

adap

AIDS Drug Assistance Program

Annual Report: Fiscal Year 2017 - 2018

California Department of Public Health
Center for Infectious Diseases
Office of AIDS

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ADAP Overview

ADAP Program History & Updates

The California Department of Public Health, Office of AIDS, AIDS Drug Assistance Program (ADAP) was established in 1987 to help ensure that HIV-positive uninsured and under-insured individuals have access to life-saving medications. ADAP receives federal funds from the U.S. Health Resources and Services Administration through grants provided by Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

As of the end of this reporting period, 222 medications were available through ADAP, including 42 antiretroviral medications to treat HIV and 9 medications to treat Hepatitis C. There were approximately 6,000 pharmacies statewide where clients could access these medications.

Due to the implementation of the Patient Protection and Affordable Care Act, many ADAP clients were able to enroll in Medi-Cal or obtain health insurance coverage through Covered California. Beginning January 1, 2014, Medi-Cal was expanded to include eligible individuals with annual household incomes up to 138% of the federal poverty level. Additionally, Covered California, the state of California's health insurance

marketplace, held its first open enrollment from October 1, 2013 through April 2014, which allowed individuals and small businesses to purchase health insurance at federally subsidized rates.

In March 2017, ADAP separated pharmacy and insurance benefits management functions, and transitioned to using the ADAP Enrollment System (AES) to streamline the management of client eligibility and enrollment.

ADAP Eligibility Criteria

To be eligible for ADAP in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018) a client must have met the following requirements:

- Was a resident of California
- Had a positive HIV/AIDS diagnosis
- Was at least 18 years old
- Had an annual Modified Adjusted Gross Income (MAGI) that does not exceed 500% Federal Poverty Level based on household size and income
- Was not fully covered by Medi-Cal or any other third-party payers

ADAP Program Types and Benefits

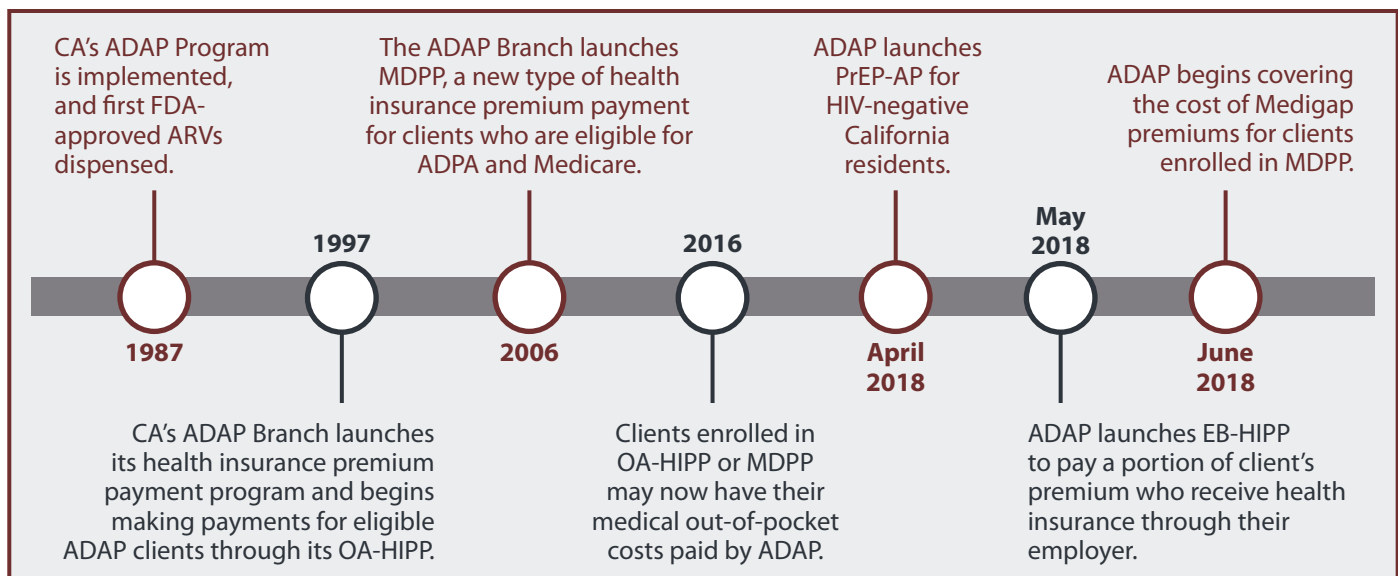
Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
ADAP				
Medication Only	✓			

ADAP Program Types and Benefits *(continued)*

Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
Health Insurance Premium Assistance				
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓	✓	✓	✓
Medicare Part D Premium Payments (MDPP)	✓	✓	✓	
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)				
PrEP-AP	✓		✓	

Note: Although Spousal/Dependent benefits were available in 2016, data regarding these benefits was not yet available. Assistance with Medigap premiums is only available to ADAP clients concurrently enrolled in MDPP.

ADAP Programs & Benefits Timeline



ADAP Program Types

The ADAP Branch administers three primary program types: 1) ADAP medication assistance program, 2) health insurance premium assistance programs, and 3) pre-exposure prophylaxis assistance program (for HIV-negative persons). Each program has distinct eligibility criteria.

ADAP Medication Assistance Program

This program provides eligible California residents with FDA-approved medications used in the treatment of HIV/AIDS and HIV/AIDS-related opportunistic infections.

All covered medications are listed on the [ADAP Drug Formulary](https://cdph.magellanrx.com/member/external/commercial/cdph/doc/en-us/CDPH_Formulary_alpha.pdf), which can be accessed here: https://cdph.magellanrx.com/member/external/commercial/cdph/doc/en-us/CDPH_Formulary_alpha.pdf.

Health Insurance Premium Payment Programs

(a) Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)

OA-HIPP pays for health insurance premiums for eligible California residents co-enrolled in ADAP. OA-HIPP provides assistance with medical and dental insurance premiums and can also provide assistance with premiums for vision insurance, when combined with a dental and/or medical premium. Combined premiums include the cost for medical, dental, and vision-combination insurance plans. OA-HIPP also pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan or COBRA administrator on a monthly basis. The OA-HIPP current premium maximum is \$1,938 per month.

For [more information about OA-HIPP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx.

(b) Medicare Part D Premium Payment Program (MDPP)

MDPP is a subsidy program that pays Part D and Medigap insurance premiums for eligible California residents co-enrolled in the ADAP and a Medicare Part D prescription drug plan. Medigap (also known as Medicare Supplemental Health Insurance Policies) is a benefit of MDPP and provides supplemental coverage that covers health care costs such as co-payments, co-insurance, and deductibles that Medicare Parts A and/or B do not cover. Clients may only receive assistance with Medigap premiums if they also have their Medicare Part D premium paid by MDPP. MDPP also pays for outpatient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan on a monthly basis. The MDPP and Medigap current combined premium maximum for individuals is \$1,938 per month.

For [more information about MDPP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_medpartd.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_medpartd.aspx.

(c) Employer Based Health Insurance Premium Payment Program (EB-HIPP)

EB-HIPP is a subsidy program that provides premium assistance for an ADAP client's portion of their employer based insurance premiums for eligible California residents co-enrolled in the ADAP. EB-HIPP pays the client's portion of their monthly medical and dental premiums, and can also provide

assistance with vision premiums, when combined with a dental and/or medical premium for eligible clients. EB-HIPP also pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. In order to be eligible for this type of insurance assistance, clients must be employed by an employer that offers comprehensive health care coverage. The client's portion of the insurance premium payments are sent directly to the employer on a monthly basis. The EB-HIPP current premium maximum for individuals is currently \$1,938 per month.

For [more information about EB-HIPP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx.

Pre-Exposure Prophylaxis Assistance Program (PrEP- AP)

PrEP-AP is designed for adults residing in California who are HIV-negative and is available to both insured and uninsured clients. PrEP-AP provides assistance with PrEP-related medical

costs, and medication on the PrEP-AP Drug Formulary for the prevention of HIV and treatment of sexually transmitted infections (STIs). Clients enrolled in PrEP-AP must currently enroll in the Gilead assistance program that matches their insurance coverage status. The PrEP-AP wraps around the benefits offered through Gilead's assistance programs. Clients with private insurance are eligible for PrEP medication co-payment assistance of \$7,200 per calendar year through Gilead's Co-Payment Assistance Program. After this threshold has been met, PrEP-AP will cover any remaining PrEP medication co-payments for the remainder of calendar the year. Clients without insurance are eligible to receive Truvada® or Descovy® free of charge from Gilead's Patient Assistance Program.

PrEP-AP provides assistance with PrEP-related medical costs, including: 1) new/established patient office visits for PrEP clinical assessments, 2) HIV testing, 3) STI testing, 4) pregnancy testing, 5) renal function testing, and 6) Hepatitis A, B, and C screenings.

For [more information about PrEP- AP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx.

ADAP Benefit Types

Each ADAP program type provides a set of benefits for eligible clients. Benefits vary by program, and not all clients may be eligible for all benefits.

Medication

ADAP helps ensure that people living with HIV and AIDS in California who are uninsured or under-insured have access to medication covered on the ADAP Drug Formulary. If clients do not have insurance, ADAP pays for the full cost of the medication. If clients have health insurance, ADAP pays any applicable medication co-payments. For clients who are HIV negative, PrEP-AP subsidizes the cost of medications on the PrEP-AP Drug Formulary.

Premium Assistance

ADAP helps ensure that people living with HIV and AIDS in California are able to have access to health insurance by subsidizing health insurance premiums. For OA-HIPP and MDPP, ADAP pays the total cost of the client's health insurance premium (up to the maximum premium payment amount of \$1,938 per month). For EB-HIPP, ADAP

pays the client's portion of their employer-based health insurance plan, up to the current maximum premium payment amount of \$1,938 per month).

Medical Out-of-Pocket Costs (MOOPs)

For clients enrolled in OA-HIPP, MDPP, and EB-HIPP, ADAP will pay outpatient medical out-of-pocket costs that count towards the client's health insurance policy's annual out of pocket maximum. For HIV-negative clients, the PrEP-AP will pay for PrEP-related medical costs as defined by the Centers for Disease Control and Prevention.

Spousal/Dependent

The Spousal/Dependent benefit covers spouses and dependents (domestic partners and children who are at least 18 years old) who are named on an OA-HIPP client's insurance policy and are actively enrolled in ADAP themselves. This benefit covers outpatient expenses that count towards the insurance plan's out-of-pocket maximum (not including medications not covered by ADAP) and co-payment, coinsurance, and deductibles for medical care as part of the OA-HIPP plan benefits.

