

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).

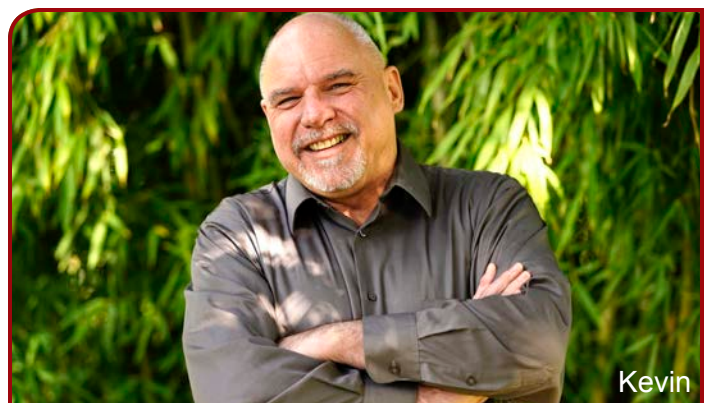
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## Staff Highlight:

OA is pleased to announce **Kevin Sitter** and **Alessandra Ross** have received the University of California San Francisco (UCSF) School of Medicine, SPOT Award, and **Donna Lightle** has received the UCSF, STAR Award, in recognition of their contributions to OA and the California Department of Public Health (CDPH).

As the Ending the Epidemics Program Manager, **Kevin's** dedication, professionalism, respect, integrity and standard of excellence has led to transformative partnerships between OA, STD, local health jurisdictions and community based organizations throughout California. He is currently working on both the Federal Ending the HIV Epidemic initiative and revising the state's Integrated HIV Surveillance, Prevention and Care Plan to address HIV, STDs, and HCV. His leadership, guidance and ability to bring people together has contributed to the development of the Phase I funding opportunities for the federal Ending the HIV Epidemic in America (EtHE) plan. Kevin was able to physically gather colleagues and representatives from each of the eight dedicated counties to include: Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego, Los Angeles and San Francisco together to collectively exchange ideas, brainstorm and initiate grant writing for their respective counties. A feat difficult to master and Kevin made it happen almost effortlessly. These partnerships he established have resulted in a collaborative



process for current and future policy and funding developments.

Having worked in HIV Prevention and Care for 19 years, and at OA for more than 15 years, validates Kevin's passion and dedication for helping those at risk and living with HIV/AIDS. Kevin has served on a number of committees within OA to include the Center of Infectious Diseases (CID) Health Equity Data & Disparities Workgroup, Care Continuous Quality Improvement (CQI) Committee, Adolescent Sexual Health Work Group (ASHWG), and is a liaison to the California Planning Group (CPG), HIV & Aging Committee. Kevin takes pride in being the voice for those faced with stigma, shame, discrimination and other inequalities. He is sensitive to the health disparities experienced by our clients and is continually pursuing ways to ensure representation for all. Kevin is genuine, passionate and a champion for the rights and well-being of our community, and all Californians. A true advocate for the needs of his colleagues, management team, and community partners.

Kevin is highly respected among peers, managers and community partners. He is a trailblazer in cross-program communications, breaking down silos and barriers between programs and promoting collaborations between programs. He is known as the "go-to" person at OA. His co-workers and colleagues consistently reach out to him for his expertise and guidance. His quick wit, attention to detail and can do attitude is infectious. He is able to put people at ease, make work enjoyable and bring enthusiasm to whatever he does. Kevin is a true example of professionalism. His managers trust his intuition, trust his judgement and know he will always make sound decisions based on the best interest of our clients and OA.

As the Injection Drug Specialist and manager of the Harm Reduction Unit at OA, **Alessandra's** integrity and standard of excellence has contributed to transformative partnerships between OA, local health jurisdictions, and syringe service programs across California.

These partnerships are resulting in better access to respectful, evidence-based services for people who use drugs across the state.

Alessandra boldly advocates for the dignity and inherent worth of all people, both internally at OA and with external stakeholders. Alessandra engages respectfully, honestly, and empathetically with those who question the value of syringe access. She models this to her team, as they respond to constituent complaints, media requests, and inquiries from across CDPH.

Alessandra's dedication to harm reduction is infectious. In a field rife with challenges, barriers, and heartbreak, she leads her team, syringe service programs, and local health jurisdictions, to push on confidently and with conviction. She finds ways to celebrate wins with her unit and with the harm reduction community. Alessandra has recruited and hired respected harm reductionists to join her unit, and has trained OA staff with little background in syringe access or harm reduction to become champions. Those around her rise to her standard of excellence, which in 2019 resulted in 6 new syringe service programs being authorized by CDPH and the development of a new \$15.2 million program that will aim to build the capacity of syringe service programs to hire and retain staff.

