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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.

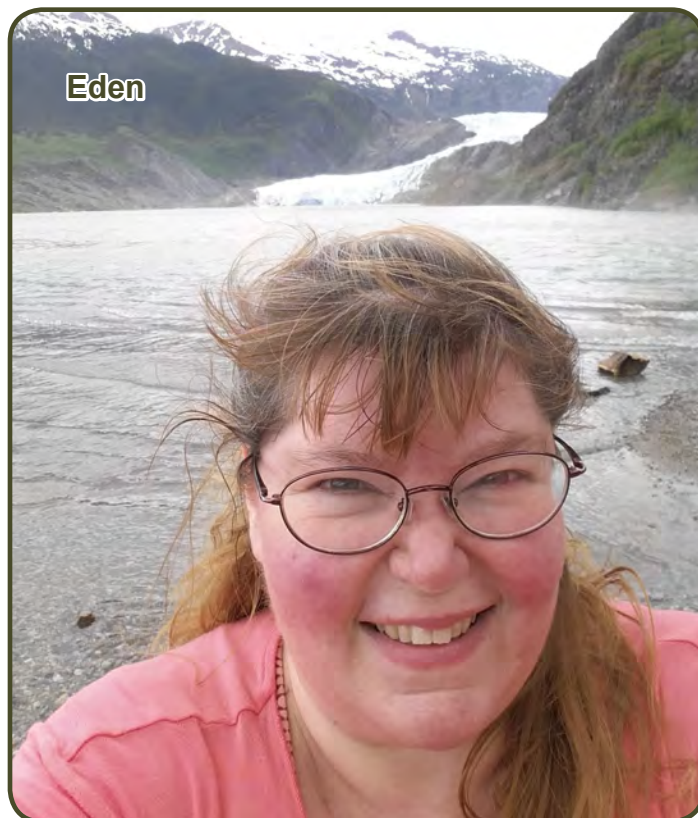
STAFF HIGHLIGHT

> Promotions

We are pleased this month to spotlight the promotion of Support Branch employee **Eden Rowland**. Eden received a promotion from a Health Program Specialist I to a Health Program Specialist II where she will serve as a high-level fiscal subject matter expert and provide technical consultation to the OA Support Branch Chief and OA Support Branch Section Chiefs, performing complex and sensitive functions related to OA's operating budget. Eden began her state career 8 years ago with the OA and has worked in grants management, fiscal, procurement, and operations. Prior to state service, Eden managed an electronics repair business for 18 years.

During her time with the OA, she has become an incredibly valuable contributor to all areas of fiscal and operations. Having served in 5 different positions during her tenure, Eden has been able to accumulate a wealth of operational knowledge that the organization continually leans on and leverages to keep things running smoothly. In her new position, she reports directly to the OA Support Branch Chief and is able to consult on a wide variety of organization wide processes and also assists with resolving Departmental technical and administrative challenges.

Her significant knowledge base makes her someone who all of our Program Branches



consistently rely on as we move through generating the massive number of deliverables that must be submitted within a given grant year or fiscal year. Eden's efforts continue to be greatly appreciated around the organization as her work really does have an impact on every program.

In her spare time, Eden enjoys taking care of her fur-kids, spending time with her husband and family, working on home improvement projects, and all things travel related (especially Disneyland).



We would also like to highlight the promotion of **Sean Abucay**. Sean started as an Associate Governmental Program Analyst (AGPA) in the Care Branch in early 2017, working as a Fiscal Analyst in the Care Operations Unit. He developed multiple fiscal management documents including the Care Risk Assessment Tool. This tool analyzes and scores key data points for each subrecipient to determine audit viability. In the Fall of 2019, Sean accepted a promotion to Health Program Specialist I (HPSI) for the Care Section, and worked closely with local health jurisdictions, community-based organizations, and the Care Evaluation and Monitoring team to help develop the current HIV Care Program allocation formula. In late 2020, due to COVID reassignments in the Care Branch, Sean accepted an acting Health Program Manager I (HPMI) role as the Care Operations Unit Chief. As acting chief, he provided programmatic technical assistance and support to subrecipients and continued to manage the fiscal aspects of the unit due to vacancies and reassignments. After the three-month acting HPMI assignment ended,

