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California & the HIV/AIDS Epidemic: The State of the State Report 1998

California Department of Health Services

California and the HIV/AIDS Epidemic 1998

The State of the State Report

California Department of Health Services
Office of AIDS

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Dear Colleague:

On behalf of the Department of Health Services, I am pleased to *present California and the HIV/AIDS Epidemic 1998 – The State of the State Report.* This report provides an overview of California's response to the HIV/AIDS epidemic by the Department of Health Services, Office of AIDS.

The HIV/AIDS epidemic continues to be one of the most pressing public health issues facing our State today. California's first case of AIDS was diagnosed in 1978. It is now estimated that between 94,300 and 130,500 Californians are living with HIV or AIDS. Encouragingly, increased access to combination HIV drug therapies have resulted in fewer AIDS-related deaths in California than during the peak of the epidemic in the early 1990s. Contrary to this encouraging news, however, is the discouraging fact that the percentage of AIDS cases among women and people of color in California is on the rise.

The Department of Health Services, Office of AIDS, continues to position itself at the forefront of the battle against the HIV/AIDS epidemic, working diligently to avert the serious personal and public health implications of this disease. Efforts are targeted not only on publicly funded HIV/AIDS care and treatment programs, but critical prevention strategies to interrupt the transmission of HIV from the infected to the uninfected. In a show of support of these efforts, Governor Davis recently approved an increase of over $13 million to the Office of AIDS budget for HIV/AIDS-related programs and activities for fiscal year 1999-2000.

If you have questions regarding *California and the HIV/AIDS Epidemic 1998 - The State of the State Report,* please contact Vanessa Baird, Acting Chief, Office of AIDS, at (916) 445-0553.

Sincerely,

Diana M. Bonta', R.N., Dr.P.H.
Director

Introduction

The California Department of Health Services (DHS), 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.* As legislatively mandated, the Office of AIDS has lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS. This report describes detailed Office of AIDS activities in epidemiologic research, education and prevention, and care and treatment during 1998. In addition, it provides brief descriptions of the programs and activities of other DHS branches and other state agencies that receive state and/or federal funding to fight HIV/AIDS.

Although highly effective combination drug therapies have resulted in declines in AIDS-related deaths, the HIV/AIDS epidemic continues to be one of the most serious public health threats facing California. In 1998, California's cumulative reported AIDS cases totaled 110,120 and represented approximately 17% of all reported AIDS cases in the United States. The populations most affected by the HIV/AIDS epidemic have changed considerably since AIDS first appeared. In the past, white men who have sex with men were at highest risk of HIV infection, and they continue to represent the majority of California's AIDS cases. However, the most recent epidemiologic studies indicate that the incidence of new AIDS cases is increasing fastest among people of color, injection drug users and their sex partners, young people, and women – especially African American and Latina women.

The disproportionate impact of the AIDS epidemic in California's communities of color is clearly evident. African Americans represent only seven percent of the general population but make up 17% of cumulative reported AIDS cases and 22.4% of 1998 reported AIDS cases. Latinos represent 28% of the population, and 19% of California's cumulative reported AIDS cases. In 1998, Latinos represented 27% of the new reported AIDS cases. Recent HIV testing data has shown that African Americans comprise approximately 25% of new HIV infections. Native Americans, although only one percent of California's population, have the second highest rate of new HIV infections.

The Office of AIDS estimates the number of women living with HIV in California to be in the range of 9,300 to 12,900. Race-specific survey results on HIV among women of childbearing years revealed that the HIV prevalence among African American women was seven times higher than that of white women.

Working collaboratively with other state agencies, local health departments, universities, community-based organizations, and others, the Office of AIDS continues to strive to ensure that the efforts to combat this epidemic are targeted and effective. The total budget for HIV/AIDS-related programs in California for fiscal year (FY) 1997-98 was approximately $204 million, nearly 94% of which was allocated to local assistance.

California and the HIV/AIDS Epidemic 1998 - 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 World Wide Web by accessing the DHS, Office of AIDS website 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

- As of December 31, 1998, a cumulative total of 110,120 AIDS cases had been reported in California. Of these, 68,465 have died, for a case fatality rate of 62%. California currently accounts for nearly 17% of all reported AIDS cases in the United States.

- The percentage of new AIDS cases reported for African Americans and Latinas/os is increasing. African Americans accounted for 16% of the cumulative AIDS cases, compared with 22.4% of the new 1998 AIDS cases. Cases among Latinas/os accounted for nearly 19% of the cumulative AIDS cases and over 27% of the new 1998 AIDS cases.

- The percentage of reported AIDS cases among men who have sex with men (MSM) continues to decline. Through December 31, 1998, the overall cumulative percent of AIDS cases among MSM was 71%, but MSM represented only 53.6% of new AIDS cases reported in 1998. However, the cumulative as well as the number of new reported AIDS cases among MSM who also use injection drugs have increased in the last two years.

- The proportion of new AIDS cases reported among adult women increased from 10.5% in 1997 to 11.8% in 1998.

- 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.

- From 1988 through 1995, HIV seroprevalence rates among childbearing women in California remained relatively stable. However, race-specific rates consistently revealed substantially higher HIV seroprevalence among African American women. In 1995, the rate was seven times higher among African American women than among white women. During the third quarter of 1998, neonatal dried blood specimens were tested for evidence of maternal HIV antibodies and zidovudine (AZT).

- The Office of AIDS contracts with Stanford University to conduct pediatric AIDS surveillance. 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. A total of 1,235 children under age 13 in the San Francisco Bay Area and San Diego County were enrolled in the project through March 1998. Of these 1,235 children, 1,110 (90%) were infected perinatally.

Education and Prevention

- In September 1998, the Community Planning Working Group completed an updated draft of the January 1995 California HIV Prevention Plan. This plan has directed the future of HIV prevention in California.

- An updated version of *Frameworks for Change*, a report of HIV/AIDS education and prevention in communities of color, was completed by the Multicultural Liaison Board and distributed to HIV education and prevention providers as well as interested parties in August 1998.

- Based on recommendations of the Community Planning Working Group's Resource Allocation Committee, more than $17 million in education and prevention funds was distributed in FY 1998-99 to local health departments for implementation and provision of education and prevention services.

- The Community Planning Working Group made recommendations regarding a statewide plan for 16 identified target populations. Of these, six were identified as priority target populations for local community planning.

- 1998 marked the third year of the California AIDS Prevention Campaign, a three year HIV prevention social marketing program utilizing paid advertising, public relations, and community marketing strategies. The campaign was designed to encourage sexually active young adults to adopt safer sex behaviors, and Californians at greatest risk for contracting HIV to seek HIV counseling and testing. Efforts also included development of an interfaith kit consisting of a set of awareness and compassion tools for communities of faith.

- In 1998, the Office of AIDS, in collaboration with Asian AIDS service organizations and the California AIDS Clearinghouse, developed and updated a series of HIV Counseling and Testing brochures in seven Asian languages. Additionally, the Clearinghouse and the Office of AIDS developed two brochures that specifically target HIV counseling and testing issues for substance users and women.

- 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 Office of AIDS contracts with the Institute for Community Health Outreach to train community health outreach workers to provide health education services to high-risk populations such as injection drug users, their sexual partners and high-risk youth.

- A pilot HIV Partner Counseling and Referral Services Program (PCRS) has been established 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 additional social and medical services as necessary. During 1998, the Office of AIDS negotiated a contract with the STD/HIV Prevention Training Center of the California Department of Health Services, Division of Communicable Disease Control, Sexually Transmitted Disease (STD) Control Program to provide PCRS training to local STD and HIV prevention staff.

- The California Perinatal HIV Testing Project informs Medicaid-eligible pregnant women and prenatal health care providers throughout California of the benefits of prenatal HIV counseling, testing, and drug therapy. The goal of the project is to reduce the rate of vertical HIV transmission in California by standardizing the information pregnant women receive and enabling them to make informed decisions about HIV testing.

- In 1998, the Street Outreach Linked to Testing program which serves high risk populations was expanded and renamed the Neighborhood Interventions Geared to High Risk Testing (NIGHT) outreach program. The expanded program now provides services in 21 local health departments.

- Additional HIV testing methods are now available, providing an increase in the alternatives and opportunity for people to ascertain their serostatus. The HIV testing alternatives include OraSure (currently in use at publicly funded testing sites), Urine HIV Antibody Test, and Rapid Testing.

Care and Treatment

- Funding for the AIDS Drug Assistance Program (ADAP), which provides drugs to individuals who could not otherwise afford them, increased from $17.5 million in FY 1995-96, and $90.3 million in FY 1997-98, to $122.0 million in FY 1998-99.

- In 1998, the centralization of the ADAP drug dispensing, reimbursement, and data collection completed the first full year of operation. Centralization increased client access to medications by expanding the number of provider pharmacies from 565 to over 2,400 statewide.

- Four new drugs were added during FY 1997-98, bringing the number of drugs on the ADAP formulary to 54. The FY 1998-99 budget allowed for expansion of the formulary to 110 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. The EIP model effectively integrates HIV transmission prevention goals and services with care and treatment.