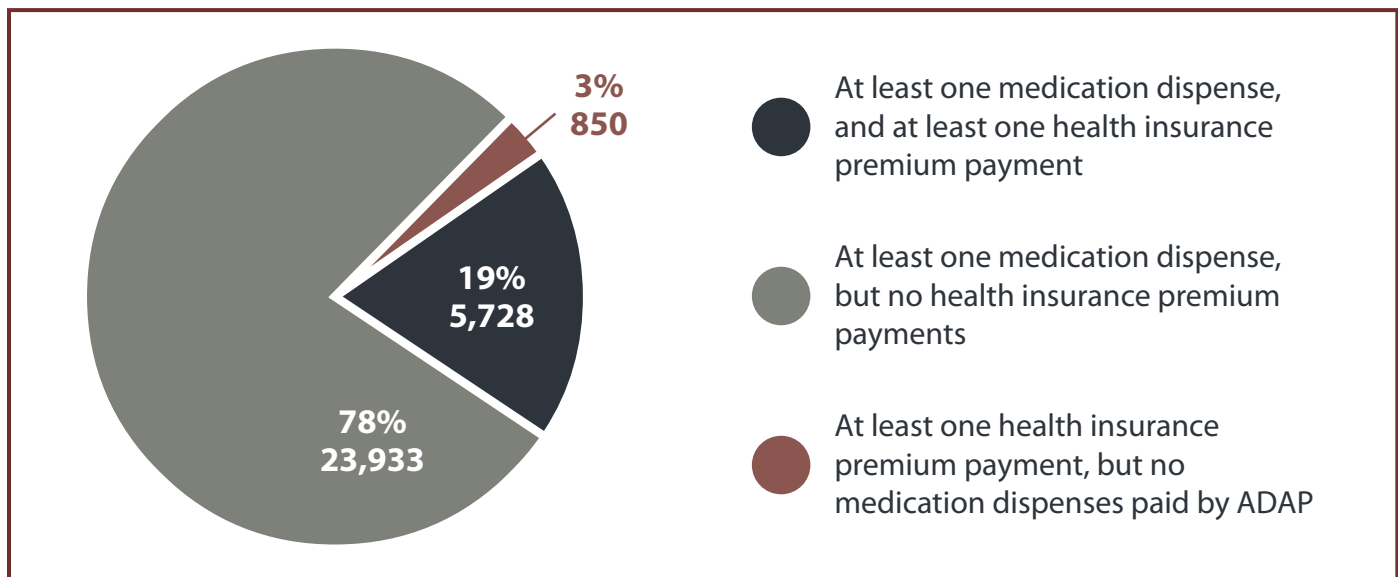
Tables and Figures

Table 1. California ADAP Clients Served by Benefit Type, FY 2017-18

Type of ADAP Benefits Received During FY 2017-18	Number of Unduplicated Clients	Percent of Total
At least one medication dispense, and at least one health insurance premium payment	5,728	18.8%
At least one medication dispense, but no health insurance premium payments	23,933	78.4%
At least one health insurance premium payment, but no medication dispenses paid by ADAP	850	2.8%
TOTAL	30,511	100.0%

Note: Totals reflect clients served in the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) or the Medicare Part D Premium Payment Program (MDPP). Source: ADAP Enrollment System, May 2, 2019.

Figure 1. California ADAP Clients Served by Benefit Type, FY 2017-18

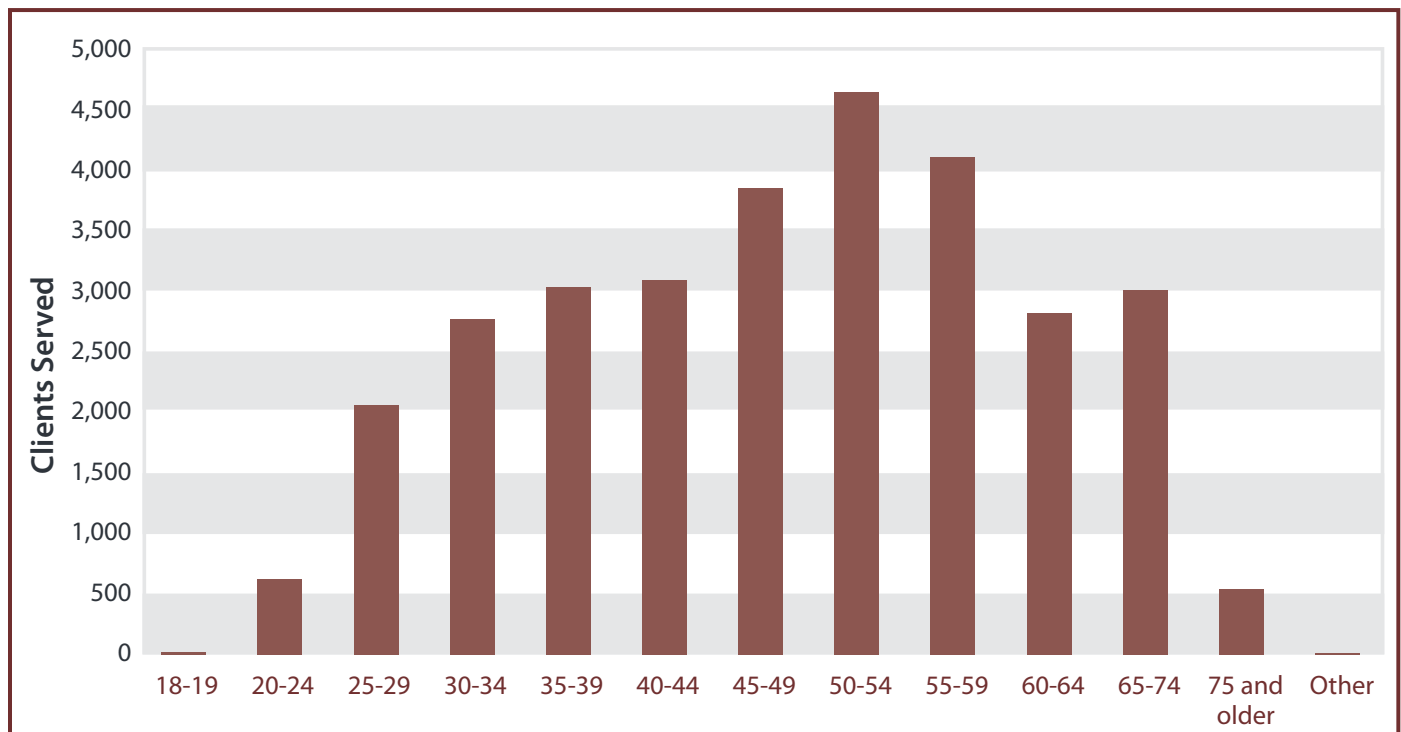


Note: Totals reflect clients served in the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) or the Medicare Part D Premium Payment Program (MDPP). Source: ADAP Enrollment System, May 2, 2019.

Table 2. California ADAP Clients Served by Age Group, FY 2017-18

Age Bracket (<i>in Years</i>)	Number of Clients	Percent of Total
18 - 19	31	0.1%
20 - 24	613	2.0%
25 - 29	2,044	6.7%
30 - 34	2,744	9.0%
35 - 39	3,041	10.0%
40 - 44	3,085	10.1%
45 - 49	3,863	12.7%
50 - 54	4,624	15.2%
55 - 59	4,107	13.5%
60 - 64	2,795	9.2%
65 - 74	2,997	9.8%
75 and older	545	1.8%
Unknown/unreported	22	0.1%
TOTAL	30,511	100.0%

Note: Age is based upon client age at the fiscal year midpoint (January 1). Source: ADAP Enrollment System, May 2, 2019.

Figure 2. California ADAP Clients Served by Age Group, FY 2017-18

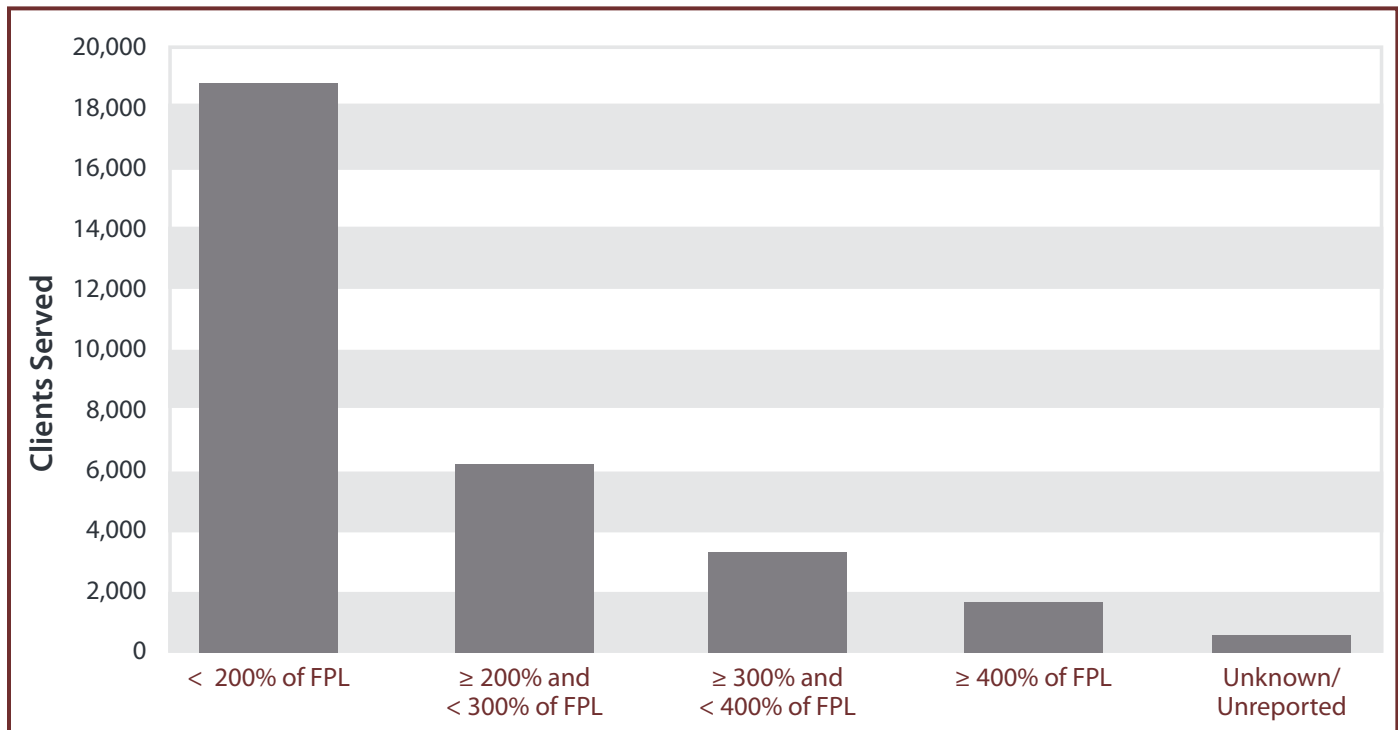
Note: Age is based upon client age at the fiscal year midpoint (January 1). The "Other" category consists of clients with unknown or unreported age. Source: ADAP Enrollment System, May 2, 2019.

Table 3. California ADAP Clients Served by Income, FY 2017-18

Federal Poverty Limit (FPL)	Number of Clients	Percent of Total
< 200% of FPL	18,796	61.6%
≥ 200% and < 300% of FPL	6,257	20.5%
≥ 300% and < 400% of FPL	3,296	10.8%
≥ 400% of FPL	1,674	5.5%
Unknown/Unreported	488	1.6%
TOTAL	30,511	100.0%

Note: Federal Poverty Limit (FPL) thresholds are based on household size and income. FPL categories were based on 2018 thresholds. In 2018, a household size of one with an annual household income of \$12,140 was at 100% of the FPL. Although there are income eligibility requirements for ADAP, clients placed on a Temporary Access Period (TAP), may not have income data available for reporting purposes. Source: ADAP Enrollment System, May 2, 2019.

