

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).

## In This Issue:

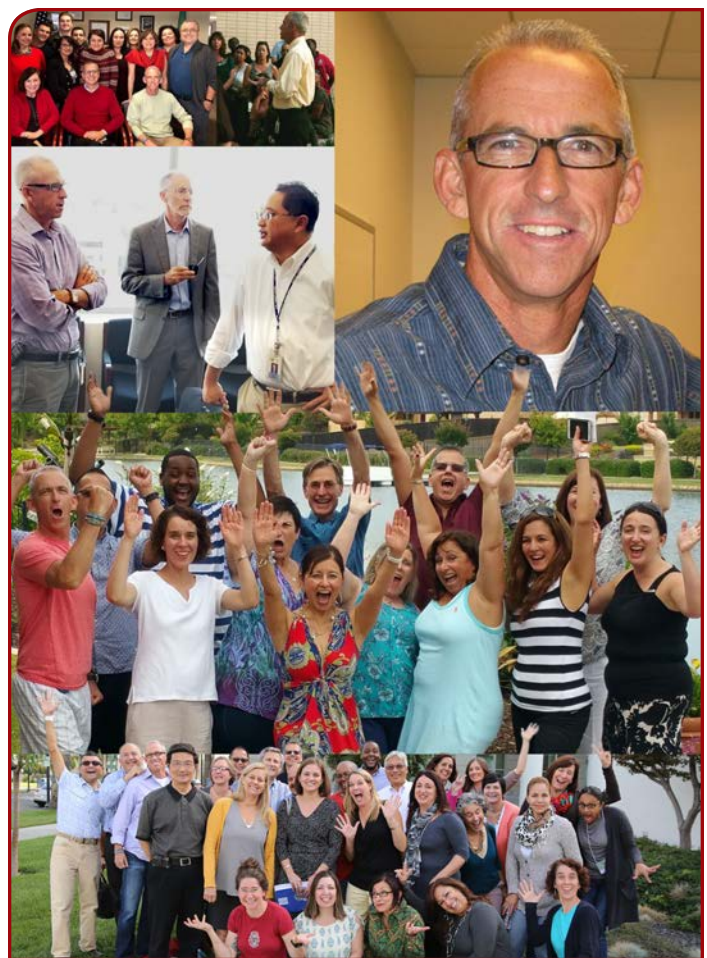
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## Staff Highlight:

The California Department of Public Health (CDPH), OA is pleased to congratulate Assistant Deputy Director, Center for Infectious Diseases (CID), **Drew Johnson** on his retirement. With 35 years of State service, and 26 at CDPH/ Department of Health Services (DHS), we were blessed and privileged to have worked with Drew.

Drew started his state service with the California Department of Finance, in October 1986 as a Staff Finance Budget Analyst. He worked there for eight years, until deciding to work for DHS. He served as the HIV Education and Prevention Branch Chief within OA through June 2007. He then promoted to the Assistant Deputy Director for the CID, where he assisted in the planning, implementation, coordination and evaluation, of one division and three offices that comprise CID; Division of Communicable Disease Control, Office of Binational Border Health, Office of Refugee Health, and OA.

Drew is highly respected among all at OA. He is seen as a trailblazer in cross-program communications, breaking down silos and barriers between programs and promoting collaborations between programs. He is known as the “go-to” person in CID. His co-workers and colleagues consistently reach out to him for his expertise and guidance. His quick wit, attention to detail and can do attitude is infectious. He is



able to put people at ease, make work enjoyable and bring enthusiasm to whatever he does. Drew is a true example of professionalism. His staff and colleagues trust his intuition, trust his judgement and know he will always make sound decisions based on the best interest of OA clients.

Drew sent a heartfelt e-mail announcing his retirement, and it exemplifies the genuine man he is:

*I have gained the privilege of knowing many of you personally throughout the years; others more so through email notes and observing your work from afar. In either case, there has not been a day in my 26 years here at CDPH (DHS), 35 total, that I did not want to come to work – because I love my job and working alongside you. How fortunate am I. I am so privileged to be part of a CID team and a CDPH leadership which achieves so much success. Leaving today feels a little like moving away from home for the first time. It has great promise and excitement – yet the thought of no longer seeing my “family” every day is hard to imagine.*

*If possible, I have gained even more respect for how all of you continue to conduct yourselves during this pandemic. Nothing quite challenges the resiliency of an organization quite like a crisis, right? I have experienced several over my career, but none like COVID-19. With this pandemic came the opportunity for all of you to meet this challenge without fear (or maybe just a little fear ;)). Those who continue to work endless hours in direct response demonstrate all the quality values of a highly functioning CDPH workforce. Those that have absorbed so much more work covering jobs from redirected staff keep important public health programs operating at levels that reduce morbidity and mortality. What a place to work. I and my family are the better for it. Be well and I hope to see you around.*

Drew will truly be missed, and we wish him nothing but the best in his retirement.

