: Together we can get to Zero*** at the UCLA Luskin Conference Center in Los Angeles. The purpose of the meeting was to bring local AIDS Directors and other key HIV/AIDS stakeholders across the state to participate in plenaries and workshops to support the new five-year HIV prevention and HIV surveillance strategy for implementation of California’s *Laying a Foundation for Getting to Zero Plan* at the state and local levels.

The conference meeting objectives were to:

- State the rationale of integrating of HIV surveillance and prevention activities
- Describe the health equity framework for California’s integrated HIV prevention, care and surveillance strategy
- Identify local health jurisdiction-based strategies and activities that will support HIV prevention and surveillance collaborations
- Integrate STD control and HIV prevention activities to achieve mutual goals

- The OA Prevention Branch is developing a Program Guidance for its new five-year Integrated HIV Surveillance and Prevention PS18-1802 grant beginning in 2018. The Prevention Program guidance will heavily reflect California's *Laying a Foundation for Getting to Zero Plan*. Central themes focused throughout the guidance include, but are not limited to: Linkage to Care, Partner Services, PEP/PrEP Navigation, and U = U (undetectable = untransmittable). The 20 funded local health jurisdictions within the California Project Area will be assisted to create a plan of action to implement new and required activities set forth by the Center for Disease Control and Prevention (CDC). Development of the guidance is currently in its early phase. Release of the Prevention Program Guidance to local health jurisdictions will be in March 2018.
- The Merced Needle Exchange has applied to CDPH to authorize a new syringe exchange program (SEP). The proposed Merced Needle Exchange will have a fixed site at the Family Care Clinic, a rural non-profit clinic that predominantly serves Medicaid and uninsured patients. The 90-day public comment period for the Merced Needle Exchange certification application began on December 20, 2017, and will close on March 20, 2018. Public comments may be sent to SEPApplication@cdph.ca.gov, and must be submitted no later than 11:59 p.m., March 20, 2018. CDPH will then review the application and issue a decision within 30 business days.

If approved, the new SEP will also be able to participate in the California Syringe Exchange Supply Clearinghouse, which provides a baseline level of supplies to authorized SEPs throughout California. California SEPs have been giving rave reviews of the project, which is a collaboration with the North American Syringe Exchange Network (NASEN). Several SEPs report being able to add new services, such as patient navigation, wound care, overdose prevention, and expanded outreach with the new support from OA and the Supply Clearinghouse.

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