

7-2000

# California & the HIV/AIDS Epidemic: The State of the State Report 1999

California Department of Health Services

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*California Agencies*. Paper 208.  
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# *California and the HIV/AIDS Epidemic*

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**California Department of Health Services  
Office of AIDS**

Released July 2000

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Dear Colleague:

The Department of Health Services is pleased to provide you with a copy of *California and the HIV/AIDS Epidemic 1999 - The State of the State Report*, an expanded and updated publication released annually by the Office of AIDS (OA). This report provides an overview of the Department's response to the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic in California.


California's cumulative reported AIDS cases represent approximately 17 percent of all reported AIDS cases in the United States. As of December 31, 1999, the cumulative number of reported AIDS cases in the California was 115,324; of these, 70,813 have died. Although recent developments in combination HIV drug therapies have effectively decreased the number of HIV/AIDS-related deaths in our State, the epidemic remains one of our most pressing public health issues.

Since AIDS first appeared in California, the risk groups and populations most affected by the HIV/AIDS epidemic have changed considerably. In the past, white men who have sex with men (MSM) represented the majority of California's AIDS cases. Our most recent surveillance data indicate that although these men continue to be the majority of reported AIDS cases each year, the proportion of new AIDS cases among people of color (including MSM of color), injection drug users and their sex partners, and women--especially African American and Latina women--are increasing.

In response to these evolving changes, Governor Davis approved an increase of over \$13 million to the OA fiscal year 1999-2000 budget for HIV/AIDS-related programs and activities. A large portion of these funds were used to develop and/or expand services for communities of color, women, at-risk MSM, and at-risk youth within our communities.

If you have questions regarding *California and the HIV/AIDS Epidemic 1999 - The State of the State Report*, please contact Vanessa Baird, M.P.P.A., Acting Chief, Office of AIDS, at (916) 445-0553.

Sincerely,

  
Diana M. Bonta, R.N., Dr.P.H.<sup>4</sup>  
Director

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## Introduction

The Department of Health Services, Office of AIDS, is pleased to provide you with an updated copy of *California and the HIV/AIDS Epidemic - The State of the State Report*. This report describes detailed Office of AIDS activities in HIV/AIDS-related epidemiologic research, education, prevention, care and treatment during 1999. In addition, it provides brief descriptions of the programs and activities of other agencies and entities that receive state and/or federal funding to fight HIV/AIDS.

As designated by California Health and Safety Code Section 100119, the Office of AIDS has lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS. The mission of the Office of AIDS is to: 1) assess, prevent, and interrupt the transmission of HIV and provide for the needs of infected Californians by identifying the scope and extent of HIV infection and the needs which it creates, and disseminating timely and complete information; 2) assure high-quality preventive, early intervention, and care services that are appropriate, accessible, and cost effective; 3) promote the effective use of available resources through research, planning, coordination, and evaluation; and 4) provide leadership through a collaborative process of policy and program development, implementation and evaluation.

The HIV/AIDS epidemic is one of the most serious public health challenges facing California. As of December 31, 1999, California's cumulative reported AIDS cases totaled 115,324 compared to the total of 13 AIDS cases that had been reported in 1980. Los Angeles County has the highest cumulative number of reported AIDS cases in the state (40,739), followed by the counties of San Francisco (23,821) and San Diego (10,162). Additionally, the Centers for Disease Control and Prevention report that the Los Angeles/Long Beach metropolitan area has the highest number of AIDS cases in the country among Latino and Asian/Pacific Islander men who have sex with men.

California's African American and Latino/a populations are disproportionately affected by the HIV/AIDS epidemic. In 1999 African Americans accounted for 7% of the general population, 16.9% of the cumulative AIDS cases, and 22.2% of the new cases reported that year. Comparatively, Latino/as represented approximately 28% of the general population, 19.6% of the cumulative AIDS cases and 29.6% of the new cases reported in 1999. Since 1997, the majority of California's annually reported AIDS cases have been non-white.

Working collaboratively with other state agencies, local health departments, universities, and community-based organizations, the Office of AIDS strives to ensure that the efforts to combat the HIV/AIDS epidemic are targeted and effective. The total Office of AIDS budget for fiscal year (FY) 1999-2000 was \$246 million, of which nearly 94% was allocated in local assistance. The budget included \$13.5 million for new and enhanced HIV/AIDS-related programs and activities. Of this amount, \$3 million was specifically identified for women and people of color and \$2.6 million for a people of color initiative. Additionally, other Office of AIDS programs funded in the FY 1999-2000 budget included people of color in their target population. These programs included the development of support groups and enhanced HIV counseling for high risk HIV-negative men who have sex with men, the development/augmentation of youth drop-in centers and expansion/augmentation of the Early Intervention Program.

*California and the HIV/AIDS Epidemic 1999 - The State of the State Report* is within the public domain and, as such, may be reproduced at the reader's expense without written authorization or risk of penalty. A copy of the complete document, as well as other AIDS-related information may be obtained through the Internet by accessing the Department of Health Services, Office of AIDS Web site at <http://www.dhs.ca.gov/AIDS/>. A limited number of printed copies of this report may be available by contacting the Office of AIDS, P.O. Box 942732, Sacramento, CA, 94234-7320.

## Executive Summary

### Epidemiology

- A cumulative total of 115,324 AIDS cases had been reported in California as of December 31, 1999. Of these, 70,813 have died, for a case fatality rate 61.4%. California currently accounts for nearly 16.3% of all reported AIDS cases in the United States.
- Ten California counties did not report any newly diagnosed AIDS cases for 1999, and Alpine County has never reported an AIDS case.
- In 1999, the racial/ethnic breakdown of cumulative AIDS cases was as follows: white (60.8%), African American (16.9%), Latino/a (19.6%), Asian/Pacific Islander (2.1%), Native American (0.4%) and other/unknown (0.1%).
- Of the new AIDS cases reported in 1999, whites accounted for 45.1%, African Americans 22.2%, Latino/as 29.6%, Asian/Pacific Islanders 2.6%, Native Americans 0.5% and other/unknown 0.2%.
- Data evaluated by race/ethnicity and age show that 38% of cumulative California adult/adolescent cases and 73% of pediatric cases occurred in people of color.
- Men who have sex with men (MSM) remains the highest mode of HIV transmission. Through December 31, 1999, MSM represented 70.7% of the cumulative AIDS cases and 56.5% of new AIDS cases reported in 1999. Cases among MSM who also use injection drugs have shown a decrease among both cumulative and new cases reported in the last two years.
- New AIDS cases reported among adult women continues to rise. The proportion of new reported cases reported increased in 1999 to 11.9%, a 0.6% increase since 1998, and a 1.4% increase since 1997.
- The Office of AIDS conducts or funds epidemiologic surveys of childbearing women; children under age 13; clients of sexually transmitted disease clinics; blood and plasma donors; injection drug users; civilian applicants for military service; and inmates entering the California correctional system. In addition, the Office of AIDS is studying the prevalence of variant and drug resistant strains of HIV.

### Education and Prevention

- The California HIV Planning Group completed its first year as a merged working group addressing HIV/AIDS-related education, prevention and care issues statewide.
- The Office of AIDS received funds from the Budget Act of Fiscal Year (FY) 1999-00 to develop and expand HIV education and prevention services for women, people of color, high-risk youth, and high-risk MSM. Funds were distributed to local health jurisdictions in a variety of methods including formula-based allocations and Request for Applications.
- The Office of AIDS has an interagency agreement with the Department of Education to provide HIV/AIDS prevention instruction to junior high/middle school and high school students, using a variety of components. One component trains people with HIV/AIDS to give classroom presentations. Another component awarded 35 grants to school districts to implement an education and prevention program in partnership with a community-based AIDS organization or local health department.
- The California AIDS Prevention Campaign is a multicultural public information campaign that complements local and national HIV prevention efforts. It is designed to be responsive to the needs of multiethnic audiences, particularly African American and Latino/a communities. Highlights for 1999 included a calling card campaign, initiation of a Church Outreach Program, a rap contest and an innovative lowrider campaign.

- The HIV Counseling and Testing Program provides free anonymous and/or confidential HIV antibody counseling and testing services. In 1999, over 200,000 HIV tests were conducted in one of the 700 publicly funded clinic settings.
- The HIV Partner Counseling and Referral Services Program (PCRS) helps ensure that the sex- and needle-sharing partners of HIV positive persons are informed of their potential risk, offered HIV prevention counseling services, and referred to additional social and medical services as necessary. In 1999, the PCRS became fully operational in five demonstration projects in the health jurisdictions of the City of Long Beach, and Alameda, Sacramento, Kern and San Diego counties.
- The Neighborhood Interventions Geared to High-Risk Testing (NIGHT) Outreach program provides services in 21 local health departments. Outreach workers provide education, counseling, HIV testing, referrals and follow-up services in venues where high-risk populations congregate.
- The HIV Transmission Prevention Project (HTPP) is a collaborative three-year demonstration project created by the Office of AIDS in 1999 to provide more intensive, specialized transmission prevention and support for HIV-positive and HIV-negative high-risk persons. Ten Early Intervention Programs and six Counseling and Testing programs in a total of 11 counties have been selected to participate.
- In 1999, the Office of AIDS awarded \$1.8 million toward a cooperative agreement program for HIV prevention, intervention and continuity of care within correctional settings and the community. The project will support demonstration projects that develop models of comprehensive surveillance, prevention and health care activities. The City and County of San Francisco and Los Angeles County will participate in this program.
- The Prevention of Perinatal Transmission of HIV Project is a collaborative project between Leland Stanford, Jr. University and the Office of AIDS. Developed in 1999, this project aims to increase the level of HIV education, counseling and testing offered to pregnant women. The counties of Alameda, Los Angeles, Sacramento, San Diego and San Joaquin will participate in the project.
- In 1999, the Office of AIDS released preliminary analyses of 13 behavioral surveillance projects in 11 counties. The findings were disseminated via national conferences, and an in-depth analysis will be conducted in 2000 to further delineate behavioral trends useful for prevention interventions.

### Care and Treatment

- Funding for the AIDS Drug Assistance Program (ADAP), which provides drugs to individuals who could not otherwise afford them, increased from \$122 million in FY 1998-99 to \$136.6 million in FY 1999-00. In 1999, six new drugs were added to the ADAP formulary, for a total of 116 drugs.
- The Early Intervention Program (EIP) addresses the needs of HIV-infected individuals from the time of an HIV-positive test result until more intensive AIDS treatment may become necessary. In FY 1999-00, EIP received additional funds of \$1.9 million for the development or expansion of EIP sites.
- Federal FY 1999 Ryan White CARE Act funding for California totaled over \$220.8 million: Title I \$101.8 million; Title II (formula) \$30.6 million; Title II (ADAP) \$65.2 million; Title III \$9.7 million; Title IV \$3.8 million and Part F \$9.5 million.
- As of December 31, 1999, the CARE/Health Insurance Premium Payment Program helped over 3,000 individuals maintain their private health insurance coverage.
- As of July 1, 1999, California had 33 local HIV Care Consortia. The HIV Care Consortia Program provides Title II funding to local agencies for planning, developing, and delivering essential health care and support services to individuals with HIV disease.



- California administers the Housing Opportunities for Persons with AIDS Program, which is federally funded through the Department of Housing and Urban Development (HUD). In FY 1998-99, California received over \$2.2 million from HUD, the majority of which was distributed to 44 counties via the HIV Care Consortia.
- To promote long-term housing options for persons with HIV/AIDS, the Office of AIDS established the Competitive Housing Program, jointly funded through the State General Fund and HOPWA. Funding is awarded annually on a competitive basis. In 1999, five affordable housing projects were funded, adding to the 35 units currently occupied or in development.
- Enacted through the Budget Act of FY 1999-00, the Residential AIDS Licensed Facilities (RALF) Program provides direct subsidy payments to residential AIDS facilities licensed under the Residential Care for the Chronically Ill licensing category. In 1999, the RALF Program provided assistance to 23 facilities and ensured that 284 beds continued to be designated for persons living with AIDS.
- Based on preliminary data, during FY 1998-99, the AIDS Case Management Program (CMP) provided nurse case management, and home- and community-based care to approximately 2,533 clients in 53 counties. CMP clients had 76% fewer hospital days than they did prior to enrollment, reducing the overall cost of care by an estimated \$35 million.
- In 1999, the AIDS Medi-Cal Waiver Program provided nurse case management, and home- and community-based care to approximately 2,800 Medi-Cal beneficiaries. The Office of AIDS contracts with 34 county health departments and community-based organizations to administer the program in 48 counties.

