



# CITY OF LONG BEACH R-29

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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July 24, 2012

HONORABLE MAYOR AND CITY COUNCIL  
City of Long Beach  
California

## RECOMMENDATION:

Authorize the City Manager, or designee, to execute a first amendment to the current agreement between the City of Long Beach and the State Department of Health Services, in an amount not to exceed \$4,528,768, for the provision of HIV/AIDS preventive health services for a period of three years, and any subsequent amendments that increase future funding levels, and increase appropriations in the Health Fund (SR130) in the Department of Health and Human Services (HE) by \$250,472. (Citywide)

## DISCUSSION

For the past 25 years, the State Department of Health Services (State) has contracted with the City to provide HIV/AIDS surveillance and clinical services, including care, testing, counseling, education, and outreach activities. The State provides funding for AIDS Surveillance, HIV Prevention which entails, HIV and Hepatitis C counseling, and testing, and HIV Care. These funds have been designated by the State for HIV and Hepatitis C testing with and without counseling. The annual breakdown is designated as follows:

	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>Total</u>
Annual Funding:				
HCP/MAI	\$ 736,693	\$ 874,746	\$ 874,746	\$ 2,486,185
Prevention	441,666	377,046	377,046	1,195,758
HIV/AIDS Surveillance	<u>271,127</u>	<u>287,849</u>	<u>287,849</u>	<u>846,825</u>
Annual Funding	<u>\$ 1,449,486</u>	<u>\$ 1,539,641</u>	<u>\$ 1,539,641</u>	<u>\$ 4,528,768</u>

**The HIV Care Program (HCP)**, formally known, as the HIV Early Intervention Program (EIP) was established to provide quality of life enhancement to those infected with and affected by HIV, and to prevent further transmission and acquisition of the virus to those persons at risk. The HCP provides comprehensive, ongoing outpatient, ambulatory medical care and those services necessary to support access to and maintenance in medical care. Those services which support access to and maintenance in medical care include treatment adherence, health education/risk reduction, case management and other services which assist HIV infected individuals with overcoming barriers and assist them with linkages to, and transition into care. These new funds will increase our client caseload by 100 unduplicated clients per year.

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**The Minority AIDS Initiative (MAI)** provides services targeted to persons of color infected with HIV and must be planned and delivered in coordination with local HIV prevention outreach services to link and transition newly diagnosed HIV infected patients into care and treatment. The MAI also assists those HIV infected individuals who fall out of care to overcome barriers and return to care, as well as bring the number of individuals who have been newly diagnosed with HIV/AIDS into medical care. Funds also provide for enhanced partner counseling and referral services.

**HIV Prevention Program (HPP)** provides HIV prevention services that include HIV testing with and without counseling, and Hepatitis C testing. Additionally, this program provides educational and testing activities for minority, high-risk youth, women and men. Partner services will be provided for those patients with HIV to test, counsel, refer and link partners to services. These funds will also be used to purchase additional rapid kits and pay laboratory costs for any confirmatory HIV tests needed and HCV antibody tests. We plan to provide 350 additional HIV testing with and or without counseling services with these funds.

**HIV/AIDS Surveillance Program** yields epidemiological data useful for policy and program development. This data is particularly effective when appropriately analyzed and interpreted, combined with other relevant data, and widely disseminated. Local and state planning/work groups rely and utilize the data for needed assessments and plans of action. For example, the State uses the data to assess the State's prevention needs and to develop a statewide HIV prevention plan. Also, AIDS case data serves as the basis for allocating federal funds to California under Title II of the Comprehensive AIDS Resources Emergency (CARE) Act and for the State's allocation of these funds to local consortia. The increased funding will enhance our ability to track and compile HIV/AIDS case data.

This matter was reviewed by Deputy City Attorney Linda Trang on July 3, 2012 and by Budget Management Officer Victoria Bell on July 10, 2012.

#### TIMING CONSIDERATIONS

Council action on this matter is requested on July 24, 2012 in order to have a signed amendment back to the State Department of Health Services by August 3, 2012.

#### FISCAL IMPACT

On December 7, 2010 the City Council approved an agreement with the State Department of Health Services (State) providing \$4,219,218 in funding to provide HIV/AIDS preventive health services for a three year period, July 1, 2010 through June 30, 2013. The State has now amended the agreement, increasing the total award amount by \$309,550 for a new total of \$4,528,768, an additional \$154,775 each year for FY 2012 and FY 2013. Partial funding for these programs is currently budgeted in the Health Fund (SR 130) and in the Department of Health and Human Services (HE). An appropriation increase of \$250,472 is included in the recommendation. There is no City

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match of funds required, no impact to the General Fund and no local impact to jobs associated with this action.

SUGGESTED ACTION:

Approve recommendation.

Respectfully submitted,



RONALD R. ARIAS  
DIRECTOR  
HEALTH AND HUMAN SERVICES

APPROVED:



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PATRICK H. WEST  
CITY MANAGER