

California State Office of AIDS

Report to San Francisco EMA HIV Health Services Planning Council October 2014

Office of AIDS (OA) Division/Cross Branch Issues

On September 23, 2014, Dr. Karen Mark, Division Chief; Brian Lew, Assistant Division Chief; and staff of the Office of AIDS, Center for Infectious Diseases, California Department of Public Health attended the “Summit on Sexual Health for Gay, Bi[sexual], and other MSM [men who have sex with men]” in San Francisco. The meeting was sponsored by the U.S. Department of Health and Human Services HIV/AIDS Regional Resource Network Program (RRNP) and Offices of the Regional Health Administrators for Regions IX and X, in collaboration with Alameda County and San Francisco City and County Departments of Health. The meeting brought together state and local health officials and community leaders, clinicians, and AIDS service organization representatives to address service provision for gay, bisexual, and other men who have sex with men, with a specific focus on sexual health services. The meeting was one of a series of meetings in the western United States on this topic sponsored by U.S. Department of Health and Human Services HIV/AIDS RRNP and Offices of the Regional Health Administrators for Regions IX and X.

Ryan White Part B: AIDS Drug Assistance Program (ADAP)

- On September 22, 2014, ADAP added dolutegravir/lamivudine/abacavir (Triumeq) to the ADAP formulary. Dolutegravir/lamivudine/abacavir, which was approved by the Food and Drug Administration on August 22, 2014, received unanimous approval for inclusion by the voting members of ADAP’s Medical Advisory Committee.
- In October 2014, OA plans to disseminate the following letters:
 - to all Office of AIDS Health Insurance Premium Payment (OA-HIPP) clients who are enrolled in a Covered CA health plan. The letter outlines the Covered CA renewal process and timeline for 2015 coverage and how it aligns with OA-HIPP renewal.
 - to all ADAP-only clients illustrating their 2015 Covered CA health care options and subsequent option to enroll in the OA-HIPP program.
- OA will be conducting training in October 2014 regarding changes to ADAP application and system enhancements. The ADAP application has been revised to incorporate the OA-HIPP application and variables required for the Health Resources and Services Administration (HRSA) ADAP Data Report. In addition, ADAP’s Pharmacy Benefits Manager system has been modified to allow OA staff and ADAP enrollment/eligibility workers (EWs) the ability to add, store and view

scanned client eligibility documents. The system has also been modified to allow OA staff the ability to make eligibility determinations and EWs will be able to view if applications are pending, approved or denied.

All certified ADAP EWs will be required to take training on the updated ADAP application and system modifications.

Ryan White Part B: HIV Care Program (HCP)

- The 2014-2015 HCP and Minority AIDS Initiative (MAI) allocations have been formalized and posted on the OA website at www.cdph.ca.gov/programs/aids/Documents/2014%20HCP%20and%20MAI%20Allocations%20Table.pdf. Funding is the same as what was allocated in the previous contract year.
- Management Memo 14-03 was released on September 26, 2014. The purpose of the memo is to clarify for HCP and MAI contractors the new submission requirements for progress reports. Contractors are now required to submit progress reports to OA on a semi-annual basis rather than quarterly.
- Management Memo 14-02 was released on September 24, 2014. The purpose of the memo is to clarify the OA expectations regarding using Ryan White funds for services partially covered by Medi-Cal, Denti-Cal, private insurance or other eligible benefits. An informational teleconference was held on September 30, 2014 to allow for questions and answers regarding the notice.
- HCP Program Advisors are in the process of conducting site visits to all Ryan White Part B contractors throughout the state.

HIV Prevention

- On September 15, 2014, Governor Brown signed Assembly Bill 1743 (Ting), which removes restrictions on pharmacy practice to make sterile syringes more accessible through California pharmacies. The bill removes all limits on the number of syringes pharmacies can sell without a prescription. Also, for the first time adults are allowed to possess an unlimited number of syringes for personal use. The law goes into effect January 1, 2015.