### **Collaboration**

- The Department of Health Services (DHS) Office of Women's Health collaborates with the Office of AIDS on issues related to women and HIV/AIDS and is involved in developing activities related to awareness and prenatal care for HIV-positive women.
- The DHS Children's Medical Services Branch, which administers the California Children Services HIV Children's Program. The HIV Children's Program provides a system for screening and monitoring children under 21 years of age at risk for or suspected of having HIV infection. Currently 27 counties participate in the Program, providing HIV testing and related services to over 9,000 infants and children annually.
- The DHS Maternal and Child Health Branch (MCH) continues to work with local health departments to implement legislation requiring all prenatal care providers to offer pregnant women HIV information and counseling. Local MCH programs have completed comprehensive community assessments and three jurisdictions (Los Angeles, Lake and Riverside) have identified reduction of HIV prevalence in the MCH population.
- The DHS Tuberculosis Control Branch (TBCB) maintains an ongoing collaboration with the Office of AIDS on epidemiologic and surveillance aspects of TB and HIV/AIDS. The TBCB provides TB prevention guidelines to HIV service agencies and HIV/AIDS residential facilities, and the Office of AIDS provides HIV counseling and testing technical assistance for TB patients statewide.
- In 1999 the Office of AIDS continued an on-going interagency agreement with the Department of Education, Healthy Kids Program Office; Department of Justice, Office of the Attorney General, Crime and Violence Prevention Center; and the Department of Alcohol and Drug Programs to conduct a California Student Substance Use Survey. The survey is a comprehensive study of alcohol, tobacco and other drug use among California students in grades 7, 9, and 11.
- The Department of Alcohol and Drug Programs (DADP) allocates 5% of its total block grant award to provide AIDS-related services to persons who are in treatment for substance abuse problems. The Office of AIDS provides support services for the DADP HIV antibody testing program and provides technical assistance to DADP-funded agencies using the HIV Test Reporting System.

- The Transitional Case Management Program (TCMP) of the California Department of Corrections provides support services to inmates and parolees who have been diagnosed as having HIV or AIDS. TCMP services are initiated while the offender is in custody and continue following their release to parole supervision. In FY 1999-00, the Parole and Community Services Division expanded the TCMP to approximately 29 counties.
- The Office of AIDS collaborates with the Department of Housing and Community Development in the development of the statewide Consolidated Plan and Annual Updates. This collaboration has created an ongoing relationship between affordable housing programs currently administered by both departments, and has raised awareness of the ongoing affordable housing needs of persons living with HIV/AIDS.
- The Office of AIDS contracts with the University of California at Berkeley, Davis, and San Francisco, the California State University at Long Beach and Leland Stanford, Jr. University to conduct various HIV/AIDS research projects. Research projects include evaluating the effect of protease inhibitors on health outcomes for AIDS patients, assessing the use of HIV counseling and testing services by high-risk heterosexuals, perinatal transmission of HIV, and analyzing AIDS and STD trends among African American adolescents in California.
- The Universitywide AIDS Research Program (UARP) provides state funding for the support of merit-reviewed, AIDS-related research to be conducted at nonprofit research institutions throughout California. Collaborative 1999 activities for the Office of AIDS and UARP included: 1) expanding the interagency agreement to include collaboration on care and treatment evaluation research activities; 2) hosting the first meeting of the Care and Treatment Research Advisory Committee; 3) hosting a conference on HIV/AIDS Care and Treatment Evaluation Research; 4) releasing a Request for Applications for a multi-site evaluation of the impact of care and treatment coordination services on program- and/or client-level outcomes; 5) releasing a Request for Applications to provide multi-site outcome evaluations of the newly funded HIV High Risk Initiative projects; and 6) developing program monitoring capacity for all HIV education and prevention programs.

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**Epidemiology**

**Education and Prevention**

**Collaboration**

**Care and Treatment**

## Epidemiology

Epidemiologic research helps the state monitor and project the extent of the HIV/AIDS epidemic in California. Currently only AIDS cases are reportable to the Department of Health Services, Office of AIDS, which limits our knowledge of the recent changes in the epidemic. Epidemiologic data help effectively target resources and strategies for HIV/AIDS education, prevention, care and treatment. Both the state and federal governments fund epidemiologic studies, which the Office of AIDS conducts in collaboration with other state organizations, local health departments, community-based organizations and universities.

### AIDS Case Registry

The Office of AIDS maintains the AIDS Case Registry, a confidential, central registry of demographic and clinical information on all California AIDS cases. Registry staff routinely collects these data from local health departments throughout the state and shares them, without personal identifiers, with the Centers for Disease Control and Prevention (CDC) for use in national statistics. An encryption software program ensures the confidentiality of the Registry's AIDS case data.

The AIDS Case Registry also provides local health departments with support and training for developing, maintaining and enhancing their AIDS surveillance programs. Additionally, the Office of AIDS provides large local health departments with a computer containing the HIV/AIDS Reporting System and security software.

### AIDS Case Trends

As of December 31, 1999 a cumulative total of 115,324 AIDS cases had been reported in California. Of these, 70,813 have died, for a case fatality rate of 61.4%. Figure 1 displays AIDS cases and deaths by half year of diagnosis. In 1999, California accounted for approximately 16.3% of the cumulative AIDS cases reported in the United States.

A number of new drug therapies became available in 1996 to treat HIV-infected individuals both before and after an AIDS diagnosis. It is believed that these drug therapies have contributed to the continued drop in the number of new AIDS cases diagnosed since 1996 and a drop in the number of deaths attributed to AIDS between December 31, 1996 and December 31, 1999. As a result, the use of AIDS case data to analyze trends in the HIV/AIDS epidemic may be less accurate and therefore less useful.

The latest Registry data reveal the following trends:

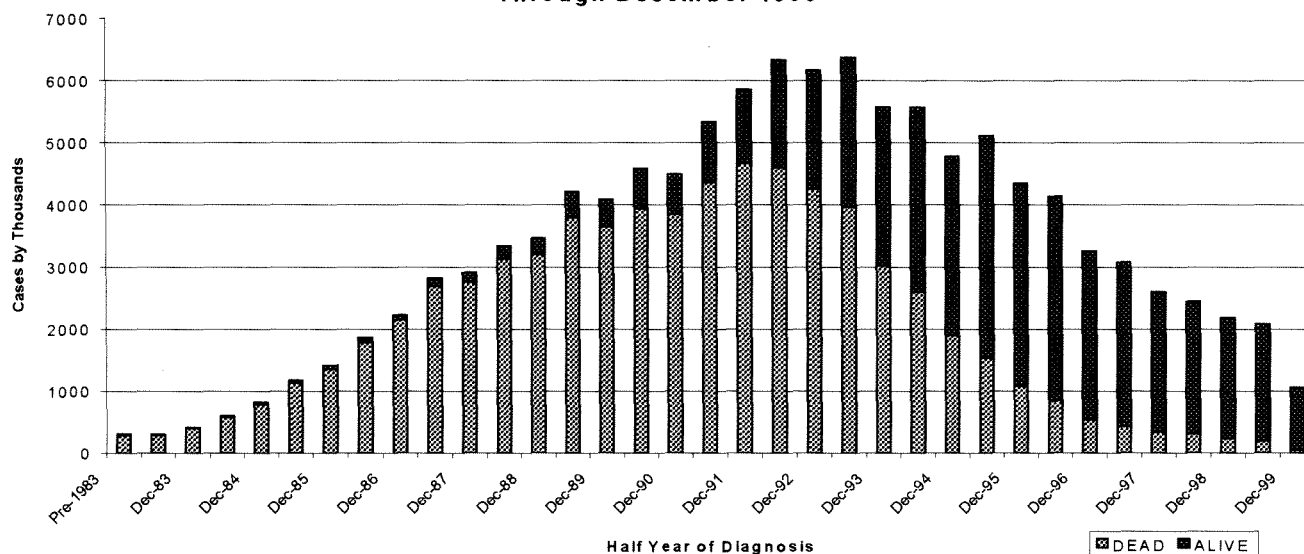
- AIDS cases reported through December 31, 1999:

Race/Ethnicity	Cumulative AIDS Cases N=115,324	New 1999 AIDS Cases N=3,141
White	60.8%	45.1%
African American	16.9%	22.2%
Latino/a	19.6%	29.6%
Asian/Pacific Islander	2.1%	2.6%
American Indian/Alaska Native	0.4%	0.5%
Other/Unknown	0.1%	0.2%

- Men who have sex with men (MSM) remains the highest mode of transmission of HIV for white men, as well as men of color. However, the percentage of reported AIDS cases among MSM continues to decline. As of December 31, 1999, MSM represent 70.7% of the cumulative reported AIDS, and 56.5% of the new AIDS cases reported in 1999.
- The proportion of new AIDS cases reported among adult women increased from 10.5% and 11.3% in 1997 and 1998, respectively, to 11.9% in 1999.
- Heterosexual transmission of HIV accounted for 4.1% of the accumulated total number of AIDS cases in 1999, a 0.3% increase since 1998. In 1999, 432 (8.1%) of new AIDS cases reported were due to heterosexual transmission.

- Ten California counties did not report any newly diagnosed AIDS cases for 1999. One county, Alpine, has never reported an AIDS case. Annually-reported AIDS cases dropped 0.9% from 1998 to 1999 (53.4% and 54.3%, respectively).
- Heterosexual injection drug users accounted for 10% of the cumulative AIDS cases reported before December 31, 1999, 13.9% of the new cases reported in 1998 and 12.9% of the new cases reported in 1999.
- New AIDS cases among MSM who also use injection drugs decreased slightly. In 1999 there were 361 (6.8%) new AIDS cases compared to 396 (6.9%) in 1998. The cumulative percentage of reported AIDS cases in this category increased from 8.7% in 1998 to 9.0% in 1999.

**Figure 1**  
**Reported California AIDS Cases by Half Year of Diagnosis and Vital Status**  
**Through December 1999**



California Department of Health Services, Office of AIDS - AIDS Case Registry Data

## Survey of Childbearing Women

Federal funding for the Survey of Childbearing Women was suspended in 1995 by the Assistant Secretary of Health. In 1998, the Office of AIDS, resumed this survey using state funds. The Office of AIDS, in collaboration with the Genetic Disease Branch and the Viral and Rickettsial Disease Laboratory tested all specimens routinely obtained from newborns for metabolic screening during the third quarter of 1998. The CDC is testing all HIV-positive specimens for evidence of maternal zidovudine (AZT) use. Results will be released in 2000.

## Young Women Survey

The Young Women Survey was a population-based, door-to-door survey of young women aged 18 to 29 years, who resided in low income neighborhoods within the California counties of Alameda, Contra Costa, San Francisco, San Joaquin, and San Mateo. The purpose of this study was twofold: 1) to estimate the prevalence of important infectious diseases including HIV, syphilis, chlamydia, gonorrhea, herpes simplex types 1 and 2, hepatitis B, and hepatitis C; and 2) to examine the association of specific sexual and injection/non-injection drug using behaviors with the prevalence of the infections.

The study was conducted from April 1996 to January 1998. During this 21-month period, 3,560 eligible women were identified and given the opportunity to participate in the survey, of which 2,547 (71.5%) were enrolled. The majority of the sample was comprised of women of color. Over one-third (37.6%) of the participants were of Latino/a ethnicity and 33.5% identified as Black/African American. Most (67.6%) of the participants were born in the United States. Over half of the participants were single, never married. At the time the survey was conducted, 43.8% had completed less than a high school education.

The survey found that women were most likely to try and protect themselves from sexually transmitted diseases (STD) by having only one sexual partner (45.9%) and using condoms (44.8%). Approximately one-fourth of the survey sample reported that they had never had a pelvic examination. A total of 102 women stated that a sexual partner had told them that he or she had a STD and that they should seek medical treatment. Seventy-six (74.5%) of these respondents sought medical treatment. Sex with an injection drug user (IDU) was reported by 10.1% of the women and the lifetime average number of IDU sex partners among these women was 2.4

The statewide report for this study was released to the public in 1999 and is available on the Office of AIDS Web site (<http://www.ca.gov/AIDS/>). Study results will be useful in developing prevention strategies to combat the spread of HIV and other STDs.

## **Pediatric AIDS Surveillance**

The Office of AIDS contracts with Leland Stanford, Jr. University to conduct pediatric AIDS surveillance. The study, begun in 1989, covers children under 13 years of age who are HIV infected or have known perinatal exposure to HIV (i.e. born to a mother with HIV infection documented before delivery, and having no history of blood or blood product transfusion before 1985). Stanford University conducts active-surveillance of records from hospital-based clinics and from HIV-positive pediatric patients cared for through the California Children Services Program to identify HIV-exposed and HIV-infected children.

Study nurses record all patient data using an alphanumeric code combined with the child's birth date as a unique identifier. Information collected on each child includes demographic, clinical, laboratory, and social service data. Patient records are updated at six-month intervals.

A total of 1,452 children in northern California and San Diego County were enrolled in the project through March 1999. Of these, 1,300 (89.5%) were exposed perinatally.

The study enhances the ability to more reliably estimate the extent of HIV infection among California's children and contributes to the epidemiologic understanding of HIV infection and exposure in children. The study's regional approach to pediatric HIV surveillance has been effective in assuring a standardized, thorough assessment of epidemiologic information. In addition, the study has been integrated into existing public health surveillance programs with the support of federal, state and county public health officials who have access to all data generated from surveillance efforts.