**Donna** was tasked with developing a management process for the State AIDS Medi-Cal Waiver Program (MCWP) and for all local MCWP agencies to assess, document, and report Critical Events and Incidents/Risk Assessment and Mitigation. Donna immediately identified Continuous Learning as an effective strategy and immediately implemented a Quality Improvement project. Utilizing her extensive professional background as a nurse case manager, she evaluated the nature, frequency and circumstances of reported abuse, neglect, and exploitation incidents to determine what is being done to prevent or reduce similar occurrences in the future. She scheduled meetings with management, held teleconferences with MCWP agency nurse

and social work case managers, and provided essential resources for reporting abuse, neglect and exploitation. Donna developed a component in the semi-annual progress report to include specific reporting elements and outcome/resolution of events. In addition, Donna developed MCWP clinical standard operating procedures for the State, reviewed each agencies' policies and procedures for documenting and reporting critical events and incidents, and communicated with agency case managers to determine if Adult Protective Services (APS) provided an outcome for each report.

In November 2019, Centers for Medicare and Medicaid Services (CMS) conducted an onsite review of the MCWP, which included oversight of the Critical Event and Incident Reporting. Donna was instrumental in educating the clinical review team about the process she established to ensure that these incidents were fully documented, reported, and followed up on to guarantee the reported incidents were resolved with APS. As a requirement of the waiver, the State assures CMS that participants health and welfare are protected, and there are operational procedures for managing incidents at the State and local level.

While CMS conducted an onsite review of Critical Events and Incident Reporting, Donna created transformative partnerships. Donna forged new relationships with the Department of Health Care Services, local Adult Protective Services, Ombudsman, and CMS to further understand the expectations of the Critical Events and Incidents Reporting. Through collaborative communication, Donna was able to improve the data collection of Risk Mitigation, which enhanced the MCWP federal reporting.

Donna's dedication to Equity and Inclusion has allowed the MCWP to grow as a program and to accelerate in the communities we serve. MCWP agencies have expressed to me their appreciation of Donna providing intense coaching on program requirements,

performing focused technical assistance to the interdisciplinary teams, conducting Quality Improvement trainings, and sharing best practices. Due to Donna's creative and supportive approach with the MCWP local agencies, she is able to effectively foster ongoing communication and maintain vital partnerships. Donna exemplifies UCSF PRIDE values in her Professionalism, Integrity, and Excellence to the MCWP. Her commitment to Equity and Inclusion is exemplary, and her dedication to our local health jurisdictions and the participants they serve, speaks to her commitment to diversity and inclusion. She shares her knowledge with CDPH colleagues and community partners. Donna's commitment to ensure the health and welfare of all individuals is demonstrated through her successful work with transformative partnerships with other agencies. Donna has transformed the MCWP through her productive guidance, education, and organizational abilities to ensure all MCWP entities understand the mission of supporting our clients living with HIV. Donna has set a foundation for open communication and collaboration with our Project Directors and other partners.

Congratulations to all three award recipients!

## **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.

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

As the lead state department in the COVID-19 response, the California Department of Public Health (CDPH) 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 June 29, 2020, there are 206 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 E: Improve Retention in Care

Studies demonstrate that when People Living With HIV (PLWH) are incarcerated in state prisons, their access to health care

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	156	4%	---	---	---	---	160	4%	316	8%	
25 - 34	1,139	28%	3	0%	1	0%	865	22%	2,028	50%	
35 - 44	637	16%	---	---	3	0%	375	9%	1,014	25%	
45 - 64	288	7%	---	---	24	1%	238	6%	550	14%	
65+	6	0%	---	---	117	3%	13	0%	136	3%	
<b>TOTAL</b>	<b>2,226</b>	<b>55%</b>	<b>3</b>	<b>0%</b>	<b>145</b>	<b>4%</b>	<b>1,671</b>	<b>41%</b>	<b>4,044</b>	<b>100%</b>	

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	128	3%	89	2%	30	1%	39	1%	---	---	4	0%	9	0%	17	0%	316	8%
25 - 34	905	22%	627	16%	154	4%	216	5%	---	---	6	0%	37	1%	83	2%	2,028	50%
35 - 44	483	12%	334	8%	72	2%	74	2%	3	0%	3	0%	8	0%	37	1%	1,014	25%
45 - 64	224	6%	238	6%	36	1%	38	1%	2	0%	1	0%	3	0%	8	0%	550	14%
65+	11	0%	115	3%	4	0%	4	0%	1	0%	---	---	1	0%	---	---	136	3%
<b>TOTAL</b>	<b>1,751</b>	<b>43%</b>	<b>1,403</b>	<b>35%</b>	<b>296</b>	<b>7%</b>	<b>371</b>	<b>9%</b>	<b>6</b>	<b>0%</b>	<b>14</b>	<b>0%</b>	<b>58</b>	<b>1%</b>	<b>145</b>	<b>4%</b>	<b>4,044</b>	<b>100%</b>

