

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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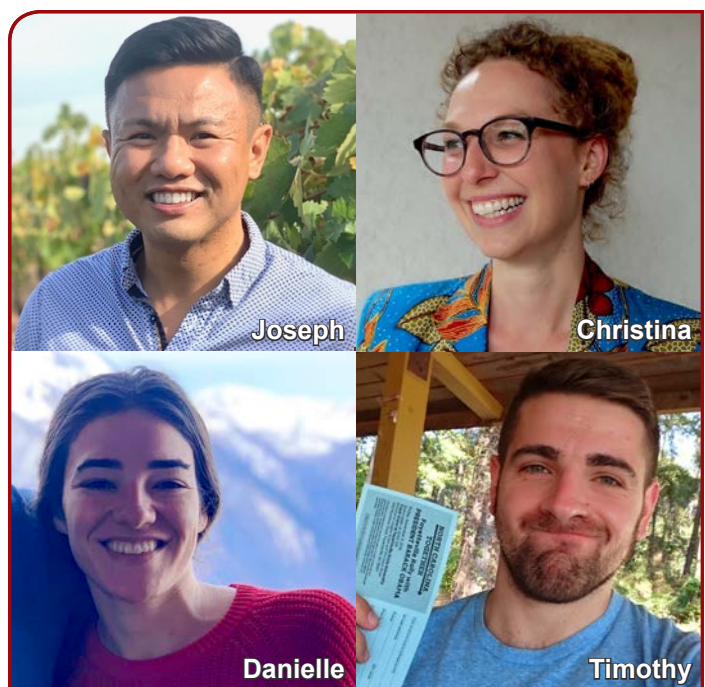
Staff Highlight:

OA is thrilled to present the newly formed Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Unit!

The program itself has been in existence for a few years, with its operations managed by various professionals in the AIDS Drug Assistance Program (ADAP) Branch. As the program grew, there became an increasing need to create a new unit focused solely on leading the program's efforts. PrEP-AP plays a vital role in OA's mission by ensuring that clients have access to medications and services that prevent the transmission of HIV. This includes access to PrEP, Post-Exposure Prophylaxis, STI treatments, and related health services.

PrEP-AP is a program that has and will continue to evolve. Recently, the program has adopted a number of enhancements that expanded access to minor clients and clients with confidentiality concerns. With generic PrEP becoming available and with health plans adopting the United States Preventative Services Task Force's recommendation that clinicians offer PrEP as a preventative service, there are more changes on the horizon! Additionally, PrEP-AP continues to look for innovative ways to lift barriers to care by identifying new modes of enrollment and access.

Over the next few years, PrEP-AP plans on implementing various strategies related to its



goals. The goals are to: (1) improve outreach to populations that are under-served and disproportionately affected by HIV, (2) create a more streamlined, intuitive user experience for PrEP-AP clients, and (3) build bridges with PrEP advocates in California.

OA is excited to have such a knowledgeable, talented, and passionate team. Each member contributes skills, insights, and professional experiences that are sure to bring the program to the future it envisions.

Joseph Lagrama is a Staff Services Manager I. He has a B.A. and M.A. in Communication from

CSU, Fresno. He is a former college instructor and has over 6 years of management experience with the State of California leading various process improvement, program implementation, and training projects.

Christina Espegren is a Health Program Specialist I. She has a B.A. in Biology and Gender Studies from California Lutheran University and an M.S. in Public Health from Johns Hopkins Bloomberg School of Public Health. Before she started work on the PrEP-AP team, Christina worked in the Quality Management Unit of OA's Surveillance branch. Christina has also worked in various capacities related to reproductive and sexual health in the United States and abroad as a health educator, developer of curriculum and marketing materials, HIV tester/counselor, and chair of the HIV Committee in Peace Corps Rwanda.

Timothy Handy is an Associate Governmental Program Analyst. He has a B.A. in Liberal Arts from Western Washington University and an M.A. in American History from Arizona State University. He is currently finishing a master's degree in International Business Law from City, University of London. Timothy has over 8 years of experience working with the IRS. He also worked on Hillary Clinton's campaign. Besides preparing and filing FEC reports on Hillary's campaign, he was tasked with acting as the liaison between the campaign, 38 state parties, and the DNC. In addition to this, he also helped to manage approximately \$700m in joint campaigning ventures. Additionally, Timothy's volunteered with various non-profit organizations serving, providing assistance to, and fund-raising for those affected by HIV.

