

County of Santa Clara Board of Supervisors

Supervisory District Four
Supervisor James T. Beall, Jr.

Inventory Item
#8



HIV.Inventory

DATE: May 24, 2006

TO: Supervisor Liz Kniss, Chairperson
Supervisor Blanca Alvarado, Vice-Chairperson
Health & Hospital Committee

FROM: *James T. Beall Jr.*

James T. Beall, Jr.
Supervisor, District 4

Blanca Alvarado

Blanca Alvarado
Supervisor, Second District

SUBJECT: Budget inventory request to provide essential funds to significantly expand HIV testing and counseling in vulnerable populations throughout Santa Clara County.

RECOMMENDED ACTION

Allocate \$375,000 in one-time funds in FY 2007 Budget establishing aggressive HIV testing and counseling services for targeted at-risk populations where the HIV disease is known to be spreading in Santa Clara County.

FISCAL IMPLICATIONS

This budget inventory request of \$375,000 of one-time funds will be significantly offset by preserving federal 'Ryan White Care Act' allocation amounts (estimated at \$1.2 million) and by reducing the incidence of new HIV infections in the County's most vulnerable populations. In the event of improved revenue projections, Supervisors Alvarado and Beall recommend ongoing funding.

REASONS FOR RECOMMENDATION

The HIV pandemic continues to spread throughout the world and Santa Clara County is no exception. Even though this previously fatal disease has evolved into a manageable chronic condition when caught in its early stages, there is new evidence that it is more widespread in Santa Clara County than ever before.

In the 1980's and early 1990's, a person diagnosed with HIV in Santa Clara County had an almost 100 percent chance of contracting a fatal opportunistic infection within five years. HIV and AIDS resulted in over 2,000 deaths in the County. These days, with an early diagnosis, County residents with HIV can expect to live their full life span with appropriate medication and proper care. Yet, as the HIV disease evolves into a more manageable chronic condition, epidemiologists confirm that the growing population of "vectors of transmission" (people living with HIV) will substantially increase the incidence of transmission throughout the County population.

In 2003, the Centers for Disease Control (CDC) introduced a new initiative and made recommendations "aimed at reducing barriers to early diagnosis" to curtail the incidence and spread of the disease. At that time, CDC urged public health activities to reassess and refocus HIV prevention with an emphasis on greater access to HIV testing. It had become clear that new and inexpensive rapid test technology should play a major role in these efforts.

Unfortunately, in Santa Clara County at that time, the economic downturn was resulting in massive cuts to the County's HIV Prevention and Control Program. The leading non-profit agency, AIDS Resources and Information Services (ARIS), closed down in 2003. Federal 'Ryan White' dollars and State Office of AIDS funds continued to flow into the County to help low-income people and others with AIDS, but was not available for sufficient testing of the County's most vulnerable populations. Further, the County was forced to make budget cuts

Over the last five years including approximately \$150,000 between FY 2004 and FY 2005 to other essential HIV/AIDS programs (The Living Center, Housing Support Services and the Harm Reduction Program needle exchange) leaving no funds to grow HIV testing services. Since FY 2004, the County's HIV/AIDS Prevention and Control Program lost \$1,234,721 in funding which does not include budget cuts in previous years since the economic downturn of 2001.

The County and its HIV/AIDS service providers are now in jeopardy of losing essential federal funding as the Ryan White Care Act changes their formula for fund allocation. As of January 2007, their formula-driven funding and grants will be based on 'HIV case data' rather than 'AIDS case data.' This could result in a funding reduction of up to 40 percent of over \$3 million in Ryan White funds coming into the County each year. Unfortunately, Santa Clara County has not accumulated the HIV case data to substantiate this continued level of funding, even though it is estimated that thousands of County residents are living with HIV and that the majority of them are unaware of their infection.

Currently, the County provides only one public fixed-site test location, the Crane Center, which is located at 976 Lenzen Avenue in San Jose. Many residents in the most vulnerable populations (gay and bisexual men, young Latino men and their partners, other people of color, substance abusers and sexually active people) are often unaware how or where to get tested. The testing services need to reach out into the vulnerable populations and "chase the disease" rather than wait for people to come through County clinic doors. In comparison to other counties and jurisdictions providing multiple rapid-testing sites, it is understandable how Santa Clara County is alarmingly short on clinical evidence and HIV data.

A comprehensive report back on the incidence and projected incidence of HIV in the County was requested by Supervisors Alvarado and Beall on May 5, 2006. This report back will include additional evidence not currently available to Board offices.

This funding request allocates \$375,000 in FY 2007 to the Department of Public Health to fund intensive HIV testing and counseling services at locations where, and hours when, the most vulnerable populations are accessible. These funds are to be administered by the HIV/AIDS Prevention and Control Program. Testing services shall be performed by community based organizations rather than Public Health Department staff.

The rapid-testing services must immediately reach out to the most vulnerable populations and be culturally appropriate in order to succeed in this aggressive HIV testing campaign. The rapid test technology will be used in order to provide test results at the time of each visit. This will reduce the occurrence of people testing HIV-positive who do not return for their results (over 30 percent nationwide). Each test site will have access to an unlimited number of free 'OraQuick' test kits which are available to the County at no charge from the State Office of AIDS.

This funding includes approximately \$75,000 per year for each full-time testing service location, including aggressive outreach, and a stipulation that locations and campaigns may shift as fresh evidence better identifies incidence of the disease by ethnicity, age, sexual orientation, gender and geographic location. The HIV/AIDS Prevention and Control Program may opt to establish four full-time sites or establish more sites on a part-time or after-hours basis. This funding also provides for \$75,000 for necessary Public Health Department administrative and campaign marketing costs.

HIV disease in the County is now known to be particularly prevalent in the Latino population (estimated over 50 percent of new HIV cases) and appears to be disproportionately high in the northern and southern regions of the County. The disease continues to spread rampantly in the gay and bisexual community, particularly among younger Latino and Asian-American men and their male and female partners.

This HIV testing and counseling funding will save lives, preserve up to \$1.2 million per year in federal Ryan White funding allocations and will help offset the projected costs of treating an increasing number of people with HIV. It will also limit the number of people who develop full-blown AIDS, which costs approximately \$200,000 to treat, per person, in their reduced life span.