

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).

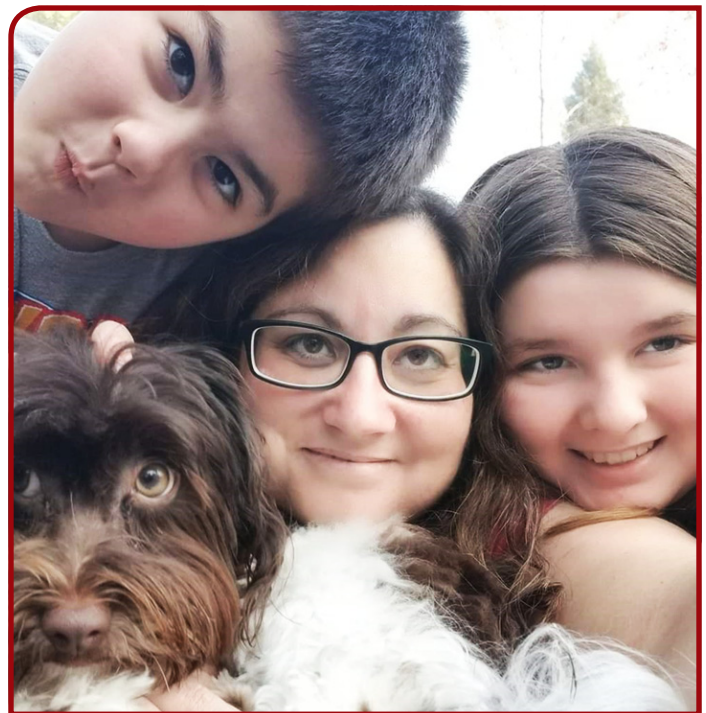
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## Staff Highlight:

OA is pleased to announce **Karin Hill** has accepted the Sexual Health and Program Resilience Section Chief (SSM II) position in the HIV Prevention Branch. Previously, Karin operated the Chief of the Business Development Unit, where she managed a team of six Associate Governmental Program Analysts responsible for the fiscal and contractual monitoring of Prevention Branch funds. As a team, they provided contract oversight, budget and invoice review and analysis, stakeholder training and technical assistance for more than forty-five active contracts totaling approximately \$35 million in both state and federal funds. Additionally, her program leads all aspects of contract development and amendments for the branch ensuring that contract documents met CDPH submission requirements. Her team worked closely with HIV Prevention program partners to ensure that prevention funds were utilized appropriately to meet program and data collection requirements.

For the past year, Karin has successfully operated as the Acting Chief of the Business Innovation Section, where she had the opportunity to utilize program and fiscal data to complete complex reporting submissions per federal requirements, including the Federal Financial Report and the National HIV Prevention Monitoring and Evaluation Report. In this role she was able to partner with the



Acting Prevention Branch Chief on strategies to increase internal communication and program monitoring at the branch level.

Prior to her current role as the Acting Section Chief and the Business Development Unit Chief, she served as Chief of the HIV Prevention Training Unit and the Prevention Training Specialist for a combined seven years. In this position, she managed the training program for non-medical HIV and Hepatitis C test counselors. This included management and oversight of internal staff and contracted training teams to plan, coordinate, implement and

evaluate the Basic Counselor Skills Training (BCST), and any other subsequent required training to complete certification legally required for non-medical personnel. Karin also provided training assistance and curriculum development work in collaboration with Alliance Health Project on trainings related to the BCST. Additionally, she monitored training providers and aided in the development and evaluation of new training staff for Los Angeles County, AIDS Healthcare Foundation, and San Francisco Department of Public Health. She consistently evaluated the training program and current curriculums, as well as researched new ways to make training innovative and relevant to those who provide testing and risk reduction services the community.

Prior to state service, Karin excelled as a trainer and training manager. Her primary role was to manage all aspects of national Train-the-Trainer seminars. This included curriculum development, logistical coordination, registration, monitoring budgets, execution and facilitation of training, and evaluation of training and staff. She also managed all recruiting, hiring, development and evaluation of corporate trainers who successfully modeled organizational training standards to participants. She supervised up to eight instructors at a time in this fast paced and highly energetic environment.

Outside of training, she has seven years of experience as a Project Accountant where she reviewed, analyzed, and interpreted financial statements and budget reporting. She advised up to seventeen project managers on all aspects of the project's financial status under various types of contracts. She also ensured that all profitability adjustments were completed accurately, all incoming invoices from vendors and subcontractors were coded, reviewed, and approved appropriately, and that outgoing invoices were created and delivered in a timely fashion.

Karin also serves as one of the 21 day-challenge facilitators and participates in the OA racial and

health equity work group. To say the least, Karin is a HUGE advocate for change and continues to want to learn and grow. She is truly an ally. In addition, she has volunteered to co-manage the California Planning Group with Sharisse Kemp, the ADAP Branch Chief.