Danielle Theberge is an Associate Governmental Program Analyst. She has a B.S. in Biology from the University of Virginia, Charlottesville and an M.S. in Global Health Policy from the London School of Hygiene and Tropical Medicine. As an analyst at Fannie Mae, she developed curriculum focused on

technology, risk, portfolio, and relationship management. She also led process improvement projects. For about a year and a half, she also worked as a Teacher Fellow in South Africa, where she mentored high school scholars and facilitated treatment and management of HIV diagnoses.

OA is looking forward to the great things the PrEP-AP team will accomplish!

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, to stay informed.

HIV/STD/HCV Integration:

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.

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. Staff throughout OA, the STD Control Branch and the CDPH Office of Health Equity, are participating in discussions on how racial and health equity can be embraced, challenges in advancing RHE, and what support will be needed to be successful. The workgroup convenes every other month with monthly subgroup meetings.

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

PrEP-AP:

As of September 30, 2020, there are 205 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.

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	194	4%	---	---	---	---	178	4%	372	8%
25 - 34	1,262	28%	3	0%	1	0%	965	22%	2,231	50%
35 - 44	683	15%	---	---	4	0%	392	9%	1,078	24%
45 - 64	324	7%	---	---	26	1%	259	6%	609	14%
65+	10	0%	---	---	130	3%	14	0%	154	3%
TOTAL	2,473	56%	3	0%	161	4%	1,808	41%	4,444	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	157	4%	100	2%	34	1%	48	1%	---	---	4	0%	7	0%	22	0%	372	8%
25 - 34	1,017	23%	688	15%	158	4%	225	5%	2	0%	6	0%	37	1%	98	2%	2,231	50%
35 - 44	524	12%	355	8%	69	2%	75	2%	2	0%	3	0%	8	0%	42	1%	1,078	24%
45 - 64	253	6%	260	6%	43	1%	39	1%	2	0%	1	0%	3	0%	8	0%	609	14%
65+	15	0%	130	3%	4	0%	4	0%	0	0%	---	---	1	0%	---	---	154	3%
TOTAL	1,966	44%	1,533	34%	308	7%	391	9%	6	0%	14	0%	56	1%	170	4%	4,444	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: 09/30/2020 at 12:13:58 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

In an effort to expand and increase HIV testing, OA executed an agreement for participation in the [Building Healthy Online Communities \(BHOC\)](https://www.bhocpartners.org/home-testing/), [TakeMeHome](https://www.bhocpartners.org/home-testing/) (<https://www.bhocpartners.org/home-testing/>) in-home testing program. TakeMeHome is a platform for ordering in-home test kits that helps ensure testing access for individuals who might be hesitant about walking into a clinic. BHOC has partnered with Grindr, and several other dating apps, which will enable them to promote directly to consumers. OA is piloting TakeMeHome with our six Ending the Epidemic Counties, which include: Alameda, Orange, Riverside, San Diego, Sacramento, and San Bernardino. The ultimate goal for participating in this program is to address barriers to testing, especially during the time of COVID-19. OA and the participating counties will be provided with participant data on a monthly basis to ensure proper follow-up and linkage to care.

Strategy G: Improve Availability of HIV Care

The COVID-19 pandemic has brought forth the use of telehealth to most medical and social service providers, sustaining the delivery of HIV care and protecting PLWH and their providers

from increased vulnerability of exposure to COVID-19. It has been successfully implemented and will most likely be sustained even after the pandemic is over, creating an ongoing improvement in accessing HIV care.

Strategy H: Improve Integration of HIV Services with Sexually Transmitted Disease (STD), Tuberculosis, Dental, and Other Services

Several OA staff will participate in the annual NASTAD HIV & HCV conference, which will be hosted virtually due to COVID-19. This conference provides information and best practices, as well as an opportunity to network with colleagues throughout the nation. It's inclusion of both HIV and HCV moves us forward in addressing the syndemic of HIV, HCV and STDs. The National STD Prevention Conference took place in September.