- The FY 1997-98 budget included $3.8 million for viral load tests for ADAP-eligible EIP clients and other ADAP-eligible Californians. These tests will allow for assessment of the effectiveness of antiretroviral combination therapies and better management of treatment.

- Federal FY 1998 Ryan White CARE Act funding for California totaled $183.6 million: Title I $96.9 million, Title II (formula) $30.6 million, Title II (ADAP) $43.1 million, Title IIIb $6.9 million, Title IV $2.8 million, and Part F $3.3 million.

- As of July 1, 1998, California had 34 local HIV Care Consortia. The consortia must use Title II funds for planning, developing, and delivering essential health care and support services to individuals with HIV disease.

- California has 12 eligible metropolitan statistical areas (EMSAs) that receive direct funding from the federal Department of Housing and Urban Development (HUD) for Housing Opportunities for Persons with AIDS (HOPWA). In FY 1997-98, California received $2.2 million from HUD for non-EMSAs, the majority of which was distributed to local communities via the HIV Care Consortia.

- To promote long-term housing options for persons with HIV/AIDS, the Office of AIDS established a competitive housing fund jointly funded by the state and HOPWA. Three housing projects containing 18 units were completed in FY 1997-98 and are fully occupied. Six additional projects received funding and will provide 17 units of affordable housing for a term of 10 to 30 years.

- In FY 1997-98, the AIDS Case Management Program (CMP) provided nurse case management, and home and community-based care to approximately 2,313 clients in 53 counties, based on data submitted by 42 contractors. CMP clients had 76% fewer hospital days than they did prior to enrollment, reducing the overall cost of care by an estimated $28 million.

- In 1998, the AIDS Medi-Cal Waiver Program provided nurse case management, and home and community-based care to approximately 2,577 Medi-Cal beneficiaries in 48 counties, with an estimated total savings of $34.3 million from averted institutional care.

Collaboration

- The Office of AIDS provides state funds to 61 local health departments (LHDs) through the Local Assistance Block Grant Program. This funding helps LHDs develop and implement active AIDS case surveillance programs.

- The Office of AIDS collaborates with the DHS Office of Women's Health on issues related to women and HIV/AIDS. The Office of AIDS participated in developing HIV/AIDS-related questions for inclusion in the 1997 Women's Health Survey. Results of this survey were disseminated in 1998.

- The Office of AIDS collaborates with the DHS Children's Medical Services Branch, which administers the California Children Services (CCS) HIV Children's Program. The HIV Children's Program provides a structured system for screening and monitoring children under 21 years of age at risk for or suspected of having HIV infection.

- The DHS Maternal and Child Health Branch (MCHB) and the Office of AIDS identified jurisdictions appropriate for additional HIV and pregnancy training and technical assistance, and outreach to pregnant women. MCHB also funded statewide and local provider training.

- 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 FY 1997-98, the Office of AIDS entered into an interagency agreement with the Departments of Education, Alcohol and Drug Programs, and Justice to conduct the seventh biennial California Student Substance Use Survey of alcohol, tobacco, and other drug use among California students in grades 7, 9, and 11. Preliminary results of the survey were released in 1998.

- 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. Additionally, the Office of AIDS collaborates with the DADP on activities and strategies to strengthen the HIV/AIDS component in programs for injection drug users.

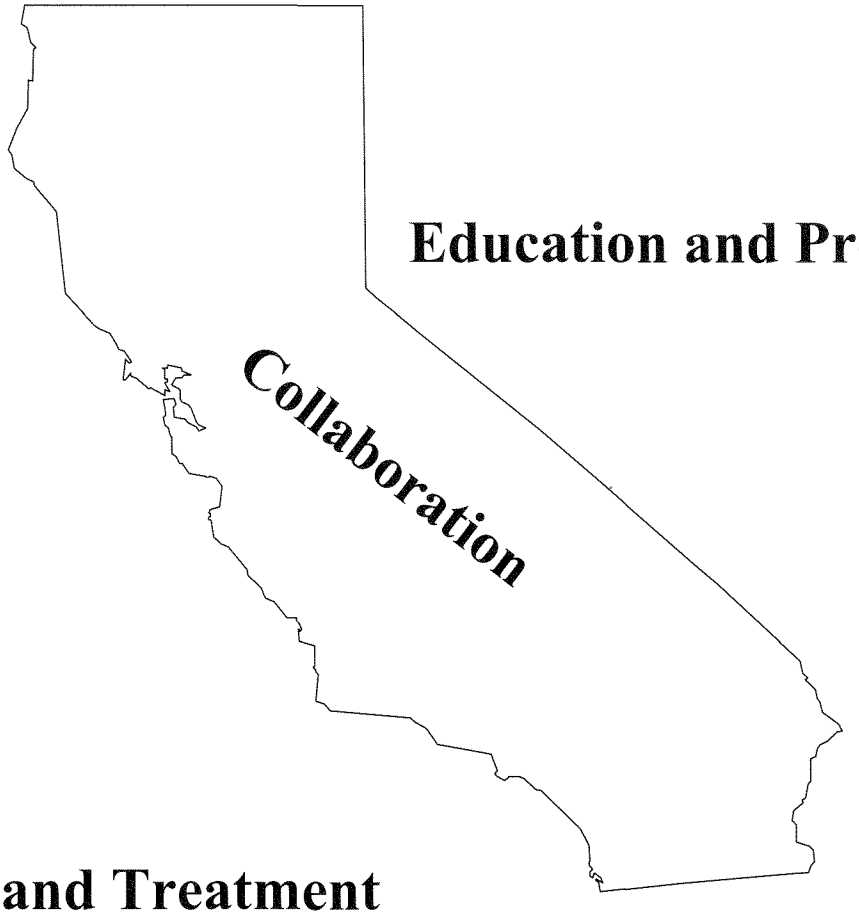
- The Transitional Case Management Program (TCMP) of the California Department of Corrections (CDC) provides support services to inmates/parolees diagnosed with HIV or AIDS. Services include support groups; transportation assistance; emergency housing; entitlement programs; substance abuse programming; employment referrals; hospice care; and HIV/AIDS, TB, and hepatitis C education. In 1998, the TCMP provided services to 140 inmates/parolees per month in 16 counties. An Office of AIDS representative participates on the CDC Infectious Disease Advisory Committee.

- The Department of Mental Health maintains 13 AIDS mental health contracts with various county and private agencies around the state. The main focus of these contracts has been to support individuals with HIV/AIDS who are in need of mental health services and counseling. Mental health support is also provided to partners and families. The Department of Mental provides oversight for the Supportive Housing Working Group, which explores avenues for providing supportive housing for people with HIV/AIDS.

- The Office of AIDS contracts with the University of California at Berkeley, Davis, and San Francisco, and with the California State University at Long Beach to conduct various HIV/AIDS research projects, including: 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; 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. In 1998, the Office of AIDS and the UARP entered into an interagency agreement to collaborate on prevention evaluation research activities for California.

Epidemiology



Education and Prevention

Care and Treatment

Epidemiology

Epidemiologic research helps the state monitor and project the extent of the HIV/AIDS epidemic in California. 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, 1998, a cumulative total of 110,120 AIDS cases had been reported in California. Of these, 68,465 have died, for a case fatality rate of 62%. Figure 1 displays AIDS cases and deaths by half year of diagnosis. California currently accounts for approximately 16.6% of the cumulative AIDS cases reported in the United States.

In 1996, a number of new drug therapies became available to treat HIV-infected individuals both before and after an AIDS diagnosis. These drugs and the drug therapies may be the main reason for a continued drop in the number of new AIDS cases diagnosed since 1996 and a drop in the number of deaths attributed to AIDS between 12/31/96 and 12/31/98. These changes may mean that the use of AIDS case data to analyze trends in the epidemic has become less accurate and therefore less useful.

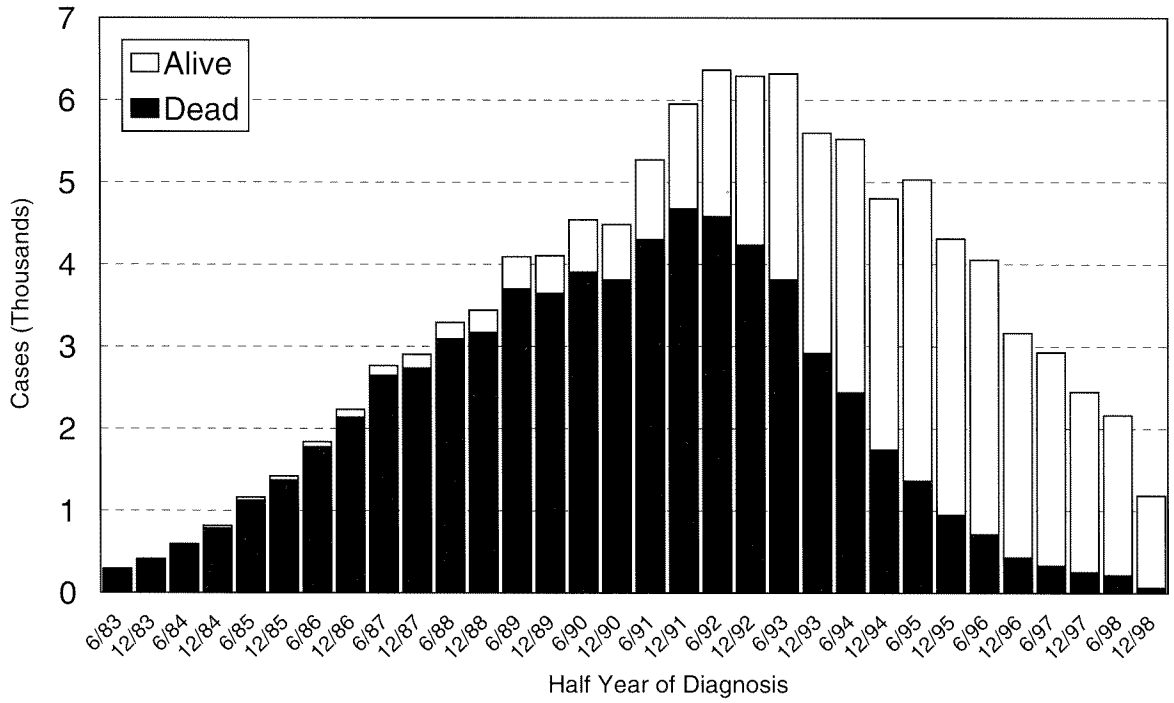
The latest Registry data reveal the following trends:

- Racially, whites account for 62% of the cumulative AIDS cases reported through the end of 1998 and 46.8% of the new AIDS cases reported in 1998. African Americans accounted for 16.4% of the cumulative AIDS cases, compared with 22.4% of the new 1998 AIDS cases. Cases among Latinas/os accounted for 18.6% of the cumulative AIDS cases and 27.5% of the new 1998 AIDS cases.
- The percentage of reported AIDS cases among men who have sex with men (MSM) continues to decline. The overall cumulative percent of AIDS cases through 12/31/98 who were MSM was 71%. However, among the new AIDS cases reported in 1998, only 53.6% are among MSM.
- The proportion of new AIDS cases reported among adult women increased from 10.5% in 1997 to 11.8% in 1998.
- Heterosexual transmission of HIV accounted for 3.6% of the accumulated total number of AIDS cases in 1996, 3.9% in 1997, and 4.1% in 1998. Of new AIDS cases reported in 1997, 533 (8.4%) cases were attributed to heterosexual transmission and in 1998, 472 (8.6%) of new AIDS cases reported were due to heterosexual transmission.

- Ten California counties did not report any newly diagnosed AIDS cases for 1998. One county, Alpine, has never reported an AIDS case. Among the large counties, Los Angeles County experienced a minor decline in new cases reported, dropping from 34.1% of the total new cases reported in the state for 1997 to 33.6% in 1998. San Francisco County experienced a larger decline, going from 16.4% in 1997 to 14.0% in 1998. Cases reported in the rest of California rose from 49.5% in 1997 to 52.4% in 1998.
- Heterosexual injection drug users accounted for 9.6% of the cumulative AIDS cases reported before 12/31/96, 9.9% by 12/31/97, and 10.0% by 12/31/98. Heterosexual injection drug users accounted for 13.3% of the new cases reported in 1997 and 13.4% of the new cases reported in 1998. In terms of both cumulative and new cases, injection drug users make up a larger proportion of the AIDS cases.
- Cases among men who have sex with men and who also use injection drugs have also shown an increase both among cumulative cases and new cases reported in the last two years. In 1997 there were 620 (9.8%) new AIDS cases in this category compared to 787 (14.4%) in 1998. The cumulative percentage of all AIDS cases in this category increased from 8.3% in 1996 to 8.4% in 1997 and 8.7% in 1998.

Reported California AIDS Cases

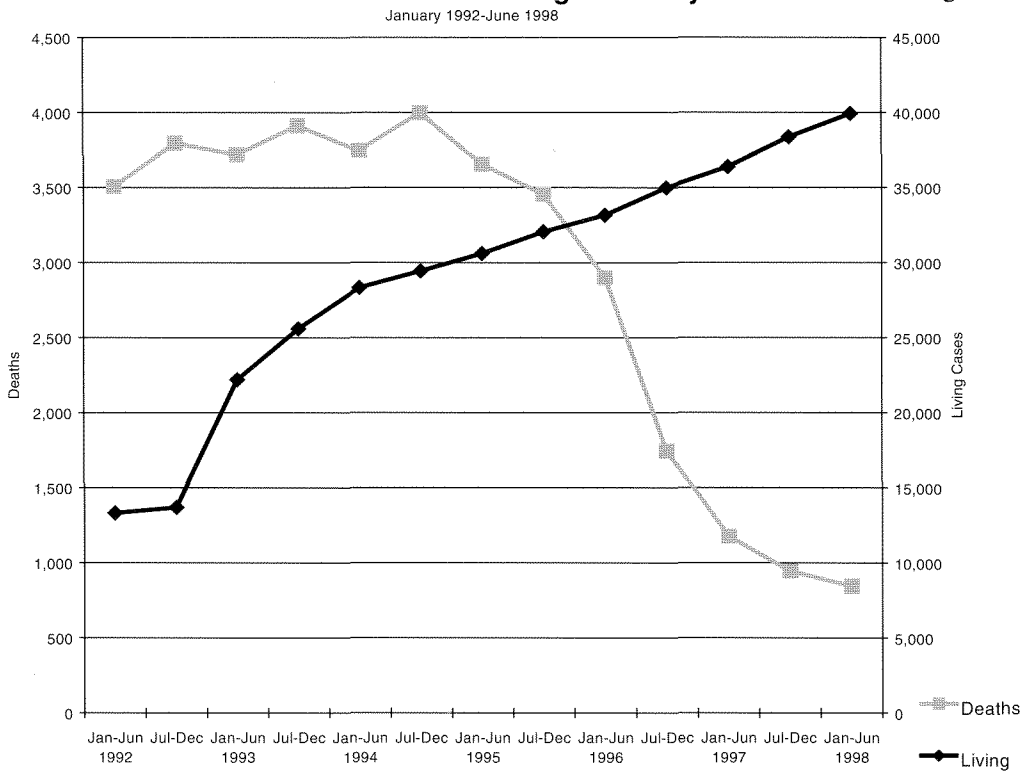
By Half Year of Diagnosis and Vital Status



Office of AIDS Surveillance Report - 12/31/98.
Data reported as of 12/31/98.

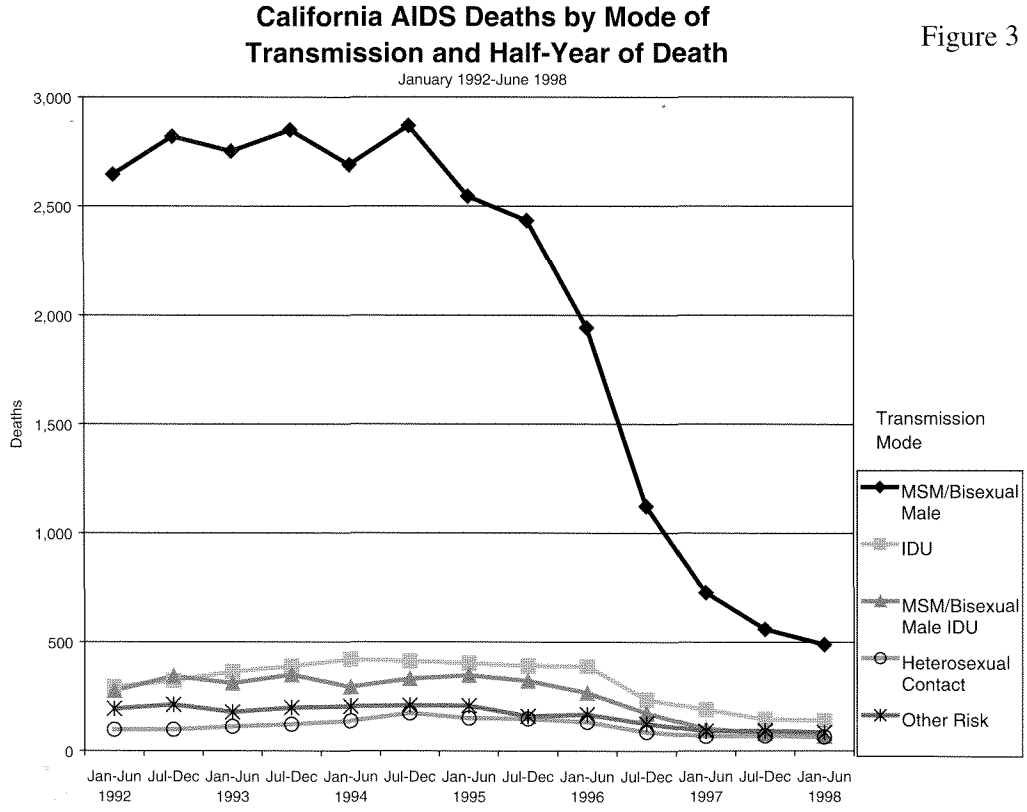
Figure 1

Figure 2



Department of Health Services, Office of AIDS
Data: Deaths reported as of December 31, 1998