## **Pediatric Spectrum of Disease Surveillance Project**

Ongoing surveillance for pediatric HIV-1 infection in California is conducted by Pediatric Spectrum of Disease (PSD), a multicenter pediatric HIV-1 surveillance project coordinated by the Centers for Disease Control and Prevention (CDC). PSD sites include: Los Angeles, northern California, and San Diego. CDC is currently funding the Los Angeles site. Since January 1988, the Office of AIDS has supported pediatric HIV-1 infection and AIDS surveillance at the Stanford University site, and through June 1997, at a third site located in San Diego County. The Stanford site serves the northern California counties of Alameda, Contra Costa, Marin, Monterey, Napa, Sacramento, San Francisco, San Mateo, Santa Cruz, Solano and Sonoma. In 1996, the Stanford site added three new facilities that presently conduct pediatric surveillance of HIV/AIDS from Fresno County in the Central Valley to Yolo County in northern California.

In 1997, Stanford PSD investigators in conjunction with the Office of AIDS developed a second population-based active surveillance project for perinatal HIV-1 infection. The Maternal-Infant Care Evaluation (MICE) project is a statewide maternal-infant linked surveillance system based on PSD data that evaluates statewide trends in HIV-1 testing, counseling and treatment of pregnant women in California. MICE is integrated directly into PSD surveillance activities by retrieval of existing PSD records of infants born to HIV-1 infected women at current PSD sites. These records are linked in an anonymous fashion to their mothers' prenatal and labor/delivery medical records.

Through December 1997, a total of 2,432 children infected with HIV-1 or perinatally exposed to HIV-1 (including seroreverters), and less than 13 years of age at the time of initial HIV-1 evaluation, have been reported to the three

PSD sites. Of all reported children, 946 (38.9%) were HIV-1 infected, 573 (23.7%) were perinatally exposed (either the child is HIV-1 seropositive and less than 18 months of age at the time of test, or has unknown HIV-1 antibody status), and 913 (37.5%) were seroreverters. Of the 1,519 HIV-1 infected or HIV-1 exposed children (excluding the seroreverters), 479 (31.5%) had AIDS-defining conditions, 384 (25.3%) were HIV-1 infected and symptomatic, and 83 (5.5%) are HIV-1 infected and not symptomatic. The AIDS case fatality rate from 1988 to 1997 was 65% overall with similar rates at each PSD site.

## **HIV Serosurveillance**

In collaboration with Alameda, Contra Costa, Fresno, Kern, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo and Santa Clara Counties; the Cities of Berkeley and Long Beach; the City and County of San Francisco; and the County of Los Angeles, the Office of AIDS supports HIV serosurveillance in selected STD clinics. Most sites are funded with state funds. The City and County of San Francisco and County of Los Angeles receive funds awarded by CDC. All of the sites conduct anonymous, unlinked (blinded) HIV testing. The objectives of HIV serosurveillance are to:

- Provide state and local health officials, as well as the public, with information on HIV prevalence in various populations;
- Assess the magnitude and extent of HIV infection by demographic and behavioral subgroup and geographic area;
- Identify regional and national changes over time in the prevalence of infection in specific populations; and
- Assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

In 1999, the Office of AIDS completed the analysis of 1997 data collected in STD clinics and drug treatment centers. Information regarding data collection and analyses are as follows:

### *Sexually Transmitted Disease Clinics*

The Office of AIDS gathers data from 24 STD clinics in 12 local health departments. These clinics tested a total of 19,084 serum samples in 1997 (one local health department collected data from January-December, one collected from July-December, and the remaining local health departments collected data from January-June). Statewide, the seroprevalence at STD clinics was 2.9%. Men represented 64.8% (12,366) of the total STD population, of which 4.1% (509) were HIV seropositive. Women represented 35.2% (6,709) of the total STD population, of which 0.6% (40) were HIV seropositive.

In 1997, the highest HIV seroprevalence (25.4%) was among men who reported sex with men who inject non-prescription drugs. Men who have sex with men (19.5%) followed this group. Among women, heterosexuals showed a seroprevalence of 0.5%, compared to 1.6% among women heterosexuals who injected non-prescription drugs.

### *Drug Treatment Centers*

The seroprevalence study in drug treatment centers (DTC) focuses on individuals entering treatment have used illicit drugs or prescription drugs for non-prescription use during the previous year. During 1997, unlinked (blinded) surveys to determine percent of HIV-1 infection among DTC clients were conducted in six centers in four local health departments (Alameda, Contra Costa, Los Angeles, and Santa Clara). During 1997, 1,889 serum samples were tested. The seroprevalence for all centers was 2.9% (Contra Costa County reported data from January through June). Women had a higher positivity rate than did men (3.2% versus 2.7%), and the highest seroprevalence (12.9%) was among African American women.

## **Blood Banks and Plasma Centers**

The Office of AIDS collects HIV antibody test results from blood banks and plasma centers throughout the state to determine how many HIV-infected individuals are seeking to donate blood. Testing of donations in both blood banks and plasma centers began in 1987. Because a number of plasma centers did not use confirming tests before 1990, results from plasma centers prior to that date are excluded from the figures below.

The confirmed HIV-1 positive rate for blood banks declined from 18 per 100,000 units in the last half of 1987 to 4.5 per 100,000 units in the first half of 1999. The confirmed HIV-1 positive rate for plasma centers declined from 51 per 100,000 units in the first half of 1990 to 9.3 per 100,000 during the first half of 1999. The continued higher HIV-1 positive rate reported by the plasma centers is usually attributed to the practice of paying donors for their blood, which may attract donors such as injection drug users or others who engage in high-risk behaviors.

### **Civilian Applicants for Military Service**

Since October 1985, all civilian applicants for United States military service have been required to undergo testing for HIV as part of their medical entrance examination. The most recent data regarding prevalence of HIV among California applicants show a statistically significant decrease from 0.22% (26/11,990) in October 1985 to 0.03% (11/32,345) in 1998. Regionally, HIV prevalence for 1998 was highest (0.06%) among male applicants in Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, and Sonoma counties. Overall, prevalence was highest (0.12%) for African American male applicants. In 1998, applicants aged 35-39 represented 1.2% of the applicants and had the highest HIV prevalence (0.5%).

### **Surveillance for Variant and Drug Resistant Strains of HIV-1**

The Office of AIDS, in collaboration with the CDC and San Diego County, is conducting sentinel surveillance for variant and drug resistant strains of HIV. The study population consists of all untreated, newly diagnosed HIV-1 infected individuals aged 18 years and above who do not have a known AIDS-defining illness and are entering San Diego County Early Intervention Programs. The study will be conducted on an on-going basis and will: 1) evaluate whether the distribution of HIV sub-types in California is changing over time or within particular risk groups or regions; and 2) determine if there is transmission of resistant viral genotypes from HIV-1 infected persons receiving antiretroviral treatment, to uninfected persons. It is anticipated that a surveillance report will be released in 2001.

### **Bi-National HIV Prevalence, Incidence, and Risk Behaviors Study**

In 1999, the Office of AIDS received an award from the Universitywide AIDS Research Program for a research project examining HIV prevalence, incidence, and risks among 18-29 year old Latino MSM who reside in San Diego, California and Tijuana, Mexico. The 500 study subjects will be interviewed about sexual and drug use behaviors, as well as attitudes related to HIV. In addition, each subject will have blood drawn for HIV antibody testing and (if HIV positive) related tests such as CD4 counts, HIV viral load and HIV subtypes. Targeted implementation for the study is Spring 2000, and the results of the study will assist in developing education and prevention strategies for California's growing Latino population.

### **Surveillance Grant Program**

Since 1986, the Office of AIDS has provided state funds to 61 local health departments (LHDs) [58 counties and three cities] through the Surveillance Grant Program. With this funding LHDs are able to develop and implement active AIDS case surveillance programs. Funding goals include:

- Establish, maintain, and/or enhance LHDs' active AIDS case surveillance efforts in hospitals, clinics, private physicians' offices, immunology laboratories and other medical/social service settings;
- Improve the timeliness, accuracy and reliability of the local AIDS case data;
- Conduct epidemiologic investigations of selected cases for risk or other information;
- Assure the security of AIDS case data and all related information to maintain the confidentiality of infected individuals;
- In collaboration with other departments, plan, conduct and disseminate studies of AIDS morbidity and mortality; and
- Monitor and direct AIDS case finding activities to ensure optimal use of surveillance resources.

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## Education and Prevention

New drug therapies continue to improve the quality of life for many people living with HIV/AIDS; however, education and prevention remain the most effective tools for stopping the epidemic. The Office of AIDS collaborates with local health jurisdictions, community-based organizations, service providers, advocacy organizations, universities, and other state and federal agencies to develop and implement focused HIV prevention programs. The primary goals of the HIV prevention programs are to:

- Prevent HIV transmission;
- Change individual attitudes about HIV and risk behaviors;
- Promote the development of risk reduction skills; and
- Change community norms that may sanction unsafe sexual and drug-taking behaviors.

### California AIDS Clearinghouse

In 1999, the California AIDS Clearinghouse (CAC) was used as the Department of Health Services, Office of AIDS repository and distribution resource center for HIV/AIDS educational materials. CAC provides access to health education information services and technical assistance on communicating health education messages through materials development. The Clearinghouse publishes an annual HIV/AIDS Resource Directory - a comprehensive guide to California HIV/AIDS Education and Prevention, HIV Counseling and Testing, Early Intervention, AIDS Drug Assistance, AIDS Case Management and Medi-Cal Waiver Programs. The directory additionally provides a local and national resource listing and technical assistance information that includes, but is not limited to HIV/AIDS Hotline numbers, the Community Health Outreach Worker Training Center and the Multicultural AIDS Resource Center of California. The California AIDS Clearinghouse Web site is (<http://www.hivinfo.org>).

### Statewide Community Planning Process

In 1999, the California HIV Planning Group (CHPG) completed its first year as a merged working group addressing education, prevention and care issues statewide. The CHPG is composed of people living with HIV/AIDS, community advocates, public health officers and representatives from communities of color.

The *California HIV Prevention Plan* is used by the CHPG as a blueprint for implementation of local education and prevention programs. In 1999, the Group also considered newly emerging issues such as hepatitis C and Post Exposure Prophylaxis (PEP). The Resource Allocation Committee of the CHPG was actively involved in making recommendations to the Office of AIDS regarding funding allocations for HIV/AIDS services for communities of color.

In collaboration with the Universitywide AIDS Research Program, the Office of AIDS developed a 5-year strategic plan for evaluating the CHPG. In 1999, the first year evaluation was completed, which assessed member satisfaction with the CHPG process. The response to the CHPG's merged planning efforts was positive and enthusiastic. During the upcoming year, evaluation work will focus on support for community planning at the local level.

### Local HIV Prevention Community Planning

Local health jurisdictions have organized to form Local Planning and Implementation Groups, comprised of health department staff, representatives from community-based organizations and advocates from the communities served. Each group developed a local HIV prevention plan as a blueprint for implementing local education and prevention programs. This process has strengthened the partnership and collaboration between the public and private AIDS sectors in an ongoing effort to prevent HIV transmission in California. The Office of AIDS continues to provide local health jurisdictions with guidance and time lines for planning activities to assess the implementation of their HIV prevention plans and to measure the progress and success of their local planning groups. Office of AIDS staff provide technical assistance to local health jurisdictions and local planning and implementation groups to help them implement their local HIV prevention plans and address new requirements for ongoing community planning. In late March 2000, local planning groups will have the opportunity to showcase their local prevention plans at the National Community Planning Leadership Summit for HIV Prevention.

## Multicultural Liaison Board

The Office of AIDS established the Multicultural Liaison Board (MLB) in September 1991 to promote cultural awareness and offer advice regarding needs and barriers to providing HIV/AIDS education and prevention services to communities of color. The MLB develops recommendations and policies for providing effective education, prevention, and care and treatment services for people of color infected and affected by HIV/AIDS. Currently the MLB is composed of twelve members representing the African American, Asian/Pacific Islander, Latino/a and Native American communities.

Accomplishments of the MLB include:

- Developing a linkage to local implementation groups and the local health department;
- Guiding programmatic development pertaining to implementation policies and programs for people of color;
- Developing and disseminating "*Frameworks for Change*," which outlines needs of people of color; and
- Instituting a needs assessment pilot project for African American women in San Diego County.

Future goals of the MLB include:

- Strengthening linkage between the CHPG by adding an MLB-appointed seat to the CHPG board;
- Continuing in a strong advisory capacity to the Office of AIDS;
- Continuing to be an integral part of the CHPG and reaching out to constituents;
- Collecting, analyzing and disseminating results of the pilot project; and
- Instituting needs assessment pilot projects for Native American, Asian/Pacific Islander and Latino/a populations.

## HIV Latino Symposiums

In 1998, the Office of AIDS held two Statewide Latino Symposiums planned by a committee composed of Office of AIDS staff, community-based organizations and local health department representatives, and attended by approximately 200 people. The purpose of the symposiums was to bring together HIV service providers to develop appropriate education and prevention strategies to successfully prevent HIV/AIDS in the Latino community.

