

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.

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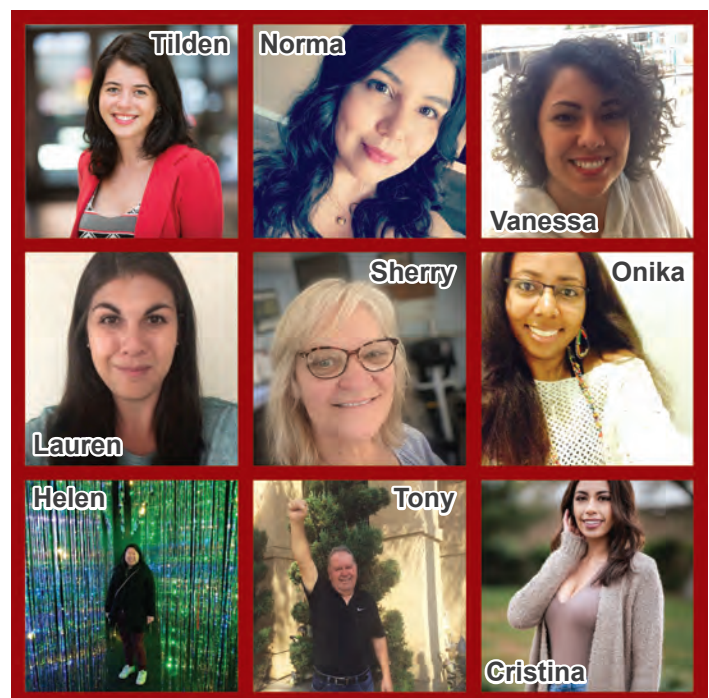
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Staff Highlight:

Please join us in congratulating the **Medical Monitoring Project (MMP) Team** for going above and beyond their benchmark goals so far in our 2021 cycle. MMP is a surveillance activity that collects rich data annually on 500 randomly selected people living with HIV/AIDS (PLWHA) in California. MMP is designed to gather information about the experiences and needs of PLWHA. Supported by the Centers for Disease Control and Prevention (CDC), MMP is conducted by 23 project areas nationally by state and local health departments.

California MMP has met its initial and an early secondary CDC benchmark for interviews for the 2021 cycle. MMP started the 2021 cycle June 1st, with a list of 500 PLWHA to interview or determine ineligible. The targeted final benchmark involves interviewing $\geq 50\%$ of the determined eligible sample which currently stands at 233, and $\geq 95\%$ of the interview target for medical record abstractions (MRAs), currently at 221. The CDC had set 3 major benchmarks for us to meet throughout the cycle. In October we are required to meet 60% of interviews and 30% of MRAs. In January, the secondary benchmark is 80% interviews and 60% MRAs. The final 100% benchmark for interviews is in April and May for MRAs.

The team already met several benchmarks months in advance of both the October 15th,



2021, and January 15th, 2022, deadlines. In October, the team surpassed both initial benchmarks interviewing 162 persons (70% of the eligible sample) and abstracting records of 85 persons or (38%). MMP has surpassed the January benchmark with 217 sampled persons (94%) interviewed and abstracted 159 (72%) medical records. The team currently is hard at work on the final interview benchmark due mid-April with only 9 interviews left to go!

The MMP team consists of **Sheryl Williams**, Principal Investigator, **Onika Chambers**, Project Coordinator, **Lauren Granillo**, Data Manager and 5 data collectors: **Helen Hwang**, **Tony**

Gonzalez, Tilden Remerleitch, Norma Huerta, and Vanessa Craviotto-Guzman. This talented and dedicated group have gone above and beyond during this 2021 cycle to surpass the target benchmarks for our sample. Despite being short staffed and weathering a few turbulent years during these “unprecedented times,” we grew closer. Now, we are a close-knit and more productive team, despite teleworking and being physically further apart.

The MMP team has also received some valuable assistance from ADAP enrollment workers Joshua Bunao, Adriana Fernandez, and Rachel Garduque, California Department of Public Health (CDPH) Quality Management Unit staff Blair Hock and Ron Ramos, and several Local Health Jurisdictions who have searched for updated contact information on the sampled persons. Thanks to those areas for the essential help.

Again, congratulations to the Medical Monitoring Project Team for surpassing their initial benchmark for the 2021 cycle! We applaud this achievement and look forward to the celebration of future milestones. Thanks for all you do!

HIV Awareness:

February 7th is National Black HIV/AIDS Awareness Day (NBHAAD). NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about HIV and AIDS education, prevention, care and treatment in the Black/African American community and other communities of color. This day is observed to educate people about HIV, prevention and encourage HIV testing. Black/African American communities are significantly impacted by social and structural determinants of health resulting in lack of information to include such lifesaving measures such as Pre-exposure prophylaxis (PrEP) and HIV treatment and care.

