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CCLAD

Office of AIDS Presentation

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June 2008

Michelle Roland, Juan Ruiz, and Kevin Farrell

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# Agenda

1. Introduce Chris Nelson
2. Budget Update
3. Legislation Update\*
4. NASTAD and Hill Visits
5. Visioning Change and State Work Group
6. OA Funding Issues
  - E&P Formula Review\*
  - C&T Funding
7. Names Reporting Stakeholder Meeting\*
8. Prevention Think Tank\*
9. Upcoming Testing Meetings

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\* Handouts

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# Budget Update – Legislative Actions

- BBRs accepted for
    - OA support (\$400K)
    - Epi and Surveillance (\$400K)
    - Counseling and Testing (\$600K)
    - EIP (\$200K)
    - Case Management (\$400K)
    - Housing (\$122K)
  - OA working on contract language now
  - Proportionate reductions across contracts
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# BBRs Amended

- ADAP
    - Backfill \$7 million with rebate funds
  - TMP
    - Backfill \$4 million + 300K BBR with rebate funds
  - Not clear yet if intent is one-time or permanent
  - Important implications for rebate fund
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# Education and Prevention Funding

- BBR \$1.6 million
  - Legislature adopted redirection of \$1.35 million from Department of Mental Health
  - Assembly recommended adding back \$5.6 million (minus a BBR-type reduction)
  - Senate did not take action, so will go to conference committee
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# Legislation Update

- AB 184 (Dymally)
    - Requires CDPH to submit a budget/plan for hepatitis and liver cancer prevention.
  - AB 1894 (Krekorian)
    - Requires health care service plans and health insurers to cover HIV testing, on or after January 1, 2009.
  - AB 1984 (Swanson)
    - Requires CDCR to make HIV testing available on a voluntary basis, immediately upon release.
  - AB 2658 (Horton)
    - Requires labs to submit electronic reports on reportable diseases by July 1, 2009 or within one year of the establishment of a CDPH laboratory reporting system.
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# Legislation Update

## ■ AB 2737 (Feuer)

- Authorizes a petition to be filed ex parte for court ordered HIV/HCV test of any arrestee, in the case of occupational exposure of potentially infectious body fluid to a first responder.

## ■ AB 2899 (Portantino)

- Requires OA, no later than July 1, 2009 to develop an HIV C&T program via contracts with LHDs and CBOs along with specified provisions for procedures and requirements.

## ■ SB 1184 (Kuehl)

- As an urgency measure, requires labs to report CD4+ T-cell tests to LHOs including patient and laboratory testing information within seven days of the completion of a CD4+ T-cell test. LHOs would be required to report unduplicated cases of HIV infection or AIDS, by name to OA within 45 days of receipt of the report.
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# NASTAD and Hill Visits: May 2008

- Member of Executive Committee
  - Member of ACTF
  - Future meetings to include branch chiefs
  
  - Kennedy, Pelosi, Waxman, and Dingell visits
    - Ryan White reauthorization
    - 2010 Federal budget
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# Visioning Change Initiative Goal

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To create a more sustainable, effective, integrated, and responsive HIV health care, prevention, and support system for people living with and at risk for HIV in California.

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# Visioning Change Initiative Overview

- Co-sponsors
    - AIDS Partnership California (APC)
    - California HIV Research Program (CHRP)
  - 3 year project (2008 – 2010)
  - Fundraising
    - California Health Care Foundation
    - The California Endowment
    - Kaiser Foundation
    - Sutter Health
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# AIDS Partnership California (APC)