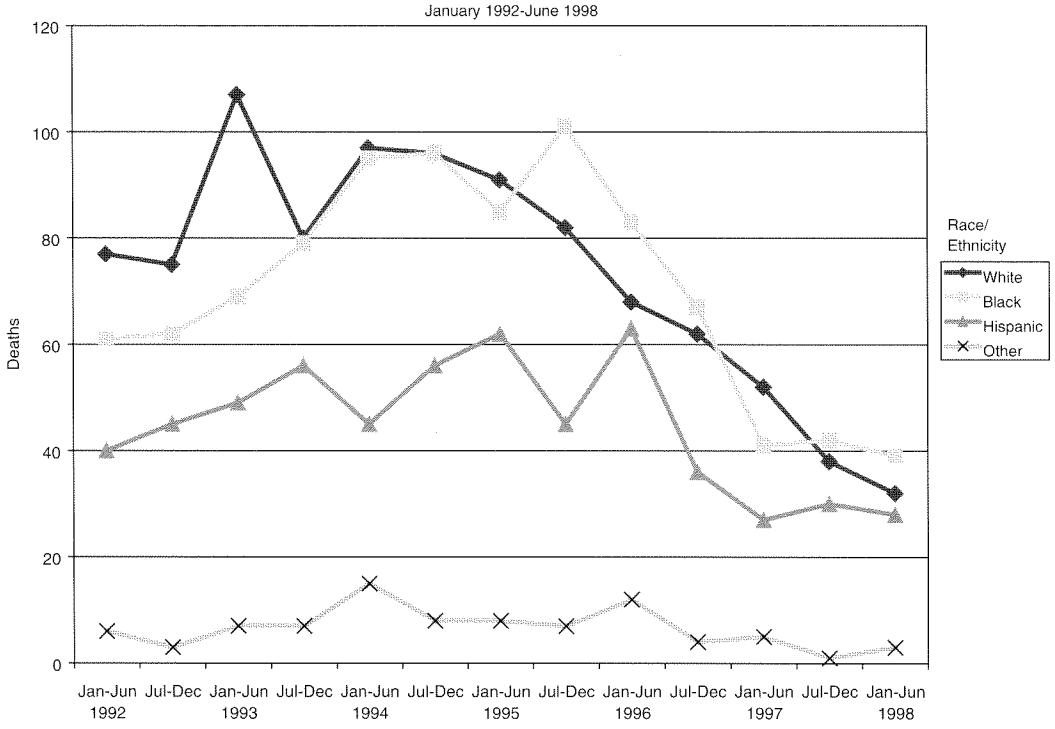
Figure 3



Department of Health Services, Office of AIDS
Data: Deaths reported as of December 31, 1998

California AIDS Deaths Among Females by Race/Ethnicity and Half-Year of Death

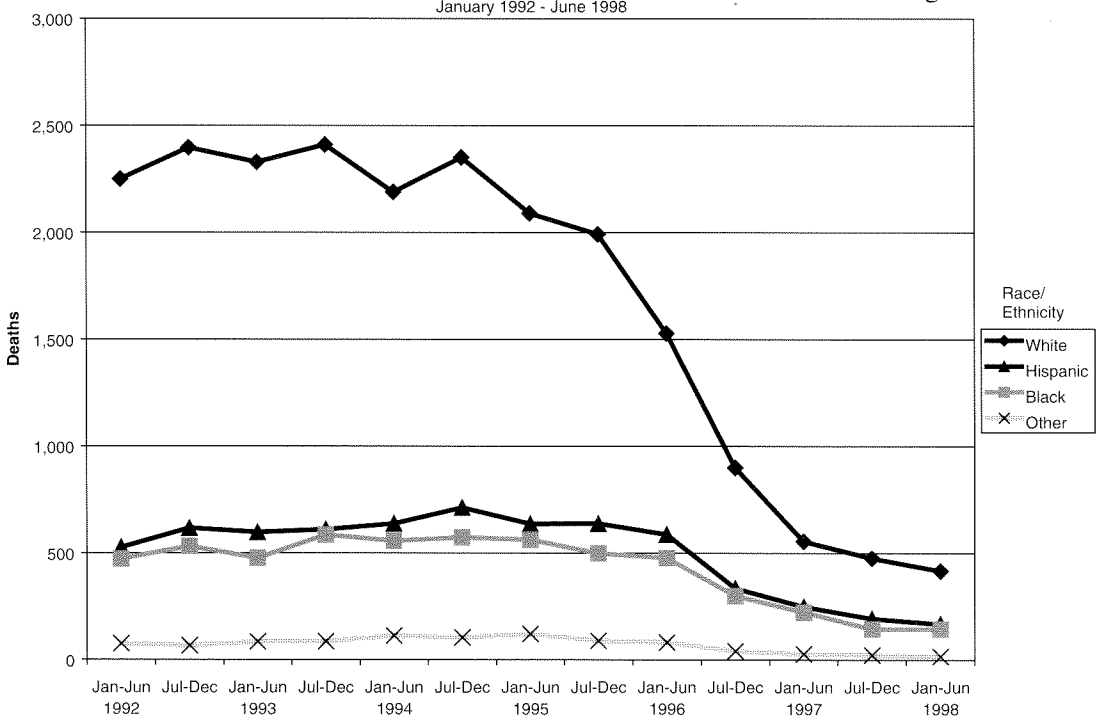
Figure 4



Department of Health Services, Office of AIDS
Data: Deaths reported as of December 31 1998

California AIDS Deaths Among Males by Race/Ethnicity and Half-Year of Death

Figure 5



Department of Health Services, Office of AIDS
Data: Deaths reported as of December 31, 1998

Survey of Childbearing Women

The Survey of Childbearing Women, a national population-based survey, was initiated in 1988 to measure the prevalence of HIV infection among childbearing women. In California, the Office of AIDS conducted the survey in collaboration with the DHS Genetic Disease Branch and Viral and Rickettsial Disease Laboratory (VRDL), with funding from the CDC. The survey sampled consecutive births during the third quarter (July-September) and conducted unlinked testing for HIV antibody on residual blood specimens routinely collected from infants for metabolic screening.

Due to a loss of federal funding, the survey was suspended in 1995. In 1998, the Office of AIDS resumed this survey using state funds. VRDL tested all specimens obtained during the third quarter of 1998. It is anticipated that all HIV antibody-positive specimens will be tested for evidence of maternal zidovudine use.

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.

This 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 were enrolled (71.5% enrollment rate). The majority of the sample was comprised of women of color. Over one-third (37.6%) of the participants were of Hispanic 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 statewide report is expected to be released to the public in 1999. Results from this study will be useful in developing prevention strategies to combat the spread of HIV/STD in this population.

Pediatric AIDS Surveillance

The Office of AIDS contracts with Stanford 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 1,235 children in the San Francisco Bay Area and San Diego County were enrolled in the project through March 1998. Of these 1,235 children, 1,110 (90%) were infected 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.

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; and the City and County of San Francisco, the Office of AIDS supports HIV serosurveillance in selected sexually transmitted disease (STD) clinics and drug treatment centers. Some of the surveillance sites are funded with state funds and some are funded with federal funds awarded by the CDC to the Office of AIDS. 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.

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 21,353 serum samples in 1996 (6 STD clinics in three local health departments collected data from January through December and the remaining 18 STD clinics in nine local health departments collected data from January through June). The HIV seroprevalence was 2.4%, a decrease from 2.7% in 1995. Men represented 64.3% (13,734) of the total STD population, of which 3.5% (475) were HIV seropositive. Women represented 35.5% (7,589) of the total STD population, of which 0.6% (45) were HIV seropositive.

In 1996, the highest HIV seroprevalence by mode of transmission was among men who reported sex with men who also injected drugs (22.1%), compared with 26.2% in 1995 (a decrease of 15.6%). Among women who tested at STD clinics, the highest HIV seroprevalence was among women who reported their sex partners were at risk for HIV infection (2.5%), a decrease from 3.1% in 1995.

Drug Treatment Centers

The seroprevalence study in drug treatment centers focuses on individuals entering treatment who report injecting illicit drugs during the pervious year. Five local health departments (Alameda, Contra Costa, Los Angeles, San Diego, and Santa Clara Counties) gather information from eight treatment centers for this study. During 1996 (San Diego County reported data from January through June 1996), 2,031 serum samples were tested. The overall seroprevalence rates for the eight centers increased from 3.0% in 1995 to 3.2% in 1996. Women had a higher positivity rate than men (3.9% vs. 2.7%). The highest seroprevalence rate was among African American women (11.6%).

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 four per 100,000 units in the first half of 1998. The confirmed HIV-1 positive rate for plasma centers declined from 51 per 100,000 units in the first half of 1990 to seven per 100,000 during the first half of 1998. The continued higher HIV-1 positive rate reported by the plasma centers is usually attributed to paying donors for their blood, a practice which may attract donors such as injection drug users or other individuals 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. Prevalence of HIV among California applicants has shown a statistically significant decrease from 0.22% (26/11,990) in October 1985 to 0.03% (10/33,417) in 1997. Regionally, HIV prevalence for 1997 was highest among male applicants in San Diego County 0.07%). Overall, prevalence was highest for African American male applicants (0.11%). In 1997, applicants aged 40-44 represented 0.7% of the applicants and had the highest HIV prevalence (0.44%).