According to CDPH HIV Surveillance data, in 2019 Black/African Americans make up

approximately 6% of California’s population however, they account for 17% of living HIV cases and 17% of newly diagnosed cases. A factsheet depicting demographics and health outcomes for this community is located at [HIV and Black/African Americans](#).

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](#) at 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 OA RHE workgroup recognizes Black History Month, 2022. “Black Health and Wellness” is the theme acknowledging the legacy of Black scholars and medical practitioners in Western medicine and bringing attention to how the American health system continues to underserve the African American community.

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, to stay informed.

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

National Clinician Consultation Center



The [California Substance Use Line](#) is a unique partnership between [California Poison Control System](#) and the National Clinician Consultation Center's national [Substance Use Warmline](#). Experienced pharmacists and physicians are available 24/7 to provide free, individualized support and guidance to clinicians on evaluation and management of substance use disorders – including questions regarding opioid overdose, withdrawal, and medication initiation for opioid use disorder.

Inquiries regarding stimulants, alcohol, safer opioid prescribing, and other substances are also welcome. Any California provider in any health care setting can reach a consultant by calling 844-326-2626. Non-health care providers seeking information on substance use can visit the California Department of Health Care Services, [Directories for Substance Use Disorder Services](#) located at <https://www.dhcs.ca.gov/provgovpart/Pages/sud-directories.aspx>.

PrEP-Assistance Program (AP)

As of January 31, 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 16 months, between September 1, 2020 and December 31, 2021, 2379 tests were distributed, including 110 tests distributed in December. While initially only oral HIV tests were available, TakeMeHome[®] has expanded its services to allow jurisdictions to offer self-collected dried blood spot HIV, STI, and Hepatitis C lab tests that users mail in for processing. In December, two jurisdictions, Riverside and San Bernardino, began offering mail-in lab-based tests, accounting for 14 orders.

Of individuals ordering a test in December, 40.9% reported never before receiving an HIV test, and 50.9% were 18 to 29 years of age. Among individuals reporting ethnicity, 34.9% were Hispanic/Latinx, and of those reporting sexual history, 40.9% indicated 3 or more partners in the past 12 months. To date, 334 recipients have filled out an anonymous follow up survey, with 94.6% indicating they would recommend TakeMeHome[®] HIV test kits to a friend. The most common behavioral risks of HIV

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	295	6%	---	---	---	---	45	1%	340	7%
25 - 34	1,279	28%	1	0%	---	---	423	9%	1,703	37%
35 - 44	1,065	23%	---	---	1	0%	285	6%	1,351	29%
45 - 64	796	17%	1	0%	19	0%	181	4%	997	22%
65+	47	1%	---	---	153	3%	10	0%	210	5%
TOTAL	3,482	76%	2	0%	173	4%	944	21%	4,601	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	161	3%	---	---	37	1%	23	0%	---	---	100	2%	4	0%	15	0%	340	7%
25 - 34	940	20%	2	0%	160	3%	96	2%	4	0%	403	9%	14	0%	84	2%	1,703	37%
35 - 44	847	18%	4	0%	107	2%	69	1%	2	0%	272	6%	7	0%	43	1%	1,351	29%
45 - 64	722	16%	2	0%	37	1%	24	1%	3	0%	193	4%	---	---	16	0%	997	22%
65+	48	1%	1	0%	2	0%	4	0%	---	---	154	3%	---	---	1	0%	210	5%
TOTAL	2,718	59%	9	0%	343	7%	216	5%	9	0%	1,122	24%	25	1%	159	3%	4,601	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	536	12%	---	---	7	0%	14	0%	---	---	15	0%	---	---	2	0%	574	12%
Male	2,042	44%	9	0%	317	7%	199	4%	8	0%	1,082	24%	23	0%	144	3%	3,824	83%
Trans	129	3%	---	---	14	0%	2	0%	1	0%	10	0%	2	0%	3	0%	161	3%
Unknown	11	0%	---	---	5	0%	1	0%	---	---	15	0%	---	---	10	0%	42	1%
TOTAL	2,718	59%	9	0%	343	7%	216	5%	9	0%	1,122	24%	25	1%	159	3%	4,601	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: 01/31/2022 at 12:02:02 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

exposure reported in the follow up survey were being a man who has sex with men (74.0%) or having had more than one sex partner in the past 12 months (61.7%).

