

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.

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Staff Highlight:

OA is pleased to announce **Onika Chambers** and **Helen Hwang** have received the University of California San Francisco (UCSF) School of Medicine SPOT Award, in recognition of their contributions to the Medical Monitoring Project (MMP) at OA and the California Department of Public Health (CDPH).

The SPOT Award is a part of Staff Appreciation and Recognition (called the "STAR Program"), designed to recognize individual employees for excellence in University service; significant achievements and contributions; and individual and team performance. SPOT Awards recognize employee achievements as they occur over a relatively short period of time with a stipend of \$1,000.

Onika has been managing the MMP and leading the project staff for less than three years. The success of the project has moved in a very positive direction since she has been at the helm. Onika has persisted through changes in leadership, implementing new directives and designed her own innovations in a very successful move toward more project accountability, streamlined processes and formalized protocols. Onika has been the key to each of these accomplishments.

During her tenure, Onika has initiated process innovations that have increased the efficiency



and productivity of the staff including: utilizing Docusign for signatures on documents that require them and moving to digital gift cards for more accurate tracking of tokens of appreciation. Onika has designed a completely new tracking system that requires each staff member to account for their results each week. Through Onika's advanced knowledge of Excel, these spreadsheets automatically update when a

new document is added to a designated folder. To facilitate meeting the project's challenging benchmarks, Onika has set deadlines for completion of medical record abstractions based on the page content of the record.

With the team teleworking, she's had to handle many of the project tasks alone, such as completing a mass mailing several times a year to our sampled participants. This involves printing, folding, and stuffing hundreds of recruitment flyers.

Without a doubt, Onika Chambers has been instrumental to the improvement of the MMP program, hiring new staff, and bringing increased accountability to the staff through professionalism and integrity. We are fortunate to benefit from her strong leadership contributions to the Medical Monitoring Project. Congratulations, Onika!

Helen Hwang is MMP's Senior Data Collector with a reputation for a notoriously prolific ability to do highly accurate, meticulously detailed, and expedient medical record abstractions. Helen completes the majority of medical record abstractions for the overall project team. We rely on her to help us make benchmarks. On one occasion, she completed 11 abstractions in one week, putting in long hours, so that we could make our Medical Record Abstraction (MRA) benchmark. Because of Helen's efforts, MMP has currently met our interim MRA and re-abstraction benchmarks for the 2021 cycle. Helen is committed to the project outcomes and dedicated to the success of the project.

Helen also mentors and trains closely with new MMP staff to teach them how to review medical records for abstractions. She has trained 4 new abstractors and the 2 management personnel over the past 9 months. Project leadership trusts Helen to gauge when a new team member can complete a solo abstraction. She has been with MMP since its inception and her institutional memory and wealth of experience and knowledge in the project are

invaluable resources. Helen manages all of this with steady interview progress and amazing recruiting techniques. MMP management recently observed Helen's interview technique by evaluating one of her interviews (with the sampled person's permission). This interview was a difficult one, because the individual was disclosing some trauma associated with the interview subject. Her patience with the individual's questions was exemplary. Helen exhibited such empathy for this participant that at the close of the interview, he thanked her for listening. At the same time, she made sure to get the interview completed – taking the individual back to the interview protocol appropriately. Listening to her interview felt like a master class.

Helen's attention to detail and productivity, resourcefulness, deep knowledge of HIV history and care, and willingness to share that knowledge with the new teammates makes her stand out as an exceptional member of our team. We are thrilled to be able to show our appreciation through this SPOT Award. Congratulations, Helen!

HIV Awareness:

May 18 - National HIV Vaccine Awareness Day:

OA will recognize National HIV Vaccine Awareness Day (NHVAD). This day is observed each year to recognize and appreciate the many volunteers, community members, health professionals, and scientists working to develop a vaccine to prevent HIV. NHVAD provides an opportunity to educate communities about the importance of preventative HIV vaccine research. The National Institutes of Health's National Institute of Allergy and Infectious Diseases leads this observance.

May 19 - National Asian & Pacific Islander HIV/AIDS Awareness Day:

In addition, OA will observe National Asian & Pacific Islander HIV/AIDS Awareness Day

(NAPIHAAD). This day is observed to raise awareness about the impacts of HIV on Asian and Pacific Islander communities and break the silence and stigma surrounding HIV/AIDS. NAPIHAAD also encourages individuals to get tested for HIV. CDC's [Let's Stop HIV Together campaign](#) provides information on prevention, testing, and treatment resources for Asian people and Native Hawaiian and other Pacific Islander people.