Surveillance for Variant and Drug Resistant Strains of HIV-1

The Office of AIDS, in collaboration with the Centers for Disease Control and Prevention 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 ongoing 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.

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. These programs are supported by the California AIDS Clearinghouse (http://www.hivinfo.org), which provides educational materials to Office of AIDS contractors, Spanish and English information and referral hot lines, and the Multicultural AIDS Resource Center. 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.

Statewide Community Planning Process

In 1994, the Office of AIDS received federal funds from the CDC to begin a mandatory community planning process for HIV prevention programs. To implement this process, the Office of AIDS established the Community Planning Working Group (CPWG), composed of persons with AIDS, community advocates, public health officials, people from communities of color, people with alternative lifestyles, and individuals who are targeted for HIV prevention services. The CPWG assisted in developing the statewide *California HIV Prevention Plan* that was completed in January 1995. This plan has directed the future of HIV prevention in California. The CPWG has completed the planning process and begun to implement the goals and objectives outlined in the prevention plan. In September 1998, the CPWG completed an updated draft of the California HIV Prevention Plan. The CPWG marked its final year in 1998, and will merge with the HIV Comprehensive Care Working Group in 1999 to form the California HIV Planning Group.

Local HIV Prevention Community Planning

Local health jurisdictions have organized to form Local Planning and Implementation Groups which comprise health department staff, representatives from community-based organizations, and advocates from the communities they serve. 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 sector AIDS communities in the ongoing effort to prevent HIV transmission in California. In FY 1996-97, the Office of AIDS provided 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 1997, local health jurisdictions submitted updated or revised plans to the Office of AIDS. These updated plans will guide the local planning and implementation groups through FY 1998-99.

Multicultural Liaison Board

The Office of AIDS established the Multicultural Liaison Board (MLB) in September 1991 to promote cultural awareness and provide advice regarding needs and barriers to providing HIV/AIDS education and

prevention services to communities of color. The MLB also recommends effective program interventions and strategies. The MLB currently is composed of 12 volunteers representing the African American, Asian/Pacific Islander, Latina/o and Native American communities.

Over a period of two years, the MLB solicited community input on HIV/AIDS education and prevention programs and reported this information in *Frameworks for Change*. The Office of AIDS distributed this report to all its education and prevention contractors to help them increase the effectiveness of their HIV/AIDS programs in communities of color. An updated version of *Frameworks for Change* was completed and distributed to HIV education and prevention providers as well as interested parties in August 1998. The MLB also collaborates with the Office of AIDS in advising local health jurisdictions on how to more effectively implement HIV Prevention Community Plans within communities of color.

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. Based on the recommendations of the CPWG's Resource Allocation Committee, the Office of AIDS allocated more than $17 million in education and prevention funds in FY 1998-99 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 CPWG made recommendations to the Office of AIDS regarding a comprehensive statewide plan that identified 16 target populations. Of these 16 target populations, the following six 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/transvestite individuals.

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; technical assistance 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, as well as emerging HIV/AIDS education and prevention services in California.

California AIDS Prevention Campaign and Social Marketing Efforts

1998 marked the third year of the award-winning California AIDS Prevention Campaign, a three year HIV prevention social marketing program utilizing paid advertising, public relations, and community marketing strategies. The campaign was designed to encourage sexually active young adults to adopt safer sex behaviors, and encourage Californians at greatest risk for contracting HIV to seek HIV counseling and testing.

The campaign complemented local and national HIV prevention efforts and was designed to be responsive to the needs of multiethnic audiences, particularly African American and Latino communities, where HIV infection rates are disproportionately represented in the population. Using targeted television, radio, billboard, transit, print, and place-based advertising, the campaign featured a peer-to-peer education approach highlighting Californians affected by HIV/AIDS delivering personal messages about HIV prevention. The state funded multi-language California AIDS hotline number was incorporated into messages and collateral outreach materials to enhance the impact of media.

Efforts introduced in 1998 for the California AIDS Prevention Campaign included:

- a series of six English and Spanish transit advertising posters in the Los Angeles and San Francisco Bay Area markets encouraging HIV testing through the promotion of new treatments and new hope;
- implementation of an HIV prevention calling card campaign;
- production and airing of a new Spanish television public service announcement (PSA);
- production and airing of a four part audio-novella for Spanish speaking migrant audiences;
- development of a new series of five outreach scratcher cards for Latino, Asian, and African American gay men, and African American heterosexual men and women; and
- development of an interfaith kit consisting of a set of awareness and compassion tools for communities of faith.

Continuing public and media relations activities included statewide placement of television and radio PSAs in English, Spanish, and Asian languages; ongoing media relations promoting Office of AIDS programs, services and events; disc jockey education and radio promotions; support for an HIV "Action Team" (cadre of campaign spokespersons for public appearances); the "HIV Rap" campaign newsletter distributed to state HIV prevention education and counseling and testing contractors; and a specially designed HIV prevention outreach program in beauty salons serving African American women. The beauty salon program has recruited stylists through trade show attendance, community based organizations, and members of the Alpha Kappa Alpha Sorority. Community marketing materials in support of advertising and public relations programs include lottery-style educational scratcher and outreach cards, counter displays, posters, beauty salon outreach materials, and Spanish language materials targeted for migrant communities. Training and technical assistance was also provided on an ongoing basis to local health departments and community based organizations.

In 1998, the program conducted the fifth and final telephone survey exploring the impact of the young adult safer sex component of the three-year HIV prevention campaign. The sample consisted of 454 young adults between the ages of 18-24 living in the target markets of San Francisco, Los Angeles, San Diego, and Sacramento areas. The survey revealed that HIV/AIDS continues to be "somewhat" or a "big" health concern to 70% of those surveyed. The respondents' aided recall of campaign TV ads was 60%, and a large majority (62%) reported hearing campaign radio ads. Net recall on an unaided basis across all campaign ads was 15% while aided recall amounted to almost 83% of the respondents.

For 1998-99, the Office of AIDS continued successful aspects of the California AIDS Prevention Campaign, and developed new HIV prevention strategies. In addition, through a request for application process, the Office of AIDS is funding the creation or enhancement of local social marketing efforts for seven local health jurisdictions.

HIV Prevention Education Brochures

In 1998, the Office of AIDS added to its collection of HIV prevention materials. Working in collaboration with Asian AIDS service organizations and the California AIDS Clearinghouse, the Office of AIDS developed and updated a series of HIV Counseling and Testing brochures in seven Asian languages. Additionally, the California AIDS Clearinghouse and the Office of AIDS developed two brochures that address HIV counseling and testing issues specifically targeting substance users and women.

Outreach to High-Risk Groups

The Street Outreach Linked to Testing program which serves high risk populations has been expanded and renamed the Neighborhood Interventions Geared to High Risk Testing (NIGHT) outreach program. The expanded program now provides services in 21 local health departments (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 local health departments operate large mobile vans. Additionally, eleven LHDs use smaller retrofitted commercial vans for HIV counseling in outreach settings. The smaller vans provide a place where counseling can occur in a private, confidential setting. In 1998, all 21 outreach counties added women of childbearing age to their target populations.

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 1998-99, 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/AIDS in the Workplace

The Office of AIDS offers education about HIV/AIDS in the workplace to employees of state agencies. Office of AIDS staff, trained and certified by the American Red Cross, conduct training sessions using materials developed by the American Red Cross. Additional training is also available for managers and supervisors. The Office of AIDS conducted four trainings in 1998 that addressed:

- impact of HIV in the workplace;
- legal issues;
- transmission and prevention;
- fear reduction;
- rights, duties, and responsibilities;
- awareness, understanding, and compassion;
- disclosure and confidentiality; and
- discrimination and accommodation.

HIV Counselor Training

The Office of AIDS ensures that HIV counselors acquire and maintain the skills necessary to effectively counsel people at risk for HIV infection. The Office of AIDS provides HIV Prevention Counselor Training for counselors that provide risk assessment and disclosure counseling services in state-funded HIV testing programs. The scope of the training includes basic and enhanced counselor training, and continuing education. The Office of AIDS contracts with the University of California, San Francisco/AIDS Health Project to provide curricula for training.

The Office of AIDS provided client-centered training to over 1,600 counselors in 1998. Since 1995, Basic Counselor Training has utilized a curriculum designed to prepare counselors to use a client-centered approach.

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 trainings, developing innovative health education strategies for outreach to men who have sex with men (gay-identified or not), women of childbearing age, prostitutes, 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.

Voluntary Partner Counseling and Referral Services

In 1998, the Office of AIDS established five county pilot HIV Partner Counseling and Referral Services (PCRS) Program projects with the goal of ensuring 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. Communicable Disease Representatives in Counseling and Testing sites, Early Intervention Programs, and STD prevention and control programs in each county are responsible for name elicitation and partner follow-up.

To complement these pilot projects, the Office of AIDS will distribute statewide guidelines and recommendations for local HIV and STD prevention and control programs to all local health jurisdictions. Additionally, the Office of AIDS is developing a data collection and analysis system to evaluate the efficacy of the PCRS program and determine the possibility of statewide application.