- Public/private collaboration
  - Purpose
    - arrest the escalating rate of HIV in California
    - inform sound policy decisions
    - strengthen the systems of HIV prevention, care, and treatment
  - APC identifies emerging issues with a statewide impact, funds innovative solutions, and promotes learning through grantmaking, convening, training, and dissemination of findings
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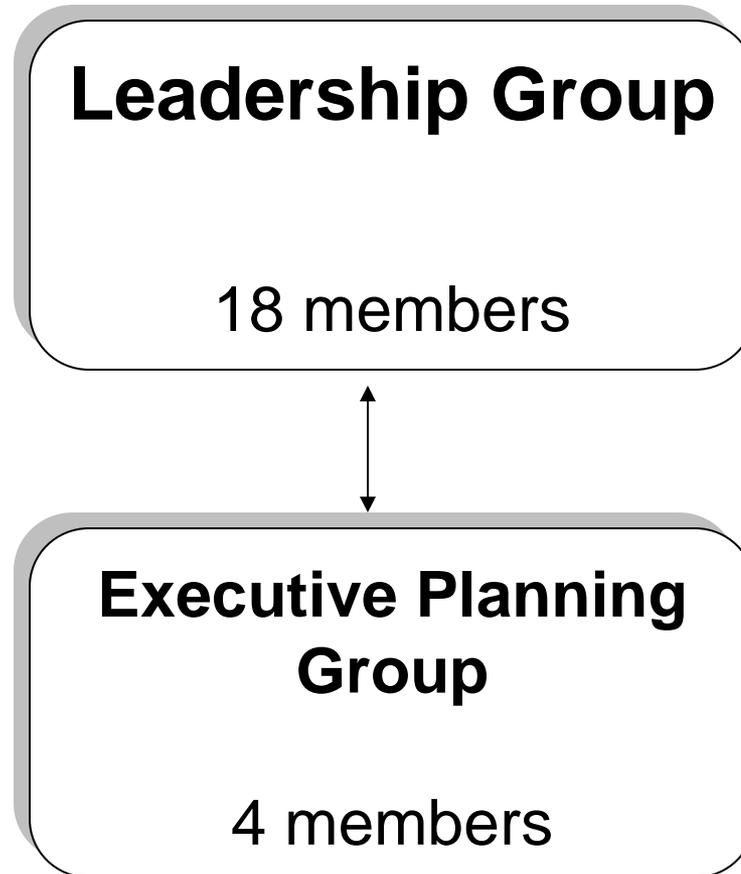
# Select current objectives of APC

- Strengthening HIV long-term care planning, decision-making, and leadership
  - Supporting advocacy efforts to shape California's HIV public policy
  - Increasing the effectiveness of HIV public and private grantmaking
  - Advancing research on the future of the HIV epidemic in California
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# Brief history of VCI

- 1<sup>st</sup> meeting – 11/07
  - Draft VCI goal and areas of interest
  - Additional members identified
- 2<sup>nd</sup> meeting – 1/08
  - New members added
  - Approved 3 areas of interest for 2008
  - Set up Mapping Work Group
  - Identified need for State Work Group
- 3<sup>rd</sup> and 4<sup>th</sup> meetings - February and March
  - Leadership Group meetings April and May
  - Executive Planning Group meetings initiated
- June 4<sup>th</sup> – 5<sup>th</sup> Leadership Group Meeting

# Organization – Step 1



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# Visioning Change Leadership Group

Carla Bailey  
Los Angeles Commission on HIV

Donna Fleming  
Orange County Health Care Agency

Cecilia Chung  
Transgender Law Center

Matt Hamilton  
Los Angeles Gay and Lesbian Center

**Grant Colfax, MD**  
San Francisco Dept of Public Health

Arleen Leibowitz, PhD  
UCLA School of Public Policy and Social Research

Terry Cunningham  
San Diego County Health & Human  
Services Agency

Ernest Hopkins  
San Francisco AIDS Foundation

Philip G. Curtis  
AIDS Project Los Angeles

Michael Horberg, MD  
Kaiser Permanente

Anne Donnelly  
Project Inform

Stephen Morin, PhD  
UCSF

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# Visioning Change Core Planning Group

Jack Newby  
San Francisco Planning Council

Mario J. Perez  
LA County Dept. of Public Health,  
Office of AIDS

Maura Riordan  
WORLD

Michelle Roland, MD (Liaison)  
CA Dept. of Public Health, Office of AIDS

Michael Shaw  
Urban Male Health Initiative, Alameda  
County Public Health Dept.

