

- Awareness
- Strategic Plan
- Updates
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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

We are excited to announce that **Matt Willis** has accepted the position of Chief of the Sexual Health & Program Resilience Section in the Prevention Branch.

Matt has been with OA since 2006 where he started as an Associate Governmental Program Analyst (AGPA) in the Care Branch providing oversight, technical assistance, and contract monitoring related to the Health Care Program's Bridge Project, and Minority AIDS Initiative programs. In 2011, he joined the Prevention Branch as a Contract Monitor in the Prevention Operations Unit. There he analyzed and approved budgets and scopes of work, processed budget revisions and amendments, and provided technical assistance to LHJs in receipt of federal prevention funding. Additionally, he provided program implementation assistance to Expanded Testing grantees, monitored progress through site visits and reporting, and coordinated a monthly webinar series. In 2013, Matt became the Focused HIV Testing Specialist/CBA Liaison and demonstrated progressive responsibility as the subject matter expert for Prevention-funded focused testing programs that provided rapid, point of care HIV and HCV testing, linkage to care, and other prevention services. He has worked directly with 20 LHJs in program planning, provision of technical assistance and quality assurance, and in assisting in identifying priority populations for testing.



Matt

In 2019, Matt accepted a Health Program Specialist I position as the HIV/STD Program Coordinator. In this role, he supported the development of HIV/STD prevention programs, lead the development of funding applications, leads RFA processes, and coordinated with leadership to identify priorities for new funding. Matt developed and implemented tools and processes for identifying HIV prevention gaps and barriers at the local level and best practices to address them. He also carried out quality improvement (QI) processes and initiatives aimed at improving prevention outcomes

including participating in planning and evaluation of QI interventions. Matt truly excels at hosting webinars, facilitating meetings, and providing technical assistance and capacity building support and in 2020, as the COVID emergency response redirected 57% of the Prevention Branch management team, he took on the additional responsibility of an approved out of class assignment as the Acting Chief of the High Impact Prevention Unit and eventually took on this role in an official capacity. Matt took on the hiring of new staff to fill vacancies, developed team workplans, coached and mentored new staff to further build an already amazing team. He assisted in the development and facilitation of a monthly COVID-19 Impact webinar series and developed guidance for implementing HIV in-home testing for LHJs. Matt is also a CPG State Co-Chair and Co-Chair of NASTAD's Antiracism in Public Health Committee.

When not working, Matt likes to spend time with family, take his dogs Boogeyman, Mambo, Benny, and Cupid on excursions by the river, and spends time with his boyfriend, Chris. He also absolutely loves to cook and taking day trips to Marin County.

Please join us in congratulating Matt on his promotion!

HIV AWARENESS

April 10 is National Youth HIV/AIDS Awareness Day (NYHAAD). NYHAAD was organized by Advocates for Youth, an association dedicated to improving the health and well-being of young people and prompt discussions about the impact of HIV on young people. NYHAAD is observed to raise awareness about HIV/AIDS among young people, educate youth about prevention efforts, and promote awareness and access to treatment and care.

HIV stigma continues to discourage young people from getting tested, access to prevention

methods, and disclosing their HIV status. HIV education is paramount to responsiveness and prevention. The California Department of Public Health (CDPH) OA is committed to ensuring its youth have access to information, prevention, and treatment services. For more information, visit our [OA Youth Community Health webpage](#).

April 18 is National Transgender HIV Testing Day (NTHTD). NTHTD is observed to raise awareness about the importance of HIV testing among transgender and non-binary individuals. This day also promotes access to HIV testing, treatment, and prevention services. Transgender women of color, especially Black/African American and Latinx women experience disproportionately high rates of HIV. NTHTD encourages ongoing efforts to reduce stigma, discrimination, and anti-trans violence this community faces every day. It is imperative that we combat disinformation and discrimination, transgender and non-binary people are increasingly experiencing.

CDPH-OA is committed to ensuring its Transgender and non-binary people have access to information, prevention, and treatment services. For more information, visit our [OA Transgender Community Health in California webpage](#).

