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STAFF HIGHLIGHT

➤ Alicia Vargas

OA is pleased to announce that **Alicia Vargas** has graciously accepted the position of Chief of the Program Integrity and Operations (PIOS) Section in the ADAP Branch.

Alicia's journey with state service began in the OA in June 2017, where she started as the Supervising Program Technician II of the ADAP Client Services Unit (CSU). Within just six months, she was promoted to Staff Services Manager I in the CSU, playing a pivotal role in establishing the new unit and the ADAP call center, grievance processes for the branch, and participating in agile system development and Project Approval Lifecycle of the ADAP Enrollment System. In September 2019, Alicia took on another challenge by leading the formation of the Quality Assurance and Training Unit in ADAP. She was instrumental in devising and implementing new quality assurance processes and overhauling the training curriculum for ADAP staff, enrollment workers, and contractors.

Since June 2021, Alicia has been serving as the Chief of the ADAP Client Services, Quality Assurance, and Training Section. During this time, she has significantly improved team building across the section and branch, facilitated the ADAP Team Building Workgroup



and events, coordinated audit responses for the ADAP Branch, and ensured program compliance. Alicia also created and maintained onboarding and recruiting resources for branch staff, led the ADAP webpage revamp workgroup, participated in RFP and RFA reviews, participated in the May revise and November estimate process, and developed and implemented the OA Stakeholder Learning Collaborative. She attended NASTAD's Trauma-Informed Approaches Learning Community, co-facilitated the 21-Day Challenge for Racial and Health Equity, and in 2023, received the

department's Superior Accomplishment Award for outstanding achievement and performance in service to the department.

Before joining CDPH, Alicia spent 14 years in the healthcare and healthcare insurance industries, managing front offices, accounts payable, accounts receivable, and supervising staff. She has taken part in State Supervisory Training and Leadership for the Government Manager programs at California State University of Sacramento, and in 2019, she was invited back to mentor and sponsor a Leadership for the Government Supervisor cohort.

In her spare time, Alicia is often found volunteering at her son, Lucca's school or cheering him on at his soccer or basketball games. She is an avid animal lover and plant enthusiast, taking care of her dog Winston, cat Sheldon, and over 70 potted plants! Alicia and her husband Jesse also enjoy cooking, reading, hiking, traveling, walking the Del Rio Trail, and practicing yoga.

Congratulations on your new role, Alicia!

COMMUNITY PARTNER SPOTLIGHT

➤ Highlighting the Critical Role of our HIV Planning Councils, Commissions and Groups

CDPH would like to highlight the critical work at the planning tables of our HIV Councils, Commission and Groups throughout California. Working in 8 grant areas throughout the state, these bodies are primarily responsible for the priority setting and resource allocation of HRSA Part A dollars that funds critical core medical and support services for low-income people living with HIV. These groups also help to advise HIV prevention work. Their efforts are a critical part of the effectiveness of HIV work and why we're

able to aim towards getting to zero HIV deaths, zero HIV stigma, and zero new HIV infections in California.

Six of these groups co-authored the California's [Integrated Plan](#) and [Implementation Blueprint](#), and all these groups are partners in addressing HIV as a syndemic with HCV and other STIs through a social determinants of health lens. If you are part of the communities represented by the groups below, please consider joining your home planning body or supporting their work by adding your voice, skills, and insight to their community events and activities throughout the year. At these meetings you will find amazing and talented individuals to include people living with HIV, those whose communities are most impacted by HIV, and their allies and advocates. You will find people grappling directly with how to address social determinants of health barriers to make sure that all communities benefit from the life-saving tools and resources that are available to treat and prevent HIV. CDPH/OA does our best to help with their important work and learn from their communities how the State can partner with their best next steps of getting to zero in California. We hope to see you at one of these planning tables in the future!

