

INSIDE:

- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Mental Health & Substance Use
- Racial Equity

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

STAFF HIGHLIGHT

OA would like to congratulate **Stephanie Taylor** on her promotion to Research Scientist (RS) III in the Surveillance Section. Stephanie started with OA in April of 2022 as an RS II, and effectively filled in for Nannie Song while she was on leave, producing various data products and responding to data requests after an abbreviated training period, in addition to providing support for cluster investigation. As an RS III, Stephanie will provide advanced support and data products for molecular surveillance and cluster investigation, along with contributing to data products, fielding data requests, and acting as a mentor to junior-level scientists.

Prior to coming to OA, Stephanie’s experience includes 12 years with the epidemiology program and two years with the Communicable Disease Prevention program at Shasta County Health and Human Services. She received her B.S. in Biomedical Engineering from Wright State University in Dayton, Ohio and her MPH with a specialization in Epidemiology from Ohio State University.

In her spare time, Stephanie is an avid consumer of news, loves to run and hike, and can often be found at running events in the Redding area or exploring one of the many trails in the North State. She hopes to expand her hobbies in the next year by learning to knit and practicing watercolor. Please join us congratulating Stephanie on her promotion!

Stephanie



COMMUNITY PARTNER SPOTLIGHT

➤ **One Community Health**

The California Department of Public Health (CDPH) OA Clinical Quality Management program proudly recognizes the steadfast efforts of One Community Health (OCH) in advancing quality improvement initiatives. Leading these endeavors is Michael (Mikey) Nguyen, One Community Health QI (Quality Improvement) Coordinator.



At OCH, the commitment to quality improvement is palpable through their ongoing projects and initiatives. Currently, Skylar (Quality Improvement and Population Health Coordinator II), Zach (patient liaison), and Michael are gearing up to showcase their QI projects in Washington, DC, alongside other Ryan White-affiliated clinics. They are diligently developing quality assurance planks aligned with CQM goals and metrics, focusing on HIV, Linkage to Care, Viral Load Suppression, and Retention.

The team has recently welcomed Josune, a new member to their CQM QI committee. Josune's research focuses on better supporting aging patients at OCH, and she will be presenting her data analysis at an upcoming meeting.

In a significant milestone, OCH has achieved over 80% Viral Suppression for the first time in 5 years, with a goal of reaching 85% by the end of July. Additionally, they've submitted a grant proposal for Ryan White part D to enhance support for women of color living with HIV.

Through their comprehensive CQM program, OCH ensures ongoing enhancements in patient care and clinic operational efficiency.

Furthermore, their dedication extends to public health initiatives, including efforts to increase mpox vaccinations and promote vaccination education in the community.

A heartfelt shoutout to Michael Nguyen, and Keshia Lynch, One Community Health HIV Director, and the entire OCH team for their unwavering dedication and contributions to our communities.

HIV AWARENESS

May 18th is National HIV Vaccine Awareness Day (HVAD). This day is meant to recognize health professionals, community members, scientists and volunteers who tirelessly work together to develop a vaccine to prevent HIV. Many treatments and preventative measures exist to help those living with or impacted by HIV and AIDS, however; a viable vaccine would help us achieve the goal of ending the HIV epidemic. HVAD provides an opportunity to educate communities about the importance of preventative HIV vaccine research. Insights from HIV vaccine research provided a foundation for the rapid development of COVID-19 vaccines that saved many lives. On HVAD, do your part to raise awareness and promote the need to continue HIV vaccine research.

May 19th is National Asian & Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD). NAPIHAAD is observed to raise awareness about the impact of HIV and AIDS related stigma faced by the Asian and Pacific Islander (API) communities. There is often silence around sexual health and orientation in API communities, as a result, members tend to avoid HIV testing, prevention, treatment, and care due to familial shame, discrimination, and stigma. NAPIHAAD is meant to educate, break the silence, and end shame about HIV and AIDS in API communities.

