

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 **Angelique Skinner's** promotion to a Health Program Specialist I in Division effective November 2020.

Angelique (Angie) joined OA in January 2019, as an Associate Governmental Program Analyst. In this position, she participated on high priority OA work groups to assist Division Chief Marisa Ramos. She functioned as a liaison with multi-disciplinary OA staff and Branch Chiefs and was tasked with coordinating and scheduling a variety of meetings for Division and various OA programs. She was entrusted with reviewing and editing reports, to include the OAVoice, and other publications.

March 2020, she provided assistance in the development of grant applications for CDC Notice of Funding Opportunity PS20-2010, "Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States" and CDC PS20-2011, "Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community."

As an OA Steering Committee member and liaison for the Membership Committee of the California Planning Group (CPG), she is responsible for scheduling monthly meetings, providing input for the agenda, and assisting Co-Chairs with managing the group. As a



Membership Committee liaison, she has the critical task to ensure the composition of the CPG has parity, inclusion and representation of all affected communities. Additionally, Angie is a member of the Office of yAy, a committee responsible for the development of quarterly All Staff Meetings and other office morale boosting events!

Prior to joining OA, Angie worked in law enforcement for twelve years. She was a Data Analyst employed by the Federal Bureau of Investigations (FBI) – Correctional Intelligence Task Force. She worked collaboratively with the FBI, the California Department of Corrections

and Rehabilitation, and the Federal Bureau of Prisons, to improve procedures, programmatic functions, and provide representation on task force committees. She was responsible for interpreting and communicating policies to staff, stakeholders and other law enforcement agencies. As a Criminal Intelligence Specialist with the California Department of Justice, one of her many responsibilities included working with state, local and federal law enforcement to inform, prevent, and curb prison and street gang activity.

In her new role, Angie will work closely with the Ending the Epidemics Coordinator to ensure funded programs meet OA goals and objectives. She will collaborate with EtHE funded LHJs and project grantees, provide support to LHJs and other HIV/STD programs to improve health outcomes, and coordinate community engagement efforts. Additionally, in support of the CDC funded “Ending the HIV Epidemic in America Initiative,” she will collaborate with the California Consortium for Urban Indian Health Inc., to develop a Strategic Plan to serve American Indian and Alaska Native Californians living with HIV or are at risk.

Outside of work, Angie enjoys hiking, travel and watching NBA Basketball. She loves the Miami Heat and was exhilarated when she obtained Dwyane Wade’s (her favorite player) autograph before he retired. She enjoys running with her Sole Sisters and has completed two marathons and over 20 half marathons. Prior to COVID, she was an assistant running coach with SacFit Running Group. She also enjoys spending time with her dog (and boss) **Max!**

## **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).

[ca.gov/programs/cid/doa/pages/oamain.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx), to stay informed.

### **Racial Justice and Health Equity:**

The HIV Prevention Branch and OA Division staff have completed a pilot of the 21-Day Racial and Health Equity Challenge, based on work by Dr. Eddie Moore, Jr. The Challenge leads participants through 21 days of articles, videos and other materials to build new racial justice habits. It was revised by OA to include topics and materials relevant to our work in HIV and ending the epidemics. OA will be rolling out the Challenge to all staff in 2021.

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

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. 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 Demonstration Projects 2021-23 Request for Applications (RFA):**

Health and Safety Code (HSC) 121287 establishes funding for public health demonstration projects which must be innovative and include evidence-based approaches to HIV prevention. The current iteration of these demonstration projects is the Rapid Anti-retroviral Treatment (RART) Program 2019-21. Funding for these projects is dependent upon appropriation of funding in the Annual Budget Act and must be awarded on a competitive basis. This new request for application (RFA) is currently in development. OA will soon provide additional information regarding the release of the new RFA.

### **Ending the Epidemics:**

We have met with each of the six counties to

begin to prioritize which activities they will start to initiate, knowing not all activities can commence at the same time. Several have begun the process of hiring staff however the process to hire takes a tediously long time. Others need to begin development of policies and procedures or searching for appropriate vehicles to retrofit into mobile medical units.