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.

Collaborating with syringe services programs (SSPs) for vaccine distribution is one way to increase access to COVID-19 vaccines among people who use drugs and others underserved by traditional healthcare systems. The National Association released *COVID-19 Vaccine: Guidance for Syringe Services Programs, Health Departments, and People Who Use Drugs*. This resource provides [strategies and considerations for potential collaboration between SSPs and health departments in COVID-19 vaccine distribution](#) and can be found at <https://www.nastad.org/resource/covid-19-vaccine-guidance-syringe-services-programs-health-departments-and-people-who-use-0>.

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

Racial Justice and Health Equity:

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.

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, to stay informed.

Ending the Epidemics:

OA will provide information on the innovative interventions selected by each one of the six EtHE counties. These interventions are based on significant community input and will be described in the Integrated Plan strategies they impact. In this issue, we will highlight the Inland Empire counties of **Riverside** and **San Bernardino**. Over the next several months, all six county plans will be described. Several of the interventions will impact multiple Integrated Plan strategies.

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

Riverside County's *EtHE* plan will assist the Riverside University Health System to become a PrEP-AP Enrollment site to ensure access to PrEP for those who need financial assistance. PrEP Navigation will also be available to assist clients start and stay on PrEP. Training providers on addressing sexual health with their patients will also increase PrEP usage.

San Bernardino is developing a peer-based PrEP promotion and support program.

PrEP-Assistance Program (AP):

As of April 30, 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 tables below.

Strategy B: Increase and Improve HIV Testing

Recognizing the increasing number of young gay/men who have sex with men (MSM) of color becoming infected with HIV, Riverside

County will create a Young MSM of Color testing initiative within community-based organizations. San Bernardino will bring HIV, STI and HCV screening into the community through a mobile clinic, especially in the remote areas where services are limited.

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, 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 7 months, between September 1, 2020 and March

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	255	6%	---	---	---	---	91	2%	346	8%
25 - 34	1,276	29%	---	---	1	0%	658	15%	1,935	43%
35 - 44	920	21%	---	---	4	0%	350	8%	1,274	28%
45 - 64	508	11%	1	0%	24	1%	212	5%	745	17%
65+	25	1%	---	---	134	3%	14	0%	173	4%
TOTAL	2,984	67%	1	0%	163	4%	1,325	30%	4,473	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:																		
Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	163	4%	97	2%	32	1%	33	1%	---	---	4	0%	4	0%	13	0%	346	8%
25 - 34	938	21%	548	12%	127	3%	206	5%	5	0%	4	0%	25	1%	82	2%	1,935	43%
35 - 44	758	17%	305	7%	69	2%	79	2%	2	0%	1	0%	8	0%	52	1%	1,274	28%
45 - 64	423	9%	229	5%	33	1%	42	1%	2	0%	1	0%	2	0%	13	0%	745	17%
65+	34	1%	131	3%	4	0%	3	0%	---	---	---	---	1	0%	---	---	173	4%
TOTAL	2,316	52%	1,310	29%	265	6%	363	8%	9	0%	10	0%	40	1%	160	4%	4,473	100%

Both 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: 4/30/2021 at 12:01:10 AM. Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

31, 2021, 1248 tests were distributed, including 145 tests distributed in March. Of those ordering a test in March, 49.0% reported never before receiving an HIV test, 55.9% were 18 to 29 years of age. Of those reporting ethnicity, 44.6% were Hispanic/Latinx, and 57.7% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 182 recipients have filled out an anonymous follow up survey, with 95.1% indicating that they would recommend TakeMeHome HIV test kits to a friend.

Strategy C: Expand Partner Services

Riverside County staff will create a targeted intervention working with Surveillance staff to interview newly diagnosed individuals and working with their partners to ensure testing, HIV treatment or PrEP are available to all partners of those newly diagnosed with HIV.

San Bernardino County's Rapid Response Team (RRT) will reach out to partners of those living with HIV to ensure they have access to testing, HIV treatment, or PrEP. Being mobile and working throughout the county will bring services to populations with severe barriers to access including those experiencing homelessness and people living with HIV (PLWH) living in the high desert area where there are no care sites.

Strategy D: Improve Linkage to Care

Both Riverside and San Bernardino Counties are creating Rapid StART programs using their mobile clinics and rapid response teams to reach newly diagnosed individuals and facilitate initiation of Anti-Retroviral Therapy (ART) through keeping a stock of ART starter packs and escorting individuals to their first clinical appointment, with specific clinics reserving spaces for seeing newly diagnosed individuals within 72 hours.