**Latino Advisory Board rep**

## CHRP Members and Consultants

George Lemp, PhD  
CHRP

Bart Aoki, PhD  
CHRP

Susan Carter, JD  
CHRP

Susan Strong, RN  
Consultant

Robert Whirry  
Consultant

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# VCI Work Groups

FORMED

State Work Group

POSSIBLE

Other Coalitions working  
on similar issues  
(HIV and non-HIV)

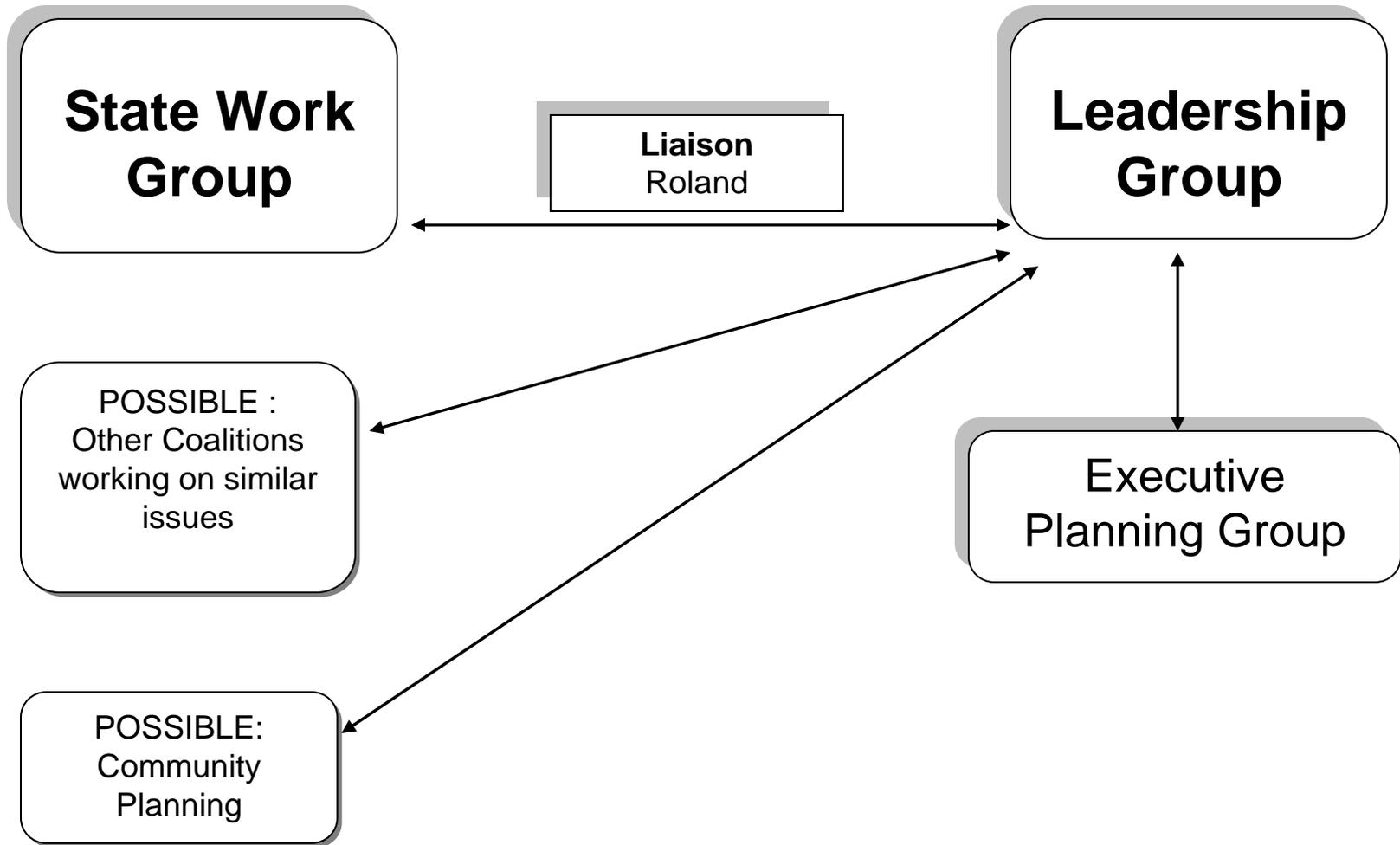
POSSIBLE

Community Planning  
groups

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# Work Groups

# Decision Groups



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# Objective 1:

## Service Delivery Systems

- Explore and describe sustainable, effective, integrated, and responsive HIV health care, prevention, and support service delivery systems for California
    - STRATEGY: Mapping Project to understand where we are today regarding funding and services
    - STRATEGY: State Work Group
    - STRATEGY: Task Group of Leadership Group (#1) focused on service delivery systems
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## Objective 2:

# Collaborate on Ryan White

- Develop a Statewide Consensus Paper on Ryan White Treatment Modernization Act
    - STRATEGY: Task Group of Leadership Group (#2) focused on consensus statement
    - STRATEGY: Work beyond VCI in CA and nationally
    - STRATEGY: Community Planning Work Group?
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# Objective 3

- Develop communication, collaboration, and coordination across California
    - Strategy: annual meeting of larger stakeholder group
    - Strategy: State Work Group
    - Strategy: Community Planning Work Group?
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# Core Principles

- Anticipating change
  - Policy implications
  - Messaging
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# Mapping Project

- To understand
    - what we are doing and who is doing it
    - who it is reaching
    - resources available for HIV prevention, care, and treatment in California
    - how we connect data to planning and decision-making
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# Outline of Mapping Project

Arleen Leibowitz, UCLA School of Public Policy

- First Task: Identify organizations providing HIV services in California and determine
    - ❑ Sources of funding by type of service (prevention, care) and by funder (federal, state, county, foundation, donation)
    - ❑ Types and modalities of services (e.g., Prevention, Care, Support, Testing)
    - ❑ Demographics of patients (including ZIP Code) targeted and served
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- Second Task: Determine sources and distribution of federal, state, and local funding for HIV care and prevention by type and by geography
    - Assess other sources of funding, working from data from organizations for foundations, charitable giving
    - Cross-check against provider reports
    - Estimate total spending on HIV care in California by type
    - For FY 2008 or calendar 2007?
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- Third Task: Determine need for services
    - For primary medical care --using existing model developed by OA and UCSF to estimate numbers of persons with HIV not in care.
    - For prevention -- especially for persons of color
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- Fourth Task: Estimate unmet need
    - Compare to distribution of primary care services by geographic area
    - Compare distribution of prevention services to need by geographic area
  
  - Fifth Task: Develop recommendations for OA and others regarding level and type of reporting required for state contracts, going forward
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# Overview of other state programs

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Followed by discussion regarding  
State Work Group

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# State Work Group Participants

- Department of Corrections and Rehabilitation
  - Alcohol and Drug Programs
  - Medi-Cal Managed Care
  - Medi-Cal, Waivers Analysis, and Rates Division
  - Office of Multicultural Health
  - Department of Rehabilitation
  - Department of Education
  - Pharmacy Benefits Division, DHCS
  - Managed Risk Medical Insurance Board
  - Department of Social Services
  - Office of Statewide Health Planning and Development
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# State Work Group: Other Participants

- Office of Family Planning, CDPH
  - Department of Aging
  - Division of Communicable Disease Control
  - Department of Mental Health
  - Housing and Community Development
  - Office of the Patient Advocate
  - Refugee Health, CDPH
  - Office of Women's Health
  - Pharmacy Benefits Division, DHCS
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# HIV Education and Prevention Branch: Funding Updates

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Kevin Farrell

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# E & P Funding History

- Prior to 1995, funded CBOs and LHJs directly
  - In 1995
    1. OA allocated funds previously provided to CBOs within an LHJ to the LHJ
    2. Applied a formula only to new funds
    3. Established a floor of \$50,000/year
  - Unintended consequence: many LHJs received more funds than they would have if the formula was applied to all funds
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# More History

- FY 2001-02:
    - Raised the floor to \$60,000
    - 10% permanent budget cut applied across the board, including floor counties
  - November 2002: CHPG recommended that E&P formula be applied to all funds, not just new funding
  - OA accepted CHPG recommendation
    - Caveats: not reduce any LHJ's funding by more than 25% per year and returned the floor to \$60,000
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## ... and More

