

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:

Please join OA in congratulating **Cameron Bridgeman** on his promotion to the Client Services Supervisor/Supervising Program Technician (SPT) II in the AIDS Drug Assistance Program (ADAP) Client Services Unit (CSU).

Cameron has been working in the CSU for the past four years as a Program Technician (PT) II. He has a fundamental understanding of both ADAP and the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), the ADAP Enrollment System (AES), our standard operating procedures, guidelines, and processes. Prior to state service, Cameron worked at the Covered CA contractor, Fanuiel, where he held the positions of Customer Service Representative, Lead, and Supervisor. He has also worked as a Lead for the Maximus call center, and as a Customer Service Representative for Health Net – both adding to Cameron's extensive background in medical and healthcare coverage. Prior to that, Cameron worked for six years as a Supervisor at Jamba Juice. He brings a wealth of healthcare, Medi-Cal, customer service, and supervisory knowledge, which will serve him well in his new role as the Client Services Supervisor.

Additionally, Cameron has received consistent acknowledgement from management, peers, and our contracted Enrollment Workers on



the level of service he provides to them and our clients. He was recognized and awarded in 2019 at our annual all staff meeting, for this reason. Cameron frequently discussed during his interview the desire to develop his team, coach, mentor, and lead with compassion. He has an intense passion for the work that we do in ADAP, and for the client populations we serve, as well as the work we are doing in the Division around racial and social justice. We are excited to see Cameron hit the ground running in his new position!

On a personal note, Cameron is a family man. He and his wife, Raeesah, enjoy raising their four-year-old son, Baby Cam. Cameron is a 49ers and Marvel fan, and also enjoys reading, writing poetry, and playing pool and video games.

## **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.

### **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 California Department of Public Health (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.

Since establishment, we are proud to report the following accomplishments:

- **Recruitment** - OA now posts all job openings on job boards that focus on Black, Indigenous, and People of Color (BIPOC) applicants;
- **Language** - RHE language is now being integrated into all OA duty statements;
- **Training** - The 21-Day Race and Health Equity Challenge and the Transgender

Cultural Humility Awareness and Responsiveness Trainings are now included in the Public Health Employee Training Tracking System (PHETTS) training system for OA, and all OA staff participated in both trainings during 2021;

- **Accessibility** - OA Division launched a suggestion box on our [OA Website](#) to increase engagement. It provides an opportunity to hear from staff, stakeholders and the community at large to give feedback on RHE efforts; and
- **New Position** – The Center for Infectious Diseases (CID) has created a new full-time RHE position promoting RHE throughout Division

### **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.

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

#### **National Clinician Consultation Center:**

The National Clinician Consultation Center (NCCC) provides clinicians of all experience levels prompt, expert responses to questions about managing HIV/AIDS, perinatal HIV, pre-



exposure prophylaxis, and bloodborne pathogen exposures. They provide online and phone-based consultation in service areas including testing and prevention, treatment, and post-exposure prophylaxis (PEP). The NCCC mission is to improve patient health outcomes by building the capacity of healthcare providers through expert clinical consultation and education.

**Experiences from multiple demonstration projects across California, and findings presented at numerous scientific conferences throughout 2021, affirm the importance and benefits of addressing hepatitis C.**

HCV testing, linkage to care, and treatment coordination are high-impact interventions that can be implemented across varied settings. For patients starting treatment, services that help support non-interrupted medication access and adherence are vital to achieving desired treatment outcomes. Nevertheless, missed doses of direct-acting antivirals (DAA) are relatively common. The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD/IDSA) HCV guidelines offer [recommendations for managing treatment interruptions](#); the National Clinician Consultations Center’s Hepatitis C tele-consultation service is a complementary clinical resource offering free, on-demand access to experienced consultants who can help providers navigate uncertainties related to preventing and managing HCV treatment interruptions. Non-health care providers interested in [learning more about HCV](#) can visit CDPH’s website for more information at [www.cdph.ca.gov/Programs/CID/DCDC/Pages/HepatitisC.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HepatitisC.aspx).

**PrEP-Assistance Program (AP):**

As of January 3, 2022 there are 200 PrEP-AP enrollment sites covering 174 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](#) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6>

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[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

**California Requires Coverage of Injectable PrEP Without Cost Sharing:**

California’s Insurance Commissioner Ricardo Lara released a bulletin notifying health plans regulated by the by the California Department of Insurance (DOI) that they are required to cover all PrEP drugs and related clinical services without cost sharing – including injectable PrEP.