Strategy E: Improve Retention in Care

San Bernardino's development of Peer Navigators will work with individuals being

relinked to care and supporting them in sustaining medical care and achieving viral suppression.

Strategy F: Improve Overall Quality of HIV-Related Care

San Bernardino and Riverside Counties participate in the California Regional Quality Group, which is a consortium of agencies who set goals for improved health outcomes among specific populations and measure progress at achieving the goals.

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

HIV/AIDS Waiver Renewal, Medi-Cal Waiver Program:

The CDPH, OA, Medi-Cal Waiver Program (MCWP) in collaboration with the Department of Health Care Services (DHCS) is working on the renewal process for the 2022 to 2026 1915(c) Home and Community-Based Services, HIV/AIDS Waiver. DHCS intends to submit the Waiver Renewal Application on behalf of CDPH to the federal Centers for Medicare and Medicaid Services (CMS) on or before August 31, 2021. As part of the renewal process, the **MCWP seeks public comment on the HIV/AIDS Waiver Renewal Application from stakeholders**. The [HIV/AIDS Waiver Renewal Notification](#) will be posted in the California Regulatory Notice Register at https://oal.ca.gov/california_regulatory_notice_online. The public comment period is May 7 through June 7, 2021. The [Companion Guide and Public Comment Template](#) for submitting public comments will be posted at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_mcwp.aspx. Stakeholders may also [e-mail comments or questions](#) about the Waiver application to MCWPWaiverRenewal@cdph.ca.gov.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	607	+3.23%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,641	+3.63%
Medicare Part D Premium Payment (MDPP) Program	2,039	+4.35%
Total	9,287	+3.73%

ADAP's Insurance Assistance Programs:

As of April 30, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart above.

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

African Americans had the highest rate increase in opioid deaths among all races and ethnicities in recent years. This alarming trend is obscured as media continues to emphasize the impact of the opioid crisis on largely white rural and suburban populations. The Foundation for Opioid Response Efforts (FORE) has released an issue brief, [Promoting Equity in Access to Opioid Use Disorder Treatment and Supports: A Focus on Black Communities](https://forefdn.org/wp-content/uploads/2021/04/FORE_IssueBrief_CommunitiesofColor_FINAL.pdf) that highlights the efforts of three harm reduction programs that address this. The brief also includes suggested policy changes to increase access to treatment and recovery services for African Americans. It can be found at https://forefdn.org/wp-content/uploads/2021/04/FORE_IssueBrief_CommunitiesofColor_FINAL.pdf

Overdose deaths continue to increase in the U.S. along with the consistent message to increase naloxone access. Although all SSPs in California now distribute naloxone, a study completed by RTI International, National Harm

Reduction Coalition and North American Syringe Exchange Network focused on how programs could dramatically increase naloxone availability in their communities to prevent overdose. A [recording of the webinar that details their findings](#) is available for viewing.

As part of the *EtHE* plan, San Bernardino will expand HIV prevention services for people who inject drugs (PWID). This program will foster partnerships with local harm reduction organizations to provide information about HIV harm reduction, naloxone, and other services. Through these trusted collaborations, San Bernardino will support increased access to HIV prevention among unhoused PWID.

Strategy N: Enhance Collaborations and Community Involvement

Like all the Ending the HIV Epidemic Phase I counties, the Inland Empire will continue to conduct community engagement activities to bring new voices to the planning, implementation and monitoring of efforts to reduce new infections.

California Planning Group (CPG):

OA and the CPG will host a four-day virtual CPG meeting on May 7, 10, 14, and 17, 2020. Due to COVID-19, this meeting will replace the annual spring in-person meeting. This virtual

CPG meeting format will be comprised of four separate Zoom meetings scheduled from 1:00PM to 4:00PM. On May 5, we will host our third CPG Leadership Academy, which will focus on skills and capacity building for members. All subsequent meetings will be open to the public, and a 10-minute opportunity for public comment will be provided each day. [Additional meeting information, including zoom links and daily agendas](#) are located on the OA website at: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx

During the meeting, CPG members will elect two new Community Co-Chairs to succeed outgoing

chairs Evelyn Alvarez and Edd Cockrell. The nomination process will be held on Day 2 and the election will occur on Day 4. The role requires a high level of dedication to being available for discussions regarding the direction and goals of the CPG. Members of the public are encouraged to attend to learn what the CPG is currently working on and find out how they may join our HIV & Aging, Youth, and Women's Committees.

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