- [Inland Empire HIV Planning Council](#) - Serving Riverside and San Bernardino Counties
- [Los Angeles Commission on HIV](#)
- [Oakland TGA HIV Planning Council](#) - Serving Alameda and Contra Costa Counties
- [Orange County HIV Planning Council](#)
- [San Diego HIV Planning Group](#)
- [Sacramento TGA HIV Health Services Planning Council](#) - Serving El Dorado, Placer, Yolo and Sacramento Counties
- [HIV Commission | Public Health | County of Santa Clara](#)
- [San Francisco HIV Community Planning Council](#) - Serving Marin, San Francisco, and San Mateo Counties

HIV AWARENESS

September 18th is National HIV/AIDS and Aging Awareness Day (NHAAD). This day is observed to celebrate the strength and resilience of long-term survivors. The discovery of antiretroviral therapy (ART) and advanced research has led to many effective treatments which have allowed people living with HIV to live full and healthier lives. Due to advancements in treatment, a person living with HIV (PLWH), in care, and virally suppressed, has a similar life expectancy to one living without HIV. However, long-term survivors face unique challenges such as HIV-related comorbidities, co-infections and other health complications. Stigma, discrimination and uninformed health care providers are barriers to comprehensive care. This day is observed to raise awareness about challenges faced by those aging with HIV and advocate for all aging adults to get tested and know their status.

September 27th is National Gay Men's HIV/AIDS Awareness Day (NGMHAAD). This day is observed to end HIV stigma and encourage HIV testing, prevention, and treatment among gay and bisexual men. While we have made progress with HIV prevention and treatment, challenges such as stigma, homophobia, racism, and discrimination still contribute to barriers to care and prevention, particularly for Black/African American and Latine men. NGMHAAD continues to raise awareness about HIV, encourages conversation around stigma, and the importance of testing.

GENERAL UPDATES

➤ Clinical Quality Management (CQM)

The OA CQM Program is excited to announce the [2025–2026 revisions](#) to the 2024–2027 CQM

Plan are now published and available on [OA's CQM Program webpage](#).

These annual updates reflect key adjustments to program goals and activities, and quality improvement strategies within OA.

If you have any [questions or feedback](#), please contact rw.partbcqm@cdph.ca.gov.

➤ 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.

Digital assets continue to be available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.