In California, the large majority of health plans are regulated by two state departments – the California Department of Insurance and the Department of Managed Health Care. The Department of Managed Health Care will similarly be requiring that health plans cover injectable PrEP and related clinical services without cost sharing. The [DOI bulletin](#) is posted under the “What’s New at Office of AIDS” section of the OA webpage.

**Strategy B: Increase and Improve HIV Testing**

OA’s 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®](#), (<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 the first 15 months, between September 1, 2020 and November 30, 2021, 2298 tests were distributed, including 104 tests distributed in November. Of those ordering a test in November, 52.9% reported never before receiving an HIV test, and 50.0% were 18 to 29 years of age. Among individuals reporting ethnicity, 37.7% were Hispanic/Latinx, and of those reporting sexual history, 61.4% indicated 3 or more

### 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	290	6%	---	---	---	---	47	1%	337	7%
25 - 34	1,263	27%	1	0%	---	---	448	10%	1,712	37%
35 - 44	1,105	24%	---	---	1	0%	294	6%	1,400	30%
45 - 64	812	17%	2	0%	20	0%	177	4%	1,011	22%
65+	44	1%	---	---	161	3%	10	0%	215	5%
<b>TOTAL</b>	<b>3,514</b>	<b>75%</b>	<b>3</b>	<b>0%</b>	<b>182</b>	<b>4%</b>	<b>976</b>	<b>21%</b>	<b>4,675</b>	<b>100%</b>

### 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	162	3%	---	---	33	1%	24	1%	---	---	101	2%	2	0%	15	0%	337	7%
25 - 34	932	20%	2	0%	162	3%	95	2%	2	0%	421	9%	14	0%	84	2%	1,712	37%
35 - 44	883	19%	4	0%	108	2%	74	2%	1	0%	271	6%	8	0%	51	1%	1,400	30%
45 - 64	729	16%	2	0%	43	1%	24	1%	3	0%	196	4%	---	---	14	0%	1,011	22%
65+	49	1%	1	0%	2	0%	4	0%	---	---	158	3%	---	---	1	0%	215	5%
<b>TOTAL</b>	<b>2,755</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>348</b>	<b>7%</b>	<b>221</b>	<b>5%</b>	<b>6</b>	<b>0%</b>	<b>1,147</b>	<b>25%</b>	<b>24</b>	<b>1%</b>	<b>165</b>	<b>4%</b>	<b>4,675</b>	<b>100%</b>

### 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	538	12%	---	---	7	0%	13	0%	---	---	15	0%	---	---	2	0%	575	12%
Male	2,075	44%	9	0%	322	7%	205	4%	6	0%	1,109	24%	21	0%	152	3%	3,899	83%
Transgender	132	3%	---	---	14	0%	2	0%	---	---	10	0%	3	0%	1	0%	162	3%
Unknown	10	0%	---	---	5	0%	1	0%	---	---	13	0%	---	---	10	0%	39	1%
<b>TOTAL</b>	<b>2,755</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>348</b>	<b>7%</b>	<b>221</b>	<b>5%</b>	<b>6</b>	<b>0%</b>	<b>1,147</b>	<b>25%</b>	<b>24</b>	<b>1%</b>	<b>165</b>	<b>4%</b>	<b>4,675</b>	<b>100%</b>

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: 12/31/2021 at 12:01:47 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.



partners in the past 12 months. To date, 329 recipients have filled out an anonymous follow up survey, with 94.5% indicating they would recommend TakeMeHome® HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (74.5%) or having had more than one sex partner in the past 12 months (61.4%).

## **Strategy H: Improve Integration of HIV Services with Sexually Transmitted Disease (STD), Tuberculosis, Dental, and Other Services**

On December 20, 2021, CDPH released the [\*Hepatitis C Testing and Linkage to Care Demonstration Projects, California—2016-2018\*](#), Evaluation Report. You can also find this link on the [CDPH HIV/HCV Testing website](#). This report describes outcomes from five hepatitis C virus (HCV) testing and linkage to care demonstration projects working in six counties--Butte, Los Angeles, Monterey, San Luis Obispo, San Francisco, and San Diego--from March 1, 2016 – June 30, 2018. These were the first state-funded projects of their kind and were intended to identify opportunities to enhance HCV testing and linkages to care in local health jurisdiction, clinical, and community settings.

