

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.

In This Issue:

- Strategy A
- Strategy J
- Strategy K
- Strategy N

Staff Highlight:

OA is pleased to announce the promotion of Deanna Sykes as the Surveillance and Prevention Evaluation Reporting Branch Chief. Deanna has spent her entire professional career at OA, starting in April of 1998 shortly after receiving her PhD from UC Davis. She began as a Research Consultant in the section that was eventually to become the Prevention Evaluation and Monitoring Section, and worked her way up through the Research Scientist series. During her tenure on the prevention evaluation side of the house, Deanna played a key role in projects such as rapid HIV testing, LEO, and the shift to data-driven programming. In 2016 she began her transition to the surveillance side of the house where she worked to develop staffing and processes to facilitate the shift to interventional surveillance.

In her spare time, Deanna has been working towards her private pilot certificate, and recently acquired her very own little Grumman Tiger. She is happily married (her wife's name is also Marisa, but not the OA one!), with two dogs and four cats.

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/oa/pages/oamain.aspx, to stay informed.

AIDS 2020:



OA is proud to announce that a number of abstracts submitted by OA staff have been selected for presentation in the virtual poster exhibition at the 23rd International AIDS

Conference (*AIDS 2020: Virtual*), to be held July 6-10, 2020. The following authors and abstract titles were selected:

- **Phil Peters** - “The California Pre-Exposure Prophylaxis Assistance Program: Lessons Learned during an initial expansion of services”;
- **Anna Flynn** - “HIV stigma burden among people living with diagnosed HIV (PLWDH) in California: Prevalence by stigma type and high stigma score by demographic, behavioral, and clinical characteristics”;
- **Jing Feng** - “Integration of HIV cluster and epidemiological data to inform prevention in California” ;
- **Dayakaran Aulakh** - “Toward increased continuity of HIV care: Predictors of eligibility interruption after enrollment among California AIDS Drug Assistance Program (ADAP) clients”;
- **Kathryn Doh** - “California AIDS Drug Assistance Program (ADAP) Eligibility-Related Travel Patterns”; and
- **Jessica Heskin** - “Creative utilization of transportation, housing, and food to engage people with HIV in care”.

HIV/STD/HCV Integration Update:

As the lead state department in the COVID-19 response, the California Department of Public Health has re-directed hundreds of staff to this effort. Because of this, there is a temporary pause on the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention until the Department gets back to normal. We have made tremendous progress in the past few months, establishing numerous action teams to define a future integrated organization. We do not want to lose this momentum, and we will not. We have the commitment of our contractor, who greatly understands the Department’s predicament, to continue right where we are pausing, as soon as the COVID-19 related workload on our staff lets up.

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

PrEP Assistance Program (PrEP-AP):

As of April 27, 2020, there are 207 PrEP-AP enrollment sites covering 157 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 table below and at the top of page 3.

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	132	4%	---	---	---	---	142	4%	274	7%
25 - 34	1,030	28%	3	0%	1	0%	793	22%	1,827	50%
35 - 44	593	16%	---	---	3	0%	334	9%	929	25%
45 - 64	258	7%	---	---	22	1%	220	6%	500	14%
65+	7	0%	---	---	107	3%	13	0%	127	3%
TOTAL	2,020	55%	3	0%	133	4%	1,502	41%	3,657	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	109	3%	82	2%	23	1%	36	1%	---	---	1	0%	9	0%	14	0%	274	7%
25 - 34	806	22%	572	16%	141	4%	195	5%	1	0%	6	0%	38	1%	68	2%	1,827	50%
35 - 44	444	12%	304	8%	66	2%	70	2%	3	0%	2	0%	8	0%	32	1%	929	25%
45 - 64	202	6%	219	6%	32	1%	34	1%	2	0%	1	0%	2	0%	8	0%	500	14%
65+	11	0%	106	3%	4	0%	3	0%	1	0%	---	---	1	0%	1	0%	127	3%
TOTAL	1,572	43%	1,283	35%	266	7%	338	9%	7	0%	10	0%	58	2%	123	3%	3,657	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: 04/30/2020 at 11:12:03 PM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

ADAP's Insurance Assistance Programs:

As of April 27, 2020, 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

The Harm Reduction Unit has contacted most of California's syringe services programs (SSPs)

over the last few weeks, and the majority of the 54 programs have modified their services and remain in operation. Changes include providing home delivery, implementing social distancing protocols, and removing restrictions on the number of supplies they provide, so participants don't need to return to the program as often.

SSP Applications:

Due to the current public health threat posed by COVID-19, decisions on pending SSP applications are currently taking longer than usual. Pending applicants have been notified. Interested entities should feel free to contact

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	693	+0.73%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,958	+4.02%
Medicare Part D Premium Payment (MDPP) Program	1,920	+3.06%
Total	8,571	+3.55%

OA's Harm Reduction Unit to initiate the process. Please email SSPinfo@cdph.ca.gov for [more information](#).