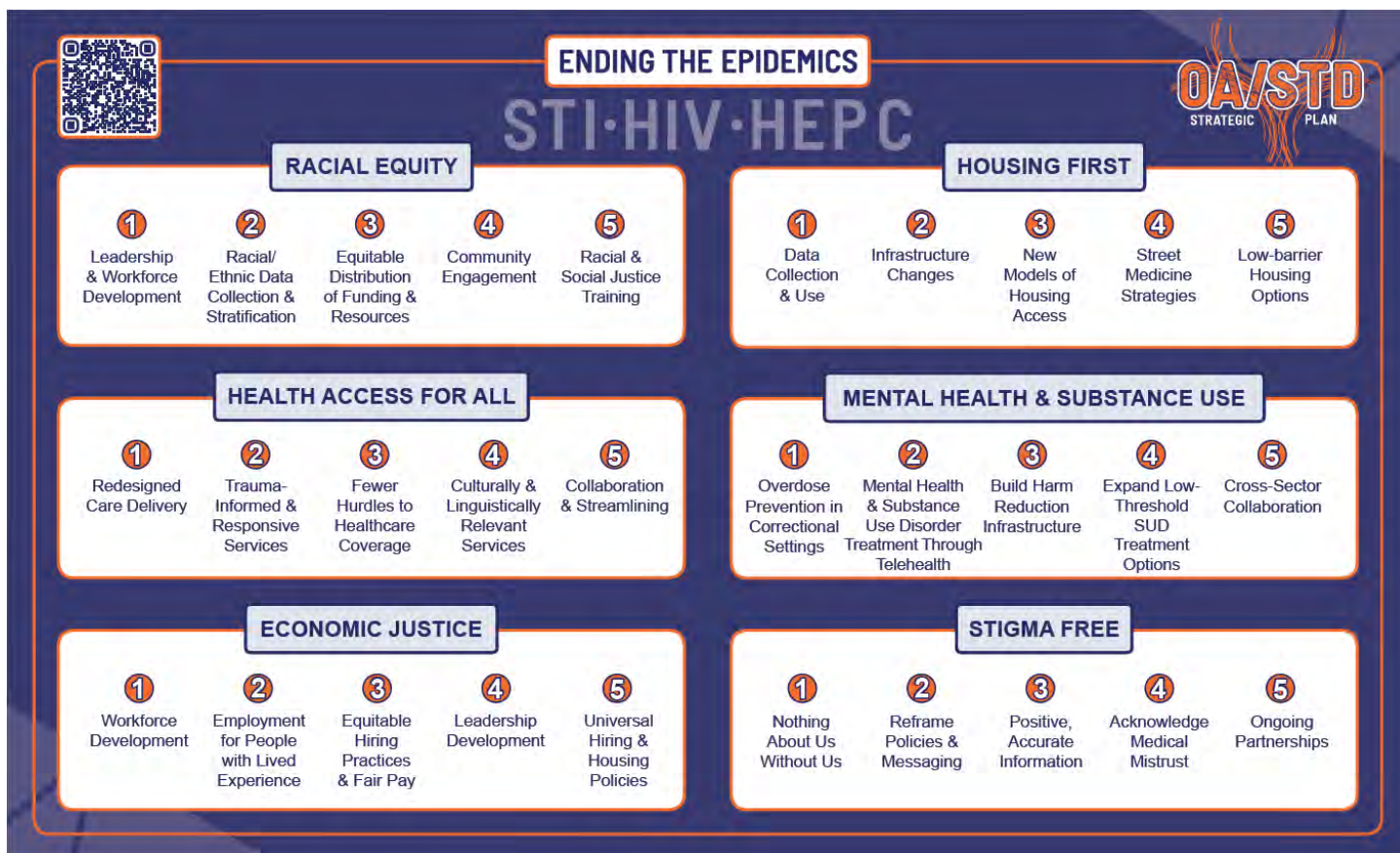
➤ HIV/STI/HCV Integration

We continue to move 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 as new information comes in.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The [visual at the top of the next page](#) is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health.

OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other



STIs, through a Social Determinants of Health lens.

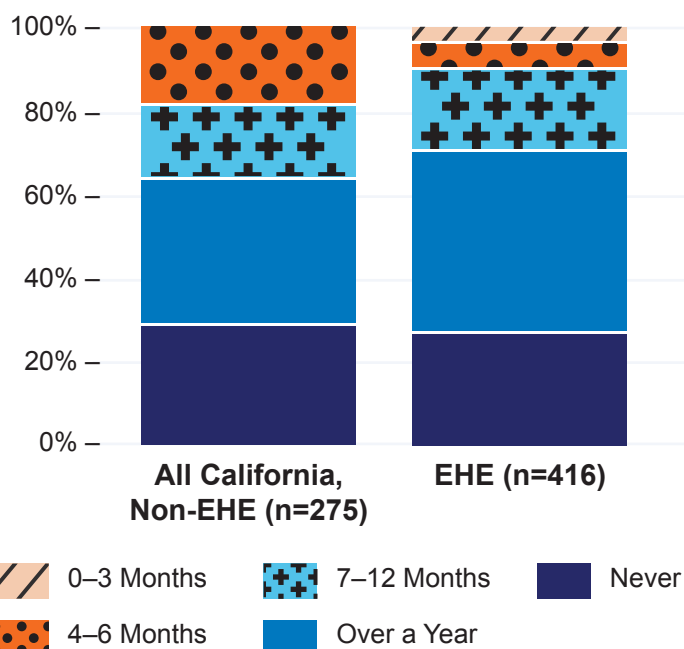
For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

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. The program, **TakeMeHome**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, July 2025



TAKEMEHOME

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	53.5%	59.5%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	39.3%	37.5%
Were 17-29 years old	41.4%	42.6%
Of those sharing their number of sex partners, reported 3 or more in the past year	39.8%	43.9%

In July, 275 individuals in 34 counties ordered self-test kits, with 202 (73.5%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.9%	94.4%
Identify as a man who has sex with other men	46.9%	51.2%
Reported having been diagnosed with an STI in the past year	8.2%	9.8%

Epidemic in America counties. Between the program's initiation in September 1, 2020, and July 31, 2025, 18,424 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 152 (36.5%) of the 416 total tests distributed in EHE counties. Of those ordering rapid tests, 211 (79.9%) ordered 2 tests.