Sean returned to his HPSI duties until the Care Business Unit was created in early 2021. The unit was a direct result of HRSA determining a great need for fiscal management expansion after their last site visit. Sean accepted a position as Staff Services Manager I of the newly minted unit, and worked to interview, onboard, and train the three fiscal analysts and health program specialist I in the Care Business team. Sean and his team developed the telework invoice processing policies, an updated Excel “Master” tracker to record and report various HIV Care Program budgeting and expenditure data, and the increased efficiency resulted in timely reporting to HRSA and annual fiscal closeout. In his new role, Sean will continue overseeing many of the fiscal activities of the Care Section but will also provide support to the Care Operations unit and Health Program Specialist staff. From programmatic support during site visits to annual reporting to HRSA, Sean hopes his experience with the branch is invaluable in his new role as Care Section Chief.

Outside of work, Sean enjoys traveling with his partner Sarah, his three sons, and his one-year-old daughter. He is often invading the new restaurants all over Sacramento, and tries to balance that with hikes, runs, and chasing his kids all over Elk Grove.

Please join us in congratulating both Eden and Sean in their new roles!

➤ New Staff

OA is pleased to welcome **Pike Long** (she/her/hers and they/them/theirs) to the OA Prevention Branch, where she'll take on the job of Harm Reduction Specialist. She'll be providing technical assistance to syringe services programs (SSPs) throughout the state, working with colleagues in other agencies to get naloxone into the hands of people who use drugs to reverse overdoses, and provide subject matter expertise to the Harm Reduction Supply Clearinghouse. In addition to a bunch of other cool projects!



Pike is a long-time radical queer organizer and harm reductionist. Starting from her days as a teenage raver in the 90's and moving through many iterations since, she has learned many times over that the people who are most impacted by a health issue are also the best positioned to address it--be that HIV, overdose, risk of violence, or many others. Pike has worked in harm reduction around both substance use and sex work, starting many years ago as a peer health educator, and moving into roles including mental health crisis counseling, street outreach, program management, and more. She joined the California Department of Public Health (CDPH) in January of 2020 with the STD Control Branch, then served as the Housing and Homelessness Equity Specialist, and is thrilled to finally land in the magical corner of the organization that is the Harm Reduction Unit. She is looking forward to working with community to improve the naloxone distribution project and support new SSPs getting up and running, among other work.

We are also pleased to welcome **Amy Hang** to the Prevention Branch, Local Capacity Building and Program Development Unit. In this new

role, as our Local Capacity Building Analyst, Amy will work to advance racial equity, economic justice, diversity, and inclusion in approaches, processes, policies, and deliverables. Through program development and technical assistance, Amy will work with the Unit and the Branch to address the challenges caused by racial inequities, stigma, and medical mistrust that face persons who inject drugs, young gay and bisexual men, cis- and transgender women of color. Amy will also be joining us on the California Planning Group (CPG), the Condom Distribution Program and other pilot projects.

Amy's education and experience will be a great asset to the work we do at OA. Amy has a Bachelor of Science in Biological Sciences from UC Merced in 2015 and a Master of Public Health (MPH) from UC Davis in 2017. Amy's studies have created a strong foundation of knowledge in chronic disease and their indications, health equity, social determinants of health, and public health intervention and prevention. During her coursework, Amy used community-driven methods to study Hmong cultural values of diet and physical activity related to diabetes prevention. Amy conducted interviews with Hmong community members in both the Hmong and English language and performed qualitative data analysis to identify major themes. She has a passion for promoting health and wellness, social justice and reducing health disparities.

In her previous role, Amy worked at UC Davis's Department of Obstetrics and Gynecology where she independently managed over 200 cases weekly in a multi-county service region. In her position, Amy handled large volumes of cases and facilitated the coordination of specialized healthcare services for high-risk patients with diverse clinical staff, state-contracted sites, and key stakeholders while adhering to State and Federal regulations. Prior to UC Davis, Amy served two years as a member of AmeriCorps VISTA - the national service program that helps alleviate disparities in the United States, where she developed a cultural storytelling process to

