

This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at [www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP\\_2016\\_Final\\_ADA.pdf](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

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## Staff Highlight:

OA is pleased to announce and welcome **Jesse Peck**, as the new HIV Prevention Branch Chief. Jesse has over a decade of experience in statewide program coordination, administration, policy development, and surveillance. Jesse has been with OA since 2019, prior to coming to OA he was the acting Office of Refugee Health Chief. While Jesse was acting, he was responsible for supervising employees, completing fiscal drills, program evaluation, providing technical assistance to local county agencies, and representing the Office of Refugee Health at stakeholder meetings and in the Director's Office. Then in 2019 he joined the AIDS Drug Assistance Program (ADAP) where he managed the workload of the ADAP Advisors from Regional Unit 4, providing guidance to the team regarding ADAP policies and procedures, and collaborating with OA staff, enrollment workers, and stakeholders regarding ongoing ADAP projects. Most recently, he has been overseeing personnel and facility activities while also managing audit and grant adherence as the OA Business Operations and Compliance Section Chief. Jesse's official start date will be December 2, 2021 however, to ensure a smooth transition, he will start training alongside Sharisse Kemp on Monday, November 1st.

Outside of work, Jesse spends most of his time biking, hiking, and catching the occasional live



concert. Unless it is tremendously hot outside, then Jesse spends most of his time sitting on the couch watching Netflix.

## HIV Awareness:

The month of November celebrates the transgender and gender nonconforming communities and raises awareness for the community through education and advocacy activities. To [learn more about the month and how you can support the community](http://www.glaad.org/transweek), please visit [www.glaad.org/transweek](http://www.glaad.org/transweek).

**Transgender Awareness Week** is observed **November 13-19th** as a lead-up to **Transgender Day of Remembrance** (TDOR) on **November 20th**. Transgender people, allies, and organizations around the world, help raise visibility and address issues such as discrimination, prejudice, and acts of violence members of the transgender community face, as well as provide space to uplift the voices and experiences of the transgender and gender non-conforming (transgender/GNC) community.

TDOR is observed around the world, to honor those who lost their lives as a result of transphobia and anti-trans hatred and is meant to draw attention to the continued acts of violence endured by transgender people. In addition, this day is meant to highlight the importance of seeing transphobic violence as intrinsically connected to race, gender, and class. This is reflected in the disproportionate acts of violence against transwomen of color, predominately in Black and Latinx transgender women.

For [additional Trans resources](#) please visit our OA Transgender Community Health website.

## **General Office Updates:**

### **COVID-19:**

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Please refer to our [OA website](#) at [www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

### **Racial Justice and Health Equity:**

OA convened the The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. The workgroup has

formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

Our next OA RHE meeting will be held on December 9, 2021 at 11AM.

### **HIV/STD/HCV Integration:**

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](#) at [www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

### **CDPH Ending the Epidemics Strategic Plan:**

All Part A jurisdictions were sent an invitation to join CDPH OA and the STD Control Branch in co-authoring the upcoming CDC and HRSA required Integrated Prevention and Care Plan for 2022 – 2026. It is the intent of CDC and HRSA that one plan be submitted for the state, decreasing duplication of effort by each Part A Planning Council. If you have not replied to the invitation, please send a note to [Kevin.Sitter@cdph.ca.gov](mailto:Kevin.Sitter@cdph.ca.gov) sharing whether you intend to join the statewide Getting to Zero HIV, STD and HCV plan or if you are developing a jurisdictional specific plan.

### **Ending the HIV Epidemic:**

All counties are beginning to have the pressures and diversions caused by COVID-19 lifted, but no one is free of all things COVID-19. This is allowing the counties to proceed in developing RFAs for community-based organizations to implement some of the planned strategies and provides county staff more time to begin to initiate activities their county will implement. The Year One (Aug 2020 – Jul 2021) report is complete and will be submitted to the CDC.

## **Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization**

### **PrEP-Assistance Program (AP):**

As of October 29, 2021, there are 192 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the three tables displayed on page 4 of this newsletter.

## **Strategy B: Increase and Improve HIV Testing**

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome](https://takemehome.org)<sup>®</sup> (<https://takemehome.org>), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In the first 12 months, between September 1, 2020 and August 31, 2021, 1993 tests were distributed, including 177 tests distributed in August. Of those where users see an ad for home testing and are offered a free HIV-home test kit. In the first 13 months, between September 1, 2020 and September 30, 2021, 2106 tests were distributed, including 113 tests distributed in September. Of those ordering a test in September, 55.8% reported never before receiving an HIV test, and 54.0% were 18 to 29 years of age. For individuals reporting ethnicity, 32.6% were Hispanic/Latinx, and of those reporting sexual history, 65.8% indicated 3 or more partners in the past 12 months. To date, 297 recipients have filled out an anonymous

follow up survey, with 94.6% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (75.1%) or having had more than one sex partner in the past 12 months (60.2%).