Figure 3. California ADAP Clients Served by Income, FY 2017-18

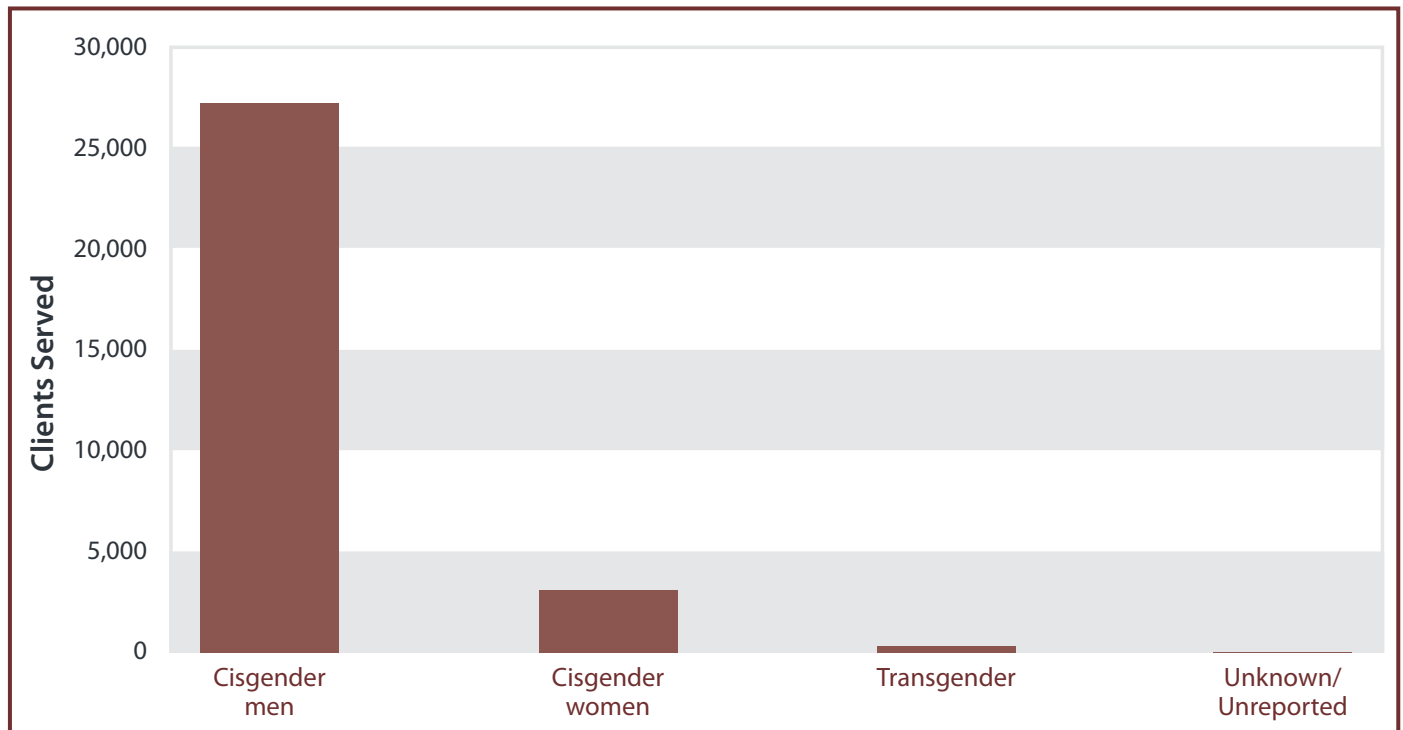


Note: Federal Poverty Limit (FPL) thresholds are based on household size and income. FPL categories were based on 2018 thresholds. In 2018, a household size of one with an annual household income of \$12,140 was at 100% of the FPL. Although there are income eligibility requirements for ADAP, clients placed on a Temporary Access Period (TAP), may not have income data available for reporting purposes. Source: ADAP Enrollment System, May 2, 2019.

Table 4. California ADAP Clients Served by Gender, FY 2017-18

Gender	Number of Clients	Percent of Total
Cisgender men	27,188	89.1%
Cisgender women	2,935	9.6%
Transgender	345	1.1%
Unknown/Unreported	43	0.1%
TOTAL	30,511	100.0%

Note: Transgender categories (transgender male-to-female, transgender female-to-male, and transgender identity not otherwise specified) were combined into a single “Transgender” category. Source: ADAP Enrollment System, May 2, 2019.

Figure 4. California ADAP Clients Served by Gender, FY 2017-18

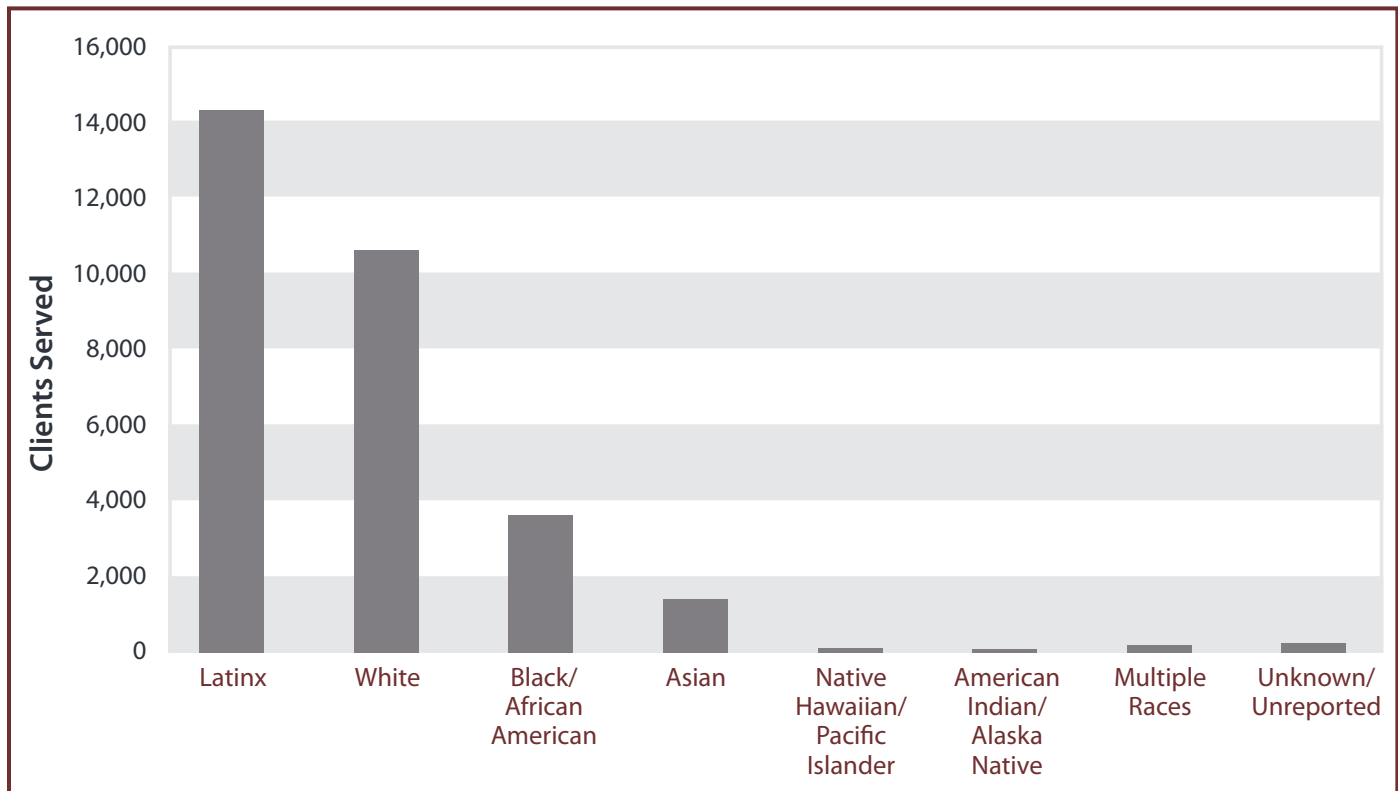
Note: Transgender categories (transgender male-to-female, transgender female-to-male, and transgender identity not otherwise specified) were combined into a single “Transgender” category. Source: ADAP Enrollment System, May 2, 2019.

Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2017-18

Race/Ethnicity	Number of Clients	Percent of Total
Latinx	14,344	47.0%
White	10,614	34.8%
Black/African American	3,568	11.7%
Asian	1,316	4.3%
Native Hawaiian/Pacific Islander	103	0.3%
American Indian/Alaska Native	74	0.2%
Multiple Races	209	0.7%
Unknown/Unreported	283	0.9%
TOTAL	30,511	100.0%

Note: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race. Source: ADAP Enrollment System, May 2, 2019.

Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2017-18



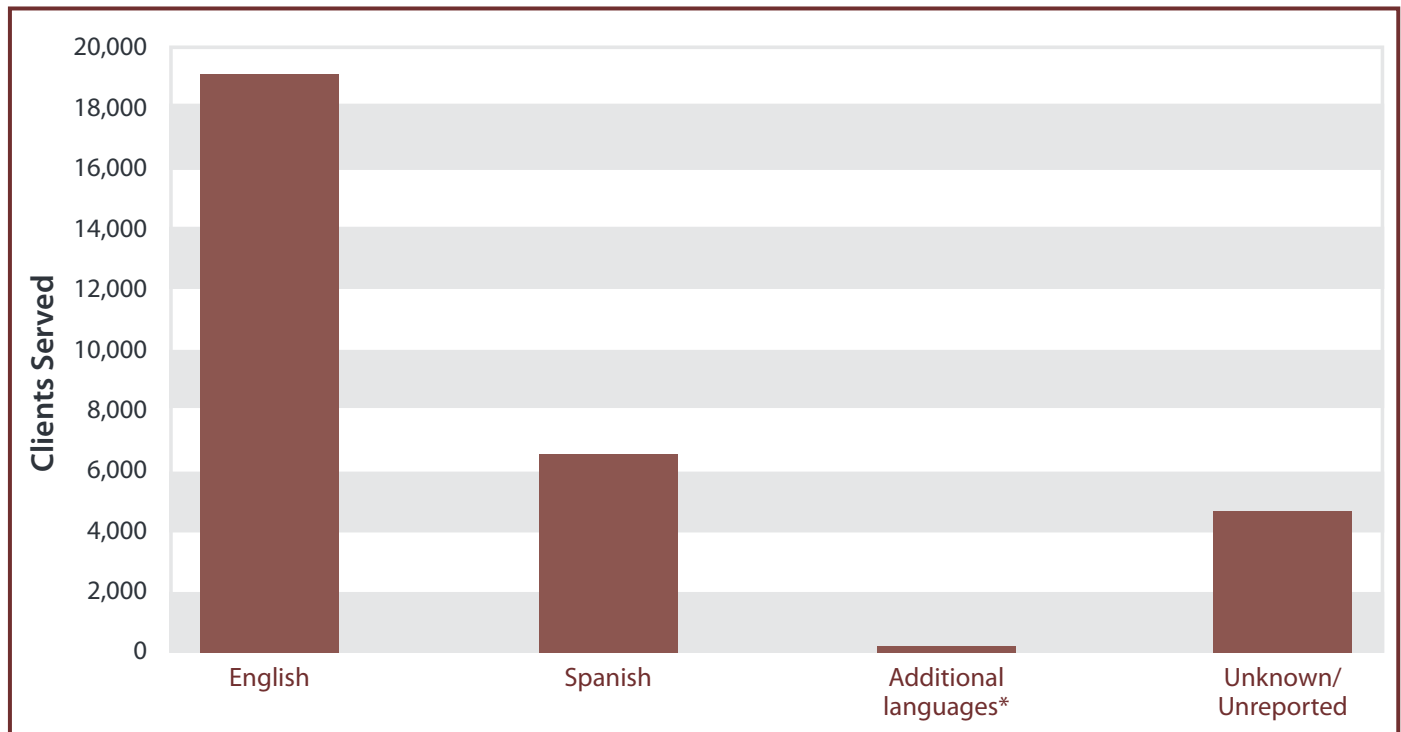
Note: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race. Source: ADAP Enrollment System, May 2, 2019.

