

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:

The Harm Reduction Unit's **Matt Curtis** has received the UCSF SPOT Award for significant achievements in 2021. Matt built a new relationship between the California Department of Public Health (CDPH), OA and the Department of Health Care Services (DHCS), resulting in DHCS issuing a \$7 million funding opportunity to bring low-barrier medication for opiate use disorder to syringe services programs (SSPs). This project represents the first time that DHCS has funded SSPs, which have provided services to people who use drugs for more than 30 years in California.

Matt also collaborated with colleagues around the U.S. to address the national shortage of affordable injectable naloxone, the drug that reverses overdose. His effort to shift SSPs to a more affordable product reduced cost-pressure on the DHCS Naloxone Distribution Project, and eliminated bottlenecks and backorders that had left programs scrambling to find the product. His collaborative work led to a new agreement by a pharmaceutical company to offer affordably priced naloxone to all SSPs in the U.S., an initiative that will save lives not just in California, but nationally. Please join us in congratulating Matt on this well-deserved award.

### HIV Awareness:

#### **March 10<sup>th</sup> is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD).**

NWGHAAD is recognized annually to raise awareness about the impact of HIV on women and girls and show support to those living with HIV. This day is observed to encourage women and girls to protect themselves from HIV through prevention, testing and treatment.

According to CDPH HIV Surveillance data, in 2019 there were 4,396 new HIV diagnoses in California. Of those, 15% were among women – 12% cisgender women and 3% trans women. A factsheet depicting demographics pertaining to HIV in women is located in both English, [HIV and Women in California - Infographic - 9/2021](#) and Spanish, [VIH y Mujeres en California - Infographic - 09/2021](#).



**March 20<sup>th</sup> is National Native HIV/AIDS Awareness Day** (NNHAAD). NNHAAD is observed to raise awareness, overcome stigma and encourage testing for American Indians, Alaska Natives and Native Hawaiian communities. NNHAAD is purposely celebrated on the first day of Spring as a symbol of new beginnings, in many Native communities.

**March 31<sup>st</sup> is International Transgender Day of Visibility** (TDOV). TDOV is observed to celebrate and acknowledge the many accomplishments and contributions transgender people have made to society. This day is meant to educate and bring attention to the continued struggle faced by those in the transgender community and raising awareness of discrimination faced by transgender people worldwide. Over a dozen states are currently introducing anti-trans laws while the Governor of Texas has directed officials to investigate parents of trans children for child abuse after declaring gender-affirming care as a crime.

### 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 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.

The workgroup met in February and reported back on various diversity, equity and inclusion surveys completed by OA and Division wide. We are revisiting “the why” of the OA RHE workgroup by watching brief video of personal reflections and stories from people discussing race, inequities, inclusiveness and white privilege.

#### **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**



Aging with HIV is an increasingly complex topic involving multi-morbidity and diverse psychosocial concerns. These underscore the importance of developing and sustaining programs and practices which embrace a “whole person” approach to promote health and ensure care coordination and case management needs are met. To be most effective, care plans should be person-centered—each individual’s specific health conditions (physical and mental),

medications, quality of life, and goals should be carefully considered. The [National Clinician Consultation Center's HIV Warmline](#) team of experienced, multi-professional clinicians (including clinical pharmacist specialists) provides tailored clinical consultation support. Consultants are available to review and address use of "high-risk" medications in older adults with HIV, share [information on age-appropriate screening and management of aging-related conditions](#), and offer guidance on ART simplification to reduce risk of [ARV-associated toxicity, drug interactions, and polypharmacy](#). Any health care provider can reach the NCCC's HIV Warmline by calling 800-933-3413 (toll-free) or [submitting a case/question online](#). [Information for non-health care providers](#) can be found at [www.cdc.gov/hiv/group/age/olderamericans/index.html](http://www.cdc.gov/hiv/group/age/olderamericans/index.html).

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

As of February 28, 2022, there are 199 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](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 three tables displayed on page 4 of this newsletter.