## **Strategy F: Improve Overall Quality of HIV-Related Care**

### **The Best Practices Compilation is now live!**

The Best Practices Compilation gathers and disseminates intervention strategies that have been implemented in Ryan White HIV/AIDS Program (RWHAP) funded settings and improve outcomes along the HIV care continuum. The Health Resources and Services Administration (HRSA) is currently focused on Emerging Interventions, which have shown real world impact, but do not yet have published research evidence.

The Compilation is part of HRSA's effort to catalogue and display best practices implemented successfully in RWHAP health care and treatment settings. Subjects include engaging youth, transgender, people who are incarcerated, case management strategies, housing, food, transportation, mental health, substance abuse, and trauma informed care. You can browse by population, HIV Care Continuum, intervention type, and even priority funding.

OA's HIV Care Branch is proud one of its HIV Care Program subrecipients, San Joaquin County Public Health Services Department, is featured as a best practice for establishing a ride-share medical transportation program. Representing the first partnership between a jurisdiction and a ride-sharing company, this program addresses transportation barriers, promotes engagement in medical care, and leads to cost savings. For more information, please visit the [Best Practices Compilation](#) webpage.

### Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	351	8%	---	---	---	---	79	2%	430	9%
25 - 34	1,295	28%	1	0%	---	---	467	10%	1,763	39%
35 - 44	1,014	22%	---	---	2	0%	288	6%	1,304	29%
45 - 64	652	14%	2	0%	22	0%	191	4%	867	19%
65+	35	1%	---	---	157	3%	8	0%	200	4%
<b>TOTAL</b>	<b>3,347</b>	<b>73%</b>	<b>3</b>	<b>0%</b>	<b>181</b>	<b>4%</b>	<b>1,033</b>	<b>23%</b>	<b>4,564</b>	<b>100%</b>

### Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	211	5%	---	---	34	1%	30	1%	---	---	132	3%	4	0%	19	0%	430	9%
25 - 34	950	21%	4	0%	179	4%	106	2%	4	0%	427	9%	17	0%	76	2%	1,763	39%
35 - 44	839	18%	4	0%	91	2%	66	1%	1	0%	259	6%	3	0%	41	1%	1,304	29%
45 - 64	577	13%	2	0%	41	1%	28	1%	3	0%	203	4%	---	---	13	0%	867	19%
65+	42	1%	1	0%	3	0%	3	0%	---	---	151	3%	---	---	---	---	200	4%
<b>TOTAL</b>	<b>2,619</b>	<b>57%</b>	<b>11</b>	<b>0%</b>	<b>348</b>	<b>8%</b>	<b>233</b>	<b>5%</b>	<b>8</b>	<b>0%</b>	<b>1,172</b>	<b>26%</b>	<b>24</b>	<b>1%</b>	<b>149</b>	<b>3%</b>	<b>4,564</b>	<b>100%</b>

### Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	432	9%	---	---	4	0%	13	0%	---	---	15	0%	---	---	2	0%	466	10%
Male	2,043	45%	11	0%	326	7%	216	5%	8	0%	1,135	25%	21	0%	139	3%	3,899	85%
Transgender	136	3%	---	---	14	0%	3	0%	---	---	9	0%	3	0%	1	0%	166	4%
Unknown	8	0%	---	---	4	0%	1	0%	---	---	13	0%	---	---	7	0%	33	1%
<b>TOTAL</b>	<b>2,619</b>	<b>57%</b>	<b>11</b>	<b>0%</b>	<b>348</b>	<b>8%</b>	<b>233</b>	<b>5%</b>	<b>8</b>	<b>0%</b>	<b>1,172</b>	<b>26%</b>	<b>24</b>	<b>1%</b>	<b>149</b>	<b>3%</b>	<b>4,564</b>	<b>100%</b>

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 10/31/2021 at 12:04:03 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.





**National Clinician Consultation Center:**

Did you know November was Diabetes Awareness Month? And did you already know about the [multiple connections between HIV and diabetes](#)? As people with HIV age, and as more people are diagnosed and start antiretroviral therapy (ART), it's likely more Californians living with HIV will develop diabetes. Some newer medications used for HIV prevention and treatment have also been linked to diabetes and weight gain. Consultants at the [National Clinician Consultation Center](#) (NCCC) are happy to answer questions from health care professionals and health department providers regarding HIV clinical evaluation and management. This includes inquiries about whether ART changes might be considered to address diabetes-related concerns. NCCC's HIV Warmline is staffed by compassionate and experienced clinical pharmacists, advanced practice nurses, and specialist physicians. Our team appreciates the ever-growing landscape of HIV care providers and champions and welcomes inquiries from family physicians newer to HIV care, community

pharmacists, infectious disease experts, and others! All clinical consultations are cost-free and confidential, and tailored to the individual needs and interests of each caller: please reach the team at 1-800-933-3413 (HIV Warmline hours are 6am-5pm PST, Monday-Friday) or [submit questions online](#). The NCCC is a resource for health care providers.

