

- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Housing First
- Racial Equity

STAFF HIGHLIGHT

➤ Marjorie Katz

Please join us in congratulating **Marjorie Katz** on her retirement after 13 years of service in OA, first in the Care Branch and most recently as the lead for OA's Syringe Services Authorization Program. When Marjorie came to the Harm Reduction Unit, she took over a program that was tricky from the outset. The Syringe Services Program (SSP) brings harm reduction services to areas of the state that often have very little drug treatment, and no services at all for people that are not ready for treatment but still need HIV prevention and care. Marjorie hit her stride quickly, organized systems, policies, and procedures and became an expert in working with people with concerns about SSPs. She developed the Harm Reduction Unit's process for consulting with law enforcement and health officers, frequently getting police and sheriffs to agree that we're all working to make communities safer and healthier, but coming at it from different angles.

Marjorie has played a pivotal role in expanding SSPs across California, collaborating with organizations like NASTAD and Keck School of Medicine, in addition to her work with dozens of local non-profits, clinics, and health departments. She was instrumental in helping health centers adopt harm reduction practices such as naloxone distribution and syringe access, first by



developing a toolkit for health centers, and later by leading efforts to bring technical assistance to street medicine crews. Her work helped bring the number of programs offering syringe services in California from 49 when she first began to more than 100 programs today.

As the Unit's go-to person for staying cool-headed in a crisis, Marjorie makes fast work of solutions. She reauthorized a dozen SSPs with lightning speed after a court declared that OA needed a longer consultation process with law enforcement and rewrote the regulations governing the authorization program (twice!)

She coached the team that custom built a software system to organize the complexity of the work, and she memorized every section of law and regulations that supports the work that we do.

Marjorie's efforts have been key to bringing new legal protections for services and participants, increasing the scope and reach of harm reduction services, building law enforcement support, and encouraging the adoption of harm reduction ideas by many other parts of public health, healthcare, and government systems.

Help us wish Marjorie an abundance of rest, adventures, and quality family time! Kick your feet up, Marjorie! It's well deserved.

➤ Angelo Macale

OA is pleased to welcome **Angelo Macale** to the Special Programs Section in the HIV Care Branch! As the Quality Improvement Registered Nurse in the Medi-Cal Waiver Program (MCWP), Angelo will be responsible for ensuring that MCWP providers across California meet all state and federal clinical compliance requirements through evaluating medical data and providing complex nursing consultation, education, and technical assistance to case managers. He'll also support the branch by developing clinical policies to maintain high-quality care delivery and improve access to services for people living with HIV.

Angelo comes to us from Contra Costa County's Public Health Department where he worked as a Public Health Nurse (PHN) providing medical case management to patients with active and latent tuberculosis. Angelo stands out with his patient-centered clinical approach. His methodology focused on providing health education and counseling on both disease prevention and chronic disease management, which empowered his patients to move towards self-management and improved health outcomes.



Prior to his work in Contra Costa, Angelo served as a Case Manager for Whole Person Care, a program designed to improve patient outcomes by linking them to community resources. Angelo earned a Bachelor of Science in Nursing from the University of San Francisco and has prior experience working as a PHN for Sacramento and Fresno counties.

Join us in welcoming Angelo to OA!

HIV AWARENESS

➤ International Overdose Awareness Day

On August 31st **International Overdose Awareness Day** (OAD) is observed. OAD is meant to provide space to honor lives lost to overdose and help reduce stigma associated with drug-related death. It is also recognized to provide educational resources aimed at saving lives.

There are many services and resources available to prevent drug overdose. Naloxone is a life-saving medication used to reverse an opioid overdose to include prescription opioid medications, fentanyl, and heroin. Naloxone can be administered through nasal spray (Narcan), or through an auto-injector into the outer thigh. Those at risk for opioid overdose should carry naloxone.

Please [visit the National Harm Reduction Coalition](#) to learn more about Naloxone or other harm reduction resources.

GENERAL UPDATES

➤ Mpox

OA continues its commitment 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.

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

Also, please refer to the [DCDC website](#) to stay informed of mpox updates.

➤ HIV/STI/HCV Integration

Finally some **BIG news!** We are excited to share an update on the progress of our integration of CDPH's HIV, STI, and HCV programs into a new, single Division.

On July 16, 2026, Adrian Barraza, Assistant Deputy Director for the Center of Infectious Diseases, announced that **Dr. Marisa Ramos** has been selected as the new Syndemic Division Chief for the Division of HIV, HCV, and STIs.