### **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/), (<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 17 months, between September 1, 2020, and January 31, 2022, 2524 tests were distributed. TakeMeHome has continued to expand the offering of mail-in dried blood spot HIV, STI, and Hepatitis C lab tests in addition to oral swab tests. In January, Orange County became the third EtHE county offering mail-in lab-based tests. This month, lab tests accounted for 46 (31.7%) of the 145 total tests distributed.

Of individuals ordering a test in January, 33.8% reported never before receiving an HIV test, and 44.1% were 18 to 29 years of age. Among individuals reporting ethnicity, 31.5% were Hispanic/Latinx, and of those reporting sexual history, 41.4% indicated 3 or more partners in the past 12 months. To date, 346 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 (73.4%) or having had more than one sex partner in the past 12 months (62.4%).

### **Strategy G: Improve Availability of HIV Care**

OA's HIV Care Branch is looking for new Housing Opportunities for Persons with AIDS (HOPWA) Program and the HIV Care Program (HCP) providers for the Northern Sacramento Valley. We will be releasing Requests for Applications (RFA) later in March. The [RFAs](#) will be posted on our website at [www.cdph.ca.gov/programs/cid/doa/pages/oa\\_rfa.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oa_rfa.aspx).

**RFA 22-10226:** HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments or community development agencies) and non-profit community-based organizations may apply. The service area includes Butte, Colusa, Glenn, Shasta, Sutter, Tehama, Trinity, and Yuba Counties, but

### 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	308	7%	---	---	---	---	51	1%	359	8%
25 - 34	1,239	27%	1	0%	---	---	391	9%	1,631	36%
35 - 44	1,052	23%	---	---	1	0%	265	6%	1,318	29%
45 - 64	835	18%	1	0%	19	0%	169	4%	1,024	23%
65+	50	1%	---	---	152	3%	11	0%	213	5%
<b>TOTAL</b>	<b>3,484</b>	<b>77%</b>	<b>2</b>	<b>0%</b>	<b>172</b>	<b>4%</b>	<b>887</b>	<b>20%</b>	<b>4,545</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	175	4%	---	---	34	1%	24	1%	---	---	105	2%	5	0%	16	0%	359	8%
25 - 34	894	20%	1	0%	155	3%	94	2%	4	0%	390	9%	14	0%	79	2%	1,631	36%
35 - 44	832	18%	4	0%	101	2%	66	1%	2	0%	265	6%	7	0%	41	1%	1,318	29%
45 - 64	754	17%	3	0%	41	1%	26	1%	2	0%	183	4%	---	---	15	0%	1,024	23%
65+	48	1%	1	0%	3	0%	3	0%	---	---	157	3%	---	---	1	0%	213	5%
<b>TOTAL</b>	<b>2,703</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>334</b>	<b>7%</b>	<b>213</b>	<b>5%</b>	<b>8</b>	<b>0%</b>	<b>1,100</b>	<b>24%</b>	<b>26</b>	<b>1%</b>	<b>152</b>	<b>3%</b>	<b>4,545</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	560	12%	1	0%	8	0%	16	0%	---	---	17	0%	---	---	1	0%	603	13%
Male	2,005	44%	8	0%	308	7%	192	4%	7	0%	1,055	23%	24	1%	142	3%	3,741	82%
Trans	127	3%	---	---	13	0%	4	0%	1	0%	14	0%	2	0%	2	0%	163	4%
Unknown	11	0%	---	---	5	0%	1	0%	---	---	14	0%	---	---	7	0%	38	1%
<b>TOTAL</b>	<b>2,703</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>334</b>	<b>7%</b>	<b>213</b>	<b>5%</b>	<b>8</b>	<b>0%</b>	<b>1,100</b>	<b>24%</b>	<b>26</b>	<b>1%</b>	<b>152</b>	<b>3%</b>	<b>4,545</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: 02/28/2022 at 12:01:00 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

applicants will have the option to serve smaller service areas within this eight-county region. The award amount for all eight counties is approximately \$325,000 but may vary if multiple service areas are funded.