On a personal note, Karin she loves musical theatre and tries to catch as many local shows as she can. She is a proud theatre mom as her daughter Bridget is involved in a local children's theatre. In addition, she loves taking on home renovation and design projects and is in the beginning stages of two major bathroom remodels. Lastly, she loves spending Sundays with her children, curling up with her dog Penny, and a good Hallmark movie.

We are also pleased to announce that **Marisa Ramos**, PhD, OA Division Chief, was elected to serve on the NASTAD Board of Directors. NASTAD is the coalition of state and territorial AIDS Directors and is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. NASTAD's singular mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions, by strengthening governmental public health through advocacy, capacity building, and social justice.

### **HIV Awareness:**

#### **August 31 - International Overdose Awareness Day:**

International Overdose Awareness (IOA) Day is the world's largest annual campaign focused on bringing responsiveness to one of the largest public health crises, overdose. This day is meant to educate the public about the issue of fatal and non-fatal overdose, promote discussion around overdose prevention and drug policy, prevent and reduce drug-related harm, and provide information on the range of support services available. In addition to the educational goal of IOA, it also offers an opportunity to grieve

and acknowledge loved ones lost and sends a message to current and former users, that they are valued.

## **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](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) 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:**

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the California Department of Public Health (CDPH) and take next steps towards advancing RHE in our work. The workgroup convened in July and focused on how a safe workspace can be achieved. The workgroup continues to improve OA policy and practices to support RHE and increase 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](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) 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:**

OA has partnered with Facente Consulting to develop a plan for a statewide collaborative, harm reduction approach to preventing and treating HIV, hepatitis C virus (HCV), and

sexually transmitted diseases (STDs) in California. We know that how and where we live, work, and access care plays a huge role in our health, and we cannot end the HIV, STD, and HCV epidemics without addressing racial equity. (CDPH defines racial equity as “the condition achieved when race can no longer be used to predict life outcomes and conditions for all groups are improved.”) We are framing this plan around racial equity and other social determinants of health.

Our 18-month strategic planning process includes:

- Reaching out to a wide range people across the state to ask for ideas on how California should be responding to the overlapping HIV, HCV, and STD epidemics;
- Using those ideas to decide what we can do to make it easier for people to avoid getting HIV, HCV, and STDs, and what activities are most important to support the health of people in California when they have HIV, hepatitis C or STDs; and
- Summarizing these ideas in a big picture plan by the end of 2021, so we can work with people throughout the state in 2022 to develop a more detailed plan for locally and successfully implementing these activities.

## **Ideas and suggestions from a wide-variety of stakeholders is critical!**

We have developed a **short (7 question) survey** that will help to ensure that a diverse set of voices are meaningfully included from the very start of the planning process. The survey is available in both English and Spanish, and will be open through August 30, 2021 at <https://www.surveymonkey.com/r/CDPHStratPlan>.

**Please share widely!**

## Ending the HIV Epidemic:

In Year Two of the federal Ending the HIV Epidemic in America (EtHE) initiative, the six Phase I counties that comprise the California Consortium will be proceeding in implementing interventions such as mobile medical services, focused testing for young African American and Latinx gay/MSM, increasing use of PrEP through mobile PrEP services, peer navigators, and social marketing, and continue participation in the free TakeMeHome® HIV self-test program created by Building Healthy Online Communities (BHOC). See more information in Strategy B on page 6.

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

On July 19, 2021, the federal Departments of Labor, Health and Human Services, and the Treasury jointly issued [additional guidance for health plans and issuers](#) regarding the requirement to cover PrEP without cost sharing, consistent with the United States Prevention Services Task Force (USPSTF) Grade A recommendation. This joint Department guidance in the form of Frequently Asked Questions clarifies that non-grandfathered group health plans must provide both PrEP medication and related clinical services without cost-sharing. The National Alliance of State & Territorial AIDS Directors (NASTAD) subsequently released a new resource, [NASTAD PrEP Coverage Brief: PrEP Services Covered with No Cost-Sharing](#), which walks through the coverage and cost-sharing requirements for public and private payers that are associated with the USPSTF Grade A recommendation and joint Department guidance. It summarizes what PrEP-related clinical services must be covered without cost sharing, and additional federal guidance on implementing Preventive Services provisions of the Affordable Care Act (ACA).

[UCLA's CARE Center](#) is enrolling healthy individuals for a [Phase 1 study](#) of monoclonal

antibodies for people who are committed to making a difference in the fight against HIV.