In this new role, Dr. Ramos will lead the Division as a whole, working in partnership with leaders and staff across both OA and the Office of STIs and HCV (OSH).

We continue to align our services in a coordinated syndemic manner to better serve individuals at risk of acquiring HIV, STIs, and HCV in California, and will continue to keep you updated as we transition into our next phase.

Keep an eye out for next month's newsletter, where we will be highlighting Dr. Ramos!

ENDING THE EPIDEMICS STRATEGIC PLAN OA/OSH

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.

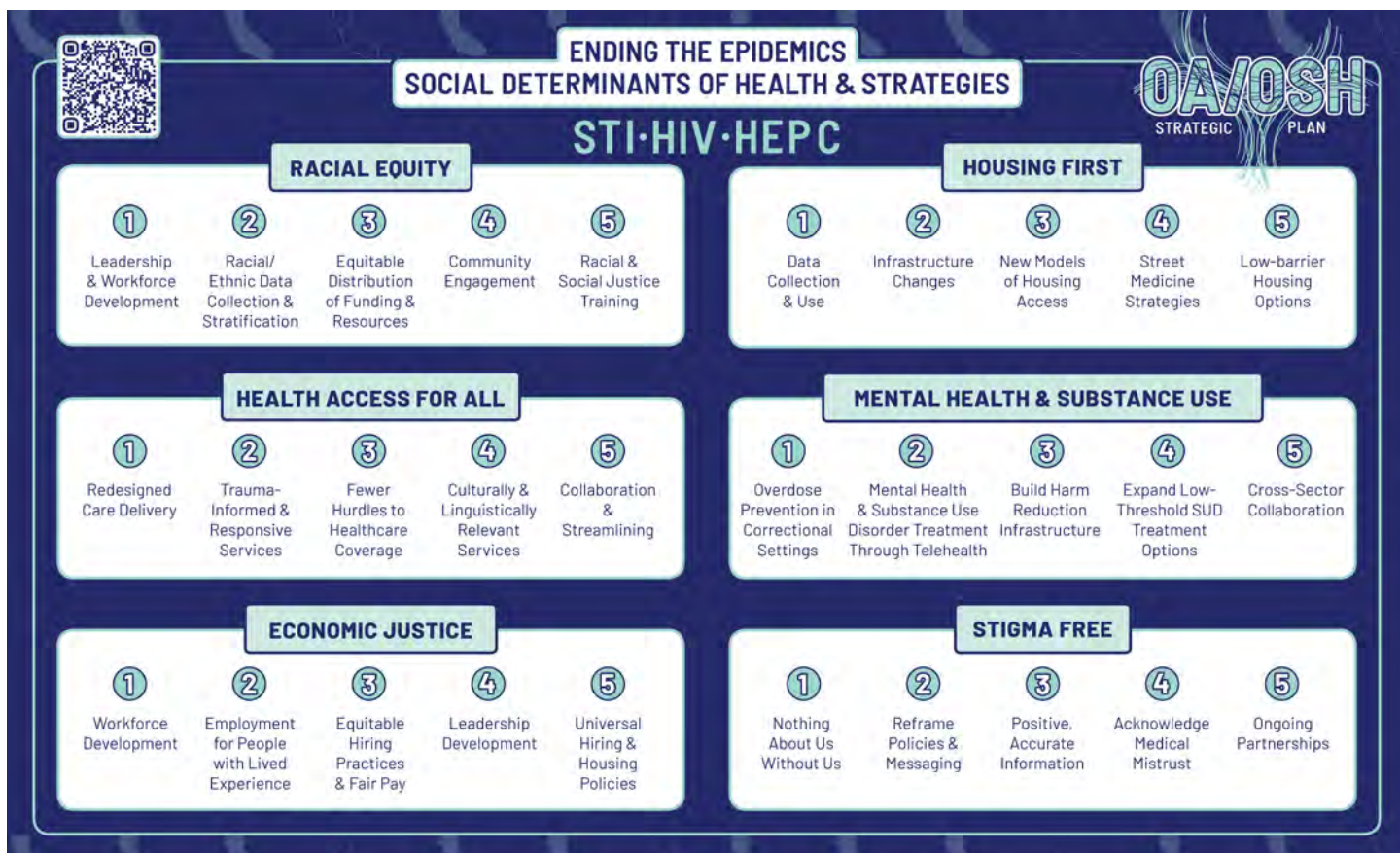
OA and OSH would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through Social Determinants of Health.