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.

Digital assets continue to be available for LHJs

and CBOs on DCDC's [Campaign Toolkits](#) website.

➤ HIV Care Connect (HCC)

HCC is going **live on April 7, 2025**. Users of the AIDS Regional Information and Evaluation System (ARIES) will transition to HCC on April 7, 2025. HCC provides a more efficient and user-friendly interface. Data collection is more efficient with access to selected ADAP and lab data to help coordinate care and a simpler process to import lab data. Users will have access to online training modules to learn the system. Providers can generate the Ryan White Services Report (RSR) and Consolidated Annual Performance and Evaluation Report (CAPER) from HCC.

Those HIV Care Program (RWHAP Part B) and HOPWA providers funded by CDPH-OA will be required to manually enter or import their data into HCC. HCP and HOPWA subrecipients will also submit their budgets and invoices to OA through the system.

Agencies not funded by CDPH-OA for the HIV Care Program (RWHAP Part B), or HOPWA must sign and return the Data Use Agreement (DUA). **Agencies will not be able to access HCC until the DUA is signed.** The DUA were e-mailed to the individuals listed on the Agency Info screen in ARIES.

ARIES will be available in read-only mode until June 30, 2025, for users to view data. E-mail communications and trainings are sent out to all active ARIES users.

We look forward to our continued collaboration. If you have [any questions or need assistance](#), please do not hesitate to contact us at CEMS@cdph.ca.gov.

➤ HIV/STI/HCV Integration

We continue to move 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 as new information comes in.



The [visual at the top of page four](#) is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

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](#).



➤ Strategy 1: Redesigned Care Delivery

No-Cost Mpox Vaccination and Optional Rapid HIV/Syphilis/HCV Testing Available: CDPH is offering a free, turnkey service for LHJs and CBOs to provide mpox vaccination for people who are uninsured, underinsured, experiencing homelessness, or facing other barriers to care. This service can also include on-site rapid testing for HIV, syphilis, and hepatitis C, with telehealth services available for select treatments, including syphilis treatment, HIV PrEP, and doxy PEP. To [request this resource, complete this survey](#), and for [any questions, please email](#) mpoxadmin@cdph.ca.gov.



ENDING THE EPIDEMICS STI·HIV·HEPC



RACIAL EQUITY

- 1 Leadership & Workforce Development
- 2 Racial/Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

HOUSING FIRST

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

HEALTH ACCESS FOR ALL

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

MENTAL HEALTH & SUBSTANCE USE

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

ECONOMIC JUSTICE

- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

STIGMA FREE

- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

TAKEMEHOME



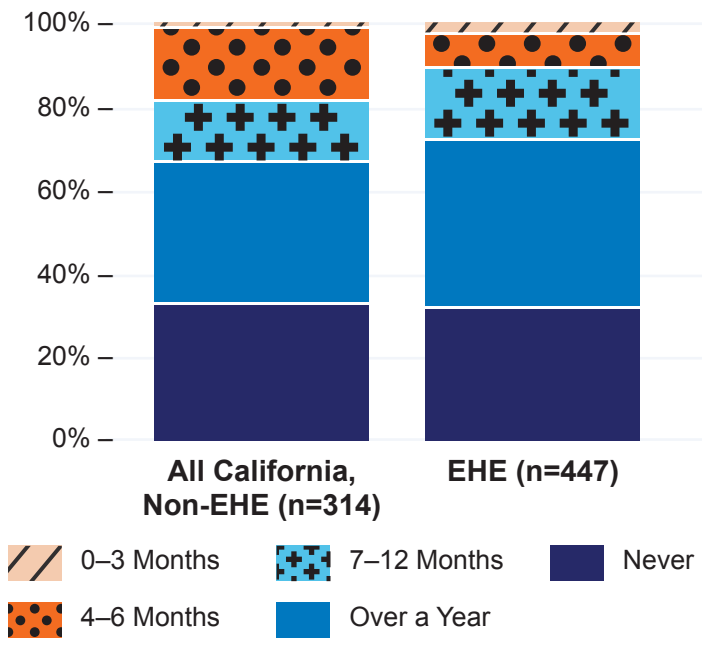
(including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 161