Table 6. California ADAP Clients Served by Preferred Language, FY 2017-18

Preferred Language	Number of Clients	Percent of Total
English	19,011	62.3%
Spanish	6,550	21.5%
Additional languages*	166	0.5%
Unknown/Unreported	4,784	15.7%
TOTAL	30,511	100.0%

Note: Additional languages include: Arabic, Cambodian, Cantonese, Korean, Mandarin, Russian, Vietnamese, and Tagalog. Preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. Source: ADAP Enrollment System, May 2, 2019.

Figure 6. California ADAP Clients Served by Preferred Language, FY 2017-18

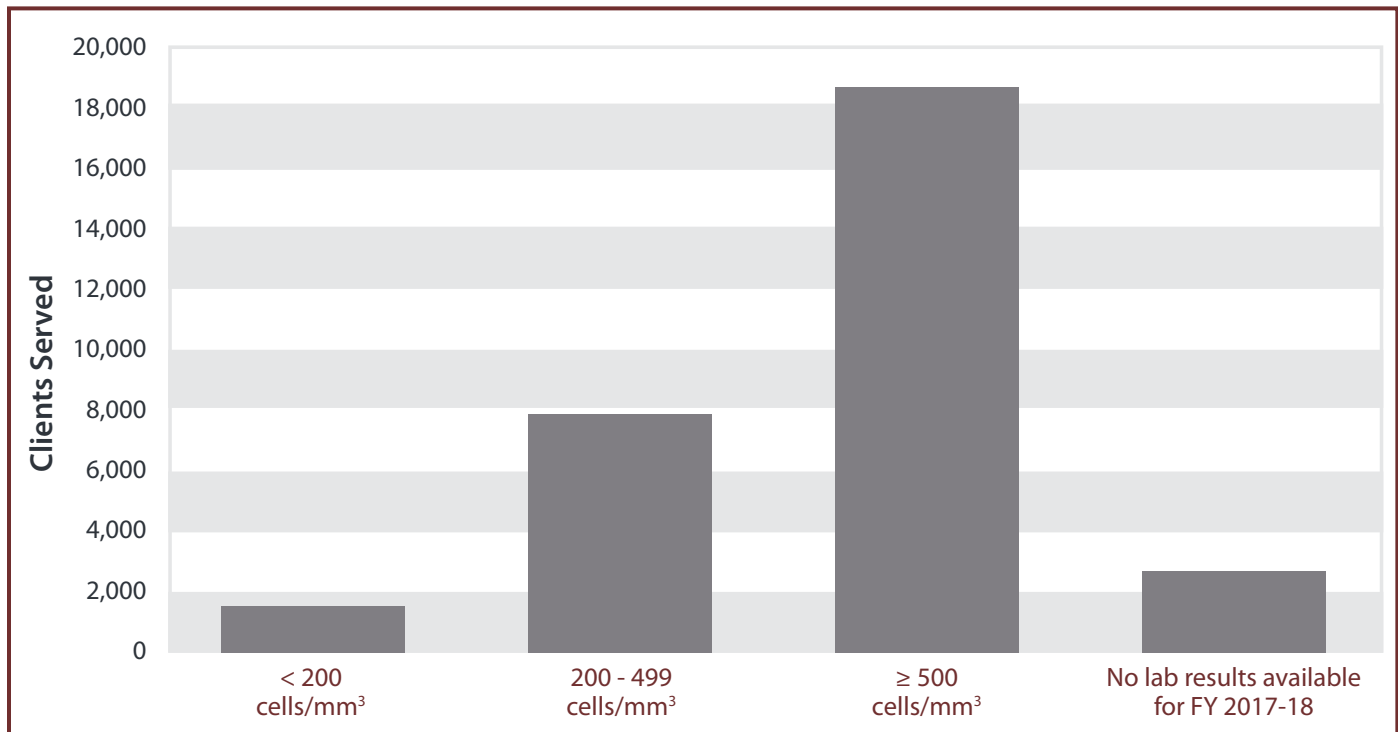


Note: Additional languages include: Arabic, Cambodian, Cantonese, Korean, Mandarin, Russian, Vietnamese, and Tagalog. Preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. Source: ADAP Enrollment System, May 2, 2019.

Table 7. California ADAP Clients Served by CD4 Count, FY 2017-18

CD4 Cell Count	Number of Clients	Percent of Total
< 200 cells/mm ³	1,468	4.8%
200 - 499 cells/mm ³	7,781	25.5%
≥ 500 cells/mm ³	18,551	60.8%
No lab results available for FY 2017-18	2,711	8.9%
TOTAL	30,511	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). CD4 counts are measured in cells per cubic millimeter (cells/mm³). A normal CD4 count ranges from 500 to 1,400 cells per cubic millimeter of blood. A CD4 count below 200 cells per cubic millimeter indicates greater susceptibility to opportunistic infections. Source: ADAP Enrollment System, May 2, 2019.

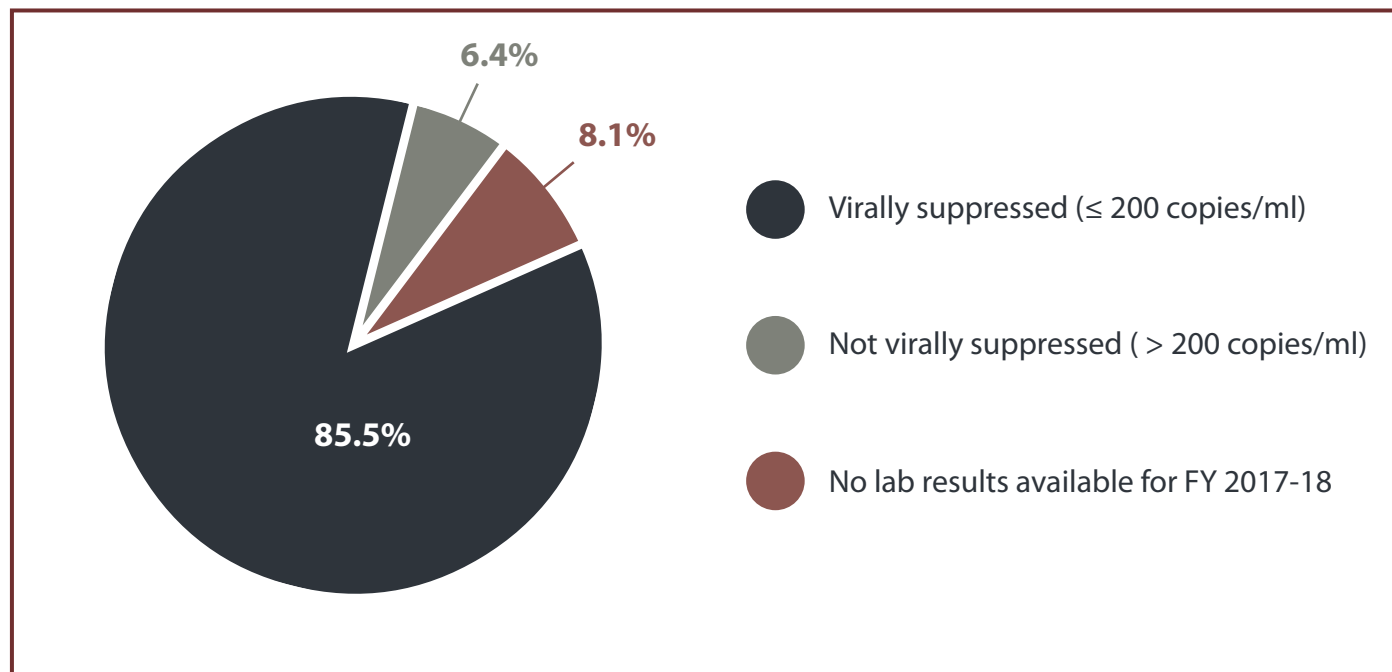
Figure 7. California ADAP Clients Served by CD4 Count, FY 2017-18

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). CD4 counts are measured in cells per cubic millimeter (cells/mm³). A normal CD4 count ranges from 500 to 1,400 cells per cubic millimeter of blood. A CD4 count below 200 cells per cubic millimeter indicates greater susceptibility to opportunistic infections. Source: ADAP Enrollment System, May 2, 2019.

Table 8a. California ADAP Clients Served by Viral Suppression Status, FY 2017-18

Viral Suppression Status	Number of Clients	Percent of Total
Virally suppressed (≤ 200 copies/ml)	26,078	85.5%
Not virally suppressed (> 200 copies/ml)	1,950	6.4%
No lab results available for FY 2017-18	2,483	8.1%
TOTAL	30,511	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was ≤ 200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, May 2, 2019.

Figure 8a. California ADAP Clients Served by Viral Suppression Status, FY 2017-18

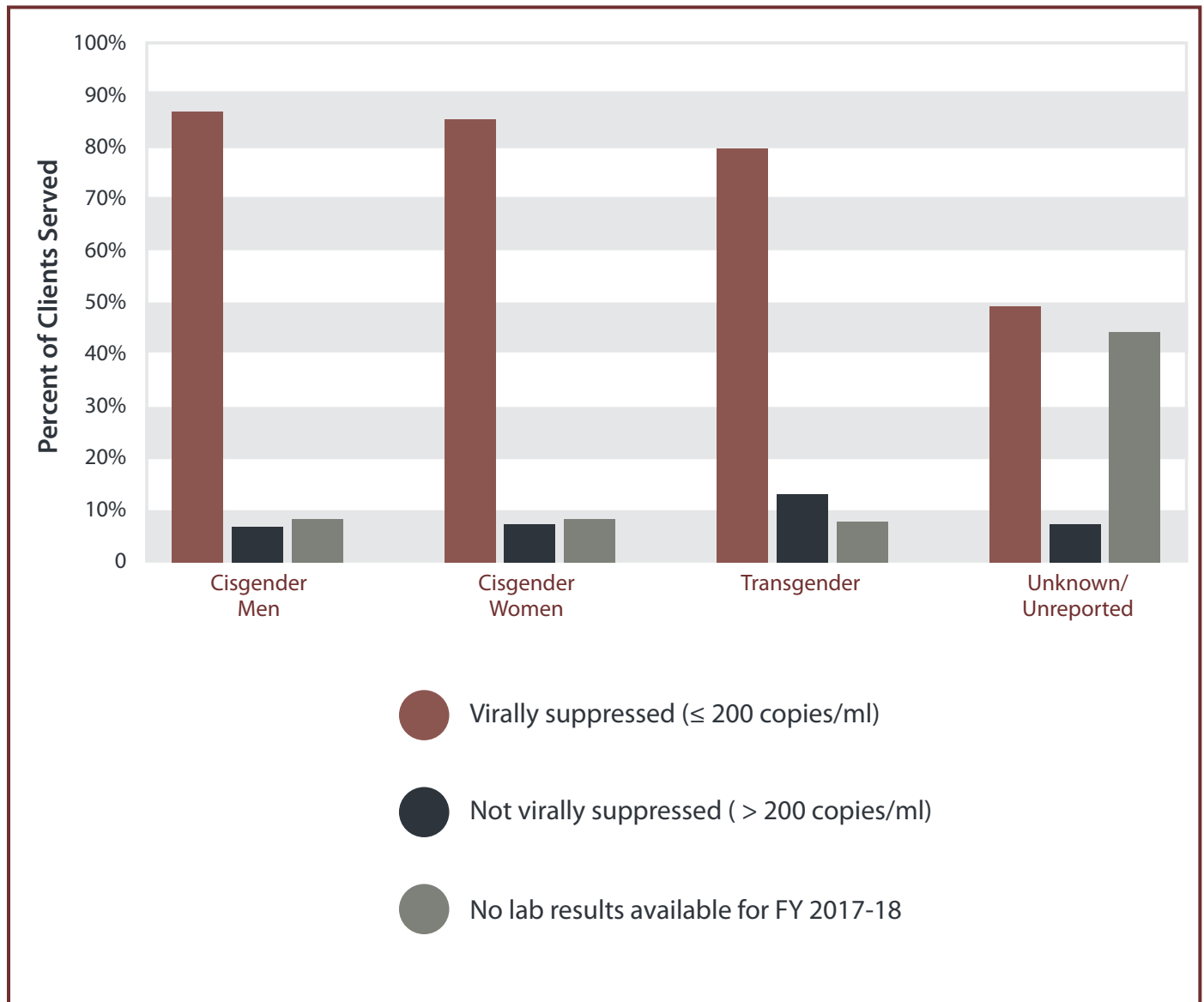
Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was ≤ 200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, May 2, 2019.

Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2017-18

Viral Suppression Status, by Gender	Number of Clients	Percent of Totals, by Gender Group
Cisgender Men		
Virally suppressed (≤ 200 copies/ml)	23,292	85.7%
Not virally suppressed (> 200 copies/ml)	1,697	6.2%
No lab results available for FY 2017-18	2,199	8.1%
<i> SUBTOTAL</i>	<i>27,188</i>	<i>100.0%</i>
Cisgender Women		
Virally suppressed (≤ 200 copies/ml)	2,489	84.8%
Not virally suppressed (> 200 copies/ml)	207	7.1%
No lab results available for FY 2017-18	239	8.1%
<i> SUBTOTAL</i>	<i>2,935</i>	<i>100.0%</i>
Transgender		
Virally suppressed (≤ 200 copies/ml)	276	80.0%
Not virally suppressed (> 200 copies/ml)	43	12.5%
No lab results available for FY 2017-18	26	7.5%
<i> SUBTOTAL</i>	<i>345</i>	<i>100.0%</i>
Unknown Gender		
Virally suppressed (≤ 200 copies/ml)	21	48.8%
Not virally suppressed (> 200 copies/ml)	3	7.0%
No lab results available for FY 2017-18	19	44.2%
<i> SUBTOTAL</i>	<i>43</i>	<i>100.0%</i>
TOTAL	30,511	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was ≤ 200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, May 2, 2019.

Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2017-18



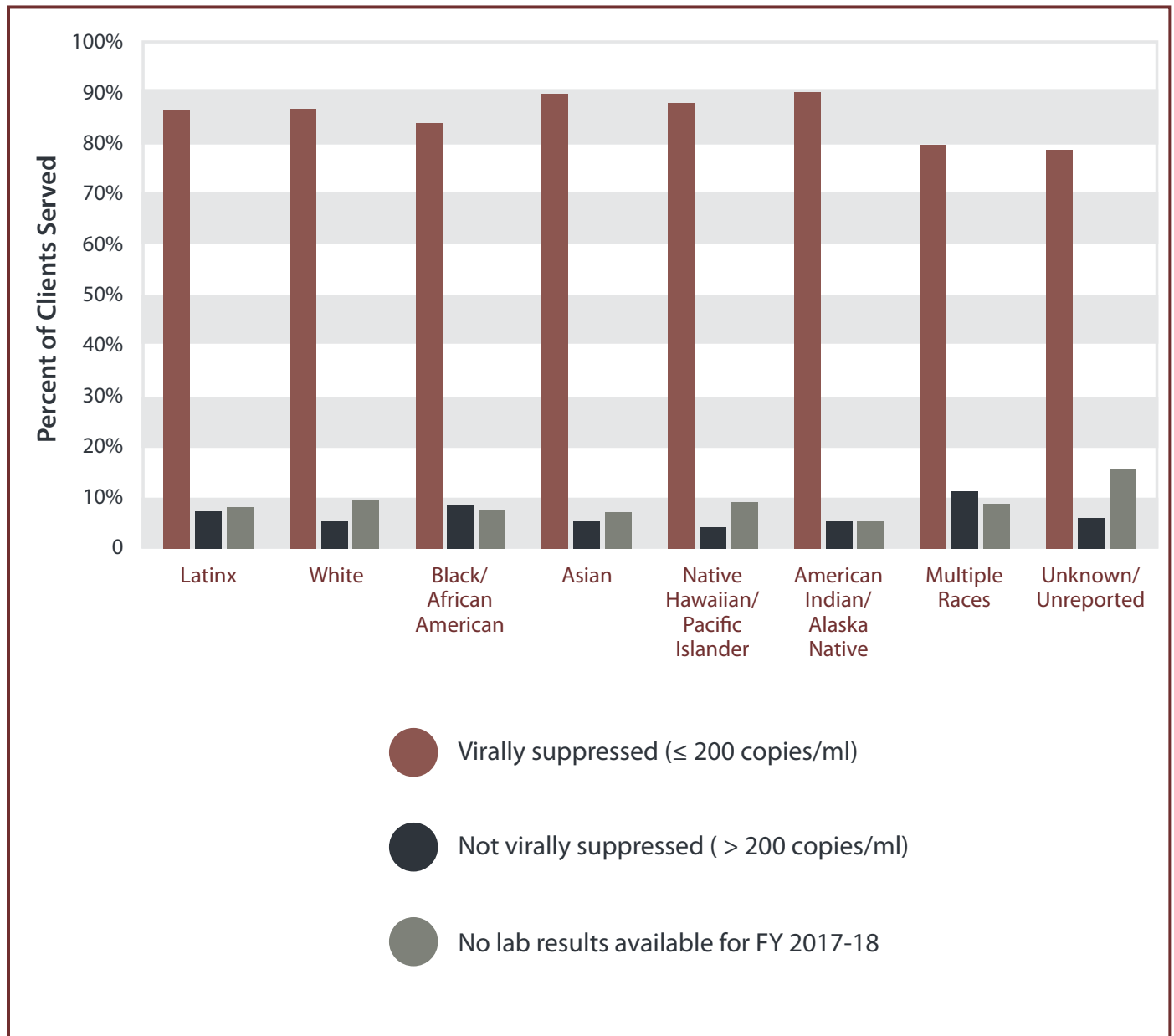
Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was ≤ 200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, May 2, 2019.

Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2017-18

Viral Suppression Status, by Race/Ethnicity	Number of Clients	Percent of Totals, by Race/Ethnicity
Latinx		
Virally suppressed (≤ 200 copies/ml)	12,249	85.4%
Not virally suppressed (> 200 copies/ml)	1,032	7.2%
No lab results available for FY 2017-18	1,063	7.4%
<i>SUBTOTAL</i>	<i>14,344</i>	<i>100.0%</i>
White		
Virally suppressed (≤ 200 copies/ml)	9,105	85.8%
Not virally suppressed (> 200 copies/ml)	520	4.9%
No lab results available for FY 2017-18	989	9.3%
<i>SUBTOTAL</i>	<i>10,614</i>	<i>100.0%</i>
Black/African American		
Virally suppressed (≤ 200 copies/ml)	3,016	84.5%
Not virally suppressed (> 200 copies/ml)	284	8.0%
No lab results available for FY 2017-18	268	7.5%
<i>SUBTOTAL</i>	<i>3,568</i>	<i>100.0%</i>
Asian		
Virally suppressed (≤ 200 copies/ml)	1,162	88.3%
Not virally suppressed (> 200 copies/ml)	67	5.1%
No lab results available for FY 2017-18	87	6.6%
<i>SUBTOTAL</i>	<i>1,316</i>	<i>100.0%</i>
Native Hawaiian/Pacific Islander		
Virally suppressed (≤ 200 copies/ml)	90	87.4%
Not virally suppressed (> 200 copies/ml)	4	3.9%
No lab results available for FY 2017-18	9	8.7%
<i>SUBTOTAL</i>	<i>103</i>	<i>100.0%</i>
American Indian/Alaska Native		
Virally suppressed (≤ 200 copies/ml)	66	89.2%
Not virally suppressed (> 200 copies/ml)	4	5.4%
No lab results available for FY 2017-18	4	5.4%
<i>SUBTOTAL</i>	<i>74</i>	<i>100.0%</i>
Multiple Races		
Virally suppressed (≤ 200 copies/ml)	168	80.4%
Not virally suppressed (> 200 copies/ml)	23	11.0%
No lab results available for FY 2017-18	18	8.6%
<i>SUBTOTAL</i>	<i>209</i>	<i>100.0%</i>
Unknown/Unreported Race/Ethnicity		
Virally suppressed (≤ 200 copies/ml)	222	78.4%
Not virally suppressed (> 200 copies/ml)	16	5.7%
No lab results available for FY 2017-18	45	15.9%
<i>SUBTOTAL</i>	<i>283</i>	<i>100.0%</i>
UNDUPLICATED TOTAL	30,511	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was ≤ 200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, May 2, 2019.

Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2017-18



Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was ≤ 200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, May 2, 2019.

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2017-18

Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,707	5.6%
Amador	< 10	< 0.1%
Butte	58	0.2%
Calaveras	< 10	< 0.1%
Colusa	< 10	< 0.1%
Contra Costa	291	1.0%
El Dorado	22	< 0.1%
Fresno	275	0.9%
Glenn	< 10	< 0.1%
Humboldt	52	0.2%
Imperial	69	0.2%
Inyo	< 10	< 0.1%
Kern	198	0.7%
Kings	30	0.1%
Lake	18	< 0.1%
Long Beach	215	0.7%
Los Angeles	11,923	39.1%
Madera	34	0.1%
Marin	126	0.4%
Mendocino	42	0.1%
Merced	38	0.1%
Mono	< 10	< 0.1%
Monterey	207	0.7%
Napa	29	0.1%
Nevada	42	0.1%
Orange	1,573	5.2%
Pasadena	201	0.7%

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2017-18 (continued)

Local Health Jurisdiction	Number of Clients	Percent of Total
Placer	20	< 0.1%
Plumas	< 10	< 0.1%
Riverside	1,655	5.4%
Sacramento	1,142	3.7%
San Bernardino	565	1.9%
San Diego	3,413	11.2%
San Francisco	3,092	10.1%
San Joaquin	169	0.6%
San Luis Obispo	82	0.3%
San Mateo	265	0.9%
Santa Barbara	117	0.4%
Santa Clara	719	2.4%
Santa Cruz	73	0.2%
Shasta	41	0.1%
Siskiyou	11	< 0.1%
Solano	223	0.7%
Sonoma	460	1.5%
Stanislaus	105	0.3%
Sutter	13	< 0.1%
Tehama	< 10	< 0.1%
Tulare	85	0.3%
Tuolumne	< 10	< 0.1%
Ventura	283	0.9%
Yolo	23	< 0.1%
Yuba	< 10	< 0.1%
Unknown	769	2.5%
TOTAL	30,511	100.0%