**RFA 21-10947:** HCP, which is funded by the Ryan White HIV/AIDS Program (RWHAP), provides HIV care and support services for low income and uninsured PLWH. Local health departments, non-profit community-based organizations, existing RWHAP-funded recipients or subrecipients, and Federally Qualified Health Centers or other community clinics may apply. The service area for this grant includes Shasta, Tehama, and Trinity Counties. The award amount is approximately \$234,000.

For more information, please check our [“Request for Applications” webpage](#) frequently. The RFAs will include key dates, including information on a technical assistance webinar.

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

We have released the [CDPH 2022-2026 Integrated Statewide HIV, HCV, and STI Strategic Plan](#), entitled *Ending the Epidemics: Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California*. This plan was developed throughout 2021 with input from a workgroup composed of diverse voices from CDPH staff, key stakeholders, and people with lived experience. This plan shares what we hope to accomplish together with people at the state and local levels throughout California in the next five years.

In this next year and phase of the Plan, we will develop a blueprint to support the successful implementation of the outlined strategies. We will be hosting multiple opportunities for community input with as many diverse groups and stakeholders as possible, including a

statewide townhall, electronic surveys, and regional virtual and in-person listening sessions throughout California. **The first event will be a virtual Statewide Townhall held on March 18, 2022 from noon to 2pm PST**, and will serve as an introductory session that allows California constituents the opportunity to hear about the proposed strategies and learn about initiatives that are already being implemented at the state level. More information about the virtual Statewide Townhall will be forthcoming.

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

#### **ADAP’s Insurance Assistance Programs**

As of February 28, 2022, the [number of ADAP clients enrolled in each respective ADAP Insurance Program](#) are shown in the chart at the top of page 6.

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

#### **Harm Reduction Saves Lives Campaign**

[Vital Strategies](#) launched the largest ever harm reduction campaign that included a featured ad in the New York Times. The campaign highlights the true impact of harm reduction on everyday people by showing their faces and telling the stories of individuals directly impacted by harm reduction.

[View ad](https://www.supportharmreduction.org/pdf_viewer/nyt-ad-full.pdf) at [https://www.supportharmreduction.org/pdf\\_viewer/nyt-ad-full.pdf](https://www.supportharmreduction.org/pdf_viewer/nyt-ad-full.pdf).

[Support Harm Reduction Campaign](https://www.supportharmreduction.org/campaign/page/) at <https://www.supportharmreduction.org/campaign/page/>.

#### **Changes to Drug Paraphernalia Laws**

OA released information to help clarify state law related to drug using supplies and to further protect harm reduction programs, participants,

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	473	-8.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,369	-9.00%
Medicare Part D Premium Payment (MDPP) Program	1,661	-9.33%
<b>Total</b>	<b>7,503</b>	<b>-9.04%</b>

staff and volunteers. Key takeaways: 1) anyone may possess an unlimited number of syringes for personal use in California and 2) no one should be arrested, prosecuted, or denied services based on syringe possession for personal use. Share with your networks to inform stakeholders about state law related to the provision of harm reduction supplies.

[Changes to California Drug Paraphernalia Laws and Effects on Public Health](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/DearColleague-Changes_to_Drug_Paraphernalia_Laws%20_2022_FINAL.pdf) can be found at [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/DearColleague-Changes\\_to\\_Drug\\_Paraphernalia\\_Laws%20\\_2022\\_FINAL.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/DearColleague-Changes_to_Drug_Paraphernalia_Laws%20_2022_FINAL.pdf).

[Office of AIDS Syringe Exchange Programs Webpage](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx#) can be found at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sep.aspx#](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx#).

### Advancing Equity and Reducing Harm to Communities of Color from Drug Use

The consequences from drug use are not experienced equally and people of color,

particularly Black/African American people, face worse consequences than white people. The [California Emergency Department Bridge Project](#) created a tool for health care providers to understand this inequity and action items that aim to provide more equitable services for patients of color who use drugs.

The [tool](#) can be found at <https://cabridge.org/resource/advancing-equity-and-reducing-harm-to-communities-of-color-from-drug-use/>.

For [more resources](#) visit <https://cabridge.org/tools/resources/>.

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).