



Policy Initiatives

Tier I Activities

- ❖ Testing
- ❖ Linkage to care
- ❖ Partner services
- ❖ Risk assessment, linkages to services and behavioral interventions for HIV+ people
- ❖ HIV treatment adherence
- ❖ Syringe services programs

- ❖ Policy initiatives
 - Surveillance data use
 - Leveraging SAMHSA HIV set-aside funds
 - Healthcare reform planning
- ❖ Condom distribution & syringe supply bank
- ❖ State community planning

Healthcare Reform

Health Care Reform

- ❖ Perhaps most undefined activity
- ❖ Start to consider HIV-specific issues associated with the Affordable Care Act (ACA)
- ❖ Develop infrastructure to move process forward
- ❖ Develop communication strategy and materials for consumers and providers

What OA is Doing

- ❖ *Planning for Health Care Reform*
<http://www.cdph.ca.gov/programs/aids/Pages/OAHC R.aspx>
- ❖ ACA allowed for OA-PCIP (OA-Pre-existing Condition Insurance Program)
<http://www.cdph.ca.gov/programs/aids/Pages/tOAP CIPindiv.aspx>
- ❖ OA Health Care Reform (HCR) staff person
 - 50% FTE
- ❖ OA HCR Task Force
 - Keep abreast of policy developments and share with LHJs

LHJ Expectations

- ❖ Identify staff member to address health care reform in your jurisdiction
 - time and duties your discretion
 - if staff is outside HIV/AIDS, a strong collaboration should be maintained
- ❖ Work with OA HCR staff and HCR Task Force
 - Keep OA informed of HCR issues in LHJ

Suggestions

- ❖ Complete inventory of health care reform activities in jurisdiction
- ❖ Review ACA and identify grants or other opportunities
- ❖ Collaborate with interested parties including health clinics, hospitals and insurance providers
- ❖ Identify priorities
- ❖ Determine TA and training needs
- ❖ Offer ideas to OA

Leveraging SAMHSA HIV Set-Aside Funds

Substance Abuse Prevention & Treatment (SAPT) Block Grant HIV Set-Aside

- ❖ OA-led policy initiative
- ❖ Consistent with the National HIV/AIDS Strategy's goal of better coordination among federal funding agencies
- ❖ Opportunities for LHJs to participate, but not required

SAPT Block Grant

- ❖ The Substance Abuse Prevention and Treatment (SAPT) Block Grant funds 60 states & jurisdictions
- ❖ States with higher burden of HIV must spend 5% of their SAPT grant on HIV Early Intervention Services (EIS) at substance abuse treatment sites.
- ❖ In California, that amounts to approximately **12.5 million dollars.**



HIV Set-Aside Funds



- ❖ Distributed by ADP to local AOD (alcohol and other drug) departments
- ❖ Sometimes administered by health departments
- ❖ Often subcontracted to CBOs who are also funded by the LHJ



HIV set-aside funds pay for:

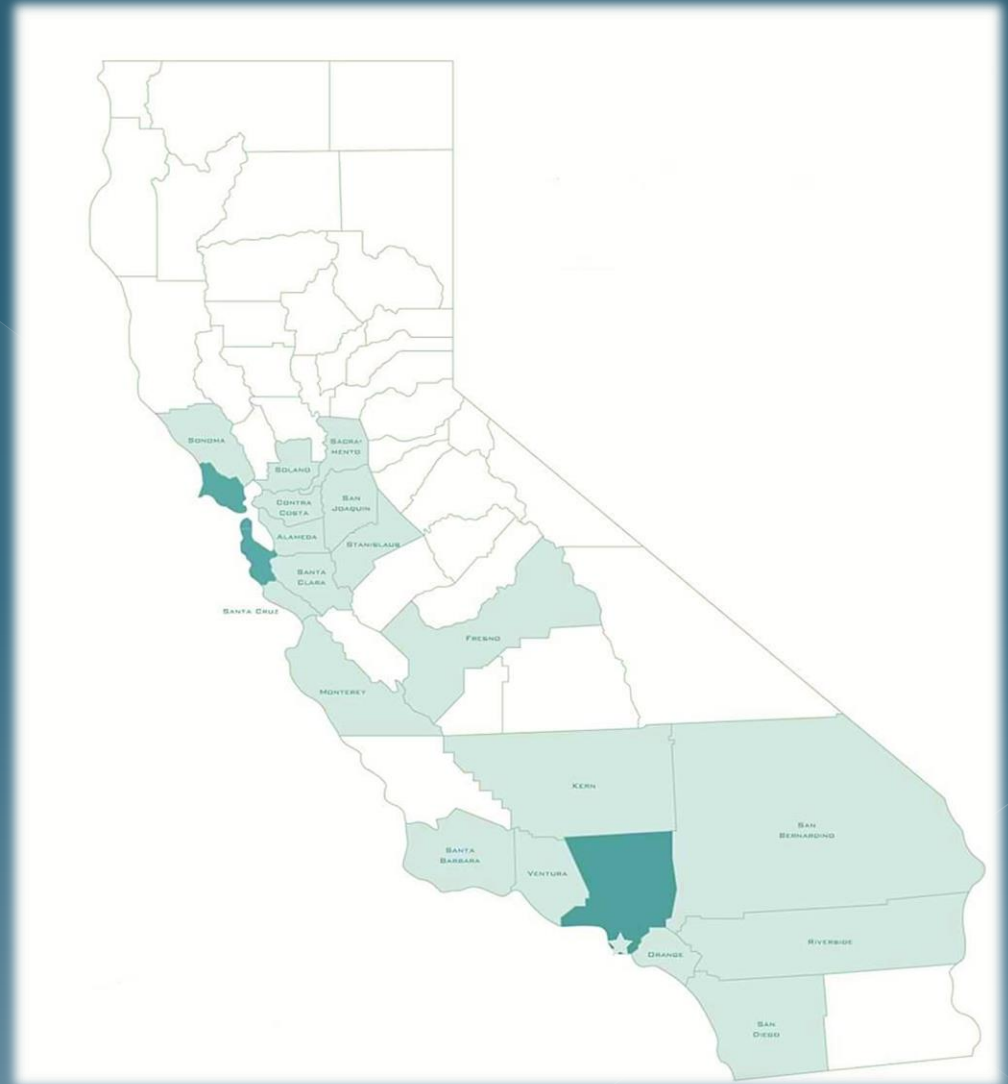


- ❖ HIV testing in drug treatment settings
- ❖ Medical care for HIV+ people in drug treatment programs
- ❖ HIV testing on a van, as long as testing is available at the drug treatment site as well
- ❖ Outreach to out-of-treatment injection drug users



ADP funds all county AOD departments

- Alameda - \$612,275
- Contra Costa - \$249,219
- Fresno - \$198,097
- Kern - \$259,897
- Monterey - \$73,139
- Orange - \$707,887
- Riverside - \$568,729
- Sacramento - \$466,993
- San Bernardino - \$508,392
- San Diego - \$1,223,429
- San Joaquin - \$75,499
- Santa Barbara - \$59,719
- Santa Clara - \$342,776
- Santa Cruz - \$49,422
- Solano - \$159,472
- Sonoma - \$91,105
- Stanislaus - \$81,418
- Ventura - \$106,115



Key issues/challenges

- ❖ Not all funds are being used
- ❖ Funds are not targeted to at risk groups or individuals; instead they are offered to everyone
- ❖ CCLAD survey: no coordination, many gaps and overlaps, concerns about the quality of services
- ❖ No data collected to target, evaluate and improve services
- ❖ ADP does not require data collection on sexual orientation. Are they reaching high risk individuals?
- ❖ ADP does not collect data on HIV status. How can locals use the funds to provide services to HIV positive people?

What we've done so far

❖ Research

- What other states do: many sign the funds directly over to the state AIDS department
- What is allowed: for example, outreach to out-of-treatment IDUs

❖ Site visits

- San Diego, San Francisco, Santa Clara
- Data review
- Some Providers do use LEO



Policy Initiatives

Work with ADP to:

1. Collect data on individuals' HIV status in order to use the funds for HIV care, an allowable use
2. Collect data on sexual orientation in order to better target the funds
3. Issue guidelines and best practices for the funds' use
4. Encourage collaboration at the local level

And:

1. Correct LEO set-up information to better track funding sources
2. Improve tracking of activities

LHJs can:

1. Do an inventory of ADP-funded HIV activities
2. Encourage local AOD Departments to collaborate

Surveillance Data Use

Assembly Bill 2541

Using OA's HIV Surveillance and Care data to facilitate new patients' engagement and previous patient's reengagement into HIV prevention, care and treatment.

- ❖ OA must define our desired outcomes for this program and policy change.
- ❖ OA must operationalize the use of this data.
- ❖ OA must organize our current databases before extracting this information and providing the relevant portions to local health departments.

Reminder:

Upcoming Webinars

The following webinars will be held from 3-4 pm on the dates listed below – register early!

- ❖ **November 10** – Syringe Service Programs & California AIDS Clearinghouse
- ❖ **November 17** – Tier II Activities
(Social Marketing, HE/RR for High Risk Negatives, Hepatitis C Testing, PrEP)
- ❖ **December 8** – Putting it all Together

Feedback

If you have any questions or
feedback at any time
before or after the webinars,
please send your comments to:

OAFedback@cdph.ca.gov