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

ADAP's Insurance Assistance Programs:

As of September 30, 2020, 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 August
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	634	-5.93%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,183	-1.78%
Medicare Part D Premium Payment (MDPP) Program	1,970	-1.10%
Total	8,780	-2.02%

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

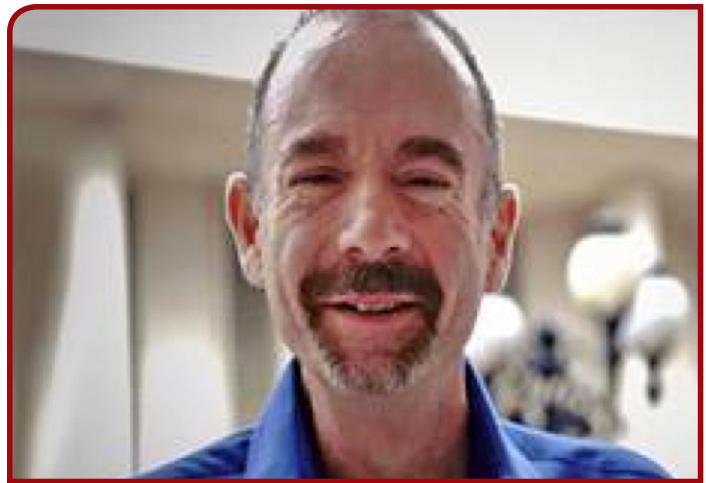
The Harm Reduction Unit released a new issue brief, [Smoking Supplies for Harm Reduction](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IssueBrief_SmokingSupplies_Web_ADA.pdf) (https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IssueBrief_SmokingSupplies_Web_ADA.pdf). The brief outlines the public health research and legal framework for providing smoke pipes and snorting materials to reduce transmission of HIV and hepatitis C and increase harm reduction equity among people who smoke and snort drugs. Visit our webpage (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx) for [additional information](#) or contact Loris.mattox@cdph.ca.gov.

CDPH authorized a new syringe services program on September 25, 2020. The Inland Empire Harm Reduction (IEHR) program is a community-based public health project whose mission is to improve the health and well-being of people affected by drug use in Riverside County. Syringe access services will complement IEHR's existing services of: overdose education and naloxone distribution services, provision of fentanyl test strips and education on their use, education and resources on risk reduction and safer injection, safer sex materials including condom distribution, referrals to viral hepatitis and STI testing and treatment, referrals to drug treatment, healthcare and housing services.

[Service locations, hours and contact information for all state authorized sites](#) can be found on the OA website (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx).

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

With profound sadness, the International AIDS Society has announced the death of **Timothy**



Source: International AIDS Society

Ray Brown, the first person to be cured of HIV. Mr. Brown required a complex stem-cell transplant to treat acute leukemia. The donor was naturally resistant to HIV infection because of a mutation in the CCR5 gene, a critical protein required by HIV to enter and infect cells. That mutation prevents HIV from attaching to CD4 cells, which is required for HIV to survive. Post-transplant, Mr. Brown stopped all HIV medications and remained undetectable. He lived twelve years HIV-negative, during which time he participated in numerous studies and provided blood and other samples so scientists could pursue a cure for HIV for others as well. To date there are two other people cured of HIV through this method, but it is not a method that can be applied easily nor widely among PLWH. We admire and appreciate all that Timothy Brown did to help move science closer to a cure, and celebrate his twelve years of living without HIV. His gift to the world will remain unprecedented.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

OA and the CPG will host a four-day virtual CPG meeting on October 5, 12, 16, and 22, 2020. Due to COVID-19, this meeting will replace the annual fall in-person meeting. On October 5, we will host our second CPG Leadership Academy,

which will focus on skills and capacity building for CPG members. All subsequent meetings will be open to the public, and a 10-minute opportunity for public comment will be provided each day. This virtual CPG meeting format will be comprised of four separate Zoom meetings scheduled from 1:00PM to 4:00PM. [Additional meeting information](#) can be found on the OA website (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx). The agenda will be posted as we are closer to the meeting.

Ending the HIV Epidemic in America:

The six counties that comprise the California Consortium are shifting from the planning phase to implementation phase of the Ending the HIV

Epidemic in America (EtHE) initiative. In mid-October through early November, OA and the Facente Consulting Group will meet with each of the counties, as well as host an all Consortium meeting to coordinate the formative phase of EtHE interventions. This will include planning for staffing, refining the evaluation and monitoring plans, and outlining the steps to initiate the new interventions funded through the EtHE prevention funding, CDC 20-2010. In addition, OA will meet with CDC in early October to coordinate activities between the CDC and OA.

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