➤ Strategy 1: Redesigned Care Delivery

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**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In February, 314 individuals in 34 counties ordered self-test kits, with 228 (72.6%) 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. Between the program's initiation in September 1, 2020, and February 28, 2025, 16,348 tests have been distributed. This month, mail-in lab tests

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Feb. 2025



(36.0%) of the 447 total tests distributed in EHE counties. Of those ordering rapid tests, 204 (71.3%) ordered 2 tests.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	52.3%	57.3%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	41.0%	44.5%
Were 17-29 years old	42.3%	36.0%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.2%	44.3%

Since September 2020, 1,832 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 769 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.6%	94.2%
Identify as a man who has sex with other men	48.9%	52.0%
Reported having been diagnosed with an STI in the past year	8.6%	9.9%

➤ Strategy 1: Redesigned Care Delivery

The Fiscal Year (FY) 2022–2023 and FY 2021–2022 **ADAP Annual Reports** are now available on the [ADAP Reports webpage](#).

Produced by the **ADAP Evaluation & Monitoring (AEM) team**, these reports provide a detailed review of the program through tables and figures using data from the ADAP Enrollment System (AES). The team has been addressing a backlog of reports caused by staffing shortages during the COVID-19 pandemic and is working to publish reports from previous fiscal years going back to FY 2019-2020, starting with the most recent years.

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of March 31, 2025, there are 279 PrEP-AP enrollment sites and 229 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 six of this newsletter.

As of March 31, 2025, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown at the top of page seven of this newsletter.

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

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	304	10%	---	---	---	---	13	0%	317	10%
25 - 34	1,062	33%	---	---	---	---	143	4%	1,205	38%
35 - 44	781	25%	---	---	2	0%	132	4%	915	29%
45 - 64	449	14%	---	---	8	0%	88	3%	545	17%
65+	36	1%	---	---	157	5%	5	0%	198	6%
TOTAL	2,632	83%	0	0%	167	5%	381	12%	3,180	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	173	5%	2	0%	41	1%	15	0%	1	0%	45	1%	3	0%	37	1%	317	10%
25 - 34	651	20%	3	0%	116	4%	99	3%	7	0%	238	7%	8	0%	83	3%	1,205	38%
35 - 44	510	16%	4	0%	77	2%	56	2%	4	0%	197	6%	7	0%	60	2%	915	29%
45 - 64	302	9%	---	---	43	1%	13	0%	1	0%	136	4%	1	0%	49	2%	545	17%
65+	17	1%	---	---	5	0%	5	0%	---	---	159	5%	---	---	12	0%	198	6%
TOTAL	1,653	52%	9	0%	282	9%	188	6%	13	0%	775	24%	19	1%	241	8%	3,180	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	48	2%	---	---	4	0%	10	0%	1	0%	8	0%	---	---	10	0%	81	3%
Male	1,505	47%	8	0%	256	8%	174	5%	11	0%	740	23%	18	1%	207	7%	2,919	92%
Trans	82	3%	---	---	16	1%	3	0%	1	0%	12	0%	1	0%	6	0%	121	4%
Unknown	18	1%	1	0%	6	0%	1	0%	---	---	15	0%	---	---	18	1%	59	2%
TOTAL	1,653	52%	9	0%	282	9%	188	6%	13	0%	775	24%	19	1%	241	8%	3,180	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: 03/31/2025 at 12:01:19 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from February
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	586	1.37%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,905	-0.02%
Medicare Premium Payment Program (MPPP)	2,273	1.72%
Total	8,764	0.52%

Source: ADAP Enrollment System

CORRECTION to the March 2025 issue of *The OA Voice*. The “Percentage Change from January” column should have had the following percentages:

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	578	3.81%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,906	2.51%
Medicare Premium Payment Program (MPPP)	2,234	4.66%
Total	8,718	3.14%

Source: ADAP Enrollment System