In 1999, the Office of AIDS began preparations for a third and final symposium to be held in 2000. During this symposium, implementation policies will be developed from the recommendations that were prioritized in the report, *Findings on the Rural and Urban HIV Latino Symposiums*. These policies will be used to assist counties in upgrading their local HIV plans and for program funding purposes at the local, state and federal levels.

## Education and Prevention Program Funding

As a result of the statewide *California HIV Prevention Plan* and the implementation of HIV Prevention Community Plans, the Office of AIDS awarded education and prevention funds to all 61 health jurisdictions in California. Of the 61 health jurisdictions, five northern California counties have formed two separate regional local implementation groups. Local implementation groups are comprised of representatives from local health jurisdictions, community-based organizations and affected or infected members of the community they serve.

The following were identified as priority target populations for local community planning: substance users and their sex partners; gay and bisexual men of all ages and ethnicities; sex industry workers; youth and adolescents; people of color; and transgender individuals.

The Office of AIDS allocated more than \$17 million in education and prevention funds in FY 1999-00 as follows:

- \$50,000 baseline funding to 17 rural local health departments to continue implementing their education and prevention services; and
- \$16.2 million to maintain the current level of funding for local health departments providing education and prevention services based on their local community planning process.

The Office of AIDS, HIV Education and Prevention Services Branch contracts with California State University, Long Beach (CSULB), Center for Behavioral Research and Services to provide technical assistance to local health jurisdictions/local implementation groups for outreach, behavioral intervention training and studies of new HIV testing technologies. CSULB has a diverse pool of consultants, trainers, and staff that work collaboratively with the Office of AIDS, HIV Education and Prevention Services Branch to plan, implement, and evaluate individual programs, and HIV/AIDS education and prevention services in California.

The Office of AIDS received funds from the Budget Act of Fiscal Year 1999/00 to develop and expand HIV education and prevention services for women, people of color, high-risk youth and high-risk MSM. Funds were distributed to Local Health Departments in a variety of methods, as part of the state's ongoing commitment to continually adapt and/or develop programs and services to meet the changing needs and priorities of the epidemic.

- Based on a formula developed by the Resource Allocation Committee of the CHPG, a total of \$2 million was allocated to 20 local health departments (LHD) for services to communities of color. The formula awarded funds to LHDs based on the number of recently diagnosed AIDS cases in people of color and an overrepresentation of AIDS cases in people of color when compared to the general population.
- The Office of AIDS released four high-risk initiative Request for Applications (RFA), totaling \$4.35 million, for HIV/AIDS-related services for women, people of color, high-risk youth and MSM. Program implementation is targeted for early 2000.
- A portion of the FY 1999/00 funds were made available to LHDs on a one-time basis for special expenditures that target the identified populations. Examples of these expenditures include outreach materials, social marketing events, mobile vans, needs assessments and/or updating epidemiologic profiles.

### **California AIDS Prevention Campaign and Social Marketing Efforts**

#### *California AIDS Prevention Campaign*

The year 1999 marked a transitional period for the award winning California AIDS Prevention Campaign, the HIV prevention social marketing program for the Office of AIDS. Building upon successful public relations and community marketing activities developed during the initial three-year campaign, the new multi-year effort created several new HIV prevention strategies. The campaign's focus is to encourage sexually active adolescents and young adults to adopt safer sex behaviors, and encourage Californians at greatest risk for contracting HIV to seek HIV counseling and testing.

The California AIDS Prevention Campaign, a multicultural public information campaign, complements local and national HIV prevention efforts. It is designed to be responsive to the needs of multi-ethnic audiences, particularly African American and Latino communities where HIV infection rates are disproportionately high. The campaign features peer-to-peer education, highlighting Californians affected by HIV/AIDS delivering personal messages about HIV prevention. The state funded multi-language California AIDS hotline number is incorporated into HIV/AIDS prevention messages and outreach materials.

Highlights of efforts for 1999 included the following:

- The innovative HIV prevention calling card campaign targeting individuals at greatest risk for HIV was implemented and expanded. Following the success of the pilot project in 1998, more than 125,000 new cards were produced and distributed in four different designs, including a Spanish language card. Press releases announcing the expansion of the program were produced and reported in several California newspapers. Prior to accessing ten minutes of free long distance telephone service, calling card users listen to HIV prevention messages about practicing safer sex or getting tested for HIV. The popular cards are used as outreach and incentive tools for HIV prevention education, and counseling and testing services. Program evaluations indicate a very high level of satisfaction with the calling card campaign.
- The Church Outreach Program was designed to disseminate HIV prevention messages to the African American religious community through the use of an HIV awareness and prevention church ministry kit. A 15 member Statewide Church Advisory Board representing numerous denominations assisted in the development and review of the ministry kit, to be released in 2000. The kit provides information about HIV/AIDS, the impact on the African American community and suggestions for incorporating prevention messages into sermons and ministries.

- An interfaith kit consisting of a set of awareness and compassion tools was produced and distributed to HIV prevention programs working with various communities of faith. In addition to a call for compassion, the kits were promoted at the "Call to Oneness" interfaith conference launched on World AIDS Day, 1999.
- The "Rap It Up" Respect Yourself, Protect Yourself Rap Contest radio promotion was implemented during the summer in four urban California markets targeting sexually active adolescents and young adults. The promotions were designed to raise awareness and acceptability of condom use, and encourage listeners to call the California AIDS Hotline for more information about safer sex and HIV counseling and testing. The promotion collaborated with local retail partners and consisted of radio spots, live remotes, Web site hyperlinks, in-studio interviews, public service announcements (PSA) and promotional merchandise. Five dollars in value was received for every dollar purchased in on-air radio time. The promotion delivered more than 17 million gross impressions statewide, reaching large numbers of at-risk African American and Latino/a youth.
- In conjunction with National HIV Testing Day "alternative newspaper" ads were produced and placed in three California markets. The ads promoted HIV counseling and testing services and the California AIDS Hotline.
- Los Angeles County collaborated with the Office of AIDS for National HIV Testing Day in the production and adaptation of California AIDS Prevention Campaign transit advertising posters. The ads targeted at-risk African Americans and Latino/as and encouraged HIV testing through the promotion of early treatment.
- For National HIV Testing Day, Asian newspaper press releases were developed and placed announcing the availability of seven new Asian language brochures.
- A Spanish television PSA that targets Latinas was produced featuring Cristina Saralegui of *The Cristina Show*.
- The concept for an innovative lowrider campaign concept targeting at-risk Latino youth and young adults was developed in 1999. The campaign, set to launch in Spring 2000, involves the lease of a restored Chevrolet (Bel Air model) that will be designed and painted with colorful HIV prevention messages. The car will be entered in various lowrider car shows throughout the state and will be displayed at key Latino events that attract young adult audiences. Collaborating local community-based AIDS service organizations will provide outreach and educational services in conjunction with the events.

Continuing public and media relations activities from previous years included:

- Statewide placement of television and radio PSAs in English, Spanish and Asian languages;
- Re-evaluation and refinement of the beauty salon outreach program serving African American women;
- Support for an HIV "Action Team" (cadre of campaign spokespersons for public appearances);
- Ongoing media relations promoting Office of AIDS programs and services utilizing milestone events such as World AIDS Day and National HIV Testing Day;
- Community marketing materials including lottery style educational scratcher and outreach cards, counter displays, posters and Spanish language materials targeted for migrant communities; and
- Technical assistance to local health departments and community-based organizations in social marketing, media relations and evaluation.

## *Local Social Marketing Efforts*

Through a competitive Request for Applications process, select counties applied for a three-year funding cycle (beginning FY 1998-99) to create or enhance local social marketing efforts. Applicants were evaluated using criteria based on epidemiology including trends in HIV infection, sexually transmitted disease rates, new AIDS case data and effective/innovative proposals for reaching priority target audiences. Seven local health jurisdictions representing various regions across the state were funded. Each local health jurisdiction is developing and implementing culturally appropriate HIV prevention social marketing campaigns that include advertising, public relations activities and community marketing strategies. This approach follows the trend of local community planning and outreach efforts that emphasize targeted local strategies for high-risk individuals, and adds flexibility to develop specific products to reach those at greatest risk for contracting HIV.

## **School-Based Health Education**

State law requires schools to provide HIV/AIDS prevention instruction at least once in junior high or middle school and once in high school, unless the parent or guardian requests the pupil not attend. The Office of AIDS has an

interagency agreement with the Department of Education to provide a school-based program using a variety of components to provide HIV/AIDS prevention education. One component is the Positively Speaking Program, which trains people with HIV/AIDS to give classroom presentations. Another component awards grants to California school districts to implement an education and prevention program in partnership with a community-based AIDS organization or local health department. In FY 1999-00, there were 35 grant recipients.

Additionally, the Healthy Kids Resource Center provides educational materials for free loan to educators to assist in establishing comprehensive health education programs. The Center publishes a catalog of available materials, organized by area of interest and grade level (<http://www.hkresources.org>).

### **HIV Counseling and Testing Program**

This program provides free anonymous and/or confidential HIV antibody counseling and testing services to Californians with perceived risk for HIV. As of FY 1999-00, the Office of AIDS, HIV Counseling and Testing Program annually distributed approximately \$7 million in state and federal funds to 61 local health departments, rural primary care clinics, and Indian health clinics. In 1999, 210,000 HIV tests were conducted in one of the 700 publicly funded clinic settings. Both anonymous and confidential HIV counseling and testing services provide client-focused prevention counseling and assessment of client needs regarding: 1) HIV transmission; 2) personal risk behaviors; 3) risk reduction planning; and 4) referral to other services. During the counseling session, risk information is collected on a standard reporting tool and is submitted to the state. The information is used as a basis for data collection, program development and program reimbursement. Client counseling and testing services are provided on a voluntary basis and are primarily free.

### **Community Health Outreach Worker Training**

The Office of AIDS contracts with the Institute for Community Health Outreach (ICHO) to train community health outreach workers (CHOWs) for Office of AIDS education and prevention contractors. CHOWs provide health education services to high-risk populations such as injection drug users, their sexual partners and high-risk youth. ICHO has trained over 2,000 people from more than 200 agencies throughout the world and their training has become an international model for this type of outreach intervention.

To meet community needs, ICHO continually expands the scope of its training, developing innovative health education strategies for outreach to MSM (gay-identified or not), women of childbearing age, sex industry workers, injecting and non-injecting drug users, runaways, gang members, the homeless, immigrant workers, transsexuals, transvestites, and communities of color. All ICHO trainings emphasize multicultural competence in serving clients of different sexual orientations and racial/ethnic origins.

### **HIV Prevention Counselor Training**

The purpose of the HIV Prevention Counselor Training is to provide a high standard of counseling services at all Department of Health Services, Office of AIDS-funded HIV test sites. The training program ensures that HIV Prevention Counselors that provide counseling sessions to at-risk clients have the opportunity to gain the necessary skills to ensure consistent assessment, effective intervention and appropriate referrals. Our goal is to train counselors to provide high-quality, client-centered HIV prevention counseling. The HIV Prevention Counselor Training is a seven-day course delivered in two separate trainings, Basic I and Basic II.

The Basic I is a five-day course with a focus on introduction to client-centered counseling skills relating to risk assessment, risk reduction, counseling guidelines and cultural issues. Basic HIV/AIDS information, state HIV legislation and policy, HIV testing procedures and HIV epidemiology are also included. The Basic II is a two-day course that is required for all counselors who have successfully completed Basic I. The focus of this training is on enhancing skills in conducting client risk and needs assessments with emphasis on behavior change models, risk reduction planning and secondary risk factors for HIV infection (e.g. social, cultural, economic, psychological).

Successful completion of the Basic I and Basic II results in full certification as an HIV Prevention Counselor and authorizes the counselor to provide HIV prevention counseling services for a period of one year. All counselors are

required to annually participate in Continuing Education Training (CET) in order to maintain certification as an HIV Prevention Counselor. The one-day CET class addresses various topics designed to enhance specific skills of experienced counselors.

## **Outreach to High-Risk Groups**

The Neighborhood Interventions Geared to High-risk Testing (NIGHT) Outreach program provides services in 21 LHDs. Most of the participating LHDs use the indigenous leader model, where outreach workers are former members of the communities in which they work. Outreach workers provide education, counseling, HIV testing, referrals and follow-up services in venues where high-risk populations congregate (streets, bars, parks, etc.). The most effective programs use one-on-one interactions between outreach workers and the at-risk individuals.

Mobile HIV testing clinics are used primarily in areas where there is rapid emergence of new HIV outbreaks and where individuals who engage in high-risk activities are found. These large mobile health clinics also offer STD and tuberculosis screening. Seven of the 21 participating LHDs operate large mobile vans. Additionally, 12 LHDs use smaller retrofitted commercial vans for HIV counseling in outreach setting. The smaller vans provide a place where counseling can occur in a private, confidential setting.

## **Prevention of Perinatal Transmission of HIV Project**

The HIV Education and Prevention Services Branch, in collaboration with the HIV/AIDS Epidemiology Branch and Leland Stanford Jr. University has developed a new perinatal project. Through state and federal funding, this project aims to increase the level of HIV education, counseling and testing offered to pregnant women.