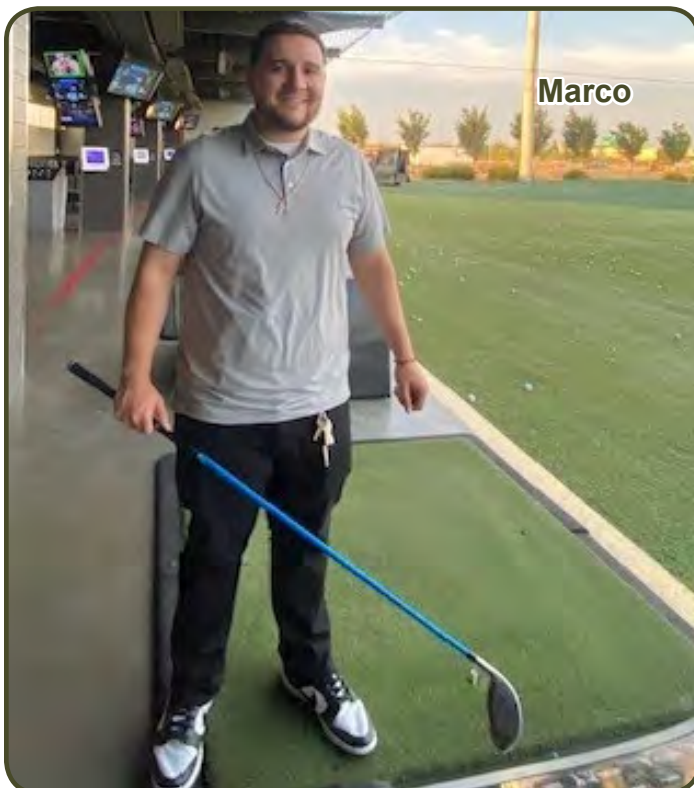
engage Hmong community members and public institutions as partners for systems change in health equity to improve health outcomes. This work was publicly showcased and acknowledged for its bold innovation at the Hmong National Development Conference in April 2019 and the American Public Health Association Annual Meeting in November 2018. Amy has extensive experience with both institutional and community stakeholders and her work experience and passion has fortified her commitment to improving health equity for diverse communities of color.

In her free time, she likes gaming on her PC and hanging out with her cat Stella. We are so very happy to have Amy with us!

It is also with great pleasure that we announce the hiring of **Marco Herrera** into the Limited Term SSM I position within the OA Support Branch/Fiscal Integrity Section/Rebate Fund Fiscal Monitoring Unit. Marco will oversee fiscal, invoice, and check depositing support duties for the ADAP Branch.

A little bit about Marco, he attended Sacramento State University and received a bachelor's degree in Business Administration with a concentration in Finance. He has 5 years of experience working with the State of California dealing with Budgets, Accounting, and Fiscal Management at CalPERS, CDPH, & Department of Conservation. In his free time, he enjoys visiting with family, traveling, attending live sports events, watching football, and basketball (Go Raiders & Sac Kings).

Lastly, please join us in welcoming **Scott Leventon**, our new Program Technician II (PT II) to the ADAP Branch's Client Services Unit within the Client Services, Quality Assurance & Training Section. Scott has worked as a PT II for Licensing and Certification within the Healthcare Workforce Branch for over 14 years. During this time, he provided assistance and technical information to certified nursing assistants, home health aides, health facility administrators, nursing staff, and public and private agencies. Scott also processed initial and renewal applications for out-of-state verifications,



duplicate certifications and name and address changes. Prior to working for CDPH, Scott was an Independent Living Specialist with Resources for Independent Living in the private sector for seven and a half years. In this capacity he provided information and referral services and assisted clients in locating affordable and accessible housing. He was responsible for interviewing attendants that provided personal and domestic care in client homes and provided clients with benefits counseling offered through the Social Security Administration. When he is not working, he likes to spend time with friends and play golf. In addition, he used to coach kid's soccer and has played in a recreational league.

COMMUNITY PARTNER SPOTLIGHT

CDPH-OA would like to congratulate TruEvolution for the opening of Project Legacy: a supportive housing model for LGBTQ+ people in Riverside County. Project Legacy grew out of lessons learned from Project Room Key and blossomed into a public and private partnership that developed a new housing program that centers the LGBTQ+ people experiencing homelessness in the Inland Empire. Gabriel Maldonado, the CEO of TruEvolution, his team and the new residents of Project Legacy welcomed the community on to their campus to celebrate its opening June 30th. Housing is healthcare! Thank you, TruEvolution!