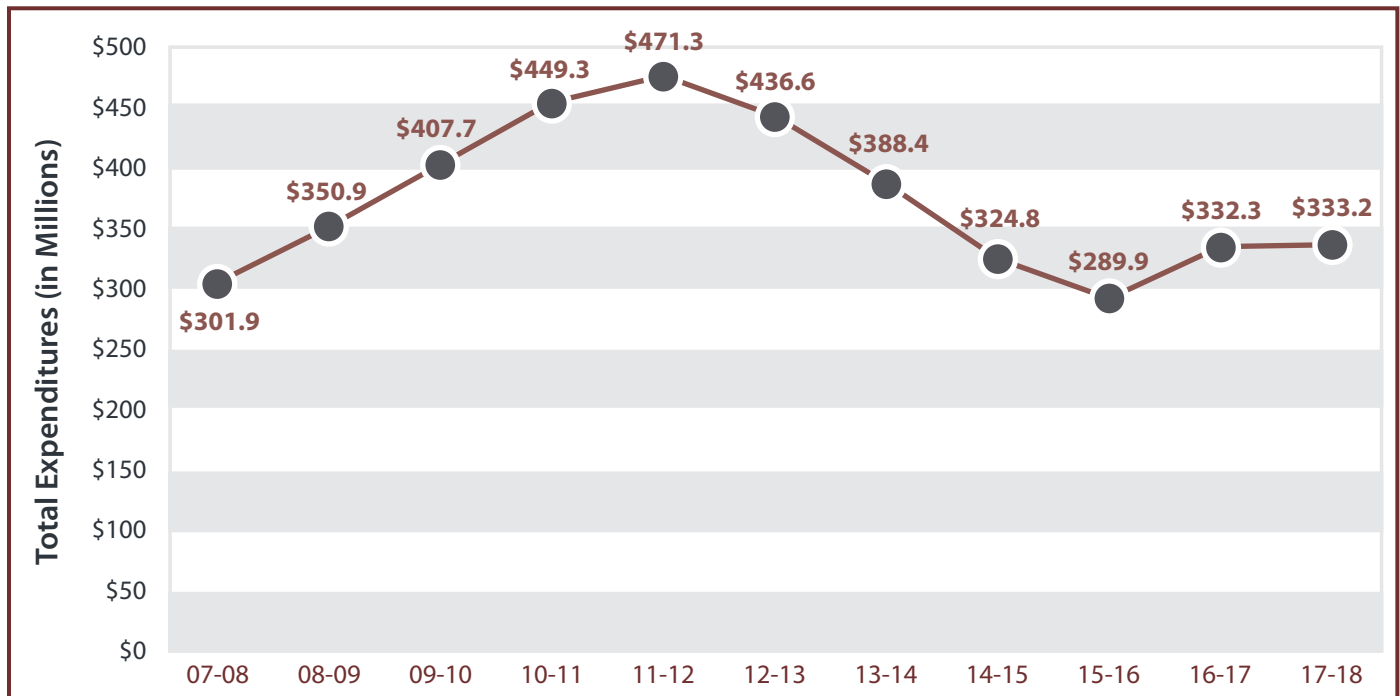
Note: Served clients reflect individuals who received medication or insurance assistance benefits. The following LHJs did not serve clients in California state fiscal year (FY) 2017-18 (July 1, 2017 – June 30, 2018) and are not shown in the table: Alpine, Del Norte, Lassen, Mariposa, Modoc, San Benito, Sierra, and Trinity. Source: ADAP Enrollment System, May 2, 2019.

Table 10. California ADAP Medication Dispenses and Expenditures, FY 2017-18

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
29,661	577,546	\$333,204,894	13	\$4,129

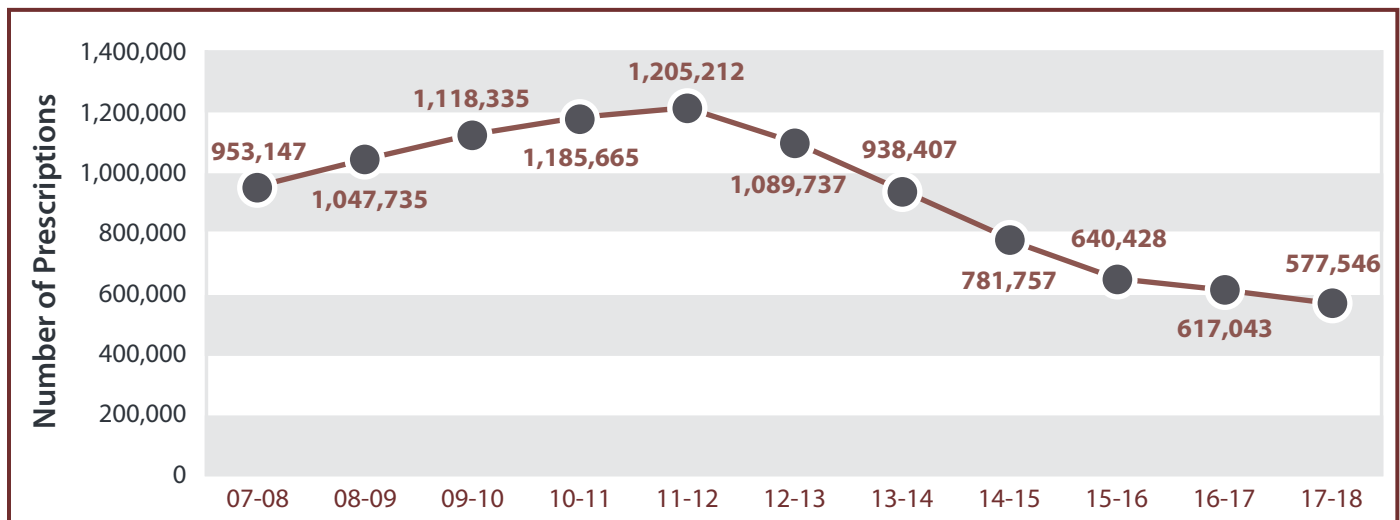
Note: Source: ADAP Enrollment System, May 2, 2019.

Figure 9. California ADAP Medication Expenditures by Fiscal Year, 2007 - 2017



Note: Source: ADAP Enrollment System, May 2, 2019.

Figure 10. California ADAP Medication Prescriptions Dispensed by Fiscal Year, 2007 - 2017

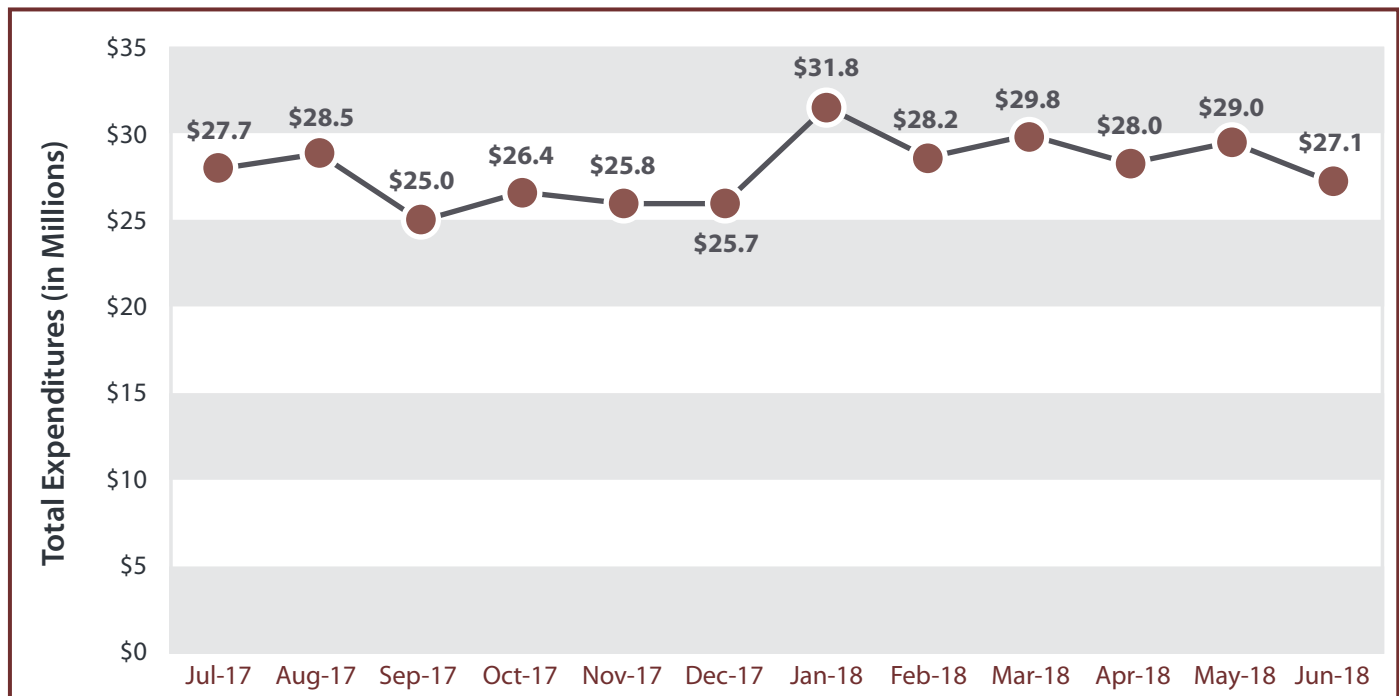


Note: Source: ADAP Enrollment System, May 2, 2019.

Table 11. California ADAP Medication Expenditures by Month, FY 2017-18

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2017	18,090	49,216	\$27,748,741
August 2017	17,646	50,440	\$28,520,631
September 2017	16,777	44,543	\$25,027,641
October 2017	16,806	46,709	\$26,435,711
November 2017	16,488	44,956	\$25,841,114
December 2017	16,044	43,333	\$25,726,418
January 2018	19,251	56,167	\$31,828,020
February 2018	18,843	50,008	\$28,223,662
March 2018	19,105	51,171	\$29,807,070
April 2018	17,859	47,432	\$27,959,675
May 2018	17,766	48,438	\$28,989,544
June 2018	17,310	45,133	\$27,096,668
TOTAL	29,661	577,546	\$333,204,894

Note: Medications dispensed month reflects the month in which the dispense was paid for by ADAP. Table includes all medications dispensed. Source: ADAP Enrollment System, May 2, 2019.

Figure 11. California ADAP Medication Expenditures by Month, FY 2017-18

Note: Month reflects the month in which the client's prescription was paid by ADAP. In most, but not all cases, that is the same month in which a prescription was dispensed. Source: ADAP Enrollment System, May 2, 2019.

Table 12a. California ADAP Antiretroviral Medication Disperses, FY 2017-18

Drug Class	Number of Clients	Percent of Clients
Integrase Strand Transfer Inhibitor (INSTI) - Based Combination	13,308	44.9%
Nucleoside Reverse Transcriptase Inhibitor (NRTI) Combination	9,665	32.6%
Protease Inhibitor	7,109	24.0%
Integrase Strand Transfer Inhibitor (NSTI)	6,857	23.1%
Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) - Based Combination	5,756	19.4%
Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)	2,533	8.5%
Nucleoside Reverse Transcriptase Inhibitor (NRTI)	1,308	4.4%
Chemokine Receptor 5 (CCR5) Inhibitor	427	1.4%
Integrase Strand Transfer Inhibitor - Non-Nucleoside Reverse Transcriptase Inhibitor (INSTI-NNRTI) Combination	214	0.7%
Fusion Inhibitor	7	0.02%
No antiretroviral medication dispenses	454	1.5%
TOTAL	29,661	100.0%

Note: Totals do not sum to 100% as clients may receive prescriptions from more than one drug class. Source: ADAP Enrollment System, May 2, 2019.

Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2017-18

Drug Class	Number of Clients	Percent of Clients
Cardiovascular: includes statins and other antihyperlipidemics.	6,909	23.3%
Diabetes Treatment: includes medications used to help control high blood sugar.	1,921	6.5%
Gastrointestinal (GI) Agents: includes medications used to treat gastrointestinal issues, such as ulcers, gastroesophageal reflux disease, and heartburn.	2,746	9.3%
Infectious Disease: includes antimicrobials, antivirals, and vaccines, which are used to treat or prevent viral and bacterial infections.	12,202	41.1%
Mental Health: includes medications such as antidepressants, benzodiazepines, and antipsychotics, which are used to treat mental health conditions.	6,321	21.3%
Neurologic: includes anticonvulsants, which can be used to treat seizure disorders.	2,545	8.6%
Pain: includes nonsteroidal anti-inflammatory drugs (NSAID) and opioid analgesics which are used for pain management.	5,528	18.6%
Miscellaneous: includes androgens, wasting syndrome treatment, glucocorticoids, antineoplastics, glycoprotein or peptide cytokine/hormone, and anabolic steroids.	3,216	10.8%
No non-antiretroviral medication dispenses	9,622	32.4%
TOTAL	29,661	100.0%

Note: Totals do not sum to 100% as clients may receive prescriptions from more than one drug class. Source: ADAP Enrollment System, May 2, 2019.