A new strategy for HIV prevention is investigating the use of something called broadly neutralizing monoclonal antibodies (bNAbs) to help prevent HIV from infecting cells in the body. This study is seeking HIV-negative low-risk people who are willing to take an intravenous infusion or subcutaneous (under the skin) injection of a combination of bNAbs to help develop a new HIV Pre-Exposure Prophylaxis (PrEP) strategy. We are looking for healthy volunteers; anyone who has a family member or loved one affected by HIV or simply wants to help move research forward for HIV prevention, this is an exciting possible opportunity.

Basic eligibility criteria:

- Age between 18 and 50 years old;
- HIV-negative;
- In good general health; and
- At low risk for HIV infection and committed to maintaining behaviors consistent with low risk for HIV exposure.

Principal Investigator:

[Raphael J. Landovitz](#), MD, MSc

For more information, contact the [UCLA Study Team](#) at (310) 843-2015 or [careoutreach@mednet.ucla.edu](mailto:careoutreach@mednet.ucla.edu).

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

As of June 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](#) 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 on page 5.

### 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	319	7%	---	---	---	---	86	2%	405	9%
25 - 34	1,306	29%	---	---	---	---	541	12%	1,847	41%
35 - 44	970	21%	---	---	3	0%	305	7%	1,278	28%
45 - 64	604	13%	1	0%	22	0%	196	4%	823	18%
65+	34	1%	---	---	140	3%	9	0%	183	4%
<b>TOTAL</b>	<b>3,233</b>	<b>71%</b>	<b>1</b>	<b>0%</b>	<b>165</b>	<b>4%</b>	<b>1,137</b>	<b>25%</b>	<b>4,536</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	181	4%	---	---	41	1%	35	1%	1	0%	125	3%	6	0%	16	0%	405	9%
25 - 34	945	21%	5	0%	191	4%	116	3%	5	0%	489	11%	17	0%	79	2%	1,847	41%
35 - 44	794	18%	1	0%	85	2%	65	1%	1	0%	278	6%	4	0%	50	1%	1,278	28%
45 - 64	532	12%	2	0%	35	1%	29	1%	3	0%	210	5%	---	---	12	0%	823	18%
65+	41	1%	1	0%	3	0%	2	0%	---	---	135	3%	1	0%	---	---	183	4%
<b>TOTAL</b>	<b>2,493</b>	<b>55%</b>	<b>9</b>	<b>0%</b>	<b>355</b>	<b>8%</b>	<b>247</b>	<b>5%</b>	<b>10</b>	<b>0%</b>	<b>1,237</b>	<b>27%</b>	<b>28</b>	<b>1%</b>	<b>157</b>	<b>3%</b>	<b>4,536</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	378	8%	---	---	6	0%	11	0%	---	---	18	0%	---	---	2	0%	415	9%
Male	1,992	44%	9	0%	333	7%	233	5%	10	0%	1,197	26%	25	1%	146	3%	3,945	87%
Transgender	115	3%	---	---	14	0%	2	0%	---	---	10	0%	3	0%	2	0%	146	3%
Unknown	8	0%	---	---	2	0%	1	0%	---	---	12	0%	---	---	7	0%	30	1%
<b>TOTAL</b>	<b>2,493</b>	<b>55%</b>	<b>9</b>	<b>0%</b>	<b>355</b>	<b>8%</b>	<b>247</b>	<b>5%</b>	<b>10</b>	<b>0%</b>	<b>1,237</b>	<b>27%</b>	<b>28</b>	<b>1%</b>	<b>157</b>	<b>3%</b>	<b>4,536</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: 7/31/2021 at 12:01:18 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

OA's HIV home-testing distribution demonstration project continues through 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 10 months, between September 1, 2020 and June 30, 2021, 1651 tests were distributed, including 138 tests distributed in June. Of those ordering a test in June, 42.8% reported never before receiving an HIV test, and 59.4% were 18 to 29 years of age. For individuals reporting ethnicity, 42.6% were Hispanic/Latinx. The most common behavioral risk of HIV exposure was multiple partners, 52.4% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 229 recipients have filled out an anonymous follow up survey, with 93.9% indicating that they would recommend TakeMeHome® HIV test kits to a friend.

¡El sitio web TakeMeHome® ahora está disponible en español! [Compruébalo aquí](#).

To accompany the Spanish site launch, BHOC developed bilingual options for social media through the Post of the Month. Spanish language text will be available in each monthly reminder as well as on the promotion calendar. If you have community partners who support Spanish speakers, please let them know that this is a resource.

## **Strategy C: Expand Partner Services**

Several California Consortium counties are using some of their EtHE funding to add additional partner service staff. Partner services provides the ability to notify individuals who may have been exposed to HIV or STDs and offers testing and treatment. This service is a critical activity in reducing new infections.