Recent research has found that many California pharmacists are unaware of current California law that allows pharmacists and physicians to provide syringes without a prescription. The same study found that pharmacists counted their local health departments as among the most reliable sources for information about nonprescription syringe sale.

OA is responding to this change in law and to the results of these studies in several ways. We are collaborating with researchers who are examining the low

rates of nonprescription syringe sale by pharmacies in the Central Valley. We are working with UCSF and the Pacific AIDS Education and Training Center on a webinar series about the role that pharmacists can play in HIV and HCV prevention (the first of these is scheduled for January 14, 2015.) We are developing new materials for pharmacists and customers that local health departments can customize, post to their websites and distribute to pharmacists in their jurisdictions.

Local planning councils may be able to enlist more pharmacies in these efforts, especially in areas outside of Los Angeles and the Bay Area, where pharmacy syringe sale is particularly low. For more information, contact Alessandra Ross, Injection Drug Use Specialist, at alessandra.ross@cdph.ca.gov.

- On November 14, 2014, the CDPH, CID, and OA will partner with the California HIV/AIDS Research Program (CHRP) and other community organizations to host a meeting to strategize on how to support health care providers (providers) and their patients to utilize pre-exposure prophylaxis (PrEP) for HIV prevention. PrEP, the daily use of a specific HIV medication by those who are not infected but at high risk of HIV exposure, can reduce the risk of acquiring HIV infection by up to 92% when taken consistently. This “PrEP Think Tank” will bring together PrEP researchers, local public health department staff, providers, advocates, and consumers to share information on PrEP demonstration projects taking place across the state, identify issues and best practices for service delivery, and discuss how to best meet challenges related to PrEP service delivery and update among key affected populations.
- OA Prevention Branch is developing strategies to encourage LHJs to focus targeted testing resources on moderate to high-risk individuals and to redirect low-risk testers to medical settings for HIV testing. Matt Willis, Targeted Testing Specialist and Jenny Olson, Medical Setting Specialist began working with specified LHJs to develop coordinated transitions between targeted testing sites and medical settings for the redirection of low-risk individuals. The Prevention Branch will continue to work with LHJs to identify resources and opportunities for collaboration between targeted testing sites and community based organizations along with community medical centers to strengthen cooperative efforts involving testing, linkage to care (LTC), and partner services (PS). A pilot project in Sacramento is underway. To date, designated prevention staff has met with the Sacramento LHJ AIDS Director, test counselors and community based LTC and PS coordinators for a focus group to determine capacity, and introduce the concept. The next phase, to be executed in fall 2014, will include a focus group and needs assessment of both federally qualified health centers (FQHC) and

community health centers in the Sacramento area to discuss opt-out testing capacity and to determine how health centers may be able to utilize community resources for LTC, PS and other prevention services that may be required for newly-diagnosed patients.

- The Center for Disease Control (CDC) published a State Prevention Progress Report for 2014 to inform national and local efforts made by HIV prevention activities aimed to achieve outcome measures of the National HIV AIDS Strategy (NHAS) for 2015, aligned with the Healthy People 2020 initiative and the CDC Division of HIV/AIDS Prevention Strategic Plan. This CDC report is based upon the six key priority indicators, three for all fifty states (and District of Columbia) and three additional indicators for the eighteen states (and District of Columbia) with complete CD4 and Viral Load Surveillance Data, which includes California. California has been recognized for success in these indicators, particularly around retention in care and viral suppression, please see the attached *California Summary 2014*. Please see [2014 State HIV Prevention Progress Report](#) for the entire report.

California Planning Group (CPG)

The second in-person CPG meeting was held on October 1, 2014, in San Diego. Information about the meeting will be provided in the November OA Update Report.

Meeting notes and presentation slides from the first in-person CPG meeting, which was held on June 25-26, 2014, are available on the CPG webpage of the OA website at www.cdph.ca.gov/programs/aids/Pages/June2014CPGMeeting.aspx.

For questions regarding CPG, please contact Liz Hall at liz.hall@cdph.ca.gov.

If you have additional questions, please contact: liz.hall@cdph.ca.gov.