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2017-18

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,659	28,287	\$11,015,081
Amador	< 10	159	\$24,925
Butte	57	1,190	\$389,319
Calaveras	< 10	46	\$8,312
Colusa	< 10	68	\$4,003
Contra Costa	280	3,976	\$1,525,180
El Dorado	21	336	\$66,646
Fresno	267	3,054	\$1,159,148
Glenn	< 10	50	\$34,298
Humboldt	49	618	\$174,056
Imperial	69	877	\$1,240,706
Inyo	< 10	3	\$16
Kern	197	3,139	\$3,011,476
Kings	30	326	\$365,159
Lake	18	344	\$121,586
Long Beach	206	3,772	\$2,390,399
Los Angeles	11,601	237,630	\$172,731,719
Madera	33	391	\$416,795
Marin	117	1,805	\$750,706
Mendocino	42	1,039	\$162,693
Merced	38	586	\$301,956
Mono	< 10	9	\$22,298
Monterey	197	3,884	\$1,609,163
Napa	29	422	\$506,285
Nevada	42	670	\$158,819
Orange	1,515	30,777	\$24,856,409
Pasadena	198	3,802	\$2,423,120

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2017-18 *(continued)*

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Placer	20	491	\$155,614
Plumas	< 10	19	\$3,247
Riverside	1,605	39,428	\$8,146,000
Sacramento	1,113	20,220	\$6,174,889
San Bernardino	555	8,835	\$7,284,358
San Diego	3,347	66,900	\$39,742,888
San Francisco	2,978	55,668	\$17,028,307
San Joaquin	164	2,678	\$1,525,432
San Luis Obispo	74	1,144	\$453,854
San Mateo	257	3,765	\$3,189,264
Santa Barbara	116	2,023	\$1,947,278
Santa Clara	707	12,293	\$6,905,877
Santa Cruz	72	1,178	\$604,801
Shasta	41	563	\$361,927
Siskiyou	10	116	\$22,889
Solano	214	3,617	\$1,186,620
Sonoma	455	9,644	\$2,568,930
Stanislaus	104	2,202	\$1,194,312
Sutter	12	261	\$146,211
Tehama	< 10	12	\$22,807
Tulare	85	1,413	\$1,197,063
Tuolumne	< 10	128	\$65,178
Ventura	276	4,713	\$2,873,506
Yolo	22	412	\$327,032
Yuba	< 10	166	\$132,017
Unknown	733	12,397	\$4,474,316
TOTAL	29,661	577,546	\$333,204,895

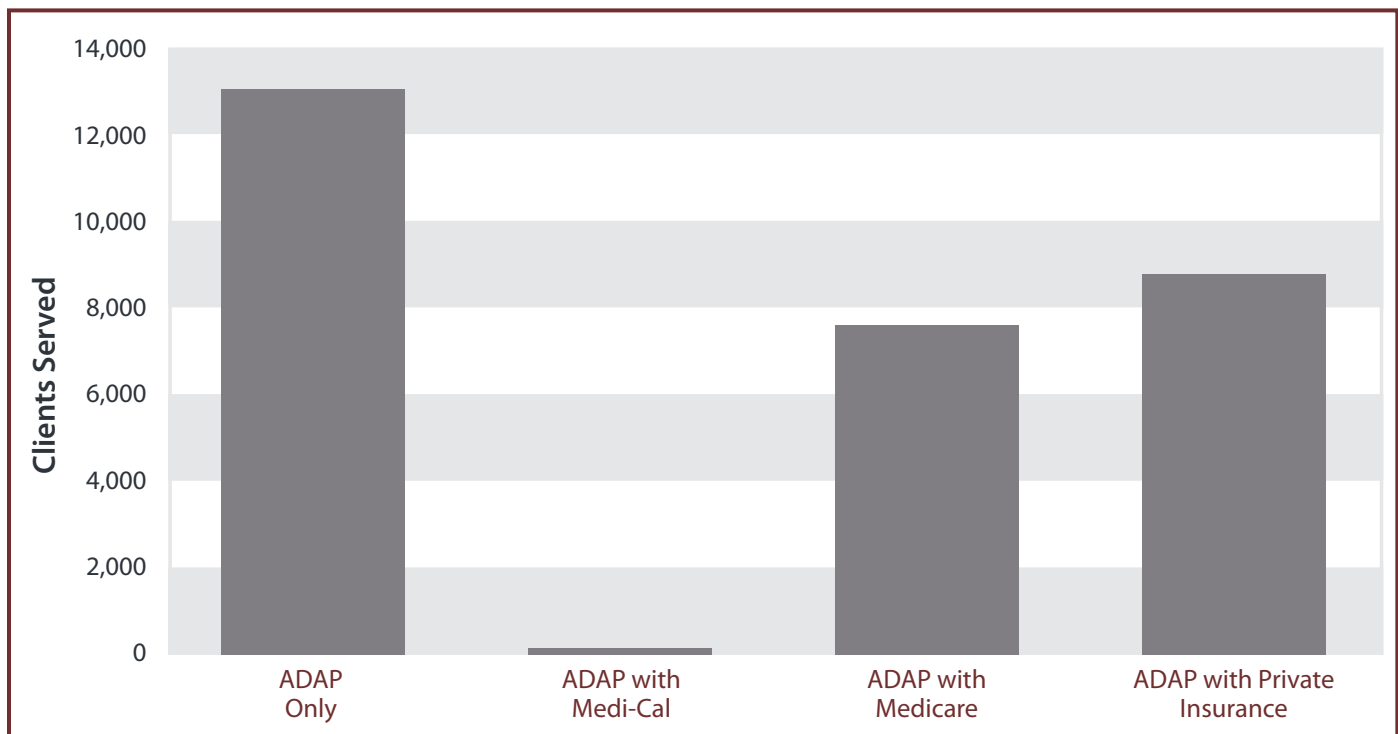
Note: LHJs reflect place of enrollment. Clients include those with at least one medication dispense during the fiscal year (July 1, 2017 through June 30th, 2018). The following LHJs did not have clients with dispenses in this fiscal year and are not shown in the table: Alpine, Del Norte, Lassen, Mariposa, Modoc, San Benito, Sierra, and Trinity. Source: ADAP Enrollment System, May 2, 2019.

Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2017-18

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	13,018	43.9%
ADAP with Medi-Cal	143	0.5%
ADAP with Medicare	7,712	26.0%
ADAP with Private Insurance	8,788	29.6%
TOTAL	29,661	100.0%

Note: Clients include those with at least one medication dispense during the fiscal year. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2017-18



Note: Clients include those with at least one medication dispense during the fiscal year. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2017-18

Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
OA-HIPP	5,095	66,293	\$4,260	\$27,205,828
MDPP	1,526	16,084	\$378	\$854,316
UNDUPLICATED TOTAL	6,578	82,377	---	\$28,060,144

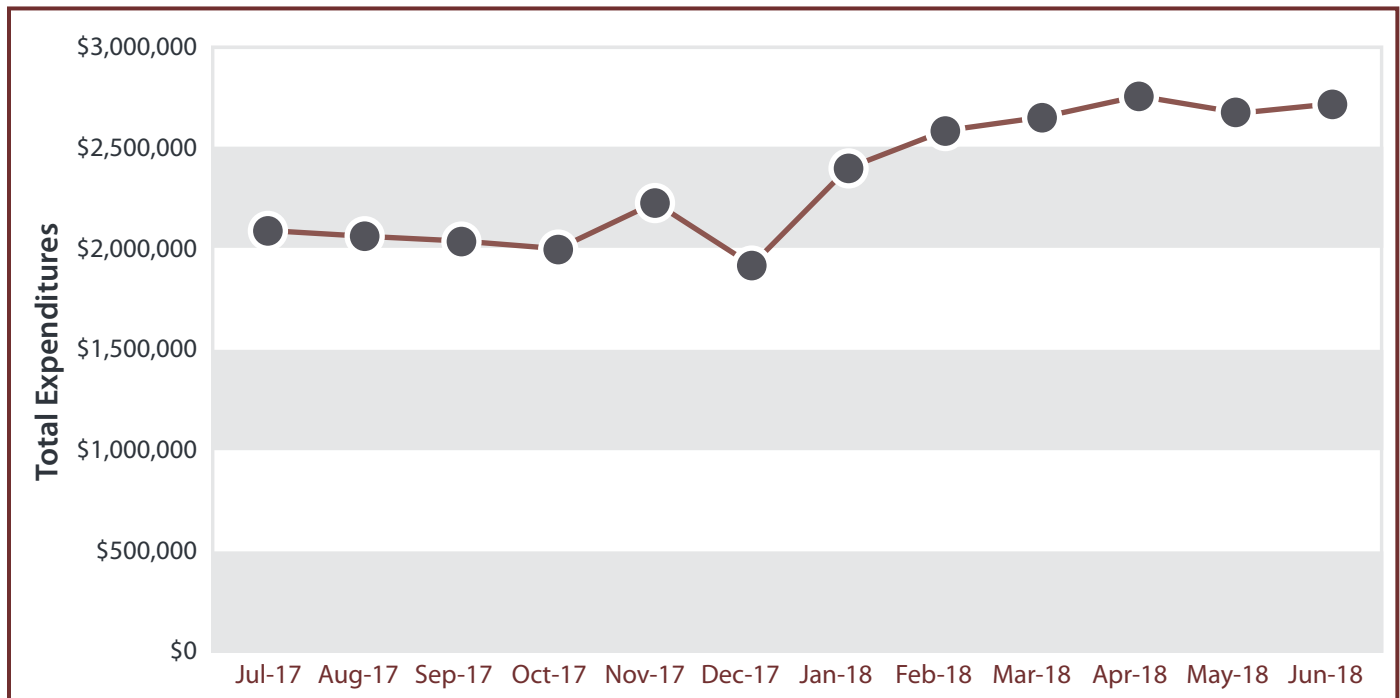
Note: The unduplicated client total is less than the sum of clients by program as some clients received both Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and Medicare Part D Premium Payment Program (MDPP) health insurance premium benefits during the course of the fiscal year. Expenditures reflect payments and adjustments made during the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2017-18

Month	Clients	Expenditures
July 2017	4,353	\$2,075,811
August 2017	4,373	\$2,063,140
September 2017	4,326	\$2,038,942
October 2017	4,181	\$1,978,225
November 2017	4,153	\$2,228,995
December 2017	4,020	\$1,915,515
January 2018	4,467	\$2,415,437
February 2018	4,645	\$2,590,324
March 2018	4,788	\$2,643,377
April 2018	5,039	\$2,751,044
May 2018	5,083	\$2,663,460
June 2018	5,196	\$2,695,874
UNDUPLICATED TOTAL	6,578	\$28,060,144

Note: Month reflects the month in which the client's premium was paid by ADAP. Table reflects only claims submitted for the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and the Medicare Part D Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2017-18



Note: Month reflects the month in which the client’s premium was paid by ADAP. Table reflects only claims submitted for the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and the Medicare Part D Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2017-18