GENERAL UPDATES

> Mpox

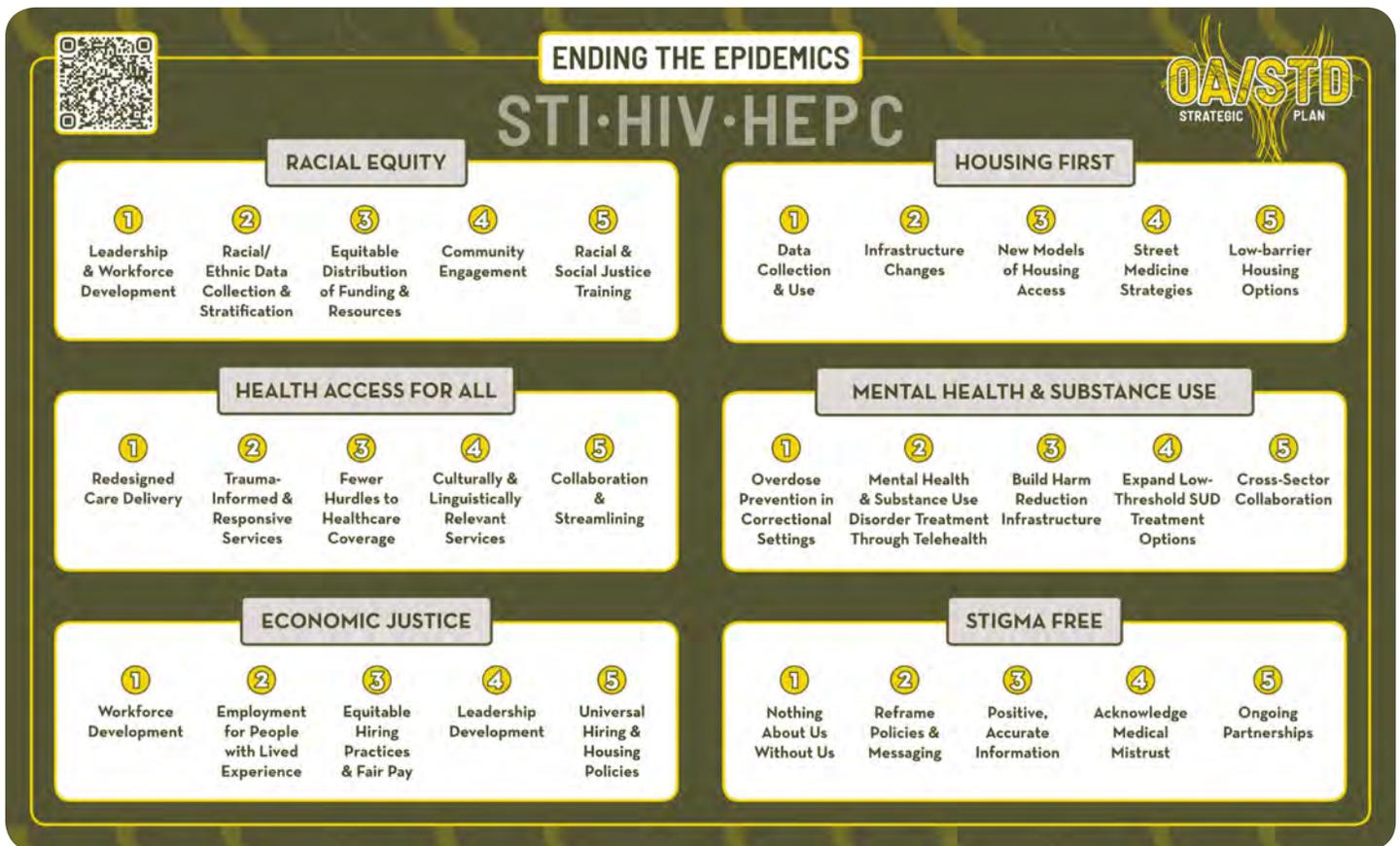
OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our

clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

Mpox digital assets are available for LHJs and CBOs on DCDC's [Campaign Toolkit](#) website.