Non-health care providers can call the toll-free CDC information line: 1-800-CDC-INFO (1-800-232-4636)/TTY: 1-888-232-6348, services are available Monday through Friday, 8 am to 8 PM (eastern time).

**Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**

**ADAP's Insurance Assistance Programs:**

As of October 29, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

**Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs**

**California Syringe Exchange Programs Conference:**

The California Syringe Exchange Program

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from September
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	572	-0.69%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,441	-0.66%
Medicare Part D Premium Payment (MDPP) Program	2,035	+0.04%
<b>Total</b>	<b>9,048</b>	<b>-0.50%</b>

Coalition (CASEP) held its bi-annual conference in October. The National Harm Reduction Coalition virtually hosted over 250 SSP staff and volunteers to share recent triumphs and challenges as well as plan and create action items to strengthen and expand harm reduction services, statewide. NHRC created three videos highlighting people operating California SSPs.

CASEP Conference Videos:

- [We Are CASEP: Histories and Stories From Our Membership](#)
- [“You Better Come Back”: What it Means to Build and Sustain Services for People Who Use Drugs](#)
- [We Fight We Win: CASEP Members Hopes and Dreams for Where We Want to be in Two Years](#)

### **New California Law Further Protects Syringe Services Programs:**

[Assembly Bill 1344](#) (Arambula) takes effect January 1, 2022 and will exempt syringe services programs (SSPs) from review under the California Environmental Quality Act, known as CEQA. Under the new law, SSP opponents will no longer be able to sue over perceived CEQA violations, protecting existing SSPs and entities seeking to SSP authorization.

### **The National Overdose Prevention Leadership Summit:**

The third annual National Overdose Prevention Leadership Summit (NOPLS) is November 9-10 and convenes government, private sector, academic and philanthropic organizations to highlight solutions to the overdose crisis. Public Health Institute will produce this year’s summit and the agenda includes substance use disorder treatment in native and indigenous communities and understanding opioid data from multiple perspectives. [Registration for the Summit](#)

can be found at [overdoseleadershipsummit.org/?mc\\_cid=2b5751282d&mc\\_eid=0c54ce75e6&emci=eca6dcda-f02d-ec11-981f-c896653b9208&emdi=0218024c-2830-ec11-981f-c896653b9208&ceid=9301331](https://overdoseleadershipsummit.org/?mc_cid=2b5751282d&mc_eid=0c54ce75e6&emci=eca6dcda-f02d-ec11-981f-c896653b9208&emdi=0218024c-2830-ec11-981f-c896653b9208&ceid=9301331).

### **Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California**

OA has implemented numerous strategies to support enrollment into the ADAP and Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) since the beginning of the pandemic. OA administered a survey in June 2021 to ADAP and PrEP-AP enrollment workers to measure enrollment capacity and explore the efficacy of various policy changes in preparation for the lifting of California pandemic-related restrictions. By the time pandemic-related restrictions were lifted, most enrollment sites were able to employ effective strategies to enroll ADAP and PrEP-AP clients. Sharing both the [Site-Level](#) and [Client-Level](#) survey results on our OA website allows interested stakeholders to learn more about how the pandemic affected our programs and the effectiveness of the strategies CDPH/OA deployed.

### **OA Budget & Legislative Updates**

#### **Easing the Fears of Public Charge:**

HIV is fearful enough as it is, but for immigrants who have the added strain of trying to access benefits in a country with no nationwide health safety net, a positive diagnosis can be terrifying.

In 2019, the Trump Administration’s federal Public Charge Final Rule compounded that fear, effectively stigmatizing both disease state and public health services, communicating a disastrously chilling message that only those who are healthy and can afford their own healthcare - in a nation known for exorbitant medical pricing - are worthy to be members of American society.

**The good news:** On March 9, 2021, after the courts declared the Public Charge Final Rule invalid, the federal government stopped applying the Rule to all pending applications and petitions. Going forward, a person's receipt of Medi-Cal, public housing, or nutrition benefits won't be considered as part of the public charge inadmissibility determination, nor will medical treatment and preventive services for COVID-19, including vaccinations.

**The really good news:** In California, eligible citizens and immigrants of any status under age 25 can apply for comprehensive, or full-scope, Medi-Cal coverage. Persons aged 25 and over with undocumented status may apply for restricted-scope Medi-Cal. In no instance does Medi-Cal share documentation status with the federal government.

And, in the 2021-22 budget, Governor Newsom made additional progress towards universal

health coverage by expanding eligibility for full-scope Medi-Cal benefits to all Californians aged 50 years and older, regardless of immigration status, effective May 2022.

In an effort to help ease the fear of communities that are directly impacted, OA has developed a factsheet in both English and Spanish that can be printed and shared. The factsheets will be available this month on both the [OA Main Page](#) under "What's New" and the [ADAP Resources Page](#) under "Reference Guides."

**Help us get the word out that our undocumented neighbors can and should apply for health care coverage because...**

**California really is For All!**

For [questions regarding this issue of \*The OA Voice\*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.