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	430	\$2,009,894
Amador	< 10	\$1,037
Butte	23	\$135,538
Calaveras	< 10	\$5,426
Colusa	< 10	\$6,311
Contra Costa	88	\$309,191
El Dorado	< 10	\$11,790
Fresno	61	\$121,119
Glenn	< 10	\$7,449
Humboldt	21	\$38,274
Imperial	< 10	\$3,931
Kern	15	\$39,251
Kings	< 10	\$2,905
Lake	< 10	\$14,223
Long Beach	65	\$235,874
Los Angeles	1,874	\$9,150,533
Madera	< 10	\$4,772
Marin	62	\$272,179
Mendocino	20	\$62,119
Merced	< 10	\$26,269
Monterey	68	\$674,301
Napa	< 10	\$11,231
Nevada	27	\$65,642
Orange	325	\$1,550,106
Pasadena	27	\$75,342
Placer	< 10	\$2,268

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2017-18 *(continued)*

Local Health Jurisdiction	Clients	Premium Expenditures
Riverside	499	\$1,428,748
Sacramento	282	\$1,134,485
San Bernardino	61	\$170,826
San Diego	714	\$2,977,833
San Francisco	1,048	\$4,442,425
San Joaquin	24	\$51,451
San Luis Obispo	51	\$387,999
San Mateo	74	\$275,707
Santa Barbara	12	\$26,500
Santa Clara	165	\$536,475
Santa Cruz	17	\$77,529
Shasta	< 10	\$4,677
Siskiyou	< 10	\$33,566
Solano	61	\$151,448
Sonoma	119	\$423,327
Stanislaus	17	\$54,162
Sutter	< 10	\$25,840
Tehama	< 10	\$6,197
Tulare	12	\$31,102
Tuolumne	< 10	\$171
Ventura	86	\$331,390
Yolo	10	\$28,081
Yuba	< 10	\$2,638
Unknown	161	\$620,592
UNDUPLICATED TOTAL	6,578	\$28,060,144

Note: Table reflects only claims submitted for the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and the Medicare Part D Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. The following LHJs did not serve clients in FY 2017-18 and are not shown in the table: Alpine, Del Norte, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Sierra, and Trinity. Source: ADAP Enrollment System, May 2, 2019.

Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2017-18

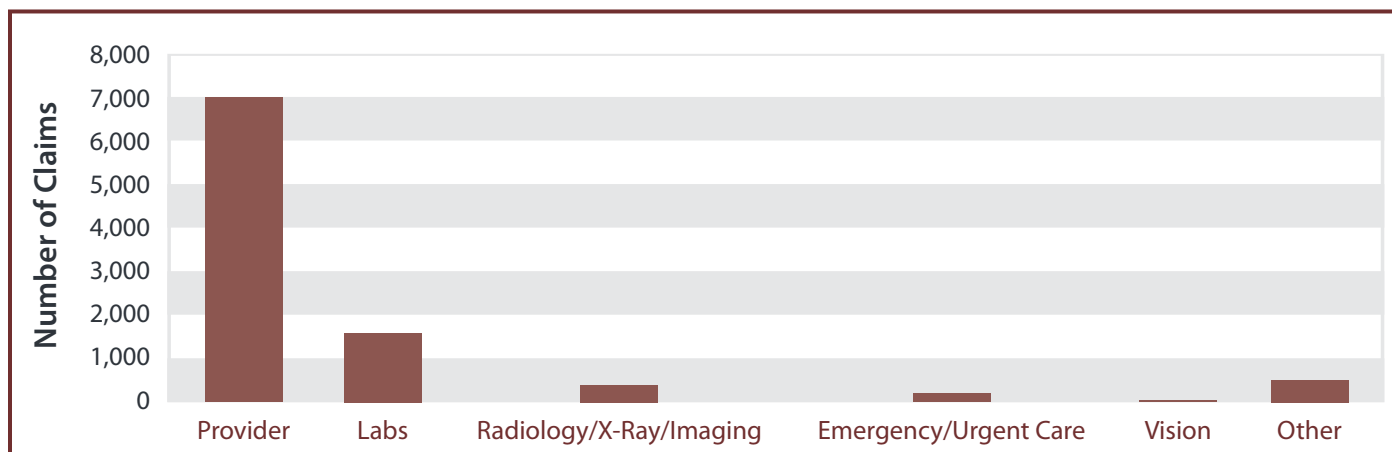
Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
1,126	9,420	\$481,325	4	\$168

Note: Table reflects MOOPs for Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) clients only. Medicare Part D Premium Payment Program (MDPP) expenditures will be reported once a full year of data are available. Expenditures include those paid during the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Table 19. Medical Out-Of-Pocket (MOOP) Expenditures by Service Type, FY 2017-18

Service Type	Clients	Medical-Out-Of-Pocket Claims	Percent of Claims	Expenditures	Percent of Expenditures
Provider	1,017	6,957	73.9%	\$340,101	70.7%
Labs	589	1,582	16.8%	\$57,646	12.0%
Radiology/X-Ray/Imaging	195	343	3.6%	\$24,112	5.0%
Emergency/Urgent Care	94	129	1.4%	\$27,887	5.8%
Vision	26	36	0.4%	\$2,303	0.5%
Other	171	373	4.0%	\$29,276	6.1%
TOTAL	1,126	9,420	100.0%	\$481,325	100.0%

Note: Table reflects MOOPs for Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) clients only. Medicare Part D Premium Payment Program (MDPP) expenditures will be reported once a full year of data are available. Expenditures include those paid during the fiscal year. Totals do not sum to 100% as clients may submit a claim for more than one medical service type. Source: ADAP Enrollment System, May 2, 2019.

Figure 14. Medical Out-Of-Pocket (MOOP) Claims by Service Type, FY 2017-18

Note: Table reflects MOOPs for Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) clients only. Medicare Part D Premium Payment Program (MDPP) expenditures will be reported once a full year of data are available. Expenditures include those paid during the fiscal year. Source: ADAP Enrollment System, May 2, 2019.

Appendices

Appendix A. Medication Prescription Disburses and Expenditures: Measures of Central Tendency and Spread, FY 2017-18

	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of Prescription Medications Dispensed	12	1	6	13	26	187
Medication Expenditures	\$5.45	\$1.75	\$528	\$4,129	\$20,246	\$428,727

Note: Number of clients included in analyses = 29,611; Number of prescription medication disburses included = 577,546. Source: ADAP Enrollment System, May 2, 2019.

Appendix B. Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and Medicare Part D Premium Payment Program (MDPP) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2017-18

	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of OA-HIPP and MDPP Payments per client	13	1	7	12	15	43
OA-HIPP and MDPP Expenditures per client	\$1,186	\$1	\$880	\$2,804	\$6,554	\$33,790

Note: Number of clients included in analyses = 5,728; Number of claims included in analyses = 82,377. Source: ADAP Enrollment System, May 2, 2019.

Appendix C. Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2017-18

	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of OA-HIPP MOOPs Claims per client	1	1	2	4	10	176
MOOPs Expenditures per client	\$15	\$3	\$59	\$168	\$486	\$8,613

Note: Number of clients included in analyses = 1,126; Number of claims included in analyses = 9,420. Source: ADAP Enrollment System, May 2, 2019.

Appendix D. Active Enrollment Sites and Enrollment Workers, by Local Health Jurisdiction, FY 2017-18

Local Health Jurisdiction	# of Enrollment Sites	% of Total # of Enrollment Sites	# of Enrollment Workers	% of Total # of Enrollment Workers
Alameda	11	5.9%	43	6.7%
Amador	1	0.5%	4	0.6%
Butte	1	0.5%	2	0.3%
Calaveras	1	0.5%	2	0.3%
Colusa	1	0.5%	1	0.2%
Contra Costa	3	1.6%	14	2.2%
El Dorado	1	0.5%	3	0.5%
Fresno	2	1.1%	8	1.2%
Glenn	1	0.5%	2	0.3%
Humboldt	1	0.5%	4	0.6%
Imperial	1	0.5%	1	0.2%
Inyo	1	0.5%	0	0.0%
Kern	1	0.5%	2	0.3%
Kings	1	0.5%	3	0.5%
Lake	1	0.5%	3	0.5%
Lassen	1	0.5%	2	0.3%
Long Beach	1	0.5%	5	0.8%
Los Angeles	55	29.6%	189	29.3%
Madera	1	0.5%	4	0.6%
Marin	2	1.1%	4	0.6%
Mendocino	3	1.6%	2	0.3%
Merced	1	0.5%	4	0.6%
Mono	1	0.5%	1	0.2%
Monterey	3	1.6%	11	1.7%
Napa	1	0.5%	4	0.6%
Nevada	1	0.5%	1	0.2%
Orange	3	1.6%	16	2.5%
Pasadena	1	0.5%	5	0.8%

Appendix D. Active Enrollment Sites and Enrollment Workers, by Local Health Jurisdiction, FY 2017-18 (continued)

Local Health Jurisdiction	# of Enrollment Sites	% of Total # of Enrollment Sites	# of Enrollment Workers	% of Total # of Enrollment Workers
Placer	1	0.5%	2	0.3%
Plumas	1	0.5%	1	0.2%
Riverside	3	1.6%	14	2.2%
Sacramento	4	2.2%	14	2.2%
San Bernardino	4	2.2%	15	2.3%
San Diego	15	8.1%	91	14.1%
San Francisco	23	12.4%	60	9.3%
San Joaquin	2	1.1%	9	1.4%
San Luis Obispo	1	0.5%	7	1.1%
San Mateo	2	1.1%	8	1.2%
Santa Barbara	2	1.1%	9	1.4%
Santa Clara	4	2.2%	20	3.1%
Santa Cruz	2	1.1%	2	0.3%
Shasta	1	0.5%	3	0.5%
Siskiyou	1	0.5%	1	0.2%
Solano	2	1.1%	9	1.4%
Sonoma	5	2.7%	12	1.9%
Stanislaus	1	0.5%	5	0.8%
Sutter	1	0.5%	1	0.2%
Tehama	1	0.5%	2	0.3%
Trinity	1	0.5%	2	0.3%
Tulare	2	1.1%	5	0.8%
Tuolumne	1	0.5%	2	0.3%
Ventura	1	0.5%	5	0.8%
Yolo	2	1.1%	2	0.3%
Yuba	1	0.5%	1	0.2%
Unknown	0	0.0%	3	0.5%
UNDUPLICATED TOTAL	186	100.0%	622	100.0%

Note: Unduplicated totals do not equal 100% due to rounding and assignment of some enrollment workers (n=23) to more than one local health jurisdiction. Totals reflect the number of active enrollment sites and workers at the end of this reporting period. The following LHJs did not serve clients in FY 2017-18 and are not shown in the table: Alpine, Del Norte, Mariposa, Modoc, San Benito, and Sierra. Source: ADAP Enrollment System, May 2, 2019.

Appendix E. Summary of Statistical Measures and Definitions, FY 2017-18

Measure	Description
Mode	The most commonly or frequently occurring value in a data set.
Minimum	The lowest or smallest value in a data set.
25th Percentile	When all observations in a data set are ordered from smallest to largest, the 25 th percentile is the value below which 25% of the observations may be found.
Median (50th Percentile)	When all observations in a data set are ordered from smallest to largest, the median is the value exactly in the middle. If there are an even number of observations, the median is the average of the two middle values. The median is also the 50 th percentile - the value below which 50% of the observations may be found. The median is often the best representation of central tendency when data have extreme values.
75th Percentile	When all observations in a data set are ordered from smallest to largest, the 75 th percentile is the value below which 75% of the observations may be found.
Maximum	The highest or largest value in a data set.
Mean	Also called the average, the mean is the central value of all observations in a dataset. It is calculated by taking the sum of all observations divided by the number of observations.
Standard Deviation (SD)	A measure of the amount of variation or spread in a data set. A small or low standard deviation means that observations in the data set tend to be close to the mean, and a high standard deviation means that observations in the data set tend to be more spread out across a wider range of values.



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