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](#) (TMH) is advertised on gay dating



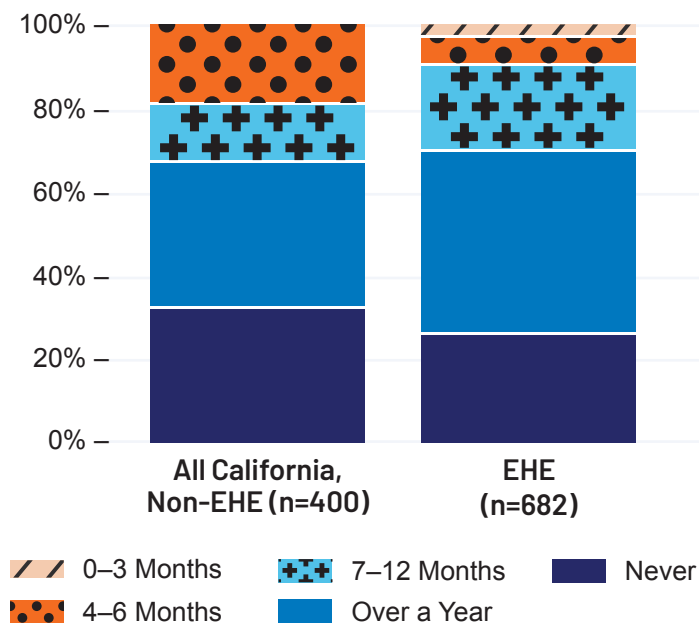
apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In June, 400 individuals in 38 counties ordered self-test kits, with 291 (72.8%) 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. Between the program's initiation in September 1, 2020, and June 30, 2026, 24,723 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 338 (49.6%) of the 682 total tests distributed in EHE counties. Of those ordering rapid tests, 246 (71.5%) ordered 2 tests.

Since September 2020, 2,527 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 1,149 responses from the California expansion since January 2023.

TAKEMEHOME

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, June 2026



TAKEMEHOME



now available on the [ADAP Reports webpage](#). Featuring an extensive redesign led by the ADAP Evaluation & Monitoring team, the report presents key program data through updated tables, figures, and visualizations that emphasize clarity, accessibility, and ease of understanding for a broad audience.

Each page was intentionally designed to serve as a standalone informational resource that can be shared in advocacy, outreach, and educational efforts. The report highlights client characteristics, viral suppression outcomes, medication and insurance assistance programs, and historical trends across ADAP's continued efforts to support Californians living with HIV. Be sure to check it out!

HEALTH ACCESS FOR ALL

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of July 31, 2026, there are 335 PrEP-AP enrollment sites and 253 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.

As of June 30, 2026, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [table at the top of page seven](#).

HOUSING FIRST

➤ Strategy 1: Data Collection and Use

The California Department of Housing and Community Development (HCD) is hosting

(continued on page seven)

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	50.9%	60.0%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	38.1%	44.1%
Were 17-29 years old	41.4%	42.3%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.9%	44.4%

Take Me Home Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	95.2%	94.5%
Identify as a man who has sex with other men	44.1%	47.8%
Reported having been diagnosed with an STI in the past year	8.0%	9.1%

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

The *AIDS Drug Assistance Program (ADAP) Annual Report for Fiscal Year (FY) 2024–2025* is

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	299	11%	---	---	---	---	7	0%	306	12%
25 - 34	873	33%	---	---	---	---	93	4%	966	36%
35 - 44	742	28%	1	0%	---	---	80	3%	823	31%
45 - 64	407	15%	---	---	2	0%	73	3%	482	18%
65+	20	1%	---	---	50	2%	4	0%	74	3%
TOTAL	2,341	88%	1	0%	52	2%	257	10%	2,651	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	168	6%	---	---	40	2%	21	1%	---	---	44	2%	5	0%	28	1%	306	12%
25 - 34	605	23%	1	0%	77	3%	60	2%	3	0%	163	6%	8	0%	49	2%	966	36%
35 - 44	553	21%	4	0%	44	2%	57	2%	2	0%	120	5%	5	0%	38	1%	823	31%
45 - 64	301	11%	1	0%	30	1%	18	1%	---	---	114	4%	2	0%	16	1%	482	18%
65+	15	1%	---	---	4	0%	4	0%	---	---	49	2%	---	---	2	0%	74	3%
TOTAL	1,642	62%	6	0%	195	7%	160	6%	5	0%	490	18%	20	1%	133	5%	2,651	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	52	2%	---	---	2	0%	11	0%	1	0%	10	0%	---	---	7	0%	83	3%
Male	1,506	57%	6	0%	176	7%	146	6%	4	0%	444	17%	17	1%	101	4%	2,400	91%
Trans	73	3%	---	---	12	0%	3	0%	---	---	25	1%	2	0%	5	0%	120	5%
Unknown	11	0%	---	---	5	0%	---	---	---	---	11	0%	1	0%	20	1%	48	2%
TOTAL	1,642	62%	6	0%	195	7%	160	6%	5	0%	490	18%	20	1%	133	5%	2,651	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: 07/31/2026 at 12:02:31 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 June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	583	1.22%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,236	0.05%
Medicare Premium Payment Program (MPPP)	2,631	-0.53%
Total	9,450	0.73%