> HIV/STD/HCV Integration

We are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!



The **visual above** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

CDPH OA and STD Control Branch would like you to continue to use and share the [Strategic](#)

[Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

RACIAL EQUITY

➤ Strategy 1: Workforce Development

New PrEP Navigators Training– CDPH, OA, presents a 2-part virtual training for new PrEP navigators across California. Participation in both sessions is strongly recommended: May 16th and May 23rd, 2024; 10:00 a.m. – 12:00 p.m., via Zoom.

Part 1 will cover topics related to the role of PrEP in the HIV prevention toolkit. We will briefly discuss who might benefit most from PrEP, how PrEP navigators can tailor messaging to reach hard-to-reach members of their local communities, and what might be the best options for clients based on their individual needs.

During Part 2, the training will discuss the role of PrEP navigators in retaining clients in care and tips and tricks for how navigators can help PrEP clients to effectively navigate programs available to support them. We will share information on potential alternate points of PrEP access across communities. Collaborating partners include UCLA Hub for Health Intervention, Policy and Practice, East Bay Getting to Zero and sfCBA.

[Register for this Training.](#)

➤ Strategy 3: Equitable Distribution of Funding and Resources

Request for Applications (RFA) #24-10049, also known as **Project Empowerment**, has been released. This funding aims to improve viral suppression among Black/African American (AA) and Latinx people with HIV (PWH), and to prevent HIV acquisition among Black/AA and Latinx people who are particularly vulnerable to HIV. The RFA can be [found on OA's RFA webpage](#).

The deadline to submit the mandatory Letter of Intent was Thursday, May 2 by 5pm PST, and

the application submission deadline is Thursday, June 6 by 5pm. Any [questions regarding this funding opportunity](#) should be sent to ProjectEmpowerment@cdph.ca.gov.

➤ Strategy 4: Community Engagement



California Planning Group (CPG) – Spring Meeting Announcement

The CPG and OA will be hosting the Spring In-Person CPG Meeting from June 10 – 12 at the Holiday Inn Sacramento Downtown-Arena (300 J Street, Sacramento, CA 95814). Each meeting day will be open to the public, except for June 10. On June 10, we will host a CPG Leadership Academy, which focuses on skills and capacity building for CPG members only. A public comment period will be held on June 11 and 12.

The meeting's theme will be focused on addressing the syndemics of HIV, STIs and HCV and will include presentations related to all three topics. It will also spotlight OA's Clinical Quality Management (CQM) Program as well as the new HIV Care Connect (HCC) Data System.

CPG and OA welcome the participation and input of the general public. We highly encourage you to join us at the spring meeting and learn about how we can bring our communities together to continue to forge new pathways in addressing the syndemics!

For [more information, please visit the CPG webpage](#).

➤ Strategy 5: Racial and Social Justice Training

The Local Capacity Building and Program Development Unit has developed a new,

fillable form to be used for all capacity building assistance (CBA) requests. The CDC offers free CBA through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more!

If you are interested in [accessing this free resource](#), please reach out to us with a brief description of your request at CBA@cdph.ca.gov. We look forward to hearing from you soon.

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

Beginning April 1, 2024, the Mpox vaccine, JYNNEOS, became available on the commercial market. While CDPH will work to ensure access to vaccine through LGBTQ+ PRIDE season (starting as early as May 2024), access to vaccine for people who are uninsured/underinsured in a local jurisdiction may be impacted once the state supply is phased out. In light of these circumstances, please consider using the state's turnkey resource (Optum Serve) to bolster vaccination efforts at large community or PRIDE events this summer, particularly those that would serve a large under/uninsured population.

The Turnkey Program can deploy teams to indoor and outdoor sites and are equipped with all the necessary materials and supplies (except the vaccines themselves which would be provided by the local health jurisdiction).

If you know a local jurisdiction is interested in using the Mpox Turnkey Program or for more information, please contact [Brenda Meza](mailto:brenda.meza@cdph.ca.gov), (brenda.meza@cdph.ca.gov) and [Justin Garcia](mailto:justin.garcia@cdph.ca.gov) (justin.garcia@cdph.ca.gov).