- 2004: CHPG recommended (and OA accepted), that all E&P funding be allocated in line with the formula
    - Except maintained the \$60,000 floor
  - New formula was never fully implemented due to \$5.6 million in one-time funding (x3)
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# HIV Education and Prevention Funding Formula:

## Is it Fair?

- In response to questions from some LHJs, OA has evaluated the current formula
  - Testing of 3 alternative formula options showed LHJ allocations would remain essentially unchanged
  - The analysis suggests that the formula accurately reflects HIV disease burden within California as reflected by the data available for each formula element
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# Description of current formula

$$\text{County } \$ = \left( \frac{a + c}{A + C} * 0.7 + d * 0.15 + e * 0.08 + f * 0.07 \right) * \text{State } \$$$

- a = # new HIV infections (C & T) in the LHJ
- A = # new HIV infections (C & T) in California
- c = # living AIDS cases in the LHJ
- C = # living AIDS cases in California
- d = % state total STDs (syphilis, GC, and Chlamydia in men)
- e = % state total people living below federal poverty line
- f = % state total people of color

# Alternative Formula Option One

$$\text{County}\$ = \left( \frac{a + b + c}{A + B + C} * 0.7 + d * 0.15 + e * 0.08 + f * 0.07 \right) * \text{State}\$$$

- a = # new HIV infections (C & T) in the LHJ
- A = # new HIV infections (C & T) in California
- b = # newly reported HIV cases in the county
- B = # newly reported HIV cases in California
- c = # living AIDS cases in the LHJ
- C = # living AIDS cases in California
- d = % state total STDs (syphilis, GC, and Chlamydia in men)
- e = % state total people living below federal poverty line
- f = % state total people of color

# Alternative Formula Option Two

$$\text{County } \$ = \left( \frac{b + c}{B + C} * 0.7 + d * 0.15 + e * 0.08 + f * 0.07 \right) * \text{State } \$$$

- $a$  = # new HIV infections (C & T) in the LHJ (removed)
- $A$  = # new HIV infections (C & T) in California (removed)
- $b$  = number of newly reported HIV cases in the LHJ
- $B$  = number of newly reported HIV cases in California
- $c$  = # living AIDS cases in the LHJ
- $C$  = # living AIDS cases in California
- $d$  = % state total STDs (syphilis, GC, and Chlamydia in men)
- $e$  = % state total people living below federal poverty line
- $f$  = % state total people of color

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# Alternative Formula Option Three

$$\textit{County} \quad \$ = \frac{b}{B} * \textit{State} \quad \$$$

- $b = \#$  newly reported HIV cases in the LHJ
  - $B = \#$  newly reported HIV cases in California
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## E&P Formula Option Review:

How County X would fare under each option

County X	\$	% of State total
Current Formula	827,034	4.50
Formula Alternative 1	809,109	4.40
Formula Alternative 2	787,831	4.28
Formula Alternative 3	762,495	4.14

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# Conclusion

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OA does not plan to revise  
allocation formula at this time

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# Counseling and Testing Funding

- C&T funding allocations constant for years
  - Most LHJs do not use their entire annual C&T allocation
    - funds cannot be allocated to other uses if committed to LHJs
  - New HIV screening/testing environment requires that HIV C&T funds provided to LHJs accurately reflect prior expenditures
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# Revised C & T Allocations

Adjusting allocations to reflect prior C&T expenditures will:

- allow OA greater flexibility in meeting other HIV testing/screening needs
  - free up funding that can be used in other ways to identify additional HIV-positive people and link them to care
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# Potential uses of these funds

- Increasing rapid HIV test kits
  - HIV screening in STD and TB clinics
  - HIV screening in select emergency departments, urgent care clinics, inpatient hospital units, and primary care clinics
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# New HIV C&T Funding Allocation

- Based on the higher of either last year's C&T expenditures or the average of the last three years expenditures
  - + 5 percent
  - - proportionate distribution of 2008-09 BBR
  - Letters with new allocations will be sent by June 5, 2008
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# New C&T Allocation

- Will not affect the “protected base” agreement in the 2 tiered C&T model
  - LHJs will be able to maintain current levels of HIV testing and spending
  - OA will regularly re-evaluate LHJ C&T funding allocations
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# OA Meetings