GENERAL 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](#) to stay informed.

> Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

[Mpox digital assets](#) are available for LHJs and CBOs.

> 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 CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

> HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are reinitiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

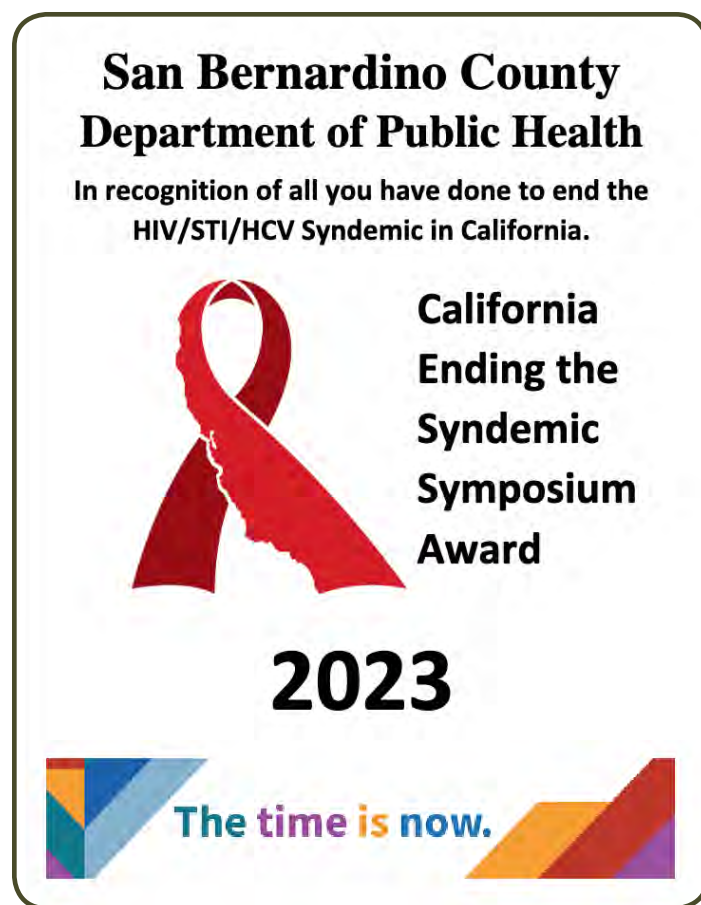
ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Thanks to all who attended the 2023 Ending the Syndemic Symposium and helped to make it a success! On days one and two of the Symposium, Dr. Marisa Ramos and Dr. Kathy

Jacobson kicked us off with welcomes and some reflections on the reasons we do syndemic work. Our keynote speaker, Gabriel Maldonado, the CEO of TruEvolution, described some practical ways to address building health equity, and also reminded us of the internal work we all must do to be anti-racist, anti-transphobic, anti-homophobic, anti-sexist and to squarely address HIV stigma. We heard from Peregrine Media about how social marketing online can positively impact health seeking behavior and help to link more people to HIV/STI/HCV services. We heard from the California Planning Group, a co-sponsor of the Symposium, about their important statewide HIV/STI/HCV advocacy to amplify the voices of all communities most impacted by HIV, STIs and HCV.

Days two and three of the symposium were a menu of panels and presentations of many voices of people with lived experience that helped us focus on the next best steps to: building a workforce that reflects the populations served in sexual and drug user health services; integrating services for cis-gender women; centering people living with HIV and aging in a wholistic manner; using self-testing as a model to reach people that do not access testing other ways; using data to link people to needed services; using housing first models to build program with people experiencing homelessness; and addressing prevention and care for Transgender communities.

On day four of the symposium, we heard from Brett Feldman of the USC Keck School of Medicine talk about a Street Medicine Demonstration Project to improve street-based services in California in a presentation that was both humbling and motivating at the same time. We heard about the regional and local work involved in implementing the Ending the HIV Epidemic Initiative across California. Finally, we recognized the great work going on in all the Phase 1 EHE counties and presented San Bernardino County with our *Ending the Syndemic Symposium Award* for their



outstanding efforts to address the syndemic.