The OA-Prevention Branch's targeted condom distribution program has replenished its stock of regular, large, and internal condoms. Unfortunately, we are out of lubricant but hope to be getting this replenished soon. We will keep you updated as more information becomes available. In the meantime, you may continue to submit to us your completed order sheets for regular and internal condoms to [CACorders@cdph.ca.gov](mailto:CACorders@cdph.ca.gov).

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

### **Removing the Chill in the Air:**

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. Then, COVID-19.

The [Urban Institute published a study](#) with data showing that many immigrants avoided using public benefits in 2020, fearing access would negatively impact their immigration status. Immigrants that were ill for any reason have been between a rock and a hard place, fearful that merely asking for help would place them or their loved ones in jeopardy.

### **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. Help us get the word out that our undocumented neighbors can and should apply for health care coverage because California really is for All!

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

#### ADAP’s Insurance Assistance Programs:

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	581	-0.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,586	-1.09%
Medicare Part D Premium Payment (MDPP) Program	2,031	-0.49%
<b>Total</b>	<b>9,198</b>	<b>-0.92%</b>

As of July 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

#### Drug overdose deaths rose nearly 30 percent in 2020:

The Center for Disease Control and Prevention released [preliminary statistics reporting the largest single year increase in national overdose deaths](#). Fentanyl in the opioid drug supply continues to drive the overdose epidemic and is increasingly present in methamphetamines, contributing to the increase in fatal overdoses among people who use stimulants.

#### California Harm Reduction Initiative (CHRI) Participant Survey Infographic:

The National Harm Reduction Coalition released an [infographic](#) detailing the survey results of 491 people who access syringe services programs (SSPs) funded by CHRI. The goal of the Point in Time survey is to better understand who is accessing SSPs statewide and their experience with medication for opioid use disorder.

[Learn more about the California Harm Reduction Initiative.](#)

## Medication for Opioid Use Disorder (MOUD): What You Need to Know:

California Bridge (CA Bridge) created a flyer that covers the benefits and cautions of medications for the treatment of opioid use disorder. This flyer can help clients learn about available treatment options, such as buprenorphine, methadone, naltrexone, and the choice to forgo medication.

Please distribute the [MOUD Flyer](#) widely.

[Learn more about the California Bridge Project.](#)

### Short Naloxone Training Video:

The DOPE Project released a brief [training video](#) that covers signs of an overdose and how to administer naloxone. The video is less than ten minutes and is ideal to view during staff meetings, wait room lobbies or in individual and group settings. **Please share widely.** Visit the Learning Lab, an [online training course](#) from the National Harm Reduction Coalition for longer and more detailed courses. The self-paced online learning modules are free for California residents with the code: CASSP100.

## Strategy N: Enhance Collaborations and Community Involvement

### California Planning Group (CPG):

OA is presently conducting focused membership recruitment efforts for people interested in taking part in statewide HIV, STD, Hepatitis C (HCV) & harm reduction planning as members of the CPG. The CPG is a statewide planning body convened by OA in collaboration with the Sexually Transmitted Disease Control Branch (STDCB).

HIV/STD/HCV program planning is an ongoing process that intends to improve the effectiveness of California's HIV/STD/HCV care, treatment, testing and prevention programs. This planning body operates as a planning and advisory body to advise OA and STDCB on community

needs and gaps. The CPG also assists in the development, implementation, and revision of a comprehensive HIV/STD/HCV surveillance, prevention, and care and treatment plan, which integrates with harm reduction. The CPG provides input for Ryan White Part B services and participates in review panels for HIV/STD/HCV educational materials. The CPG also provides feedback and suggestions for addressing emergent issues identified by the CPG, OA, STD, HCV, and/or other key stakeholders. The CPG is committed to working openly as a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

CPG members are chosen for their ability to advocate for and represent the voices and perspectives of a wide range of key stakeholders, people representative of, or impacted by HIV, STD, and HCV in California. The CPG is critical in representing groups at risk for and living with HIV, STD, and HCV. In order to ensure that the membership reflects the principles of parity, inclusion, and representation on a statewide basis, while at the same time promoting connection and collaboration between local and state HIV planning bodies, the CPG Membership Committee is conducting recruitment for new members for the 2021 year (3-year membership terms) for the following focused priority populations:

- Transmasculine;
- Transwomen of color;
- Non-binary;
- Black cisgender women who are either living with HIV or HIV negative;
- Latina cisgender women living with HIV;
- Young gay or bisexual men of color; and
- Disabled men, women, and non-binary populations at risk of or living with HIV.



The goals, activities, and focus of the CPG are intended to be in alignment with the strategies outlined in California's integrated plan for eliminating HIV, STD, and HCV.

If you are interested in applying for membership in the CPG, please email your request for an application to [cpg@cdph.ca.gov](mailto:cpg@cdph.ca.gov).

**Applications will be accepted up to close of business, 5:00PM on Tuesday, August 31, 2021.**

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