In order to develop and assess an array of sociodemographically-diverse interventions, the project will involve a two-tiered strategy of needs assessment, followed by targeted perinatal service provision. Perinatal prevention assessment and service provisions will be targeted to five California counties that contain large urban, rural, or suburban communities and are composed of diverse socioeconomic and racial and ethnic populations. Counties participating in the project are Alameda, Los Angeles, Sacramento, San Diego and San Joaquin.

The project will consist of identification of access-poor populations, development of cultural and socially appropriate interventions, and dissemination and evaluation of these interventions. It will primarily be integrated into existing population-based active surveillance. The project will include focus groups and surveys of novel populations, such as women attending state-funded nutritional supplementation clinic sites, women in correctional facilities, female clients of substance abuse treatment centers, women in alternative high school educational programs and prenatal care providers in the target intervention counties. Materials developed as part of this project will be designed to bolster and enhance the efforts of health and service providers who have not been able to achieve the goal of offering HIV counseling and voluntary testing to all pregnant women in California. Local activities will be accomplished through program outreach staff.

## **Youth Drop In Centers**

The FY 1999-00 budget included new funds targeting youth at high-risk for HIV infection. In 1999, the Office of AIDS solicited applications from LHDs for the augmentation, or development and implementation of a youth drop-in center program. A drop-in center is a small, store-front-style building located on an active pedestrian thoroughfare, near public transportation in a city. Its purpose is to provide prevention services in a private and comfortable manner to low-income youth at high-risk for HIV infection. A drop-in center is a neutral space where positive health maintenance is the primary objective.

Each LDH was encouraged to collaborate with an existing community-based organization with the capacity and programmatic expertise to provide risk reduction and prevention services to high-risk youth between the ages of 12 and 24. Funds totaling \$1,925,000 annually were awarded to Fresno, Humboldt, Imperial, Mendocino, Orange, San Diego, San Luis Obispo, Santa Clara, Santa Cruz and Shasta Counties. The Office of AIDS will provide technical assistance to these projects, as well as facilitate collaborations between counties.

## **Voluntary Partner Counseling and Referral Services**

The purpose of the Office of AIDS Partner Counseling and Referral Services (PCRS) Program is to help ensure that the sex- and needle-sharing partners of HIV positive persons are informed of their potential risk, offered HIV prevention counseling services and referred to social and medical services as necessary. In 1999, the newly developed HIV PCRS Program became fully operational in five PCRS demonstration projects in the following health jurisdictions: the City of Long Beach and the Counties of Alameda, Sacramento, Kern and San Diego. Each of the five projects provide HIV partner consultation services in Counseling and Testing sites, Early Intervention Programs, and STD prevention and control programs.

In 1999, the Office of AIDS began the development of state guidelines that present CDC and Office of AIDS standards and recommendations for local program implementation of voluntary, confidential HIV PCRS. Additionally, the Office of AIDS developed and implemented anonymous reporting of HIV PCRS data. Data collection and analysis will enable the local and state programs to assure standardization in the delivery of PCRS services, promote quality counseling and referral systems, provide necessary data to federal legislators and funding sources and determine appropriate methods for statewide application.

Through an interoffice agreement with the Division of Communicable Disease Control, Sexually Transmitted Disease Control Branch, the Office of AIDS renewed a contract with the STD/HIV Prevention Training Center to provide PCRS training to local STD and HIV prevention staff. PCRS training materials are improved and updated on an on-going basis. Technical assistance, site visits and teleconferencing techniques are utilized to enhance a participant's initial training experience. The PCRS training incorporates a client-centered counseling approach into traditional partner elicitation and follow-up skill building.

## **HIV Transmission Prevention Project**

The Office of AIDS has provided HIV prevention information, education and interventions in a variety of ways for several years. Most education and information efforts have been directed toward the general population, specific target groups and/or persons accessing HIV Counseling and Testing sites. Additionally, Early Intervention Programs (EIP) have specifically focused prevention efforts on HIV-infected clients who are accessing care and treatment services, and their at-risk, HIV-negative partners and family members. Although these combined prevention efforts have been successful for some people, others have found the education messages and existing interventions insufficient to inspire and support sustained behavior change. Sustained behavior change can especially be complicated by factors such as substance use, mental disorders, language or cultural barriers, marginalized social status and homelessness.

The HIV Transmission Prevention Project (HTPP) is an Office of AIDS collaborative demonstration project established in 1999 to provide more intensive, specialized transmission prevention and support. The HTPP has two distinct segments: 1) interventions targeting HIV-positive, high-risk persons (funded through the CDC and coordinated by the Office of AIDS, HIV Care Branch), and 2) interventions targeting HIV-negative, high-risk persons (funded through state General Funds and coordinated by the Office of AIDS, HIV Education and Prevention Services Branch). Although these two segments are separately funded and have differentiated protocols and interventions, they are closely coordinated in order to share information, expertise, and resources and to facilitate participation of both HIV-positive and negative persons who are linked through family or other networks.

A total of 11 jurisdictions (10 EIP counties: Humboldt, Riverside, Fresno, Long Beach, Orange, Santa Barbara, Ventura, Los Angeles (King Drew), Santa Cruz and Santa Clara; and six Counseling and Testing jurisdictions: Humboldt, Butte, Riverside, Fresno, Long Beach and Orange) have been selected to participate in this three-year project. The sites were selected based on their willingness to participate in the project, the number of high-risk clients in their catchment areas, a statewide geographic distribution and client risk exposure (e.g., MSM and needle sharing). The project will be implemented in 2000.

Each HTPP site will hire a Risk Reduction Specialist(s) who must have professional training and appropriate experience, including a graduate degree in social work or psychology. The interventions used by the Risk Reduction Specialists will be based primarily on the CDC's prevention case management model, although differences will exist.



For example, for HIV-positive clients, traditional case management will continue to be provided by the existing EIP social worker or case manager, and the client will continue to participate in all other components of the EIP including medical, health education and psychosocial. The Specialists will focus intensively and exclusively on transmission issues. For HIV-negative clients, prevention case management will be executed as outlined in the CDC guidelines, which includes traditional case management with a special emphasis on harm reduction.

The Office of AIDS will coordinate with experts in varied fields to provide training for Risk Reduction Specialists and site staff. Existing staff at EIP and Counseling and Testing sites will be trained to assess all clients to determine whether they may be defined as "high-risk," and eligible to be referred to the HTPP and a Risk Reduction Specialist.

An evaluation of the HTPP demonstration sites will be conducted by the University of California, Davis, Center for Health Services Research in Primary Care. The evaluator was selected through a RFA process and will be funded by state General Funds. The evaluation will measure the efficacy and utility of the program as well as explore client attitudes and opinions about the provided services.

## Corrections Initiative

In 1999, the Office of AIDS awarded \$1.8 million (\$1 million CDC and Health Resources and Services Administration grant funding, and \$800,000 state General Funds) toward a cooperative agreement program for HIV prevention, intervention, and continuity of care within correctional settings and the community. The purpose of this program is to support demonstration projects within correctional facilities and the community that develop models of comprehensive surveillance, prevention and health care activities for HIV, STDs, tuberculosis (TB), substance abuse and hepatitis. The program will focus on persons in correctional settings that extend to the community upon their release.

The Corrections Initiative is a collaborative of the Office of AIDS; the City and County of San Francisco; Los Angeles County; the California Department of Corrections Peer Education, Parole, and Transitional Case Management programs; the California STD/HIV Prevention Training Center; and Centerforce (a community-based organization). The goals of the project are to:

- Promote awareness of HIV/STD/TB/hepatitis risk;
- Promote utilization of HIV testing, STD/TB/hepatitis screening and appropriate treatment;
- Initiate and sustain positive behavior change for pre- and post-release inmates with high-risk behaviors related to substance abuse and/or the transmission of HIV/STD/TB/hepatitis;
- Improve health status of pre- and post-release HIV-positive inmates by providing comprehensive educational and psychosocial services aimed at increasing access and use of HIV treatment therapies;
- Provide an intensive training program for service providers to ensure the provision of appropriate behavioral and clinical assessment, care and evaluation, in accordance with current guidelines;
- Improve the utilization of community health services by improving the transitional linkages between correctional facilities/programs and community-based care;
- Continue behavioral, epidemiologic and surveillance activities associated with the target population; and
- Reduce recidivism among the target populations.

As the project develops, services will be provided to local jail facilities in the City and County of San Francisco and in Los Angeles County. San Francisco's program will provide HIV-positive, high-risk negative and unknown serostatus inmates with transitional case management, peer advocacy, substance use counseling, money management, housing services and HIV/STD prevention services. San Francisco's program is an expansion and enhancement of an existing program involving the community-based collaborative organizations Forensic AIDS Project and Tenderloin Care. Los Angeles has the potential to mirror San Francisco's services, but will begin by identifying gaps in service through a needs assessment of their massive jail system. The community-based organization, Centerforce, working collaboratively with the Department of Corrections Peer Education, Parole and Transitional Case Management programs, will offer peer education, pre-release health education and prevention case management services in up to six state prisons.

Upon completion, the outcome objectives of this three-year project will be evaluated by the Office of AIDS, HIV Education and Prevention Services Branch, HIV Prevention Research and Evaluation Section.



**Outreach Based HIV-Related Behavioral Surveillance**

Preliminary analyses for 13 behavioral surveillance projects in 11 counties (Alameda, Fresno, Los Angeles, Marin, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Santa Clara and Sonoma) were completed in 1999. The surveillance project, recommended by the former Community Planning Working Group, used existing HIV prevention programs to initiate contact with identified high-risk populations. Five of the project sites focused on substance users, four on people of color, and two on sex industry workers and transgender individuals. Participants completed a standardized survey with site-specific questions. The project collected data on recent sexual behavior, factors that influence behavior changes, awareness of the availability of local HIV-related services and the nature of social support networks.

In 1999, findings were disseminated via national conferences and an in-depth analysis will be conducted in 2000 to further delineate behavioral trends useful for prevention interventions. The Office of AIDS will use this information to modify existing prevention programs and to develop new programs.

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## Care and Treatment

The Office of AIDS seeks to assure the provision of humane, cost-effective, and appropriate health and support service resources for persons with HIV along the entire continuum of care. To accomplish this goal, the Office of AIDS coordinates various programs that provide care and treatment services for eligible people infected with HIV and those who have developed AIDS-defining illnesses. These programs include the AIDS Drug Assistance Program, the Early Intervention Program, the CARE/HIPP program, the local HIV Care Consortia Program, Housing Services, the AIDS Case Management Program and the AIDS Medi-Cal Waiver Program. Each of these programs is described below.

### **AIDS Drug Assistance Program**

The AIDS Drug Assistance Program (ADAP), established in 1987, provides HIV/AIDS drugs to individuals who could not otherwise afford them. Drugs on the ADAP formulary have been proven to improve the quality of life or effectively prevent and treat opportunistic diseases among people with HIV/AIDS. In direct response to the increased demand for ADAP services, ADAP funding has increased from \$17.5 million in FY 1995-96 to \$136.6 million in FY 1999-00. Funding for ADAP is composed of Ryan White CARE Act Title II funds, the State General Fund and drug manufacturer rebates.

ADAP is specifically intended as a program of last resort for those people who have no other resources to pay for their drugs. A co-payment is required for anyone whose annual adjusted gross income is between 400% of the federal poverty level (currently \$32,960) and \$50,000. Persons with an annual adjusted gross income below 400% of poverty level receive the drugs free, as statutorily mandated.

The Office of AIDS estimates that 454,250 prescriptions were filled in FY 1998-99 for approximately 19,167 ADAP clients. There was a 19.7% increase in the average length of stay on the program in a 12 month period from FY 1997-98 (5.68 months) to FY 1998-99 (6.8 months).

### *Centralization*

The Office of AIDS continues to administer ADAP drug dispensing, reimbursement and data collection activities through a pharmacy benefit management (PBM) service provider, Professional Management Development Corporation, whose contract is effective through June 30, 2000. A new Request for Proposal for PBM services was released November 16, 1999 to solicit proposals from interested parties. When awarded, the new contract will extend from July 1, 2000 through June 30, 2005.

The centralization of the California ADAP has increased client access to medications by expanding the number of provider pharmacies from 565 in FY 1997-98 to over 2,900, including independently owned pharmacies, county operated pharmacies and most major pharmacy chains. Access to ADAP services has been further improved by increasing the number of local health jurisdictions participating in ADAP from 47 to 61, with approximately 200 local ADAP enrollment sites located throughout the 61 jurisdictions. Mail-order prescription services, available upon client request, are also available statewide and clients can have prescriptions filled at any participating pharmacy statewide, regardless of their county of enrollment. These changes accommodate greater client mobility and provide additional access options for clients concerned with anonymity.

The Office of AIDS has realized significant program savings under centralization due to reduced drug acquisition prices, standardized eligibility screening procedures, maximized use of third-party payors and collection of mandatory drug rebates.