We the conference organizers want to thank you for your participation in this Symposium and the work you are doing to address the syndemic of HIV/STIs/HCV. Special thanks to Facente Consulting for helping with the logistics of the Symposium. Recordings of each session and conference materials will be emailed out by July 21st.

To learn what the California Planning Group is and how to get involved visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx.

A link to the Ending the Epidemics Statewide Strategic Plan can be found at: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_ADA.pdf.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of June 27, 2023, there are 204 PrEP-AP enrollment sites covering 189 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 three tables displayed on page 9 of this newsletter.

STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California.

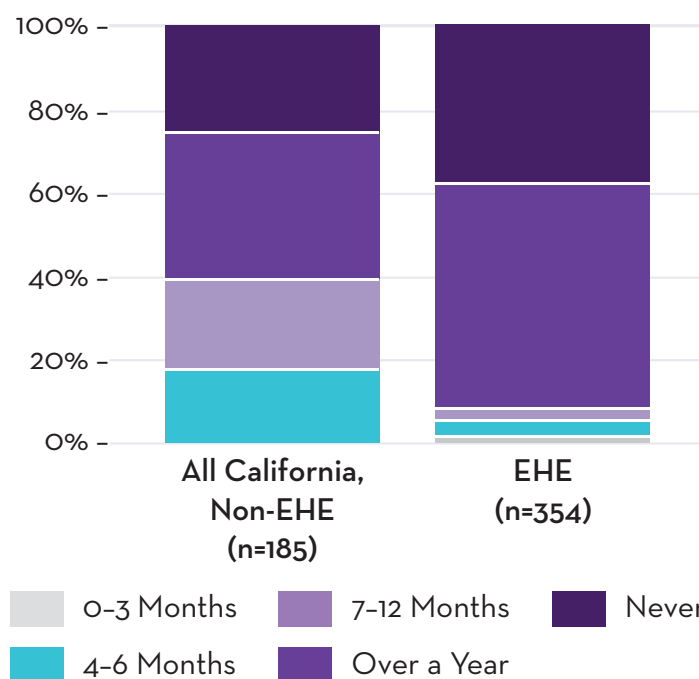
TAKEMEHOME



The program, [TakeMeHome](https://takemehome.org/), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit. In May, 185 individuals in 30 counties ordered self-test kits, with 152 individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 33 months, between September 1, 2020, and

May 31, 2023, 6086 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 213 (60.2%) of the 354 total tests distributed in EHE counties.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, May 2023



| Additional Key Characteristics | EHE | All California, Non-EHE |
|--|-------|-------------------------|
| Of those sharing their gender, were cisgender men | 63.6% | 71.2% |
| Of those sharing their race or ethnicity, identify as Hispanic or Latinx | 33.5% | 33.6% |
| Were 17-29 years old | 46.1% | 38.4% |
| Of those sharing their number of sex partners, reported 3 or more in the past year | 44.4% | 50.4% |

Since September 2020, 668 test kit recipients have completed the anonymous follow-up survey from EHE counties; there have been 121 responses from the California expansion since January 2023. Highlights from the survey results include:

| | EHE | All California, Non-EHE |
|---|-------|-------------------------|
| Would recommend TakeMeHome to a friend | 94.2% | 94.2% |
| Identify as a man who has sex with other men | 68.0% | 73.6% |
| Reported having been diagnosed with an STI in the past year | 9.1% | 8.3% |

STRATEGY J

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

As of June 27, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance

Assistance Program are shown in the table at the bottom of this page.

STRATEGY K

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

➤ WEBINAR: Supporting the Emotional and Mental Health Needs of Harm Reduction Staff

The National Council for Mental Wellbeing is hosting a three-part webinar series highlighting innovative strategies to establish professional boundaries, manage grief and support staff wellness. The final webinar in this series on July 17th will present strategies that harm reduction organizations and supervisors can employ to encourage emotional wellness and support staff experiencing burnout.