During 1998, the Office of AIDS negotiated a contract with the STD/HIV Prevention Training Center of the California Department of Health Services, Division of Communicable Disease Control, Sexually Transmitted Disease (STD) Control Branch to provide PCRS training to local STD and HIV prevention staff in 1999 and beyond. Relying heavily on the CDC PCRS training, the three-day course provides instruction to HIV counselors on how to elicit partners' names, set up appropriate partner referral plans with the assistance of the HIV positive client, and initiate partner follow up. A second, one-day update course designed for experienced communicable disease personnel is also available. This course incorporates client-centered counseling and HIV-related partner services.

California Perinatal HIV Testing Project

In Fall 1996, the Office of AIDS met with several federal, state, and local agencies to develop the California Perinatal HIV Testing Project. This project informs Medicaid-eligible pregnant women and prenatal health care providers throughout California of the benefits of prenatal HIV counseling, testing, and drug treatment therapy. The goal of the California Perinatal Testing Project is to reduce the rate of vertical HIV transmission in California by standardizing the information pregnant women receive and enabling them to make informed decisions about HIV testing. Strategies developed to attain this goal include a prenatal HIV resource packet, technical assistance, provider training, and outreach to women of childbearing age.

The perinatal HIV resource packets provide HIV educational materials in English and Spanish. These materials include a flip chart used by providers during HIV education, brochures for clients, and posters, all of which specifically address issues of HIV and pregnancy. Additionally, the resource packets include HIV counseling and testing guidelines in accordance with California Senate Bill 889 mandates. These guidelines assist providers in using the HIV educational materials and providing client-centered HIV counseling and testing. In addition to the prenatal HIV resource packets, technical assistance is available to prenatal care facilities to overcome barriers for implementing the project's counseling and testing guidelines.

HIV Testing Alternatives

HIV testing alternatives (OraSure HIV-1, urine HIV antibody test, and rapid testing) are now available, providing an increase in the alternatives and opportunity for people at greatest risk for HIV to ascertain their serostatus. Of these alternatives, OraSure HIV-1 specimen collection device is available at publicly funded testing sites. While not yet funded by the state, rapid testing and the urine HIV antibody test show promise for the future.

OraSure HIV-1

The OraSure HIV-1 oral specimen collection device is an easy way to get tested for HIV infection, and requires no blood or needles. OraSure is a non-invasive, accurate way to test for HIV antibodies, not the virus; it is not a saliva test, a rapid assay, or a home test. OraSure works by taking a specimen, called

mucosal transudate, from the soft tissues of the mouth (cheek and gums) which contain Immunoglobulin G (IgG), the antibody used to detect HIV. Oral mucosal transudate has high concentrations of IgG; saliva has practically none. OraSure is over 99% accurate, and is the only oral sample test that may be legally marketed in the U.S.

In the past two years, the Office of AIDS has purchased approximately 125,000 OraSure devices to distribute statewide to local health departments to encourage their use in outreach activities and with IV drug users. The Office of AIDS plans to continue to purchase and supply OraSure for local health departments as part of the continued goal of HIV counseling and testing.

Rapid Testing

Due to urgency factors surrounding the HIV status of individuals, the need has emerged for the development of swift-result HIV antibody testing. A new generation of technology may become available to provide HIV test results within a matter of minutes.

The use of rapid testing may enhance HIV prevention services for clients, and has the potential to increase the number of people who will know their HIV status. Rapid testing allows for the delivery of test results, HIV counseling, and HIV prevention strategy promotion to more people because of the ability to provide results on the same day as the testing.

Potential challenges related to rapid testing include the false-positive percentages, and the lack of rapid test confirmatory testing for HIV positive results. Additionally, the time between risk assessment and HIV status disclosure will be lost, thus denying the client the time required to process risk behavior changes and to discuss these changes with a counselor. The Centers for Disease Control and Prevention, California State University, Long Beach, the City of Long Beach and the Office of AIDS are collaborating on a study to assess the efficacy of one-session prevention counseling with a rapid HIV test compared to the standard two-session counseling. Results of this study should help ensure the most optimal quality of counseling services once the State of California provides the support to incorporate this new technology into HIV testing alternatives.

Urine HIV Antibody Test

Urine HIV antibody testing is a recent FDA approved test added to the new and emerging HIV testing technology. In June 1998, the FDA approved a urine-based Western Blot test. Although an ELISA urine test had already been available, this was the first urine-based confirmatory test to gain FDA approval.

Like the OraSure test, urine tests are safer for health care workers than blood tests and could be less expensive. First, no documented transmission of HIV via urine has been reported. Therefore, tests employing urine are likely to be much safer for personnel involved in specimen collection and processing. Second, collecting urine is often easier than collecting blood. Venipuncture of young children and injection drug users, in particular, presents challenging problems. Finally, urine testing may be less expensive than serum testing because there is no need for a phlebotomist, thus potentially reducing staffing costs at testing sites.

Urine tests can be especially useful at sexually transmitted disease (STD) clinics because a laboratory can use a single urine sample to test for HIV antibodies as well as other STDs. This can eliminate the need for a separate HIV test. Testing for HIV antibodies in urine specimens is a promising technology. Pilot projects may be conducted in the future to test the efficacy of the urine HIV antibody test.

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 $122.0 million in FY 1998-99. Funding for ADAP is comprised 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 $32,200) and $50,000. Persons with an annual adjusted gross income below 400% of poverty level receive the drugs free, as statutorily mandated.

Centralization

California's ADAP, which centralized ADAP drug dispensing, reimbursement, and data collection on October 1, 1997, has now completed the first full year of operation under this new administrative model. The centralization of the California ADAP in FY 1997-98 increased client access to medications by expanding the number of provider pharmacies from 565 to over 2,400 statewide, including independently owned pharmacies, county operated pharmacies, and most major pharmacy chains. Access to ADAP services was further improved by increasing the number of local health jurisdictions participating in ADAP from 47 to 61. Mail-order prescription services, available upon client request, were also expanded to include all 61 local health jurisdictions. In addition, clients are no longer restricted to accessing ADAP services within their county of enrollment but can now have prescriptions filled at any participating pharmacy statewide. These changes accommodate greater client mobility and provide additional access options for clients concerned with anonymity or stigmatized by fear of community prejudice.

The Office of AIDS continues to realize 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. Savings to ADAP directly attributed to the centralization of the program exceeded $8 million in the first year and have been incorporated in subsequent expenditure projections.

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

quarterly to review the ADAP formulary, evaluate available HIV/AIDS drugs, and recommend changes to the formulary.

- Four new drugs were added to the ADAP formulary during FY 1997-98. The addition of delavirdine, liposomal daunorubicin, hydroxyurea, and Combivir® (lamivudine/zidovudine combination) brought the number of drugs on the ADAP formulary to 54.
- The 1998-99 ADAP budget allowed for expansion of the formulary, increasing the number of formulary drugs to 110, as of December 1998. This included the addition of two antiretroviral drugs, efavirenz and abacavir, recently approved by the FDA.
- The newest classes of drugs added to the formulary include antidiarrheals, vaccines, analgesics, selected antidepressants, and oral generic antibiotics as well as drugs that treat severe weight loss. Although not HIV specific, these drugs are critical to improve the medical outcome of the individuals with HIV enrolled statewide in ADAP.
- The Office of AIDS estimates that 297,866 prescriptions were filled in FY 1997-98 for approximately 18,628 ADAP clients. There was a 9% increase in the average length of stay on the program from FY 1996-97 (5.07 months) to FY 1997-98 (5.68 months).

The Office of AIDS collects statutorily mandated rebates from pharmaceutical manufacturers with drugs on the ADAP formulary. Rebates totaled $7.8 million during FY 1997-98 and are budgeted at $11.429 million for FY 1998-99.

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, ongoing 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. 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 (4 locations), and Rural Early Intervention Projects (14 locations serving 22 counties) operate with state funds. The total EIP budget for FY 1998-99 was $4.6 million. Since the Program's inception in 1986, 14,218 EIP clients have been served. In FY 1997-98, 8,337 clients were enrolled in EIP Projects/Centers throughout the state.

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.

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 is appropriated for the four projects.

Rural Regional Early Intervention Projects

The Office of AIDS recognized the need to adapt the existing urban service delivery model to the unique needs of rural areas. In FY 1995-96, three rural regions of the state, 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 project that is cost effective and that responds to local needs, and EIP services began in April 1996 in all three regions. A total of $750,000 is appropriated for the Rural Regional Projects.

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. These 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 DHS 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 1999-2000, the tests will be provided at approximately 150 sites in 41

counties. The tests will be processed by 13 local public health laboratories throughout the state, and 40,000 vouchers for viral load tests will be 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 IIIb, Early Intervention Services, provides competitive grants for early health care intervention, counseling, testing, and treatment services. Title IIIb 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 1998, based on information provided by the HRSA.

Ryan White CARE Act: California Allocations for Federal FY 1998

TITLE	AMOUNT
TITLE I (Eligible Metropolitan Areas)	$96.9 million
TITLE II (State: Formula)	$30.6 million
TITLE II (ADAP)	$43.1 million
TITLE IIIb (Competitive Projects)	$6.9 million
TITLE IV (Competitive Projects)	$2.8 million
Part F (SPNS and AETCs)	$3.3 million
TOTAL	**$183.6 million**

California Department of Health Services Office of AIDS

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 1998 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 (CARE/HIPP), and support ADAP.