Source: ADAP Enrollment System

a virtual public webinar for the 2025–2026 Consolidated Annual Performance and Evaluation Report (CAPER) of multiple state housing programs, including OA’s Housing Opportunities for Persons with AIDS (HOPWA) program.

The CAPER explains how HCD utilized U.S. Department of Housing and Urban Development (HUD) funds to support various housing programs. The CAPER reports data on program resources, funds and activities, and California’s actions to reduce homelessness and to meet the needs of California’s low-income residents.

The public hearing will take place via Zoom on September 8, 2026, from 2:00 to 3:00 PM. The hearing will summarize performance and actions to meet the goals and objectives in the 2025–2026 Annual Action Plan (AAP) and the first year of the 2025–2029 Consolidated Plan (Con Plan).

[Advanced registration is required.](#)

[Translation services and auxiliary aides](#) to improve access to the public hearing are available upon email request to HCD at FederalReporting@hcd.ca.gov.

RACIAL EQUITY

➤ Strategy 4: Community Engagement

OA is preparing for the next cycle of the following Requests for Applications (RFAs):

- PrEP Navigator Projects 2028–31
- Project Empowerment 2028–32

During the OA September Prevention Branch Monthly Community Partners Webinar on September 24, from 9:30am to 11am, we will present an overview of the activities currently supported by these RFAs and invite community partners to share feedback that will help shape the next iteration. Your perspectives are essential, and your contributions will support the continued strengthening of these important programs. We look forward to your participation.

For [questions related to this update](#), please contact Matthew.Willis@cdph.ca.gov.

➤ Strategy 4: Community Engagement

On July 15, 2026, OA released the [Memorandum: HIV Prevention Training and Treatment Resources for Providers in the Central Valley](#) to encourage providers across the

Central Valley to participate in HIV prevention and treatment training. This memo provides a compilation of resources that may help providers implement PrEP and PEP services, HIV/STI/HCV testing and treatment, perinatal HIV care, and stigma-free, person-centered client services, including:

- Infographics on women and HIV and PrEP as well as HIV and aging
- Clinical guidance on PrEP/PEP, HIV, and STIs
- PrEP, PEP, and doxyPEP resources
- Perinatal HIV consultation services and toolkits
- Capacity building assistance and training/certification opportunities

Much appreciation to the Central Valley LHJs – Fresno, Kern, Madera, Merced, San Joaquin, Stanislaus, and Tulare – as well as the California Planning Group (CPG) members from the Central Valley – Lupe Vargas, Jena Adams, and Karina Torres-Cornejo – for your feedback on the memo and your continued dedication to and support for improving HIV prevention and treatment in the Central Valley.

RACIAL EQUITY

➤ Strategy 4: Community Engagement

Volunteer Opportunity at the United States Conference on HIV/AIDS (USCHA)

Several Members of CPG and OA staff have joined the [Host Committee for this year's USCHA](#). The theme of the conference is *United and Unbreakable: The HIV Movement at 45*, and

is scheduled for September 17–20 in Anaheim, CA. The host committee is looking for 200 volunteers to assist in showing attendees why California is the place to be. Volunteers will help with activities including bag stuffing, registration, staffing various lounges, session monitors, and directional support. If selected to volunteer, the commitment is a total of 8 hours of time throughout the conference and volunteers will receive free registration to the conference (travel and accommodations will not be provided). Preference will be given to volunteers located in California.

For [more information on becoming a volunteer](#) visit the NMAC webpage and also check out the [volunteer application](#).

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! 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.