TAKEMEHOME



OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. 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 March, 317 individuals in 33 counties ordered self-test kits, with 216 (68.1%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 43 months, between September 1, 2020, and March 31, 2024, 10,714 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 302 (47.8%) of the 632 total tests distributed in EHE counties. Of those ordering rapid tests, 229 (69.4%) ordered 2 tests.

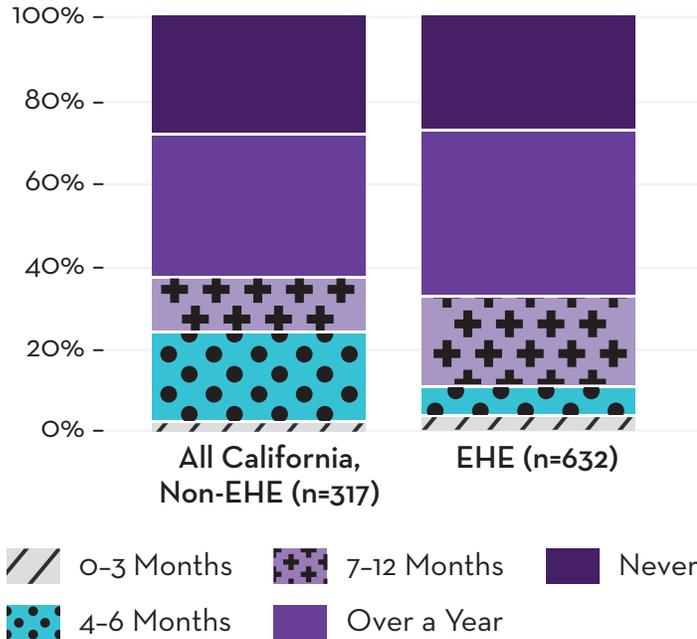
Testing history and characteristics of individuals who ordered TakeMeHome kits in March 2024 can be seen in in the [figures on page six](#).

Since September 2020, 1,128 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 396 responses from the California expansion since January 2023. The [highlights from the survey results are also displayed on page six](#).

TAKEMEHOME



HIV Test History Among Individuals Who Ordered TakeMeHome Kits, March 2024



Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.8%
Identify as a man who has sex with other men	54.2%	57.8%
Reported having been diagnosed with an STI in the past year	8.6%	9.1%

HEALTH ACCESS FOR ALL

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

TelePrEP Services through Color Health Available to 16- and 17-Year-old Californians

The Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) has partnered with [Color Health](https://www.color.com/ca-prep) (<https://www.color.com/ca-prep>) to provide a fully telehealth option for eligible Californians to enroll in and utilize PrEP-AP services, including access to PrEP and Post Exposure Prophylaxis (PEP) for HIV prevention.



At launch, services were available to Californians 18 years and older; with this expansion, Color Health will offer services to Californians 16 years and older. Individuals can visit www.color.com/ca-prep and utilize Color Health's telehealth portal to get help with enrolling in PrEP-AP

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	49.0%	62.0%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	41.9%	42.6%
Were 17-29 years old	47.3%	44.5%
Of those sharing their number of sex partners, reported 3 or more in the past year	49.0%	46.4%

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	527	+ 0.57%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,620	- 0.38%
Medicare Part D Premium Payment (MDPP) Program	2,101	+ 1.64%
Total	8,248	+ 0.18%

Source: ADAP Enrollment System

and accessing PrEP-related services remotely. Information regarding eligibility for PrEP-AP and other common questions can be found on the Color Health webpage. If you have [questions or would like to learn more about this initiative](#), reach out to prep-partners@color.com to request an informational meeting.

As of May 1, 2024, there are 204 PrEP-AP enrollment sites and 198 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 8 of this newsletter.

As of May 1, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the table above.