The Office of AIDS, in collaboration with HRSA, conducted an evaluation of California's Title II HIV Care Consortia Model in 1998. The study evaluated the efficiency and effectiveness of services to individuals and families with HIV disease. Over 380 respondents representing clients, consortia members, and provider agencies responded to the survey. Along with collecting data on efficiency and effectiveness, the Office of AIDS collected data on underserved populations, access to services and barriers to care, and client satisfaction. Other project outcomes include the development of two technical

assistance tools: a Title II evaluation instrument (useful in obtaining a national evaluation of the consortia model), and a typology of Title II consortia.

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 up to 12 months until they can transition to either the state's Medi-Cal/HIPP, a County Organized Health System program, or Medicare programs. 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.

Effective November 1997, clients can access extended CARE/HIPP benefits for up to an additional 17 months provided they meet stricter financial eligibility criteria. Tier II, the expanded program, allows clients additional time to transition to Medi-Cal/HIPP, a County Organized Health System, or Medicare. In 1998, CARE/HIPP served 435 clients.

Local HIV Care Consortia Program

Local HIV Care Consortia represent collaborations of public and private non-profit health care and support service providers and community-based organizations operating in the areas most affected by HIV disease, people living with HIV/AIDS, and other interested parties. As of July 1, 1998 California had 34 consortia. The consortia assists in allocating Title II funds for planning, developing, and delivering essential health care and support services to individuals with HIV disease. The specific responsibilities of each HIV Care Consortium include:

- determining local HIV/AIDS services needs by conducting or updating an assessment of HIV/AIDS service needs for the geographic services area;
- ensure essential health care and support services by establishing a service delivery plan and priorities for the allocation of Title II funds;
- coordinating and integrating the delivery of HIV-related services, contracting with other providers when necessary; and
- evaluating the success and cost-effectiveness of the consortium's response to identified needs.

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

- primary medical and dental care;
- nutritional services, to include food banks and home delivered meals;
- mental health and substance abuse treatment/counseling;
- home based and residential hospice care;
- transportation services to assist clients in accessing health or psycho-social services; and
- case management services.

Housing Services

Housing Opportunities for Persons with AIDS

The U.S. Department of Housing and Urban Development (HUD) funds housing and support services for low-income people living with HIV/AIDS through the Housing Opportunities for Persons with AIDS (HOPWA) Program. 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 that has reported more than 1,500 cumulative AIDS cases. The California counties that are 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 designated as eligible to receive HOPWA funds since the inception of the HOPWA Program in 1992, and in FY 1997-98 California received $2.2 million. The Office of AIDS administers these funds to 44 counties that are ineligible to receive HOPWA funding directly from HUD. HIV Care Consortia are involved in determining local housing needs for people with HIV/AIDS, and assist in allocating HOPWA funds locally.

HOPWA funds may be used to assist various types of housing designed to prevent homelessness, including emergency housing, shared housing arrangements, apartments, single room occupancy dwellings, and community residences. All HOPWA-assisted housing must also provide appropriate 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 eleven 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.

Three projects containing 18 units were completed in 1997-98 and are fully occupied. Six additional projects received funding in FY 1997-98, which will provide 17 units of affordable housing for a term of 10 to 30 years.

HIV Comprehensive Care Working Group

The Office of AIDS established the HIV Comprehensive Care Working Group in 1991 to help implement the Ryan White CARE Act and allocate Title II funds. The Working Group comprises people with HIV/AIDS, representatives from state and local health departments, AIDS service providers, Title I EMAs, local HIV Care Consortia, and AIDS activists and advocates. The members are ethnically,

culturally, and geographically diverse, representing the changing face of California, and they possess a variety of perspectives and experiences. In 1995, the Office of AIDS expanded the role of the HIV Comprehensive Care Working Group to include assisting with planning for HIV care and treatment in California encompassing both state- and Title II-funded programs. More recently, the Working Group provided input on issues such as the observed and perceived changes in the epidemic resulting from the powerful new drug combination therapies and integration of services. The HIV Comprehensive Care Working Group marked its final year in 1998. In 1999 they will merge with the Community Planning Working Group to form the California HIV Planning Group.

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 42 local health departments and community-based organizations to administer the program in 53 counties.

In FY 1998-99, the CMP received $6.4 million in state funds and $1.045 million in federal Ryan White CARE Act Title II funds, a reduction of $275,000.

During FY 1997-98, the CMP served approximately 2,313 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 16.1 to 3.9 days, and the total hospital days dropped for all clients from 37,214 to 8,997. This resulted in 28,217 hospital days saved and an estimated $28 million in averted hospital costs. The Office of AIDS estimates that every $1 spent for the CMP saves approximately $3 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, a 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.

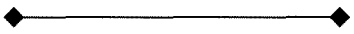
Most CMP contractors also contract with the AIDS Medi-Cal Waiver Program (MCWP). The co-existence of these programs in the same agency allows CMP clients to transition to MCWP services as needed, without an interruption of services and care providers.

AIDS Medi-Cal Waiver Program

The AIDS Medi-Cal Waiver Program (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 33 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. Total program expenditures for calendar year 1998 were approximately $12.5 million. The program served approximately 2,577 clients in 1998, with estimated total savings from averted institutional care of $34.3 million.

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.



Collaboration

In its role 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/AIDS 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 and prevention, and care and treatment. This section describes collaborative and independent state-supported projects not discussed elsewhere in this report.

Outreach Based HIV-Related Behavioral Surveillance

As part of the *California HIV Prevention Plan*, the Community Planning Working Group identified the need for behavioral studies among substance users, people of color, sex industry workers, and transgender/transsexual individuals. The project comprises 13 behavioral surveillance projects in 11 counties (Alameda, Fresno, Los Angeles, Marin, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Santa Clara, and Sonoma). Five project sites focused on substance users, four sites on people of color, and two sites each on sex industry workers and transgender/transsexual individuals.

The surveillance project used existing HIV prevention programs to initiate contact with these high-risk populations. 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. Continued surveillance of these populations will provide much needed information about trends in behavior change and social and cultural barriers to HIV prevention. The Office of AIDS will use this information to modify existing prevention programs and to develop new programs. Data entry was completed in December 1998, and preliminary analysis is targeted for completion in 1999.

Surveillance Grant Program

Since 1986, the Office of AIDS has provided state funds to 61 local health departments (LHDs) [58 counties and 3 cities] through the Surveillance Grant Program. This funding helps LHDs develop and implement active AIDS case surveillance programs. The goals of the funding are to:

- 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.

Department of Health Services, Children's Medical Services Branch

The Office of AIDS collaborates with the Children's Medical Services Branch, which administers the California Children Services (CCS) HIV Children's Program. The CCS HIV Children's Program was implemented in April 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.

The HIV Children's Program is administered statewide through the Children's Medical Services Branch in Sacramento. The 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. Services have been provided to over 10,000 children since inception of this program.

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, health care services necessary for the treatment of the disease and its complications are funded by the CCS treatment program.

Department of Health Services, Maternal and Child Health Branch

In 1998, the Maternal and Child Health Branch (MCHB) collaborated with the Office of AIDS to identify jurisdictions appropriate for additional HIV and pregnancy training and technical assistance, and outreach to pregnant women. The MCHB has initiated several activities to implement Senate Bill 889 (SB 889), which requires all prenatal care providers to provide pregnant women with HIV information and counseling, and to offer HIV testing. Black Infant Health Program Coordinators received training on HIV among the African American community and incorporated prevention messages in their local projects. Perinatal Services Coordinators in each local health jurisdiction continue to work with community obstetric providers to increase the number of pregnant women receiving HIV education and referral for testing. These efforts include both individual provider site visits and group educational presentations. The Regional Perinatal Programs promote implementation of SB 889 at tertiary care centers. Additionally, a representative of MCHB has served on the HIV Comprehensive Care Working Group, and worked on the Office of AIDS' California Perinatal HIV Testing Project.

Department of Health Services, Office of Women's Health

The Office of AIDS collaborates with the Office of Women's Health on issues related to women and HIV/AIDS. The Office of Women's Health had a representative on the HIV Comprehensive Care Working Group and is involved in developing activities related to awareness and prenatal care for HIV-positive women. In addition, the Office of AIDS participated in developing HIV/AIDS-related questions for inclusion in the 1997 Women's Health Survey, a random digit-dial, behavioral risk factor telephone survey coordinated by the Office of Women's Health. Results of this survey were disseminated in 1998. The Office of AIDS also participated in meetings of the Women's Health Council, which advises the Office of Women's Health and the director of DHS. The council is currently developing policy recommendations related to women and HIV/AIDS.

Department of Health Services, Sexually Transmitted Disease Control Branch

During 1998, the Office of AIDS and the STD Control Branch met to explore areas of possible collaboration, with general discussions focusing on studies that could address both STD and HIV/AIDS-related research and education/prevention strategies. This resulted in tentative plans to develop co-morbidity research and goals to reduce the duplication of research efforts.

