



Board Agenda Item 57

DATE: July 9, 2019

TO: Board of Supervisors

SUBMITTED BY: David Pomaville, Director, Department of Public Health

SUBJECT: Agreement with California Department of Public Health Office of AIDS

RECOMMENDED ACTION(S):

Approve and authorize the Chairman to execute a retroactive revenue Agreement with California Department of Public Health Office of AIDS for the HIV Prevention Grant Program activities, effective January 1, 2019 through December 31, 2022 (\$1,196,820).

Approval of the recommended action will allow the Department of Public Health to receive HIV (human immunodeficiency virus) prevention program funding from the California Department of Public Health Office of AIDS (CDPH-OA). The funding supports the Department's HIV Prevention Program, which provides testing, linkage to care, pre-exposure prophylaxis (PrEP), post exposure prophylaxis (PEP) education, and partner services, with no increase in Net County Cost. This item is countywide.

ALTERNATIVE ACTION(S):

Should your Board not approve the recommended action, the Department would not be able to accept then grant funding, resulting in a significant reduction in HIV prevention program services and activities the County may provide.

RETROACTIVE AGREEMENT:

The recommended revenue Agreement with was finalized by CDPH-OA on May 29, 2019 and is retroactive to January 1, 2019.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. The HIV Prevention Grant Program allocation \$1,196,820 will offset costs associated with providing prevention services from January 1, 2019 through December 31, 2022, as follows:

<u>Year</u>	<u>Allocation</u>
FY 2018-19	\$149,602.50
FY 2019-20	\$299,205
FY 2020-21	\$299,205
FY 2021-22	\$299,205
<u>FY 2022-23</u>	<u>\$149,602.50</u>
Total	1,196,820

Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2019-20

Recommended Budget and will be included in subsequent budget requests for terms duration. The recommended agreement limits indirect cost recovery to 25% of salaries and benefits only. The Department's current indirect rate is 25.42%; the difference of \$982 in year one will be covered with Health Realignment.

DISCUSSION:

The Department offers HIV Prevention services at low or no cost. Services include, but are not limited to, prevention education, rapid testing, linkage to care and counseling services.

On March 12, 2019, the Board approved Agreement No. 16-532 with CDPH-OA, to augment FY 2018-19 funding to provide evidence-based public health activities to address HIV prevention within the local health jurisdiction.

The recommended revenue agreement will provide funding to continue prevention activities consistent with the Centers for Disease Control and Prevention (CDC) funding PS18-1802 entitled, Integrated HIV Surveillance and Prevention Funding for Health Departments. The proposed scope of work includes activities that allow the Department to provide greater prevention opportunities, reach higher risk individuals, and offer testing and prophylaxis opportunities to reduce the risk of contracting HIV. The Department's proposed activities include CDPH-OA HIV *Strengthening Our Guidance Through Integration: 2019 Guide to HIV Prevention and Surveillance* the following prevention strategies:

- Strategy A: Improve PrEP Utilization - reducing the number of new infections by allowing high-risk clients to become resistant to HIV through pre-exposure medications
- Strategy B: Increase and Improve HIV Testing - allows clients to know their status and make informed decisions
- Strategy C: Expand Partner Services - provides services to partners of high risk or already HIV positive clients including education and prophylaxis
- Strategy D: Improve Linkage to Care - bringing the clients into proper medical care, education and services
- Strategy K: Increase and Improve HIV Prevention and Support Services for People who Use Drugs

In 2019, the Department's HIV Prevention Program plans to pilot outreach, education, and prevention efforts at the existing needle exchange clinic run by a community provider to reach another high-risk group in the community.

The recommended agreement contains non-standard termination language as it allows CDPH-OA to terminate for cause, cancel immediately for cause, or upon 30 days written notice, the CDPH-OA may terminate with or without cause. CDPH-OA may, at its discretion, require the County to cease portions of its scope of work while completing other components prior to the termination date of the proposed agreement.

REFERENCE MATERIAL:

BAI #35, March 12, 2019

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk -Agreement with the CDPH-OA

CAO ANALYST:

Sonia M. De La Rosa