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

UPDATE: Department of Health Care Services (DHCS) Naloxone Distribution Project to offer CalRx-Branded Over the Counter Naloxone

Governor Newsom announced April 29 a new initiative to bolster California’s distribution of naloxone through DHCS’ Naloxone Distribution Project (NDP). CalRx’s Naloxone Access Initiative’s new partner – Amneal Pharmaceuticals, has secured U.S. FDA approval of an over-the-counter (OTC) naloxone nasal spray product. This new partnership allows the state to purchase CalRx-branded OTC naloxone for \$24 – almost half of the current market price. Through this partnership naloxone will be available to millions more Californians that need it, increasing the chance of reversing an opioid overdose.

Amneal will be providing CalRx pricing that represents a 40% reduction compared to current prices for a twin-pack of OTC naloxone nasal spray: down to \$24 per pack for the NDP. At this lower price, and with the same resources spent under the NDP, California can buy 3.2 million twin-packs of naloxone instead of the 2 million twin-packs purchased at the previous price.

[More Naloxone Access information.](#)

(continued on page 9)

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	362	10%	---	---	---	---	24	1%	386	10%
25 - 34	1,237	33%	---	---	---	---	180	5%	1,417	38%
35 - 44	921	25%	---	---	3	0%	152	4%	1,076	29%
45 - 64	440	12%	---	---	17	0%	110	3%	567	15%
65+	28	1%	---	---	221	6%	9	0%	258	7%
TOTAL	2,988	81%	0	0%	241	7%	475	13%	3,704	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	211	6%	1	0%	44	1%	18	0%	3	0%	68	2%	1	0%	40	1%	386	10%
25 - 34	838	23%	2	0%	131	4%	80	2%	9	0%	267	7%	9	0%	81	2%	1,417	38%
35 - 44	624	17%	5	0%	96	3%	57	2%	8	0%	224	6%	6	0%	56	2%	1,076	29%
45 - 64	311	8%	---	---	56	2%	18	0%	2	0%	143	4%	3	0%	34	1%	567	15%
65+	25	1%	---	---	4	0%	5	0%	---	---	212	6%	---	---	12	0%	258	7%
TOTAL	2,009	54%	8	0%	331	9%	178	5%	22	1%	914	25%	19	1%	223	6%	3,704	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	65	2%	---	---	5	0%	9	0%	3	0%	20	1%	---	---	5	0%	107	3%
Male	1,794	48%	7	0%	303	8%	160	4%	19	1%	868	23%	19	1%	196	5%	3,366	91%
Trans	122	3%	---	---	17	0%	6	0%	---	---	12	0%	---	---	4	0%	161	4%
Unknown	28	1%	1	0%	6	0%	3	0%	---	---	14	0%	---	---	18	0%	70	2%
TOTAL	2,009	54%	8	0%	331	9%	178	5%	22	1%	914	25%	19	1%	223	6%	3,704	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: 04/30/2024 at 12:01:02 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

DATA BRIEF: Low Barrier Treatment in SSPs

The University of California Los Angeles recently published an evaluation of the impact of low-barrier medication for opioid disorder (MOUD) services at syringe services programs (SSP) and found this model effective to expand opioid treatment services on several measures. People who regularly attend SSPs are five times more likely to enter treatment for substance use disorder and almost three times as likely to reduce or stop their drug use compared to those who have never received these services. In partnership with The Center at Sierra Health, DHCS launched the Low-Barrier Opioid Treatment at Syringe Service Programs as one of the Opioid Response projects. This project was the basis of the analysis and findings include:

- SSP project sites have the highest average numbers of patients currently in treatment for stimulant use alone, or both stimulant and opioid use of any Opioid Response project.

- SSP project sites have also started more patients in treatment with contingency management for stimulant use than any other project.
- The project sites employ more peers and deliver more peer services than any other Opioid Response project.
- The project serves a greater proportion of people of color than most Opioid Response projects.

To learn more about DHCS' Opioid Response Projects, visit their website.

View the Low Barrier Treatment in SSPs webinar recording.

For questions regarding *The OA Voice*, please send an e-mail to angelique.skinner@cdph.ca.gov.