## **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), to stay informed.

### **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.

### **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. 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.

**Update:** The duty statement for the OA Assistant Division Chief position has been rewritten to include responsibilities that will advance racial justice and health equity in OA's operations and programming.

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

### **PrEP-AP:**

As of October 29, 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.

## Strategy F: Improve Overall Quality of HIV-Related Care

On October 15, CDPH’s Immunization Branch and OA, along with UC Davis’s Central Valley & Northern Interior AIDS Education & Training Center (AETC), held a webinar called [\*Ryan White Clinics: Preparing for the Flu Season Amid a Pandemic\*](#). The 90-minute webinar informed California’s Ryan White HIV/AIDS Program providers on the importance of the influenza vaccination for people living with HIV during the COVID-19 pandemic. Speakers discussed

considerations for special populations, how to determine which vaccinations are best for people living with HIV, and safe delivery of the flu vaccination during the pandemic. Invited speakers included Dr. Lily Horng (Immunization Branch), Dr. Phil Peters (OA), and Edgar Rodriguez (UC San Diego Health - CommUnity Care). The webinar was recorded and is accessible via the Central Valley & Northern Interior AETC’s training site at <https://health.ucdavis.edu/internalmedicine/infectious/paetc.html>.

The California Regional Quality Group (CARG) is a group of staff and consumers from many Ryan White HIV/AIDS Program agencies in the Inland

### 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	208	5%	---	---	---	---	182	4%	390	9%
25 - 34	1,317	29%	2	0%	1	0%	955	21%	2,275	50%
35 - 44	724	16%	---	---	4	0%	394	9%	1,121	25%
45 - 64	346	8%	---	---	25	1%	253	6%	624	14%
65+	11	0%	---	---	132	3%	13	0%	156	3%
<b>TOTAL</b>	<b>2,606</b>	<b>57%</b>	<b>2</b>	<b>0%</b>	<b>162</b>	<b>4%</b>	<b>1,797</b>	<b>39%</b>	<b>4,566</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	164	4%	102	2%	39	1%	52	1%	---	---	5	0%	9	0%	19	0%	390	9%
25 - 34	1,036	23%	701	15%	160	4%	233	5%	2	0%	6	0%	35	1%	102	2%	2,275	50%
35 - 44	565	12%	350	8%	70	2%	79	2%	2	0%	4	0%	8	0%	43	1%	1,121	25%
45 - 64	268	6%	256	6%	42	1%	39	1%	2	0%	1	0%	3	0%	13	0%	624	14%
65+	17	0%	130	3%	4	0%	4	0%	---	---	---	---	1	0%	---	---	156	3%
<b>TOTAL</b>	<b>2,050</b>	<b>45%</b>	<b>1,539</b>	<b>34%</b>	<b>315</b>	<b>7%</b>	<b>407</b>	<b>9%</b>	<b>6</b>	<b>0%</b>	<b>16</b>	<b>0%</b>	<b>56</b>	<b>1%</b>	<b>177</b>	<b>4%</b>	<b>4,566</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: 10/31/2020 at 12:01:18 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.



Empire, Orange and Los Angeles counties. CARG’s current membership is around 80 participants who focus on quality improvement activities. Originally a group participating in Health Resources Services Administration/ Center for Quality Improvement and Innovation’s (CQII) Project ECHO, a collaborative to end disparities, they continue to meet and grow to monitor and improve viral suppression rates in various populations. They have demonstrated increased viral suppression among Gay/Men who have Sex with Men (MSM), MSM of Color, and women. Check out the [CQII website](https://targethiv.org/cqii) at <https://targethiv.org/cqii> for more information on how you can strengthen your quality improvement activities.