### *Formulary*

The ADAP Medical Advisory Committee is comprised of physicians, pharmacists, psychiatrists, AIDS advocates, county HIV program administrators and affected community members who are actively engaged in providing and evaluating drug therapy for persons with HIV/AIDS. The committee meets periodically to review the ADAP formulary, evaluate available HIV/AIDS drugs and recommend changes to the formulary.

As of December 31, 1999, there were 116 drugs on the formulary. Six new drugs were added during 1999, including the antiretroviral drug amprenavir, four hypolipidemics (representing a new class of drugs) and one anti-wasting therapy. The Office of AIDS collects statutorily mandated rebates from pharmaceutical manufacturers with drugs on the ADAP formulary. Rebates totaled \$11.429 million during FY 1998-99 and were budgeted at \$13.129 for FY 1999-00.

### Early Intervention Program

The Early Intervention Program (EIP) is a central link in the HIV/AIDS continuum of care, addressing the needs of HIV-infected individuals from the time of an HIV-positive test result until more intensive AIDS treatment may become necessary. The EIP is designed to:

- Prolong the health and productivity of HIV-infected persons;
- Interrupt the transmission of HIV from HIV-positive clients; and
- Reduce or avoid future HIV/AIDS costs.

The EIP provides clients with the following range of services:

- Health assessments, minor medical treatment and monitoring and laboratory tests;
- Transmission risk assessments, risk-reduction strategies and behavior change support;
- Health education, HIV education and nutrition counseling;
- Psychosocial assessments, short-term counseling and support groups;
- Assessments of practical support needs, case management and referrals to other services;
- Benefits and financial management counseling; and
- Other appropriate ancillary services such as assistance with transportation or child care.

All HIV-infected clients receive a range of program services on a regular basis, based on an individual service plan that reflects the client's needs. HIV-negative, at-risk partners and family members of clients also receive targeted services such as health and HIV education, risk-reduction activities and couples or family counseling. The EIP model effectively integrates HIV transmission prevention goals and services with care and treatment. A multidisciplinary team provides EIP services.

The Early Intervention Projects are operated by local health jurisdictions which may subcontract with community-based organizations to provide services. All Projects have close, on-going relationships with other HIV/AIDS service providers in their local service areas, thus facilitating referrals and minimizing duplication of services.

The EIP model is flexible and continues to evolve in response to changes in the epidemic, care and treatment protocols and funding resources. Since the Program's inception in 1988 to December 1999, over 15,000 EIP clients have been served. As of June 30, 1999, 6,745 clients were actively enrolled in EIP Projects/Centers throughout the state. The two original EIP pilot sites established in 1988 continue to operate with federal funds from the CDC. The Early Intervention Projects (10 locations established between 1988 and 1990), Women's Early Intervention Centers (four locations) and Rural Early Intervention Projects (14 locations serving 22 counties) operate with state funds. The total EIP budget for FY 1999-00 was \$7.972 million, a \$3.365 million increase from the previous fiscal year. A portion of the new funds targeted expansion of EIP services into unserved areas of California and into communities of color (see descriptions below).

In order of implementation, services at EIP sites include:

- **Metropolitan Area Early Intervention Projects:** The 12 Early Intervention Projects established in major urban areas prior to 1990 are located in the Counties/Cities of San Francisco, Sacramento, Sonoma, Santa Clara, San Mateo, Alameda, Los Angeles, Long Beach, Orange, San Bernardino, Riverside and San Diego. The total budget for the 12 metropolitan area EIP sites was \$3.05 million.
- **Women's Early Intervention Centers:** To improve the health of women through better access to health care, the Women's Health Initiative funded two Women's Early Intervention Centers. The first, WomensCare, opened in April 1995 in Los Angeles. The second, Sister Care, opened in July 1995 serving women in Alameda/Contra

Costa Counties. Both centers offer comprehensive EIP services. In FY 1997-98, additional funds were allocated for women's EIP services, and two more sites were opened, one in Contra Costa County, and WomensCare East which is located in East Los Angeles. A total of \$775,000 was appropriated for the four projects.

- *Rural Regional Early Intervention Projects:* In FY 1995-96, the Office of AIDS adapted the existing urban service delivery model to meet the unique needs of rural areas. Three rural regions, encompassing 22 counties, each received \$250,000 to create regional Rural Early Intervention Projects. The North State region includes Butte, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama and Trinity Counties. The South Central Valley region comprises Fresno, Kern, Kings, Madera, Mariposa, Merced and Tulare Counties. The Central South Coast region includes San Luis Obispo, Santa Barbara and Ventura Counties. Each participating county conducted a needs assessment to help design a cost effective project that responds to local needs. EIP services began in April 1996 in all three regions.
- *1999 Service Expansion:* The FY 1999-00 budget targeted over \$1.825 million for the Early Intervention Program. Approximately \$770,000 was earmarked to create new sites in five areas not currently served by EIP. These areas include: San Joaquin County, Stanislaus County, Santa Cruz County, Monterey County (including San Benito County) and Imperial County. Funds were distributed via local health jurisdictions. An additional \$300,000 was allocated in conjunction with funds for communities of color (described below). The remainder of the funding (\$755,770) was used to expand capacity at existing EIP sites in 23 service areas.
- *HIV/AIDS Services to People of Color:* In FY 1999-00, a total of \$700,000 of state General Funds was earmarked to develop or expand capacity at EIP sites that serve people of color in Los Angeles, San Francisco and Alameda Counties. San Francisco will implement EIP services in the Bayview-Hunter's Point. Alameda will implement men's services in Oakland and will be co-located with Sister Care EIP services for women. Discussions are continuing on Los Angeles' proposal for allocating funding.
- *HIV Transmission Prevention Program (HTPP):* HTPP is a collaborative project between the HIV Care Branch and HIV Education and Prevention Services Branch of the Office of AIDS. Beginning in FY 1999-00, the Office of AIDS received funding from CDC for Risk Reduction Specialists who will work intensively with HIV-positive individuals who practice risky behaviors or who have difficulty limiting behaviors which place others at risk for HIV infection. A total of \$840,000 is allocated to 10 EIP sites to hire Risk Reduction Specialists to work intensively with the highest risk EIP clients. In addition, funds were allocated from the state General Fund for Risk Reduction Specialists to provide similar risk reduction services for high-risk HIV-negative persons. For a more detailed description of HTPP services, please refer to the Education and Prevention portion of this report.
- *Additional CDC Funding for Bridge Project:* Planning and development of the "bridge project" in 1999, resulted in CDC funding for the project which will begin in FY 2000-01. CDC awarded \$460,000 for "bridge" positions in four-to-six EIP sites. The person funded at each EIP site will act as a "bridge" to EIP services, facilitating and sponsoring entry and enrollment into EIP for HIV-positive individuals. These bridge activities will help to eliminate barriers to HIV services for the most disenfranchised and underserved HIV-positive populations.

### UCSF Psychosocial Trainings

The Office of AIDS has entered into an agreement with the University of California at San Francisco to provide trainings to HIV medical/social service providers entitled "Psychological Challenges of HIV Advances." The goals of the statewide trainings are to: 1) enhance providers' effectiveness in confronting the psychosocial issues clients may be dealing with as a result of new treatments; and 2) afford providers with the skills necessary to work with their clients in making more holistic decisions about available treatment options. The training is offered to all service providers funded via the state Office of AIDS.

### Viral Load Test Program

In recognition of the dramatic changes in HIV treatment options and diagnostic tests, the FY 1997-98 budget included \$3.8 million in additional funds for viral load tests for ADAP-eligible EIP clients and other ADAP-eligible Californians. Viral load tests allow medical staff and clients to assess the effectiveness of antiretroviral combination therapies and better manage treatment.

The Viral Load Test Program (VLTP) was established in FY 1997-98, as a collaborative effort between the Office of AIDS and the Department of Health Services Viral and Rickettsial Disease Laboratory. The VLTP provides viral load

tests for HIV-infected persons who are uninsured, are not on Medi-Cal and have an annual adjusted gross income below \$50,000. In FY 1999-00, the tests are provided at approximately 150 HIV service sites in 41 counties. Thirteen local public health laboratories throughout the state process the tests and 40,000 vouchers for viral load tests are available.

### **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act**

The federal Ryan White CARE Act established a variety of AIDS programs under five titles or parts. Title I, the Emergency Relief Grant Program, provides emergency funding to eligible metropolitan areas (EMAs) hardest hit by the HIV epidemic. Nine EMAs in California (Los Angeles, Oakland [Alameda and Contra Costa Counties], Santa Rosa/Petaluma [Sonoma County], Riverside/San Bernardino, Sacramento [Sacramento, Placer, and El Dorado Counties], San Diego, San Francisco [San Francisco, San Mateo and Marin Counties], San Jose [Santa Clara County] and Santa Ana [Orange County]) receive Title I funds and administer them at the local level.

Title II, the HIV CARE Grants program, provides formula-based financial assistance to states. Title II funds are administered by the Office of AIDS and are described in more detail below. Title III, Early Intervention Services, provides competitive grants for early health care intervention, counseling, testing and treatment services.

Title III programs are administered by the federal Health Resources and Services Administration (HRSA). Title IV provides coordinated services and access to research for women, infants, children and youth. Title IV also addresses notification and training programs for emergency response programs. Part F, includes the HIV/AIDS Dental Reimbursement Program, Special Projects of National Significance (SPNS) and AIDS Education and Training Centers (AETCs). The following table shows California's Ryan White CARE Act funding for federal FY 1999, based on information provided by HRSA.

<b>Ryan White CARE Act: California Allocations for Federal FY 1999</b>	
<b>TITLE</b>	<b>AMOUNT</b>
Title I (Eligible Metropolitan Areas)	\$101,806,572
Title II (State: Formula)	\$30,669,853
Title II (ADAP)	\$65,267,693
Title III (Competitive Projects)	\$9,710,917
Title IV (Competitive Projects)	\$3,813,024
Part F (SPNS and AETC's)	\$9,541,098
<b>TOTAL</b>	<b>\$220,809,157</b>

California Department of Health Services, Office of AIDS, February 2000

Through Title II of the Ryan White CARE Act, HIV CARE grants provide financial assistance to states to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. California used its Title II grant in federal fiscal year 1999 to operate local HIV Care Consortia, provide home and community-based care services for individuals with HIV disease, assure the continuity of health insurance coverage and support ADAP.

In 1999, the Office of AIDS, in collaboration with HRSA, conducted an evaluation study to determine the relationship between Ryan White CARE Act (RWCA) funded ancillary services (such as child care and transportation services) and a client's entry into and retention of primary medical care services. The study was designed to determine if clients who needed and received ancillary services were seen more often and at regular intervals than RWCA clients who needed ancillary services but received few or no services.

An analysis of 391 clients showed that receipt of ancillary services positively impacts entry into and retention of primary medical care services, thus supporting the theory that ancillary services provide a meaningful link between the HIV-infected community and medical care. A final report will be available from the Office of AIDS by mid-2000.

### **CARE/Health Insurance Premium Payment Program**

The CARE/Health Insurance Premium Payment Program (CARE/HIPP), funded under Title II of the Ryan White CARE Act, helps people with HIV/AIDS maintain their private health insurance coverage. This program helps assure continuity of medical care and averts high medical costs that might otherwise be borne by other public health programs and the state General Fund. Because participant health policies must cover outpatient prescription drugs, the program also helps ensure that CARE/HIPP clients have access to AIDS drugs and preserves ADAP access for non-CARE/HIPP clients with no other method of obtaining drug coverage.

CARE/HIPP provides support for clients in the private insurance market for an initial 12 month period (in some cases, clients may be eligible for an additional 17 months of extended program coverage) until they can transition to either the state's Medi-Cal/HIPP, a County Organized Health System HIPP program, or Medicare. Medi-Cal/HIPP is authorized to pay health insurance premiums for certain categories of Medi-Cal eligible people when it is determined to be more cost-effective than providing their direct care. Office of AIDS staff estimates that for every \$1 spent on health insurance premiums, the CARE/HIPP program saves almost \$5 in government expenditures on care for the medically indigent.

CARE/HIPP clients must meet financial eligibility criteria, have secured income support through public or other disability programs, be medically diagnosed "disabled as a result of HIV/AIDS" and have a health insurance plan that covers outpatient prescription drugs and HIV-related treatment services. CARE/HIPP works in conjunction with benefits counselors and case managers in agencies providing services to individuals with HIV/AIDS. The goal of this collaboration is to enroll clients with medical, dental or vision coverage through individual or family policies until they are eligible to transition to a HIPP program or Medicare. CARE/HIPP does not contract with agencies to enroll clients but provides administrative "fee-for-service" reimbursement to agencies for providing program services. CARE/HIPP has 144 participating agencies in all but eight (Alpine, Amador, Colusa, Glenn, Inyo, Modoc, Sierra and Solano) of California's counties. There are no county residency requirements for program enrollment; therefore eligible individuals can be enrolled, recertified and assisted in the transition process through any participating agency.

Because of improved HIV drug therapies, many individuals with HIV/AIDS are able to return to work. In the past, CARE/HIPP clients who disenrolled from the program to return to work and then stop working for medical reasons, have not been able to re-enroll in CARE/HIPP. Effective September 1999, previous clients who return to work then experience health difficulties and must stop working, can re-enroll in CARE/HIPP and complete unused months up to the 29 month maximum coverage period. This expansion allows continuation of former clients' health insurance coverage until they are eligible to transition to a HIPP program or Medicare.