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Names Reporting – Juan Ruiz

Prevention Think Tank – Kevin Farrell

Testing Meetings – Kevin Farrell

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# Names Reporting Stakeholder Meeting

- April 9-10, 2008
  - **Purpose:** Provide opportunity for consensus-building discussion regarding current and future HIV reporting policies and regulations
  - **Attendees:**
    - LHDs (including CCLAD and CCLHO)
    - Surveillance coordinators
    - Laboratory directors
    - Health care providers
    - Service organizations serving HIV-positive patients
    - Advocates
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# Names Reporting Stakeholder Meeting

- **Agenda Topics:**

- **Day 1:**

- What is Working at the State and Local Levels
- Data Transmission: Encryption, Faxing, and Mailing Options
- OAL Technical Recommendations for HIV Disease Reporting Consistency

- **Day 2:**

- Centralized Laboratory Reporting
  - Uses of HIV/AIDS Data for Public Health Purposes
  - Policy and Funding Implications of including HIV/AIDS Reporting in Other Communicable Disease Reporting Regulations
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# Names Reporting Stakeholder Meeting

## ■ Consensus Development

- Notes Taken During Discussions
- “Dot Exercise:” participants identified issues that were important to them
- Group discussed “dots” and agreed on next steps

## ■ Outcomes/Next Steps

- **Workgroup #1:** Data Transmission Issues
  - **Workgroup #2:** Centralized Laboratory Reporting
  - **Workgroup #3:** Considerations Regarding Other Uses of HIV/AIDS Data for Public Health Purposes
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# Prevention Think Tank

- May 13-14, 2008
  - **Purpose:** To create an opportunity for prevention and care providers, funders, researchers, and public health officials to review current status of selected HIV prevention strategies and assess possibilities for scale up in the future
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# Format and Attendees

- Short presentation of “State of the Art” of an HIV prevention activity followed by 2 to 4 “implementers” discussing their experience on the ground
  - Group discussion re value and what would be needed to scale up
  - **Attendees:**
    - LHDs
    - University-affiliated researchers
    - HIV prevention providers
    - CDC managers and behavioral scientists
    - NIMH scientist
    - Physicians providing direct care to clients
    - State partners: STD, PTC, Lab
    - 25 members of OA management and staff
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# Agenda Topics

## ■ Day One

1. Post-exposure Prophylaxis (PEP)
2. Prevention with Positives
3. Acute HIV testing
4. Behavioral Interventions

## ■ Day Two

5. HIV testing in emergency departments and hospitals
  6. HIV testing in STD and other clinics
  7. Partner Counseling and Referral Services (PCRS)
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# Prevention Think Tank...more

- “Big picture discussions:” Prioritization, Evaluation, and Capacity-building
  - **Outcomes/Next Steps:**
    - Compiling responses from participants
    - Discussion by OA management and staff in attendance
    - Considering focus groups
    - Convene additional stakeholders, including community partners, providers, consumers
    - Discussion with CCLAD, CHPG, LAB, CAHAAC, other community partners
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# HIV Testing in California Health Care Settings: Taking the Next Step

## ■ June 30

- Sponsored by OA, PAETC, PTC, LA OAPP, SFDPH, and Project Inform
    - Attendees: private physician's offices, HMOs, hospitals, community clinics, and family planning centers
    - Purpose: In an environment where California law (AB 682) and CDC recommendations permit/encourage routinized HIV testing/screening, assess barriers that may still exist and seek strategies that can result in optimal implementation of HIV testing/screening in various settings. Focus on training, guidance, and technical assistance needs.
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# Implementation of HIV Screening in Acute Care Settings: A Strategic Planning Workshop for Hospitals

## ■ **October 22-24**

- Sponsored by CDC and OA, to be held in Southern California.
    - Attendees: Up to 17 California Hospitals and clinics - administrators and staff
    - Purpose: To provide hospital teams with an opportunity to hear from “early adopters” of HIV screening and problem solve on how they can routinize HIV screening in their emergency departments, urgent care, and other hospital departments.
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# Discussion

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CCLAD and OA