The first research collaboration investigated the variability in incidence rates of chlamydia, gonorrhea and AIDS by race/ethnicity among adolescents in California between the years 1990 and 1995, which is an important step for targeting HIV prevention efforts in that population. In this study, it was found that African

American adolescent incidence rates for chlamydia, gonorrhea and AIDS were significantly higher than their white counterparts. This suggests an urgent need for STD/HIV prevention and education among this population. These findings were presented at the 1998 American Public Health Association's annual meeting.

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. A TBCB representative participated on the HIV Comprehensive Care Working Group.

Multi-Department Advisory Groups

The Office of AIDS meets regularly with the Department of Alcohol and Drug Programs (DADP) and the Department of Education to coordinate HIV/AIDS activities. These two departments, as well as the California Department of Corrections (CDC), also have representatives on the Community Planning Working Group. The DADP and the CDC also have representatives on the HIV Comprehensive Care Working Group. In addition, the Office of AIDS has periodically convened meetings to provide an education forum and coordinate the HIV/AIDS activities of several state agencies including the University of California; the Departments of Health Services, Alcohol and Drug Programs, Corrections, Education, and Mental Health; and the California Youth Authority.

Supportive Housing Working Group

In 1998, the Office of AIDS attended Supportive Housing Working Group meetings with numerous other state entities to explore avenues for providing supportive housing for people with HIV/AIDS. The Department of Mental Health provided oversight for this Working Group. Other members included the Departments of Aging, Alcohol and Drug Programs, Housing and Community Development, and Social Services, the Employment Development Department, the California Housing Finance Agency, and the California Tax Credit Allocation Committee.

Biennial California Student Substance Use Survey

In FY 1997-98, the Office of AIDS entered into an 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 the seventh biennial California Student Substance Use Survey. The survey was a comprehensive study of alcohol, tobacco, and other drug use among California students in grades 7, 9, and 11. The Office of the Attorney General released the preliminary results of this survey (http://caag.state.ca.us/cvpc/7survey.pdf) in November 1998.

Department of Alcohol and Drug Programs

The comprehensive alcohol and other drug prevention and treatment program of 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 1997-98, this amount totaled $9.1 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 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.

The DADP collaborates with the Office of AIDS on activities and strategies to strengthen the HIV/AIDS component in alcohol and other drug prevention and treatment programs, particularly for injection drug users. One area of discussion is improving the rate at which clients return for post-test results and counseling. The DADP also actively involves advisory groups, such as the Director's Advisory Committee and the Policy Forum.

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 1998, the TCMP provided services to 140 inmates/parolees per month in 16 counties throughout the state. Expansion of this program is in progress.

A CDC representative serves on the California HIV Planning Group, and the Office of AIDS participates on the CDC Infectious Disease Advisory Committee.

Department of Mental Health

The Budget Act of 1988 allocated $1.5 million to the state Department of Mental Health to provide mental health counseling and support to those affected by HIV and AIDS. For the last ten years, these funds have been used to establish and maintain 13 AIDS mental health contracts with various county and private agencies around the state. The contracts are currently with the following contractors: AIDS Services Foundation/Orange County; Center for Social Services/ San Diego; City of San Francisco/subcontracts with Continuum AIDS Day Services and Peter Claver Community Center; Hemophilia Council of California; Inland AIDS Project; Los Angeles County Mental Health/subcontracts with AIDS Project Los Angeles, L.A. Gay and Lesbian Community Center, and Harbor UCLA Medical Center; Minority AIDS Project/Los Angeles; Pacific Center for Human Growth/Berkeley; San Diego County Mental Health-CARES Program; San Joaquin County Mental Health; San Mateo County Mental Health/subcontract with Jewish Family Services; Santa Barbara Alcohol, Drug, and Mental Health Services; and Santa Clara Health Department. The main focus of these contracts has been to support

individuals with HIV/AIDS who are in need of mental health services and counseling. Mental health support is also provided to partners and families.

In addition, UCSF AIDS Health Project has been contracted to provide monographs on various aspects of AIDS mental health counseling. In December of 1998, the second in a series of monographs was released entitled, *The Alcohol and Drug Wildcard, Substance Use and Psychiatric Problems in People with HIV*, by authors Joan E. Zweben, Ph.D., and Pat Denning, Ph.D. Copies may be obtained by writing to the UCSF AIDS Health Project, Box 0884, San Francisco, California 94143-0884.

Department of Social Services

The Residential AIDS Shelter Pilot Project, administered by the Office of AIDS, provided housing and food to homeless persons with HIV/AIDS who were able to function independently. When the pilot project ended June 30, 1995, projects wishing to continue to provide services to people living with AIDS had the option of becoming licensed by the Department of Social Services as an Adult Residential Facility (ARF) or a Residential Care Facility for the Chronically Ill (RCF-CI).

ARFs typically serve developmentally disabled or mentally disordered adults. However, ARFs may accept and retain adults with HIV/AIDS whose medical needs can be met on an outpatient basis. RCF-CIs 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 RCF-CIs with a total capacity of 394 beds.

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 trend analysis of *Pneumocystis carinii* pneumonia (PCP) as an initial AIDS diagnosis, incorporating information on PCP prophylaxis from Medi-Cal data;
- preparing an epidemiologic profile on women and children with HIV/AIDS in California;
- conducting a probabilistic linkage study using hospital discharge data and AIDS data;
- analyzing AIDS and STD trends among African-American adolescents in California;
- analyzing HIV/AIDS trends among older women;
- investigating service use patterns among HIV/AIDS Case Management Program clients;
- analyzing pediatric spectrum of disease data and matching the data to AIDS registry data;
- conducting trend analysis of STD data;
- prepare draft of the Young Women Survey statewide report;
- prepare a manuscript on access to health care among young women; and
- prepare data abstraction form and coordinate training for Corrections staff and STD field staff for Corrections study.

University of California, San Francisco

Center for AIDS Prevention Studies

The Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco conducts epidemiologic and behavioral studies of the prevalence and determinants of HIV risk behaviors, and of interventions to prevent HIV infection and its consequences.

The California Department of Health Services, Office of AIDS and CAPS formulated the Statewide Community HIV Evaluation Project (SCHEP) in 1995. The overall purpose of this program was to foster prevention research collaboration between local scientific researchers and AIDS service providers. In doing so, innovative AIDS prevention strategies were tested and evaluated for effectiveness. SCHEP was based on the CAPS/Northern California Grantmakers HIV Prevention Initiative, which aided collaborations in the San Francisco Bay area. Collaborative teams of community-based organizations and researchers applied as a pre-existing pair.

SCHEP partners participated in a statewide prevention research consortium managed and administered by CAPS. The consortium fostered the sharing of information across areas of expertise. Investigators shared theoretical and methodological insight, and community-based agencies developed procedures and infrastructure for collecting data needed for in-house and statewide monitoring of prevention efforts.

CAPS completed a final evaluation report in February 1998. Although significant outcome findings varied, valuable services were provided for clients in need, and productive working relationships were formed between local service providers and researchers. Additional information regarding this study can be found on the CAPS web page http://www.caps.ucsf.edu/capsweb/projects/schepindex.html.

Survey of Childbearing Women

In 1998, the HIV/AIDS Epidemiology Branch began a collaboration with the University of California at San Francisco to implement the 1998 Survey of Childbearing Women, and the 1999 HIV/STD/Hepatitis Survey among inmates entering the California correctional system.

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 accessed. OraSure devices have been used by clients in the target counties during this research program, providing a baseline to assess their impact.

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. The mission of the UARP is to support excellent, timely, and innovative basic, clinical, social/behavioral, and epidemiological research on HIV/AIDS that is attentive to the needs of California, particularly the diverse communities infected and/or affected by the epidemic, and to support research which will accelerate progress toward prevention and a cure for AIDS.

UARP is advised by the Universitywide Task Force on AIDS, whose membership includes California researchers representing a variety of scientific disciplines and institutions, and persons affected by HIV/AIDS. The program is designed to provide a rapid mechanism for meeting emerging research issues and strives to fund innovative and creative research that enhances and complements rather than duplicates research funded by other sources.

Since UARP's inception in 1983, the scope of the program has expanded to include basic, clinical, social/behavioral and epidemiological research, including prevention evaluation, health policy and health services research and collaborative multidisciplinary and community-based studies. UARP funds investigator-initiated research, collaborative research, the training of new scientists and health professionals in AIDS-related research, Centers that coordinate AIDS research and develop preventive interventions and treatments for AIDS, and consensus development and research dissemination conferences.

The UARP encourages novel developmental studies attentive to emerging issues, or smaller-scale definitive studies in all areas of AIDS-related research. 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 men who have sex with men 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 prevention evaluation research activities for the state of California. This agreement created funding for a new prevention evaluation research administrator who is responsible for coordinating strategic and scientific prevention evaluation efforts for the state. These prevention evaluation efforts fall into two broad categories. First, the administrator will oversee a competitive RFA process for approximately six, three-year scientific and community collaborative prevention evaluation projects. The projects will provide scientific evaluation of the outcomes of established and innovative community-based HIV prevention programs in California. Second, the administrator will act as a scientific consultant on California's statewide evaluation efforts, including an assessment of the community planning process and development of a statewide evaluation strategy for key prevention interventions.

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