As of December 31, 1999, CARE/HIPP helped over 3,000 individuals maintain their private health insurance coverage.

### **Local HIV Care Consortia Program**

The HIV Care Consortia Program provides Title II funding to local agencies for the provision of medical and supportive services for persons living with HIV/AIDS. Decisions regarding the specific service needs are addressed by HIV Care Consortia - collaborations of persons living with HIV/AIDS; interested parties; public and private non-profit health care and support service providers; and community-based organizations operating in the areas most affected by HIV disease. As of July 1, 1999, 33 consortia were in place and responsible for developing service delivery plans to ensure that no gaps exist in medical and support services for people living with HIV/AIDS in their county or multi-county region.

The specific responsibilities of each HIV Care Consortium include:

- Conducting or updating an assessment of HIV/AIDS service needs for the geographic service area;
- Establishing a service delivery plan based upon prioritized services;
- Coordinating and integrating the delivery of HIV-related services;
- Evaluating the consortium's success in responding to service needs; and
- Evaluating the cost-effectiveness of the mechanisms used to deliver comprehensive care.

The Consortia Program funding provides clients with a range of services that include:

- Ambulatory/outpatient medical care;
- Case management;
- Dental care;
- Drug reimbursement program;
- Health insurance;
- Home health care;
- Hospice care;
- Mental health therapy/counseling;
- Nutritional services;
- Rehabilitation services;
- Substance abuse treatment/counseling; and
- Other services of a treatment nature.

## **Housing Services**

### *Housing Opportunities for Persons with AIDS*

The U.S. Department of Housing and Urban Development (HUD) funds housing and supportive services for low-income people living with HIV/AIDS through the Housing Opportunities for Persons with AIDS Program (HOPWA). The objective of this program is to prevent or alleviate homelessness among people living with HIV/AIDS and their families. HOPWA funding allocations are distributed to Eligible Metropolitan Statistical Areas (EMSAs) and eligible states. An EMSA is a metropolitan area with a population of more than 500,000 and has reported more than 1,500 cumulative AIDS cases. The California counties included in EMSAs and receiving direct HOPWA funding from HUD are Alameda, Contra Costa, Los Angeles, Marin, Orange, Riverside, Sacramento (including El Dorado and Placer), San Bernardino, San Diego, San Francisco, San Mateo and Santa Clara.

The State of California has been an eligible grantee for HOPWA funds since the inception of the HOPWA Program in 1992, and has received and allocated \$16.448 million in HOPWA funds from 1992 through 1999. In FY 1998-99, the Office of AIDS received \$2.288 million, which was allocated to the 44 counties ineligible to receive direct HOPWA funding. HIV Care Consortia are involved in determining local housing needs for people with HIV/AIDS and assist in prioritizing the need for HOPWA funds locally.

HOPWA funds may be used to assist various types of housing designed to prevent or alleviate homelessness. Eligible uses of HOPWA funding includes: 1) the provision of short and long-term rental, utility and mortgage assistance; and 2) development of housing units through new construction or acquisition and/or rehabilitation of affordable housing units for designated for persons living with HIV/AIDS. Additionally, HOPWA funds are available to provide supportive services required to prevent homelessness. All residents of HOPWA-assisted units must receive supportive services.

### *Competitive Housing Program*

HOPWA funds have historically been used to assist clients with short-term rental assistance. Although such assistance addresses the immediate needs of clients and is an important and viable use of funds, the Office of AIDS recognized that there was an unmet need for long-term housing resources for persons living with HIV/AIDS.

To promote the development of affordable long-term housing options for persons living with HIV/AIDS, the Office of AIDS established the Competitive Housing Program, which is jointly funded through the state General Fund and HOPWA. A HOPWA Task Force consisting of Office of AIDS staff and housing and AIDS service professionals developed an equitable funding method to make housing resources available to the 11 counties with the highest number of reported AIDS cases, and therefore the highest need for affordable HIV/AIDS housing. Funding is awarded annually on a competitive basis to nonprofit housing providers, local governments and AIDS service providers working collaboratively to develop housing units within the 11 designated counties.

Five affordable housing projects, for a total of six one- and two-bedroom apartments, three one- and two-bedroom condominiums and a five bedroom transitional facility were funded in 1999. These units are designated for persons living with HIV/AIDS and their families, and will provide affordable, stable housing for many years to come. They join the 35 units currently in development or occupied as a result of Competitive Housing Program funding.

### **Residential AIDS Licensed Facilities Program**

The Residential AIDS Licensed Facilities (RALF) Program was enacted through the Budget Act of FY 1999-00 and received a \$1 million allocation of state General Funds. This program is designed to provide direct subsidy payments to residential AIDS facilities licensed under the Residential Care for the Chronically Ill (RCFCI) licensing category. RCFCIs are the only facilities licensed by the Department of Social Services that California law permits to accept and retain adults with HIV/AIDS in need of end-stage care. There are currently 30 licensed RCFCIs with a total capacity of 394 beds. RCFCIs have historically struggled with budget deficits due to inadequate funding for on-going operations and the high costs of providing intensive end-stage care.

The RALF Program provides operating funds based upon the total number of beds designated for persons living with AIDS. The RALF Program provided assistance to 23 RCFCI facilities and has ensured that 284 beds will continue to be designated for persons living with AIDS.

### **AIDS Case Management Program**

The AIDS Case Management Program (CMP) provides cost effective home- and community-based services for persons with AIDS or symptomatic HIV infection who are unable to function independently in some area. The program maintains clients safely in their homes and avoids the need for more costly institutional care in a nursing facility or hospital. The Office of AIDS contracts with 41 local health departments and community-based organizations to administer the program in 53 counties.

In FY 1999-00, the CMP received a total of \$7.747 million (\$6.427 million in state funds and \$1.320 million in federal Ryan White CARE Act Title II funds).

Based on preliminary data, during FY 1998-99 the CMP served approximately 2,533 clients. CMP clients had 76% fewer hospital days than they did prior to enrollment, reducing the overall cost of care. Data show the average number of hospital days per client was reduced from 18.2 to 4.3 days, and the total hospital days dropped for all clients from 46,024 to 10,928. This resulted in 35,096 hospital days saved and an estimated \$35 million in averted hospital costs. The Office of AIDS estimates that every \$1 spent for the CMP saves approximately \$5 in averted hospital costs. Actual savings are expected to be even higher because care needs increase as the disease progresses.

An interdisciplinary team consisting of a nurse case manager, social worker and an attending physician coordinate client care, with the participation of the client and/or his/her legal representative. The nurse case manager and social worker conduct ongoing client assessments, develop and maintain a service plan to meet the client's needs, and coordinate the provision of cost-effective, quality services to the client. When appropriate, benefit counselors and case aides provide practical arrangements for meeting the client's non-health related needs. Services provided include attendant care, homemaker services, skilled nursing, nutritional counseling and supplements, benefits and psychosocial counseling, transportation and housing assistance, food subsidies and durable medical equipment. CMP is the payor of last resort, and maximizes the use of third-party financial participation and other funding sources.

Most CMP contractors also contract with the AIDS Medi-Cal Waiver Program. The co-existence of these programs in the same agency allows CMP clients to transition to MCWP services as needed, without an interruption of services and care providers.

### **AIDS Medi-Cal Waiver Program**

The AIDS MCWP provides comprehensive nurse case management, home-, and community-based care to Medi-Cal beneficiaries with mid-to-late stage HIV/AIDS. Like the CMP, the MCWP maintains clients safely in their homes and



avoids more costly institutional care in a nursing facility or hospital. The Office of AIDS currently contracts with 34 county health departments and community-based organizations to administer the program at the local level in 48 counties. These agencies subcontract with licensed providers for direct care.

MCWP clients are typically more frail than CMP clients. They must meet Medi-Cal eligibility requirements, be at the nursing facility level of care or above and have exhausted other coverage for health care benefits similar to benefits available under the MCWP. Children must be mildly, moderately, or severely symptomatic according to CDC guidelines. The average length of enrollment in the MCWP is approximately eight months and most disenrollments from the program are due to the death of the client. The program is 50% federally funded and 50% state funded. Estimated total program expenditures for calendar year 1999 were approximately \$12.1 million. The program served approximately 2,800 clients in 1999.

Like the CMP, client care for the MCWP is coordinated through an interdisciplinary team. Authorized services include nurse case management, in-home skilled nursing, attendant care, homemaker services, psychosocial counseling, minor physical adaptations to the home, transportation, medical equipment and supplies and financial assistance for infants and children in foster care.

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## Collaboration

As lead state agency in California's fight against HIV/AIDS, the Office of AIDS collaborates with numerous organizations including community-based organizations and local, state (including state-supported universities) and federal government entities. In addition, many state government entities support their own independent HIV programs or projects. Collaboration enhances project/program diversity and optimizes use of limited fiscal and personnel resources. Many collaborative projects are described in the preceding sections on epidemiology, education, prevention, care and treatment. This section describes collaborative and independent state-supported projects that may not be discussed elsewhere in this report.

### Universitywide AIDS Research Program

The Universitywide AIDS Research Program (UARP) provides state funding for the support of merit-reviewed AIDS-related research to be conducted at nonprofit research institutions throughout California. UARP is a component of the Office of Health Affairs in the University of California, Office of the President. UARP is advised by the Universitywide Task Force on AIDS, whose membership includes California researchers representing a variety of scientific disciplines, institutions and persons affected by HIV/AIDS.

Over the past 16 years, UARP has awarded nearly 1,600 research grants for a total of more than \$121 million to investigators at more than 50 California institutions. The program continually strives to support research that anticipates and is responsive to the dynamic nature of the epidemic. Consistent with this, proposals addressing recent developments and emerging issues in AIDS research are encouraged. Examples include:

- Treatment strategies for HIV in the central nervous system as a separate virologic compartment;
- The natural history and mechanism of various side effects among individuals on antiretroviral treatments;
- Alternative conceptual models of risk reduction in populations differing by ethnicity, gender, age and social class;
- Implications of public policies regarding HIV reporting and partner notification;
- Roles of HIV co-receptors in infection and pathogenesis of HIV;
- Complications related to immunologic restoration after highly active antiretroviral treatment;
- Contextual influences of sexual risk among MSM who also have sex with women;
- Rapid detection of emerging HIV resistance as a technological enhancement to assist treatment decisions during antiretroviral treatment;
- Health care utilization and costs in public health settings and systems;
- Factors related to the dissemination of interventions in diverse communities and settings; and
- Latently infected T-cell reservoirs among HIV-infected patients on highly active antiretroviral treatments.

In 1998, the Office of AIDS and UARP entered into an interagency agreement to collaborate on evaluation research activities for the state of California. These activities fell into two broad categories: 1) the coordination of competitive reviews to fund community collaborative prevention evaluation projects; and 2) scientific consultation on Office of AIDS statewide evaluation efforts, including an assessment of the community planning process and development of a statewide evaluation strategy for key prevention interventions. During 1999, significant progress was made on both fronts. In addition, the agreement was expanded to cover care and treatment evaluation research in 1999.

- The Office of AIDS and UARP funded eight community collaborative outcome-based evaluations of prevention interventions targeting including: African American youth; young injection drug users (IDU); transgender populations; African American, Latino and Asian/Pacific Islander MSM; young gay men; high-risk repeat HIV testers accessing prevention case management services; and IDUs with sexually transmitted diseases. Researchers and providers from these projects participated in a consortium that provided a forum for the exchange and dissemination of information relevant for community collaborative projects throughout the state.
- During 1999, the Office of AIDS and UARP completed a draft evaluation guidance for prevention interventions statewide. In the upcoming year, a series of provider and researcher forums will be held across the state to solicit information on specific evaluation protocols that will be useful for community providers. Once this information is collected, evaluation guidance will be disseminated to all county health departments and local planning bodies.

- The Office of AIDS and UARP recently extended their collaborative funding activities with work on the Office of AIDS High-risk Initiative (HRI). In collaboration with the Office of AIDS, UARP initiated an application and review process for funding the evaluation of the outcomes of interventions that target women, youth, MSM and people of color. The HRI is unique in its support of collaboration between researchers and county health departments on the design and implementation of prevention evaluation research, ensuring scientifically sound evaluations that are applicable in community settings. The funded applicants will form a consortium that will disseminate evaluation strategies and results to county health departments across the state.
- In 1999, the Office of AIDS expanded its interagency agreement with UARP to include collaboration on care and treatment evaluation research activities. The intent was to plan and assess strategies for the evaluation of HIV-related care services and programs in California supported by the Ryan White CARE Act and other funds. In May 1999, the Office of AIDS and UARP hosted the first meeting of the Care and Treatment Research Advisory Committee (CTRAC), composed of health services and policy researchers, service providers, consumers and policy analysts. The committee provided recommendations on implementing a plan for the evaluation of care and treatment services in California. Consistent with one of CTRAC's recommendations, UARP and the Office of AIDS hosted a September 1999 conference on HIV/AIDS Care and Treatment Evaluation Research. This meeting, attended by local, state and federal experts from research institutions, community-based organizations and public health agencies, was aimed at assessing current knowledge about the impact of HIV/AIDS care and treatment services in California and making recommendations for evaluation research activities. Conference proceedings are available from the Office of AIDS or UARP.
- A final collaborative activity was the October 1999 release of a RFA calling for a multi-site evaluation of the impact of care and treatment coordination services on program- and/or client-level outcomes. The RFA will be awarded in March 2000.

