

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](#) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

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General Office Updates:

OA/STD Integration Update:

KAI Partners, Inc. is a local California-based small business providing world-class management consulting and technology services to public and private sector clients in the Northern California area and beyond.

KAI Partners combines proven talent and extensive experience across multiple small and large-scale projects. Elizabeth Long and Denise Larcade are consultants for KAI Partners looking forward to working with staff on the Implementation Project.

Elizabeth's background includes 20 years of experience in Project Management, Training and Organizational Change Management (OCM) and Strategic Planning in both private and public sectors. As an OCM Service Delivery lead, Ms. Long enjoys building critical partnerships that result in prepared users who are ready for the change.

Denise's experience includes Project Management and Strategic Planning in Mergers & Acquisitions. Ms. Larcade brings 20 years of experience as an Organizational Change Management Consultant and Training Professional. Denise enjoys teaching others and helping people through change.



Elizabeth and Denise have already begun development of the Integration project schedule and other initial planning to include a communication approach. They are looking forward to meeting staff and developing partnerships critical to the Implementation Project's success.

Staff Highlight:

OA is pleased to announce Matt Willis's promotion to a Health Program Specialist I in the HIV Prevention Branch effective November 2019.

Matt began his career at OA in the Early Intervention Program (EIP), currently the Care Operations Section in the Care Branch, in early 2006. In this role Matt was responsible for



knowledge has included routine opt-out testing, linkage to care, partner services, and PrEP. Matt has also worked closely with OA's training partners assisting in test counselor certification in Basic Counselor Skills Training, updating testing guidelines, working with the California Planning Group (CPG), and most recently, developing Request for Funding Announcements (RFAs).

In his new role Matt will be responsible for coordinating the development of HIV/STD prevention programs, developing tools and processes for identifying gaps and barriers in HIV prevention services, providing TA to LHJs to address gaps and barriers, and working to implement quality improvement services.

When he is not in the office doing incredible work to help end the HIV/AIDS epidemic, Matt enjoys spending time with his two dogs, being uncle to his nieces, eating worldly cuisine, and getting exercise on the American River Bike Trail. Matt also has extensive knowledge in classic movies, 60's French Pop music, and has an eclectic range of interest in other music. Matt's home can be seen as a museum for vintage 60s and 70s décor.

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

PrEP Assistance Program (PrEP-AP):

As of December 30, 2019, there are 186 PrEP-AP enrollment sites covering 141 clinics that currently

program oversight and technical assistance (TA) for programs that included the Bridge Project, Minority AIDS Initiative, and the Ryan White funded Health Care Programs. During this time he was also a program monitor for 11 LHJs including Los Angeles and San Francisco.

In 2011, Matt brought his program monitoring skills and experience to the Prevention Operations Section in the HIV Prevention Branch. He spent just under two years providing program oversight, TA, and program implementation assistance to Expanded Testing and Prevention grantees.

In 2013, Matt's duties shifted when he became the Focused HIV Testing Program Specialist spending over six years as the lead of the CDC-funded health program. His programmatic

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	107	4%	---	---	---	---	102	3%	209	7%
25 - 34	869	30%	2	0%	1	0%	575	20%	1,447	50%
35 - 44	500	17%	---	---	3	0%	250	9%	753	26%
45 - 64	220	8%	---	---	15	1%	170	6%	405	14%
65+	6	0%	---	---	92	3%	10	0%	108	4%
TOTAL	1,702	58%	2	0%	111	4%	1,107	38%	2,922	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	86	3%	62	2%	14	0%	30	1%	---	---	1	0%	8	0%	8	0%	209	7%
25 - 34	621	21%	479	16%	116	4%	153	5%	---	---	5	0%	24	1%	49	2%	1,447	50%
35 - 44	357	12%	255	9%	52	2%	51	2%	3	0%	2	0%	8	0%	25	1%	753	26%
45 - 64	160	5%	184	6%	22	1%	27	1%	3	0%	2	0%	1	0%	6	0%	405	14%
65+	8	0%	91	3%	4	0%	3	0%	1	0%	---	---	1	0%	---	---	108	4%
TOTAL	1,232	42%	1,071	37%	208	7%	264	9%	7	0%	10	0%	42	1%	88	3%	2,922	100%

Charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS.
Run date: 01/06/2020 at 5:25:31 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

make up the PrEP-AP Provider network and there are 2,922 clients enrolled in the PrEP-AP.