The [March 19 order](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Health%20Order%203.19.2020.pdf) (https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/Health Order 3.19.2020.pdf) of the State Public Health Officer, Dr. Sonia Angell, exempts critical infrastructure sectors – which include privately operated public health programs – from the general stay-at-home directive. The designated list of [“Essential Critical Infrastructure Workers”](https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf) (https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf) includes: “Public health/community health workers...behavioral health workers (including mental and substance use disorder) responsible for coordination, outreach, engagement, and treatment to individuals in need of mental health and/or substance use disorder services...[and] workers who provide support to vulnerable populations to ensure their health and well-being.”

[New rules for providers of essential services in 6 Bay Area Counties and the city of Berkeley](https://www.mercurynews.com/2020/03/31/coronavirus-strict-new-bay-area-lockdown-essential-business-order-text-issued-march-31-2020/) were issued on March 31st (https://www.mercurynews.com/2020/03/31/coronavirus-strict-new-bay-area-lockdown-essential-business-order-text-issued-march-31-2020/). Businesses and service providers in these counties are required to implement a social distancing protocol, make the protocol visible during hours of operation and provide a copy to staff. One [simple template of the protocol](https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Documents/Appendix-A-Social-Distancing-Protocol.pdf) is available from Santa Clara County at https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Documents/Appendix-A-Social-Distancing-Protocol.pdf.

The National Association of State and Territorial AIDS Directors (NASTAD) has released new recommendations in response to requests from health departments and community-based SSPs. NASTAD notes that recommendations come from several community partners who have developed resources that “recognize the additional burdens of housing insecurity,

treatment adherence, reduced income (including sex work and other types of labor), chronic and compounding illness, including mental health conditions, and inadequate insurance coverage faced by people who use drugs.” See more at [COVID-19: Suggested Health Department Actions to Support Syringe Services Programs \(SSPs\)](https://www.nastad.org/resource/covid-19-suggested-health-department-actions-support-syringe-services-programs-ssps) (https://www.nastad.org/resource/covid-19-suggested-health-department-actions-support-syringe-services-programs-ssps).

The federal [Department of Health and Human Services has launched a new webpage](https://www.hiv.gov/federal-response/policies-issues/facilitating-expansion-of-ssps) (https://www.hiv.gov/federal-response/policies-issues/facilitating-expansion-of-ssps) dedicated to providing up-to-date information about SSPs. In a message to stakeholders, Corinna Dan of the Office of Infectious Disease and HIV/AIDS Policy stated that the new resource is important [“because the evidence is clear that the substance use crisis and infectious diseases epidemics are intertwined and must be addressed together”](https://www.hhs.gov/hepatitis/blog/2020/04/02/oash-regional-efforts-to-raise-awareness-of-ssps.html) (https://www.hhs.gov/hepatitis/blog/2020/04/02/oash-regional-efforts-to-raise-awareness-of-ssps.html).

The webpage includes the [three-part webinar series led by HHS' Regional Health Administrators](https://www.hhs.gov/ash/about-ash/regional-offices/index.html) (https://www.hhs.gov/ash/about-ash/regional-offices/index.html). They highlight resources, policies, and technical assistance for developing and expanding SSPs in diverse settings and communities across the country. The page also features SSP resources from national partners and states including effective examples and strategies for stakeholders interested in establishing, expanding, and collaborating with SSPs.

A group of organizations, Higher Ground Harm Reduction, Vital Strategies, Reynolds Health Strategies and Harm Reduction Coalition, have come together to put out essential resources on drug use and COVID-19. The newest release is, [COVID-19, Stimulant Use and Harm Reduction](https://harmreduction.org/wp-content/uploads/2020/04/COV052_StimulantUseHarmReduction-v01-3.pdf) (https://harmreduction.org/wp-content/uploads/2020/04/COV052_StimulantUseHarmReduction-v01-3.pdf). This

resource contains information on why those who use stimulants may be at increased risk for COVID-19 and education to offer on drug shortages, bad batches, overamping, hygiene, and cleanliness, and robust safer use information.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

OA is excited to announce the selection of the new CPG at-large membership cohort. CPG members are chosen for their ability to advocate for and represent the voices and perspectives of a wide range of key stakeholders, and people representative of, or impacted by, the HIV epidemic in California. After initial application review and selection, followed by interviews, and final approval by OA Division Chief, Dr. Marisa Ramos, we are excited to announce the following new CPG at-large members:

- Carl Baker, Riverside
- David Kelley, Riverside
- Karla Torres, San Diego
- David Vance, San Diego
- Roger Al-Chaikh, San Diego
- Julia Vega, San Bernardino
- Gabriela Leon, San Bernardino
- David Utuone, San Bernardino
- Moises Duran, Kern

- Lupe Vargas, Fresno
- Dean Jackson, Tulare
- Angie Percam, Monterey
- Cesar Cedabes, San Francisco
- John Paul Soto, San Francisco
- Lorie Violette, Sonoma
- Hannah Youngdeer, Sacramento
- Amilcar Avendano, Glenn
- Susan Farrington, Sacramento, (Returning CPG Member)
- Robyn Learned, Sacramento, (Returning CPG Member)
- Clarmundo Sullivan, Sacramento, (Returning CPG Member)
- Carolyn Kualii'i, Alameda, (Returning CPG Member)
- Miguel Martinez, Los Angeles, (Returning CPG Member)
- Rafael Gonzalez, Riverside, (Returning CPG Member)
- Natalie Sanchez, Los Angeles, (Returning CPG Member)

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