### **Department of Health Services, Children's Medical Services Branch**

Children's Medical Services Branch administers the California Children Services (CCS) HIV Children's Program. The CCS HIV Children's Program was implemented in 1988 to provide a structured system for screening and monitoring children at risk for HIV infection. Children under 21 years of age at risk for, or suspected of having, HIV infection are eligible for screening, diagnostic evaluation or medical monitoring and follow-up services, regardless of family income.

Children under the age of 21 years, eligible for testing and medical monitoring include:

- Infants and children of HIV seropositive mothers;
- Infants and children of mothers at high-risk for HIV infection with unknown HIV serologic status including:
  - ✓ children born with a positive drug screen;
  - ✓ children born to mothers who admit to present or past use of illicit drugs;
  - ✓ children born with symptoms of drug withdrawal;
  - ✓ children born to mothers who have arrests for drug-related offenses, or prostitution;
  - ✓ children born to mothers with any male partners at high-risk for HIV; and
  - ✓ any abandoned newborn infant;
- Sexually abused children and adolescents;
- Children receiving blood transfusion/blood products between 1977-1985 or symptomatic children receiving blood transfusions since 1985;
- Adolescents who engage in high-risk behavior including unprotected sexual activity, illicit drug use or who have had sexually transmitted diseases; and
- Other children deemed at high-risk by the CCS Medical Consultant.

There are currently 27 counties participating in the Program. These county CCS programs are responsible for appointing an HIV coordinator to receive referrals, provide community-based coordination of HIV services, and issue appropriate authorizations for program benefits to approved Infectious Disease-Immunology Centers and other health care providers. Covered services include specific laboratory testing for HIV infection and special care center services such as medical evaluation, family support services and nutritional counseling.

Funding for the HIV Children's Program is allocated through two mechanisms:

- Based on the county's annual budget proposal and plan, the state CCS HIV Children's Program allocates funds directly to the county CCS programs; and
- Reimbursement of Center-based claims for services provided to children enrolled in the Program are submitted directly to the state HIV Children's Program for payment processing.

When a child is determined to have documented HIV infection, he/she is referred to CCS for application and determination of financial and residential eligibility. If the child is found eligible, the CCS treatment program funds health care services necessary for the treatment of the disease and its complications.

Over 9,000 infants and children per year receive HIV testing and related services through the HIV Children's Program.

### **Department of Health Services, Maternal and Child Health Branch**

The Maternal and Child Health Branch continues to encourage compliance with Health and Safety Code, Section 305, which requires all prenatal care providers to offer pregnant women HIV information and counseling. Perinatal Services Coordinators in each local health department work with community Comprehensive Perinatal Services Program (CPSP) providers to improve their knowledge and skills in implementing the legislative mandate. Black Infant Health Programs also continue to promote HIV prevention messages as a part of their case management and outreach efforts. Local MCH programs have completed comprehensive community assessments and three jurisdictions (Los Angeles, Lake and Riverside) have identified reduction of HIV prevalence in the MCH population.

### **Department of Health Services, Office of Women's Health**

The Office of Women's Health collaborates with the Office of AIDS on issues related to women and HIV/AIDS and is involved in developing activities related to awareness and prenatal care for HIV-positive women. In 1999, staff from the Office of Women's Health participated in the AIDS in California's African American Communities forum, and worked closely with the Office of AIDS in the development of an educational forum sponsored by the Women's Health Council discussing the impact of HIV/AIDS on women. The Office of AIDS participated in meetings of the Women's Health Council, which advises the Office of Women's Health and the director of the Department of Health Services. The Council is currently developing policy recommendations related to women and HIV/AIDS.

### **Department of Health Services, Sexually Transmitted Disease Control Branch**

In 1999, the Office of AIDS collaborated with the STD Control Branch to identify and resolve unmet service needs. Such needs have included: providing STD screening and treatment services to HIV test clients; determining training needs of HIV counselors regarding hepatitis virus types B and C, developing a one-day continuing education training for HIV counselors addressing all STDs; and developing anonymous data reporting and analysis systems to document HIV/STD co-infection in Partner Counseling and Referral Services clients.

### **Department of Health Services, Tuberculosis Control Branch**

The Office of AIDS collaborates with the Tuberculosis Control Branch (TBCB) to develop and sustain coordinated tuberculosis (TB) and HIV/AIDS policies at state and local levels. Especially important is the coordination of policies with agencies administering programs for people at high-risk for TB and HIV/AIDS, including substance abuse treatment programs and correctional facilities. TB and HIV/AIDS technical assistance is provided to the respective local program sites.

The TBCB and the Office of AIDS maintain ongoing collaboration on epidemiologic and surveillance aspects of TB and HIV/AIDS. Using data provided by the TBCB, the Office of AIDS regularly matches TB and AIDS case registries, and the results of this match are used to improve AIDS and TB reporting, prevention, and care services. In addition, the TBCB provides TB prevention guidelines to HIV service agencies and HIV/AIDS residential facilities, and the Office of AIDS provides technical assistance on HIV counseling and testing for TB patients statewide.

## **Biennial California Student Substance Use Survey**

In 1999 the Office of AIDS continued an on-going interagency agreement with the Department of Education, Healthy Kids Program Office; Department of Justice, Office of the Attorney General, Crime and Violence Prevention Center; and the Department of Alcohol and Drug Programs to conduct a California Student Substance Use Survey. The survey is a comprehensive study of alcohol, tobacco and other drug use among California students in grades 7, 9, and 11.

## **Department of Alcohol and Drug Programs**

The Comprehensive Alcohol and Other Drug Prevention and Treatment Program of the Department of Alcohol and Drug Programs (DADP) includes HIV/AIDS-related activities and services. The federal Substance Abuse Prevention and Treatment Block Grant requires the DADP to allocate 5% of its total block grant award to provide HIV/AIDS-related services to persons who are in treatment for substance abuse problems. In FY 1998-99, this amount totaled \$10.4 million, which the DADP allocated to counties using a needs-based methodology. Counties are required to develop plans for spending their allocation and must comply with "County/Provider Block Grant Guidelines." Programs provide a range of early intervention services from pre- and post-test counseling to referrals for related medical and social services. The DADP also actively involves advisory groups, such as the Director's Advisory Committee and the Policy Forum.

The Office of AIDS provides support services for the DADP HIV antibody testing program for people enrolled in alcohol and other drug treatment programs. These services include training DADP counselors to conduct risk assessment and disclosure sessions for in-treatment clients. The Office of AIDS also provides technical assistance to agencies using the HIV Test Reporting System, and collects and analyzes data and prepares reports on HIV testing in county drug treatment programs.

## **Department of Corrections**

The Transitional Case Management Program (TCMP) of the California Department of Corrections (CDC) provides support services to inmates and parolees who have been diagnosed as having HIV or AIDS. TCMP services are initiated while the offender is in custody and continue following their release to parole supervision. The services most used by TCMP participants are support groups; transportation assistance; emergency housing; entitlement programs; substance abuse programming; employment referrals; hospice care; and HIV/AIDS, TB, and hepatitis C education.

In FY 1999-00, the Parole and Community Services Division received \$1.5 million to expand the TCMP. Prior to the expansion, seven contractors provided case management services to approximately 130 inmates per month within the 16 counties receiving services. Expansion of TCMP allowed for the addition of approximately four contractors to provide services to a combined total of 155-160 inmates and parolees in approximately 29 counties. Additionally, the funds allowed for:

- Establishment of four new sites that will cover 13 additional counties (Monterey, San Benito, Sutter, Yuba, Placer, Nevada, Alpine, Butte, El Dorado, Plumas, Sierra, San Bernardino and Riverside). These program sites will serve approximately 25-30 participants per site, per month.
- Expansion of five of the existing seven sites by increasing the service areas to include Solano, Napa, Marin, Tulare, Ventura and Santa Barbara counties.

The Office of AIDS participates on the California Department of Corrections Infectious Disease Advisory Committee.

## **Department of Housing and Community Development**

The Office of AIDS collaborates with the Department of Housing and Community Development in the development of the statewide Consolidated Plan and Annual Updates. This collaboration has created an ongoing relationship between affordable housing programs currently administered by both departments, and has raised awareness of the ongoing affordable housing needs of persons living with HIV/AIDS.

Many of these individuals meet the requirements for participation in housing programs for the low income and homeless population. Services providers who are knowledgeable about the wider range of programs are able to access a greater number of housing opportunities for their clients.

### **California State University, Long Beach**

The Office of AIDS collaborates with the California State University, Long Beach, Center for Behavioral Research and Services, the Department of Health and Human Services, the City of Long Beach and the Centers for Disease Control and Prevention, in Project RESPECT II. This randomized intervention trial will compare one-session HIV prevention counseling and same-day rapid HIV testing, to the standard two-session HIV prevention. The trial will evaluate the efficacy of reducing STDs and risky sexual behavior. RESPECT II will also evaluate whether an additional relapse prevention (booster) counseling session, performed six months after the initial counseling, reduces STD incidence in the subsequent six months. Findings will ultimately be used to do a cost-effectiveness analysis comparing the different testing and counseling interventions studied.

### **University of California, Berkeley School of Public Health**

The Office of AIDS contracts with the University of California, Berkeley School of Public Health to conduct various HIV/AIDS research projects. These projects include:

- Estimating and predicting survival for AIDS patients;
- Identifying informative subgroups of AIDS patients;
- Evaluating the effect of protease inhibitors on health outcomes for AIDS patients;
- Studying risk factors associated with cryptosporidiosis among AIDS patients;
- Analyzing the relationship between social networks, empowerment, access to services and HIV/STD prevention for women in Alameda County;
- Analyzing trends in the spatial distribution of AIDS incidence by sex and race;
- Analyzing the relationship between the risk of AIDS, STDs, teen pregnancy, and socioeconomic status among women; and
- Conducting a birth cohort analysis of AIDS among women in California.

The contract expanded in 1997 to integrate the research activities of the Center for Family and Community Health which include recruiting surveillance personnel at local agencies; collecting, analyzing and reporting AIDS surveillance data; reviewing established local surveillance systems; and providing surveillance training to local health departments and other reporting sources.

### **University of California, Davis Epidemiology Graduate Group**

The Office of AIDS contracts with the University of California, Davis (UCD) Epidemiology Graduate Group to identify and hire graduate students to assist with time-limited epidemiologic research projects and conduct various HIV/AIDS research projects in collaboration with the UCD faculty members. These projects currently include:

- Conducting a study on the quality of care among HIV/AIDS patients;
- Studying the applicability of time series methods in providing short-term projection of AIDS incidence in California;
- Performing a co-morbidity spatial analysis of HIV/AIDS, STD and TB in California;
- Investigating service use patterns among HIV/AIDS Case Management Program clients;
- Conducting the survey of HIV/STD/hepatitis among inmates entering the California Correctional System;
- Drafting a manuscript on the Pregnant Women's Survey;
- Conducting the "Interventions for HIV-infected Persons in San Bernardino" project;
- Analyzing and preparing reports and publications on pediatric spectrum of disease data and matching the data to AIDS registry data;
- Drafting the Young Women Survey statewide report;
- Preparing a manuscript on access to health care among young women; and
- Preparing data abstraction and coordinating training for Corrections and STD field staff for a Corrections study.

**University of California, San Francisco***Project Access*

In 1996, the Office of AIDS began a collaboration with the University of California, San Francisco, California Partners Study called Project Access. The goal of this research program is to provide quantitative and qualitative data on the access and use of HIV counseling and testing services by high-risk heterosexuals. These clients will be interviewed in depth to determine the barriers to services in outreach locations and testing sites in Alameda, Contra Costa and San Mateo Counties. Service providers have also been interviewed to identify needs and issues around outreach, testing and referral service integration. Technical assistance will be provided to the targeted counties to improve services and the final report will be used to improve services statewide.

In 1998, Project Access began the process of a special ethnographic investigation of HIV in African American communities. The goals of the investigation are to examine the specific issues in African American communities that contribute to the high rates of HIV and to identify the barriers to effective HIV prevention and risk reduction in those communities.

In 1998, the CDC funded Project Access II to determine the role of counseling and testing in the personal risk-reduction strategies of high-risk heterosexuals. Interviews with heterosexual IDU clients will help to improve HIV counseling and may assist in developing new risk-reduction prevention strategies. The effect of OraSure oral sample collection devices for HIV testing will also be assessed. OraSure devices have been used by clients in the target counties during this research program, providing a baseline to assess their impact.

Data analysis was conducted throughout 1999 and a final report is due in 2000.

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