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>.

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

ADAP's Insurance Assistance Programs:

As of December 31, 2019, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from November
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	632	+3.70%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,047	+6.29%
Medicare Part D Premium Payment (MDPP) Program	1,737	-2.10%
Total	7,416	+4.04%

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

On December 10, 2019, the Santa Cruz Health Services Agency (SCHSA) released a new report on [Syringe Access and Disposal in Santa Cruz County](https://santacruzcountyca.iqm2.com/citizens/fileopen.aspx?type=4&id=23313) (santacruzcountyca.iqm2.com/citizens/fileopen.aspx?type=4&id=23313), which used a mixed-methods approach to evaluate the SCHSA-operated syringe services program. OA's Harm Reduction Unit collaborated with SCHSA throughout the project, and OA staff [Matt Curtis](mailto:matt.curtis@cdph.ca.gov) (matt.curtis@cdph.ca.gov) helped design the evaluation tools and project team training, conducted a series of focus groups with

syringe services program (SSP) participants, and contributed to the analysis. Major findings include:

- Two-thirds of SSP participants did not have sufficient access to new syringes. Distance to SSP locations and limited operating hours, lack of transportation, and fear of police encounters impeded access to services.
- 75% of SSP participants had recently reused their own syringes, and reuse was associated with much higher rates of abscess/skin and soft tissue infection. People with gaps in access to new syringes were 6x more likely to share syringes with others.
- Most SSP participants disposed of used syringes appropriately. More direct contact with the SSP was associated with better disposal practice.
- Recommendations include expanding SSP operating hours and locations, adding mobile outreach-based services, and eliminating the county's one-for-one syringe exchange policy, which conflicts with public health best practice.

Public Comment is currently open for a new SSP application from the Harm Reduction Coalition of Santa Cruz County (HRCSCC). HRCSCC proposes to provide syringe services along with education on the topics of safer injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal.

Public comment has closed and a final decision will be made by January 14, 2020, on an application by Sierra Harm Reduction Coalition in El Dorado County. Information on the final decision will be posted on OA's website.

[Information on pending applications](http://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx), including information on public comment, can be found on OA's website at: www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx.


Strategy M: Improve Usability of Collected Data

OA has released a new fact sheet presenting data from men who have sex with men (MSM) who participated in an interview and HIV testing as part of the 2017 National HIV Behavioral Surveillance (NHBS) in San Diego, CA. NHBS is a Centers for Disease Control and Prevention-funded project that performs HIV-testing and interviews about health behaviors among groups of people who are especially vulnerable to getting HIV. State and local health departments carry out NHBS at more than 20 sites across the U.S. In 2017, OA carried out HIV behavioral surveillance in San Diego with assistance from the Chicano Federation. The [fact sheet](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/NHBS_FactSheet2017_ADA.pdf), *HIV Infection, Prevention, and Health Behaviors Among Sexually Active Men Who Have Sex With Men in San Diego, CA*, is available at: www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/NHBS_FactSheet2017_ADA.pdf.

Each year, on a rotating basis, OA conducts NHBS interviews and HIV testing in San Diego, CA among a group that is considered to be at increased risk of acquiring HIV: men who have sex with men, people who inject drugs, and heterosexual people with low income or low educational attainment. For [more information](#) and to request NHBS San Diego data estimates, please send an email to NHBS@cdph.ca.gov.

Strategy N: Enhance Collaborations and Community Involvement

OA is the recipient of CDC PS19-1906, "Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States, Component B: Accelerated State and Local HIV Planning to End the HIV Epidemic" funding. This one-year grant is to develop plans within six Phase I designated California Counties: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. Los Angeles and San Francisco were also awarded grants from PS19-1906 as well. A preliminary plan was due to the CDC by December 30, 2019. Each of the counties worked



diligently with staff from Facente Consultants, and a strong preliminary plan was submitted on December 27, 2019.

Work on the State Ending the Epidemics plan will resume in January with a meeting of the steering committee, followed by a teleconference with

all planning members. Community input will be sought in February and March. [Ideas](#) on how best to decrease HIV, STD, and Hepatitis C infections can also be sent to ETE@cdph.ca.gov.

For [questions regarding this report](#), please send an email to angelique.skinner@cdph.ca.gov.