### **Highlights:**

- One local health department worked with local hospitals to change their HCV testing policies to ensure people with a reactive HCV antibody screening test received automatic “reflex” testing for HCV ribonucleic acid (RNA), which is needed to diagnose current hepatitis C infection.
- 43,000 people were tested for HCV antibody; 2,064 people had evidence of HCV infection, of whom 63 percent were linked to care. 818 people initiated treatment, of whom 80 percent completed treatment. (Note: These are likely underestimates, since not all sites

were able to track treatment outcomes after linking clients to their first medical appointment.) 40 percent of those linked to care had a history of injection drug use.

- People who inject drugs had the same hepatitis C linkage to care and treatment completion rates as people with no or unknown injection drug use history.

CDPH wishes to thank the HCV demonstration project site staff, volunteers, and participants for their efforts making these projects possible, and to thank the CDPH staff past and present who worked so hard to write this report and get it approved and posted to the CDPH website.

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

### **Ryan White HIV/AIDS Program Part B Clinical Quality Management Program:**

Since Fall of 2020, the Office of AIDS Ryan White HIV/AIDS Program Part B Clinical Quality Management (CQM) program has been implementing a quality improvement project to improve comprehensive healthcare coverage (CHC) enrollment for clients receiving HIV Care Program non-medical case management (NMCM) services and/or ADAP. Through various improvement activities, the percentage of clients receiving NMCM who are enrolled in CHC increased from 68% in September 2020 to 81% in December 2021. The Office of AIDS continues to implement activities to improve CHC enrollment and would like to thank all providers that are continuing to assist those who are uninsured with CHC enrollment needs. As Covered California open-enrollment period comes to an end on January 31, 2022, we urge providers to use the opportunity to get those that qualify enrolled. For more information regarding the CHC improvement activities, please [contact the CQM program](mailto:rw.partbcqm@cdph.ca.gov) at [rw.partbcqm@cdph.ca.gov](mailto:rw.partbcqm@cdph.ca.gov).

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from November
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	559	-3.29%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,372	-2.19%
Medicare Part D Premium Payment (MDPP) Program	1,963	-4.29%
<b>Total</b>	<b>8,894</b>	<b>-2.73%</b>

### ADAP's Insurance Assistance Programs:

As of January 3, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the above.

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

#### Telehealth for Opioid Use Disorder Toolkit:

The [Providers Clinical Support System](#) announced the release of a toolkit to help organizations deliver telehealth for opiate use disorder care. A flowchart, checklist and sample note are included for clinicians. The toolkit also includes information on evidence, research, and the current policies. View the [toolkit](https://pcssnow.org/wp-content/uploads/2021/10/ODU-Toolkit_FINAL_10.2021.pdf) at: [https://pcssnow.org/wp-content/uploads/2021/10/ODU-Toolkit\\_FINAL\\_10.2021.pdf](https://pcssnow.org/wp-content/uploads/2021/10/ODU-Toolkit_FINAL_10.2021.pdf).

#### HHS Announces New Overdose Prevention Strategy:

The Federal Department of Health and Human Services (HHS) released their new overdose prevention strategy. The strategy prioritizes four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support. View the [full strategy](https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html) at: <https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html>.

### New Methamphetamine Committee:

Methamphetamine use is on the rise and usage among Men who have sex with men (MSM) living with HIV or unaware of their HIV status, use at a notably higher rate than MSMs who are HIV-negative. The California Planning Group (CPG) created the Methamphetamine and Other Stimulants (Meth) Committee to highlight this and expand education and awareness on stimulant use related to increased HIV and STI risk.

### **Strategy M: Improve Usability of Collected Data**

The six federal Ending the HIV Epidemic in America counties will be using the Local Evaluation Online (LEO) data system to record the HIV testing, linkage to care, and linkage to PrEP activities. The Prevention Evaluation and Monitoring Section (PEMS) is modifying LEO to accommodate the activities funding through PS20-2010A. Use of LEO provides the counties and the state real-time analysis of data entered to date, allowing monitoring of progress of the various interventions and provides the required information needed for the twice a year submission of data to the CDC.

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).