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: 06/30/2020 at 11:17:12 PM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

and treatment results in most achieving viral suppression. The suppression rate in California prisons is 95 percent, exceeding the state rate of 61 percent and the National HIV AIDS Strategy goal of 80 percent. There are no disparities in viral suppression rates for any racial/ethnic and gender groups while being treated in the correctional system. Regretfully, after release, viral suppression rates decline to even lower rates than pre-incarceration. In collaboration with the California Corrections Health Care Services, the OA has submitted a grant application to the CDC (CDC PS20-2011). If funded, a pre-release and post-release program providing PLWH returning home with transition case management support, assistance in enrolling in ADAP, health insurance and other services that can support individuals successful continuation of health care post-release will be implemented. Retaining PLWH in care will sustain the viral suppression achieved in prison, providing optimal likelihood of sustained good health, as well as preventing transmission to others. If awarded, OA looks forward to working with providers throughout California who provide services to people returning to the community from prison, which will ensure comprehensive, culturally relevant services.

**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 May
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	692	+1.17%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,236	+1.84%
Medicare Part D Premium Payment (MDPP) Program	1,964	+0.20%
<b>Total</b>	<b>8,892</b>	<b>+1.65%</b>

As of June 29, 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**

California syringe services programs (SSPs) continue to provide essential services, and many have expanded their programs to include home delivery during the COVID-19 pandemic.

CDC has released [interim guidance](https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html) (https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html) for the operation of SSPs during the pandemic. The guidance suggests actions public health authorities and SSPs can take to ensure the safety of SSP staff, volunteers and participants. Specific recommendations include:

- Change policies to increase the number of syringes each program participant can receive per visit to enable longer periods between visits. This practice will minimize the need to access SSPs frequently.
- Ensure clients have enough supplies to use sterile equipment with each injection. Dispense enough supplies to ensure that program participants will be able to continue sterile injection even if the SSP may have to

close or limit hours during the pandemic.

- Provide supplies through mobile services, delivery, or mail-order services, whenever possible.
- Use or encourage others to use peer-based delivery models (e.g., providing enough supplies to clients so they can distribute to other people who inject drugs who may be unwilling or unable to visit the program) to ensure sterile supplies are reaching people who need them most.

Inland Empire Harm Reduction in Riverside County and Harm Reduction Coalition of San Diego both have submitted applications for state authorization of new SSPs. Public comment is open on both applications. See OA's website for [more information and to submit a comment](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secapp.aspx) (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\_prev\_secapp.aspx).

### **Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity**

OA is pleased to announce and congratulate Transgender Health Specialist, **Tiffany Woods**



on being selected by Senator Toni Atkins as a Legislative LGBTQ Caucus honoree. Tiffany was elected as the **FIRST** transgender woman to be seated as the California Democratic Party Caucus Chair!

Each year, in observance of LGBTQ Pride Month, the California Legislature selects honorees from around the state for a daylong celebration where they are presented with a resolution in commemoration of their accomplishments and contributions to the LGBTQ community – we are so proud of Tiffany for receiving this distinguished honor!

Tiffany dedicates her life to ensuring transgender & gender-neutral individuals have affirming healthcare options and HIV prevention, as well as eradicating transphobia, and creating a safe and equitable society. She is a fierce trailblazer and a remarkable advocate for our LGBTQ community. Congratulations Tiffany!

### **Strategy N: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity**

#### **California Planning Group (CPG):**

On June 16, 2020 the CPG hosted a New Member Orientation for all 28 members joining our family. During this meeting we were excited to become acquainted with and see the new members of CPG. They were oriented on the CPG's roles and responsibilities, purpose, standard business practices, four sub-committees (Membership, Women's, Aging and Youth), and HIV Care & Prevention services. There was a renewed energy and excitement exerted and felt among the new members of CPG.

On June 16, 2020 the CPG hosted a Spring Virtual Meeting for all 39 members to come together to check-in on one another, nominate and elect a new CPG Community Co-chair, and hear about the great work being done amongst

our four sub-committees. We opened this meeting to allow time from members to reflect and express their feelings on the current social climate regarding racism, police brutality and injustices among Black Americans. This was a powerful segment that allowed members to be vulnerable, elevate their voices and advocate for much needed change.

OA would like to thank all nominated members for taking the time to give speeches during the Spring Virtual Meeting. We would like to give a huge CONGRATULATIONS to Edwin Cockrell for being elected as Community Co-Chair for a second term!

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

OA notified the Department of Housing and Urban Development (HUD) of its intent to use five HOPWA waivers, which were issued by HUD

to prevent the spread of COVID-19 and make it easier to assist eligible households impacted by COVID-19. The five HOPWA waivers allows regulatory flexibilities for:

- 1) self-certification of income and HIV status,
- 2) fair market rent standard,
- 3) housing inspections,
- 4) space and security for those operating housing facilities, and
- 5) time-limits for short-term supported housing.

OA notified its HOPWA project sponsors of the waiver availability and provided them guidance on administering the waivers. HOPWA project sponsors are required to notify their HOPWA Program Specialist if they plan to use a waiver(s) for their program.

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