The CDC has not provided any guidance related to documents to complete, when reports are needed, and as announced last month, the CDC directions for monitoring and evaluation will not be issued until March. We are moving forward but between COVID and lack of any information outside of the original Notice of Funding Opportunity, it is a slow start.

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

### PrEP-AP:

As of January 5, 2021, there are 204 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 two 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	184	4%	---	---	---	---	122	3%	306	7%
25 - 34	1,285	28%	2	0%	1	0%	880	19%	2,168	48%
35 - 44	806	18%	---	---	4	0%	448	10%	1,257	28%
45 - 64	373	8%	---	---	22	0%	263	6%	658	14%
65+	12	0%	---	---	130	3%	20	0%	162	4%
<b>TOTAL</b>	<b>2,660</b>	<b>58%</b>	<b>2</b>	<b>0%</b>	<b>157</b>	<b>3%</b>	<b>1,733</b>	<b>38%</b>	<b>4,551</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%	88	2%	31	1%	37	1%	---	---	4	0%	5	0%	13	0%	306	7%
25 - 34	979	22%	667	15%	156	3%	233	5%	3	0%	6	0%	33	1%	91	2%	2,168	48%
35 - 44	627	14%	384	8%	85	2%	88	2%	1	0%	4	0%	10	0%	58	1%	1,257	28%
45 - 64	286	6%	266	6%	42	1%	43	1%	2	0%	1	0%	2	0%	16	0%	658	14%
65+	18	0%	133	3%	5	0%	4	0%	---	---	---	---	2	0%	---	---	162	4%
<b>TOTAL</b>	<b>2,038</b>	<b>45%</b>	<b>1,538</b>	<b>34%</b>	<b>319</b>	<b>7%</b>	<b>405</b>	<b>9%</b>	<b>6</b>	<b>0%</b>	<b>15</b>	<b>0%</b>	<b>52</b>	<b>1%</b>	<b>178</b>	<b>4%</b>	<b>4,551</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: 12/31/2020 at 12:01:13 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**

An HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. 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. There is an option to provide additional information and to share the results through an anonymous online survey. In the first 3 months, between September 1 and November 30, 2020, 671 tests were distributed, with 41.1% sent to people who had never before received an HIV test. The largest percentages of tests were sent to people 20 to 30 years of age (58.2%), Latinx (36.8%), and individuals reporting 3 or more partners in the past 12 months (41.1%). If shown effective, the project will be extended into other California jurisdictions as well.

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

### **ADAP's Insurance Assistance Programs:**

As of January 5, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

<b>ADAP Insurance Assistance Program</b>	<b>Number of Clients Enrolled</b>	<b>Percentage Change from November</b>
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	606	+0.16%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,345	+3.91%
Medicare Part D Premium Payment (MDPP) Program	1,969	-0.30%
<b>Total</b>	<b>8,920</b>	<b>+2.69%</b>

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

On December 17, 2020 the Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network Advisory](https://www.cdc.gov/han/2020/han00438.asp) of an increase in fatal drug overdoses across the United States driven by synthetic opioids before and during the COVID-19 pandemic (<https://emergency.cdc.gov/han/2020/han00438.asp>). The advisory is to alert public health departments, healthcare professionals, first responders, harm reduction organizations, laboratories, and medical examiners and coroners to the increase, and includes detailed recommendations.

Also in December, CDC and the National Association of State and Territorial AIDS Directors (NASTAD) issued their long-awaited [guidance for syringe services programs](https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf) (SSPs): <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>. The authors identify five main strategies for supporting new and existing SSPs: involving people with lived experience; planning, design, and implementation; providing core versus expanded services; collecting data to inform planning and evaluation; and ensuring program sustainability. Each strategy includes details on approach (how to make the strategy work), evidence of effectiveness and “Voices from the Field” – perspectives and opinions from

SSP providers and others on their experiences implementing the strategy. The technical package includes experiences from SSPs in both supportive local environments (ones with funding and public health leadership specific to drug user health) and in less supportive (ones with policy,

legal or public opinion barriers.)

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

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