Register for Part 3 at: https://thenationalcouncil-org.zoom.us/webinar/register/WN_GSrRZeliTx-VgDniGCeLQg?mkt_tok=NzczLU1KRi0zNzkAAAGMoYtktbvgdMlwzd0WuZsrVBVJqt13buAGdmwnDS0Jd31aGua-1xgtXXyuoQIVQgOGa2iOztp hLoZhbtK2RyaZHumlj7KI6kaDXG4pgAvN9IE#/registration

(continued on page 10)

| ADAP Insurance Assistance Program | Number of Clients Enrolled | Percentage Change from May |
|---|----------------------------|----------------------------|
| Employer Based Health Insurance Premium Payment (EB-HIPP) Program | 517 | + 3.40% |
| Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program | 5,559 | - 1.82% |
| Medicare Part D Premium Payment (MDPP) Program | 714 | - 20.75% |
| Total | 6,790 | - 3.86% |

Source: ADAP Enrollment System

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 | 293 | 8% | --- | --- | --- | --- | 30 | 1% | 323 | 9% |
| 25 - 34 | 1,189 | 33% | 1 | 0% | 1 | 0% | 232 | 6% | 1,423 | 39% |
| 35 - 44 | 897 | 25% | --- | --- | 2 | 0% | 169 | 5% | 1,068 | 30% |
| 45 - 64 | 457 | 13% | 1 | 0% | 22 | 1% | 94 | 3% | 574 | 16% |
| 65+ | 19 | 1% | --- | --- | 193 | 5% | 9 | 0% | 221 | 6% |
| TOTAL | 2,855 | 79% | 2 | 0% | 218 | 6% | 534 | 15% | 3,609 | 100% |

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 | 185 | 5% | --- | --- | 35 | 1% | 12 | 0% | 1 | 0% | 57 | 2% | 1 | 0% | 32 | 1% | 323 | 9% |
| 25 - 34 | 851 | 24% | 3 | 0% | 125 | 3% | 87 | 2% | 3 | 0% | 268 | 7% | 8 | 0% | 78 | 2% | 1,423 | 39% |
| 35 - 44 | 685 | 19% | 3 | 0% | 85 | 2% | 40 | 1% | 2 | 0% | 201 | 6% | 6 | 0% | 46 | 1% | 1,068 | 30% |
| 45 - 64 | 370 | 10% | 2 | 0% | 40 | 1% | 16 | 0% | 1 | 0% | 128 | 4% | 1 | 0% | 16 | 0% | 574 | 16% |
| 65+ | 20 | 1% | 1 | 0% | 2 | 0% | 3 | 0% | --- | --- | 189 | 5% | --- | --- | 6 | 0% | 221 | 6% |
| TOTAL | 2,111 | 58% | 9 | 0% | 287 | 8% | 158 | 4% | 7 | 0% | 843 | 23% | 16 | 0% | 178 | 5% | 3,609 | 100% |

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 | 158 | 4% | --- | --- | 4 | 0% | 8 | 0% | 1 | 0% | 13 | 0% | --- | --- | 6 | 0% | 190 | 5% |
| Male | 1,759 | 49% | 8 | 0% | 264 | 7% | 145 | 4% | 6 | 0% | 804 | 22% | 16 | 0% | 155 | 4% | 3,157 | 87% |
| Trans | 174 | 5% | --- | --- | 17 | 0% | 4 | 0% | --- | --- | 14 | 0% | --- | --- | 7 | 0% | 216 | 6% |
| Unknown | 20 | 1% | 1 | 0% | 2 | 0% | 1 | 0% | --- | --- | 12 | 0% | --- | --- | 10 | 0% | 46 | 1% |
| TOTAL | 2,111 | 58% | 9 | 0% | 287 | 8% | 158 | 4% | 7 | 0% | 843 | 23% | 16 | 0% | 178 | 5% | 3,609 | 100% |

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: 06/30/2023 at 12:01:14 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Watch previous recordings on-demand:

[Part 1: Establishing Professional Boundaries in the Virtual Harm Reduction Workplace](#)

[Part 2: Coping with Grief and Loss in the Harm Reduction Workplace](#)

➤ REPORT: California Statewide Study of People Experiencing Homelessness

The [California Statewide Study of People Experiencing Homelessness \(CASPEH\)](#), conducted by The University of California, San Francisco Benioff Homelessness and Housing Initiative (BHHI) provides a comprehensive look at the causes and consequences of

homelessness in California and recommends policy changes to shape programs in response. Key policy recommendations include, “provide robust supports to match the behavioral health needs of the population, by increasing access to low barrier mental health, substance use, and harm reduction services during episodes of homelessness.”

[Executive summary](#)

[Full report](#)

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