**Strategy I: Improve Case Management for People Living with HIV (PLWH) with High Need**

OA’s Medi-Cal Waiver Program (MCWP), in collaboration with the Department of Health Care Services (DHCS), has begun the renewal process for the 2022 to 2026 1915(c) Home and Community–Based Services (HCBS), HIV/AIDS Waiver. DHCS intends to submit the Waiver Renewal Application on behalf of CDPH to the federal Centers for Medicare and Medicaid Services (CMS) on August 1, 2021. As part of the renewal process, MCWP will seek public comment on the upcoming HIV/AIDS Waiver

Renewal Application from stakeholders. The current HIV/AIDS Waiver expires on December 31, 2021. The public comment period is anticipated to be in early Spring of 2021, and will be one month in duration. Upon approval from CMS, the HIV/AIDS Waiver will be effective January 1, 2022 to December 31, 2026. [For more information](#), e-mail [Nanci.Beams@cdph.ca.gov](mailto:Nanci.Beams@cdph.ca.gov).

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

**ADAP’s Insurance Assistance Programs:**

As of October 29, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

On October 5, CDPH authorized the Harm Reduction Coalition of San Diego (HRCSD) as a Syringe Service Program (SSP), the first new program in the county in more than 15 years. In addition to syringe services, HRCSD will provide overdose prevention and response training, education regarding proper sharps disposal, prevention of needle-stick injuries, and safer sex

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from September
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	627	-1.10%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,138	-0.72%
Medicare Part D Premium Payment (MDPP) Program	1,970	No Change
<b>Total</b>	<b>8,735</b>	<b>-0.51%</b>

supplies and education. For [service locations, hours and contact information](#), please refer to our OA website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_secpapp.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx).

Also on October 5, the Centers for Disease Control and Prevention (CDC) to warn of the possibility of increases of HIV transmission and outbreaks among people who inject drugs (PWID). The advisory includes guidance on providing services to address HIV among PWID, as well as best practices including syringe services programs, medication for opioid use disorder, HIV and HCV testing, and PrEP. Additionally, the CDC-authored article, [Responding to Outbreaks of Human Immunodeficiency Virus Among Persons Who Inject Drugs—United States, 2016–2019: Perspectives on Recent Experience and Lessons Learned](#), ([https://academic.oup.com/jid/article/222/Supplement\\_5/S239/5900592?ACSTrackingID=USCDCNPIN\\_162-DM39792&ACSTrackingLabel=Responding%20to%20HIV%20Outbreaks%20Among%20People%20Who%20Inject%20Drugs&deliveryName=USCDCNPIN\\_162-DM39792](https://academic.oup.com/jid/article/222/Supplement_5/S239/5900592?ACSTrackingID=USCDCNPIN_162-DM39792&ACSTrackingLabel=Responding%20to%20HIV%20Outbreaks%20Among%20People%20Who%20Inject%20Drugs&deliveryName=USCDCNPIN_162-DM39792)) highlights lessons learned from eight of the HIV clusters and outbreak responses that have occurred in the U.S. since the 2015 HIV outbreak in Scott County, Indiana. In responding to these outbreaks, health departments identified gaps in availability of critical harm-reduction services, including access to syringe service programs and sterile injection equipment.

### **Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California**

The Housing Plus Project has been redesigned to help Ryan White clients secure and maintain permanent housing – not simply pay rent. The new program now offers financial management

(such as personal budgeting), assistance finding affordable housing, and linkage to employment and legal services. The funded counties are Santa Clara, San Joaquin, and Kern. On September 29, state staff met with the providers to review client eligibility, workflow, and data collection requirements. The new Housing Plus Project began providing services on October 1. This program is funded with Ryan White HIV/AIDS Program Part B funds.

### **OA Budget and Legislative Updates:**

Gov. Newsom signed [AB-2077](#) ([http://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB2077](http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2077)) in the closing days of the 2020 legislative session, which will have several important effects on syringe access policy when the law takes effect on January 1, 2021:

- Possession of syringes for personal use will be fully legal and without restriction. The bill repeals statutory language that previously restricted lawful possession to syringes acquired from a syringe services program, physician, or pharmacist. Because no documentation of syringe source is now required, this change is likely to reduce arrests and prosecutions for people unable to prove that they acquired syringes from a lawful source.
- Similarly, the bill repeals a criminal statute that could be interpreted to target people obtaining syringes for disease and injury prevention purposes.
- The bill extends the authority of physicians and pharmacists to dispense syringes to anyone age 18 or older without a prescription until January 1, 2026.

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