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California Department of Public Health



EDMUND G. BROWN JR.
Governor

November 1, 2013

TO: OFFICE OF AIDS, HIV PREVENTION BRANCH-FUNDED LOCAL HEALTH JURISDICTIONS

SUBJECT: HIV PREVENTION BRANCH FUNDING ALLOCATIONS AND PROGRAM UPDATES, 2014

Attached please find the projected 2014 HIV prevention funding allocations to the California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA), HIV Prevention Branch-funded local health jurisdictions (LHJs) in the California Project Area. These allocations reflect our anticipated funding amounts from the Centers for Disease Control and Prevention (CDC) in the next calendar year for the PS12-1201 HIV Prevention grant.

Changes in funding overall and for any individual LHJ reflect the following:

1. A 6 percent reduction in funding for both OA Operational Support and Local Assistance, due to sequestration-related cuts from the CDC; and
2. OA's use of the 2011 epidemiological data (the most recent available) to calculate allocation amounts. More information about the formula OA uses to calculate these amounts is available here:
<http://www.cdph.ca.gov/programs/aids/Pages/OAContractHome.aspx>.

For the 2014 calendar year the OA HIV Prevention Branch will implement the following changes to our overall Prevention plan:

1. CDC requires its PS12-1201-funded grantees to spend no more than 25 percent of the grant on "Recommended" (Tier 2) services. Beginning in 2014, OA will require the same of our Prevention-funded LHJs. For some LHJs this will mean decreasing or discontinuing health education and risk reduction efforts with HIV-negative individuals, as well as shifting participant recruitment efforts away from prevention and community-based sites to HIV patient care sites. It may also mean negotiating changes to contracts with local community-based and other providers of HIV services.

2. CDC has informed its state and local grantees that it will no longer fund a number of Effective Behavioral Interventions (EBIs) for high-risk negatives, in order to shift focus to prevention with positives. The list of discontinued EBIs is here: <http://www.cdph.ca.gov/programs/aids/Pages/tOAPrevention.aspx>.
3. Partner Services will continue to be a core service, along with HIV testing and linkage to care; however, OA will no longer provide separate funding for Partner Services. These funds will be returned to the pool of funds allocated to LHJs, and LHJs will be allowed to determine how to best use all allocated HIV prevention funds to achieve their HIV prevention goals.
4. All OA Prevention Branch-funded LHJs will be required to assess their ability to identify new positives through targeted testing, and examine their testing sites and funded HIV testing providers that either: a) do not target the majority of their testing efforts to high-risk populations; or (b) did not identify any new cases of HIV in 2013 or in the first half of 2014. If the LHJ wants to continue funding these sites or subcontractors for targeted HIV testing in 2015 they must submit a plan to OA for improving the site's ability to identify new cases of HIV.
5. For the five newly-funded LHJs (Monterey, Santa Barbara, Santa Cruz, Stanislaus, and Ventura), OA will remove the requirement that they provide targeted testing, and instead **give them the option** of using their resources to work with local health care providers to support linkage to care and Partner Services for newly-diagnosed HIV-positive individuals. This change is derived from OA's observation of wide variations in the effectiveness of targeted testing in identifying new cases of HIV, due to such diverse factors as geography, existence of Lesbian, Gay, Bisexual, and Transgender community resources and local economic factors.

The vast majority of newly-identified cases of HIV in California (more than 90 percent) are identified in medical settings among gay men and other men who have sex with men (MSM). Targeted HIV testing can be effective in reaching high-risk individuals who are unlikely to be reached in medical settings. It is also a highly resource-intensive activity that is challenging to conduct in areas that have no recognized venues that serve gay men and other MSM. By working with medical providers to provide Partner Services and ensure that patients are linked to care, begin antiretroviral medication and achieve an undetectable viral load, health departments in lower-HIV-prevalence jurisdictions may impact the spread of HIV more effectively than by running their own HIV testing programs, if their own testing programs are not finding many HIV-infected persons.

The changes outlined above are designed to improve OA's overall ability to achieve the goals set by the National HIV/AIDS Strategy, as well as provide LHJs with the flexibility to use different approaches to meet their local HIV prevention needs. These changes

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stem from our evaluation of our HIV prevention program to date, changes in CDC requirements, as well as valuable feedback we have received from our Prevention-funded LHJs.

Please feel free to contact your Operations Advisor to ask questions, give additional feedback or to set up a phone consultation. We are available to meet by phone at any time.

Sincerely,



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Enclosures

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