Strategy D: Improve Linkage to Care

The HIV Care Branch is presenting in a session entitled ***Housing As The Foundation Of Public Health: Working With Those Who Are Unstably Housed***. This one-hour session is sponsored by the California Prevention Training Center and will predominantly be attended by disease investigation specialists throughout California. This session will explore the broad background of why people are homeless/unstably housed and the wide variety of challenges they face. The presenters will examine the impact housing has on health outcomes and look at ways providers might support their clients.

Date: February 15, 2022

Time: 10:00 – 11:00 a.m.

To register, please visit [Class Information - CA PTC](https://stdhivtraining.org) | (stdhivtraining.org).

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

ADAP’s Insurance Assistance Programs

As of January 31, 2022, 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

Harm Reduction Kits in Medical Settings

California law allows physicians to provide their patients sterile syringes and other harm reduction supplies without a prescription. Whenever possible, harm reduction supplies should be provided to patients who use drugs. [The California Bridge Project](#) created a resource sharing an example of the harm reduction kits distributed at Highland General Hospital.

[Harm Reduction Kit Guide](https://cabridge.org/resource/harm-reduction-kit/) available at https://cabridge.org/resource/harm-reduction-kit/.

The Hep Elimination Report Card: High Marks for California!

[The National Viral Hepatitis Roundtable](#) published their [state report cards](#) grading each state on their efforts to eliminate hepatitis C. California received an “A” grade (42 out of 50 possible points). Harm reduction strategies, budget allocations and public education was included in the grading process. The rubric was developed in consultation with more than 40 stakeholders including advocates, clinicians, government partners, and people who have lived

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	517	-7.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,900	-7.40%
Medicare Part D Premium Payment (MDPP) Program	1,832	-6.67%
Total	8,249	-7.25%

experience with viral hepatitis.

View [California's report card](https://eliminatehep.org/states/california/) at <https://eliminatehep.org/states/california/>.

Contingency Management for Stimulant Use Disorder Pilot in California

The California Department of Health Care Services (DHCS) is inviting [Organized Delivery System](#) (DMC-ODS) counties to participate in a pilot program to provide contingency management (CM) services for people experiencing stimulant use disorder. CM provides motivational incentives for non-use of stimulants as evidenced by negative drug tests. Research repeatedly demonstrates positive outcomes that include reduction of drug use and longer retention in treatment.

The [request for applications](#) (RFA) is available on the DHCS website at <https://www.dhcs.ca.gov/Documents/Contingency-Management-County-RFA.pdf>.

County applications are due February 15th.

Strategy N: Enhance Collaborations and Community Involvement

To: OA Community Partners and Stakeholders

Re: ADAP Medical Advisory Committee Recruitment

OA is presently recruiting for people interested in taking part in the Acquired Immunodeficiency Syndrome (AIDS) Drug Assistance Program (ADAP) Medical Advisory Committee (MAC) as a voting member. The MAC consists of health care professionals or individuals including Human Immunodeficiency Virus (HIV)-specialized physicians, pharmacists, psychiatrists, treatment advocacy representatives, and community representatives who contribute expertise and/or experience to benefit the program and the population it serves.

The primary role of the MAC is to review the program formulary, evaluate available HIV/AIDS related drugs in addition to medications used in the treatment of opportunistic infections, and make recommendations for changes to the program formulary. The established vision for the MAC is: "ADAP will make available, in an effective and timely manner to people living with HIV, pharmaceutical and other treatments which are reliably expected to increase survival, reduce mortality, and improve quality of life."

CDPH is committed to ensuring the composition of our MAC membership is reflective of the communities impacted by HIV. CDPH seeks to add at least two or more committee members living with HIV and encourages those who identify as HIV-positive to apply to serve as a community advocate. Those who wish to apply must be aware that their HIV-positive status may become known due to their participation on the MAC and are required to sign an Applicant Acknowledgement and Consent Form, agreeing to hold CDPH/OA harmless for any disclosures.

Community advocates are an integral part of the ADAP MAC as they represent the voices and perspectives of people impacted by HIV in California. The MAC is critical in making informed decisions that impact the ADAP formulary through a collaborative effort of HIV-specialized professionals, community members, and state representatives. In order to ensure that the membership reflects the principles of parity, inclusion, and representation on a statewide basis, while at the same time promoting connection and collaboration, CDPH/OA requests that members serve a two-year or four-year membership term.

MAC members will be expected to meet four times a year, in person or virtually. If necessary to meet legal requirements, presence is expected at additional meetings to vote on adding medications that receive Food and Drug Administration approval in between scheduled MAC meetings.

If you are [interested in applying for membership in the ADAP MAC](#), please email your request for an application to CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov.

For [more information regarding the ADAP MAC](#),

please see our webpage at www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_MAC_Medical_Advisory_Committee.aspx.

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