Since September 2020, 2,023 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 887 responses from the California expansion since January 2023.

HEALTH ACCESS FOR ALL

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of August 31, 2025, there are 293 PrEP-AP enrollment sites and 231 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on the next page of this newsletter.

As of August 31, 2025, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [table at the top of page 7](#).

RACIAL EQUITY

➤ Strategy 4: Community Engagement

The fourth annual virtual **Ending the Syndemic Symposium** is happening this month!

(continued on page 7)

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	315	11%	---	---	---	---	11	0%	326	12%
25 - 34	928	33%	---	---	---	---	132	5%	1,060	38%
35 - 44	688	25%	---	---	1	0%	112	4%	801	29%
45 - 64	377	14%	1	0%	4	0%	90	3%	472	17%
65+	28	1%	---	---	89	3%	8	0%	125	4%
TOTAL	2,336	84%	1	0%	94	3%	353	13%	2,784	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	190	7%	1	0%	35	1%	20	1%	1	0%	43	2%	5	0%	31	1%	326	12%
25 - 34	589	21%	2	0%	99	4%	89	3%	2	0%	199	7%	8	0%	72	3%	1,060	38%
35 - 44	470	17%	5	0%	63	2%	47	2%	2	0%	160	6%	7	0%	47	2%	801	29%
45 - 64	257	9%	---	---	32	1%	13	0%	1	0%	126	5%	1	0%	42	2%	472	17%
65+	13	0%	---	---	4	0%	5	0%	---	---	95	3%	---	---	8	0%	125	4%
TOTAL	1,519	55%	8	0%	233	8%	174	6%	6	0%	623	22%	21	1%	200	7%	2,784	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	42	2%	---	---	3	0%	14	1%	1	0%	10	0%	---	---	12	0%	82	3%
Male	1,407	51%	7	0%	212	8%	157	6%	4	0%	593	21%	19	1%	166	6%	2,565	92%
Trans	59	2%	---	---	14	1%	1	0%	1	0%	10	0%	2	0%	2	0%	89	3%
Unknown	11	0%	1	0%	4	0%	2	0%	---	---	10	0%	---	---	20	1%	48	2%
TOTAL	1,519	55%	8	0%	233	8%	174	6%	6	0%	623	22%	21	1%	200	7%	2,784	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: 08/31/2025 at 12:00:42 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	590	1.20%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,802	0.05%
Medicare Premium Payment Program (MPPP)	2,330	0.39%
Total	8,722	0.22%

Source: ADAP Enrollment System



- September 23rd, 12:00–4:00 PM
- September 24th, 9:00 AM–1:00 PM
- September 25th, 12:00–4:00 PM

The *Ending the Syndemic Symposium IV, 2025* is sponsored by CDPH/OA and will offer an opportunity for California Counties and their funded Community Programs to share best practices and innovations in serving the communities most impacted by HIV, HCV, and STIs.

Each day of the Symposium will have a particular theme we are asking speakers and panelists to address. The theme of Day 1 is **Stigma Free Services**, Day 2 is **Economic Justice**, and Day 3 is **Housing First**.

This Symposium is free and open to any partner working to end the syndemic of HIV, STIs and HCV in California.

We look forward to seeing you at the Symposium!

[Register for the Symposium.](#)



(Note: Simultaneous Spanish translation will be available at all sessions of the Symposium.)

RACIAL EQUITY

➤ Strategy 5: Racial and Social Justice Training

The CDC offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV prevention related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more! To [submit a CBA request](#), please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

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