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 is available on the Office of AIDS’ (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

**General Office Updates:**

**HIV/STD/HCV Integration Update:**

Over the past month KAI Partners has collaborated with OA, STD Control Branch (STDCB), and HCV to begin building a critical foundation for the Integration Project. Two teams are established to provide oversight, governance and manage the work for the project.

The first team is the Executive Steering Committee (ESC). ESC responsibilities include:

- Project sponsors;
- Advisory and some decision making; and
- Project support (risks/issues/schedule).

ESC approved the project charter which defines the goals and objectives of the project through December 2020:

- Develop a new organizational structure for the STDCB, Viral Hepatitis Program, and OA, merging into a single division based on organizational business processes and functions;
- Submit a Reorganization Package to the California Department of Public Health (CDPH) Human Resources Division for review and approval; and
- Align to the *Center for Infectious Diseases Strategic Map 2020 to 2023*.

The second team is the Integration Project Team (IPT). IPT responsibilities include:

- Lead and manage functional Action Teams; and
- Facilitate, train and support functional Action Teams activities and tasks.

The next step for the IPT is to organize Action Teams that will begin to identify and document current business process. We have made great strides in the first four weeks of this project. We will continue to keep you apprised on our journey!

**Staff Highlight:**

Ryan Skaggs is the Strategic Planning Coordinator for CDPH. He has played a leading role in developing CDPH’s *2019 – 2022 Strategic Plan* refresh. In addition, he has provided consulting, technical assistance, and facilitation for other strategic health plans developed by entities within CDPH, and has lent his services to various partnering local health jurisdictions in California as well.
Ryan is a full-time Master of Public Health student at California State University Northridge and is partnering with Kevin Sitter in OA to coordinate the development of the Ending the Epidemics Integrated Strategic Plan as part of his MPH program practicum requirements. This plan will play an important role in our integration efforts through identifying common strategies to address California’s Hepatitis C, HIV, and STD epidemics.

Ryan lives in Midtown Sacramento with his wife, dog, and two cats. He is a lifelong musician and artist. In his free time, he enjoys playing music with his friends and going to live rock shows. He is an avid Dodgers and Kings fan. He loves going on nature hikes and birding with his wife.

Ryan is excited to apply his skills and experience to help in Ending the Epidemics.

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

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

As of February 25, 2020, there are 187 PrEP-AP enrollment sites covering 152 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=6878d3a1c9724418aebf9a96878cd5b2.

Data on active PrEP-AP clients can be found in the table below and at the top of page 3.

**Strategy C: Expand Partner Services**

Thank you to all the jurisdictions who submitted Surveillance-based partner services plans! Plans were reviewed by a multidisciplinary team, and any LHJs who have not received follow up questions and feedback will receive that shortly. For additional questions or technical assistance needs that arise during transition to a surveillance-based model, please contact Brett AugsJoost, HIV Partner Services Coordinator,

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<tbody>
<tr>
<td>18 - 24</td>
<td>112 4%</td>
<td>--- 0%</td>
<td>--- 0%</td>
<td>123 4%</td>
<td>235 7%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>906 28%</td>
<td>2 0%</td>
<td>1 0%</td>
<td>696 22%</td>
<td>1,605 50%</td>
</tr>
<tr>
<td>35 - 44</td>
<td>518 16%</td>
<td>--- 0%</td>
<td>3 0%</td>
<td>284 9%</td>
<td>805 25%</td>
</tr>
<tr>
<td>45 - 64</td>
<td>227 7%</td>
<td>--- 0%</td>
<td>20 1%</td>
<td>192 6%</td>
<td>439 14%</td>
</tr>
<tr>
<td>65+</td>
<td>6 0%</td>
<td>--- 0%</td>
<td>93 3%</td>
<td>14 0%</td>
<td>113 4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,769 55%</td>
<td>2 0%</td>
<td>117 4%</td>
<td>1,309 41%</td>
<td>3,197 100%</td>
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</table>
### Active PrEP-AP Clients by Age and Race/Ethnicity:

| Current Age | Latinx N | Latinx % | White N | White % | Black or African American N | Black or African American % | Asian N | Asian % | American Indian or Alaskan Native N | American Indian or Alaskan Native % | Native Hawaiian/ Pacific Islander N | Native Hawaiian/ Pacific Islander % | More Than One Race Reported N | More Than One Race Reported % | Decline to Provide N | Decline to Provide % | TOTAL N | TOTAL % |
|-------------|----------|----------|---------|---------|-----------------------------|-----------------------------|-------|-------|----------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------|--------------------------|----------------|----------|
| 18 - 24     | 90       | 3%       | 73      | 2%      | 20                          | 1%                          | 30    | 1%    | ---                              | ---                               | 1                              | 0%                               | 9                           | 0%                      | 12             | 0%       | 235       | 7%       |
| 25 - 34     | 705      | 22%      | 504     | 16%     | 121                         | 4%                          | 182   | 6%    | ---                              | ---                               | 4                              | 0%                               | 29                          | 1%                      | 60             | 2%       | 1,605     | 50%      |
| 35 - 44     | 380      | 12%      | 261     | 8%      | 57                          | 2%                          | 65    | 2%    | 3                                | 0%                                | 3                              | 0%                               | 8                           | 0%                      | 28             | 1%       | 805       | 25%      |
| 45 - 64     | 171      | 5%       | 200     | 6%      | 25                          | 1%                          | 29    | 1%    | 2                                | 0%                                | 2                              | 0%                               | 2                           | 0%                      | 8              | 0%       | 439       | 14%      |
| 65+         | 10       | 0%       | 93      | 3%      | 4                           | 0%                          | 0     | 0%    | 1                                | 0%                                | ---                            | ---                               | ---                         | ---                      | ---            | ---      | 113       | 4%       |
| TOTAL       | 1,356    | 42%      | 1,131   | 35%     | 227                         | 7%                          | 309   | 10%   | 6                                | 0%                                | 10                            | 0%                               | 49                          | 2%                      | 109            | 3%       | 3,197     | 100%     |

Both 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: 02/29/2020 at 11:08:29 PM

Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

by phone (510)-620-3189 or email (brett.augsjoost@cdph.ca.gov).

OA and STDCH are partnering with the California Prevention Training Center to host a DI Summit in June of 2020. This is a meeting for disease intervention staff in California working on partner services for HIV, Syphilis, or Hepatitis C. The meeting will be hosted in Oakland on June 8th-10th. Look for additional details on lodging and registration in the coming weeks!

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

ADAP’s Insurance Assistance Programs:

As of February 25, 2020, 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

The California Department of Health Care Services’ (DHCS) has announced a funding opportunity for substance use navigators in hospital emergency departments. All California hospitals with emergency departments are

<table>
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<tr>
<th>ADAP Insurance Assistance Program</th>
<th>Number of Clients Enrolled</th>
<th>Percentage Change from January</th>
</tr>
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<tbody>
<tr>
<td>Employer Based Health Insurance Premium Payment (EB-HIPP) Program</td>
<td>662</td>
<td>+4.91%</td>
</tr>
<tr>
<td>Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program</td>
<td>5,516</td>
<td>+5.13%</td>
</tr>
<tr>
<td>Medicare Part D Premium Payment (MDPP) Program</td>
<td>1,827</td>
<td>+2.07%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,005</strong></td>
<td><strong>+4.03%</strong></td>
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encouraged to apply for the Behavioral Health Pilot Project (BHPP) as there is adequate funding for each hospital in the state. Deadline is March 20, 2020 at 4:00 p.m. Award amounts will be $50,000 per hospital emergency department for one year, with potential for additional future funding. For more information, see the California Bridge Project web announcement at: https://www.bridgetotreatment.org/bhpp-2020.

Public Comment is currently open for a new syringe services program application from the Stockton Harm Reduction Program (SHRP), a new program in partnership with the Joan Viteri Memorial Clinic, a student-run clinic affiliated with UC Davis. Services will be located in Stockton, California. If approved, this program will provide harm reduction services including provision of sterile needles and injection equipment, health education, and collection of used needles and syringes. Additional services will include referrals for social services, STD testing, and other critical services. This program will be staffed primarily by medical students from the UC Davis School of Medicine in order to promote access to medical services to vulnerable people who inject drugs and homeless communities in Stockton. Additional information on the program and instructions for submitting public comment can be found on OA's website at: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx.

A recent article highlights the work of the Clinica Sierra Vista street medicine team in Bakersfield (http. Clinica Sierra Vista recently expanded their services to include syringe services, and is now participating in the OA Syringe Supply Clearinghouse.

**Strategy N: Enhance Collaborations and Community Involvement**

The Ending the Epidemics Integrated Planning team, comprised of staff from each branch of the OA, the STDCB and the Hepatitis C section, as well as members from the HIV Alliance and Community Planning Group, met on February 13, 2020 to continue planning and drafting an updated STD, HCV and HIV strategic plan. The plan will be aligned with the California Department of Health and the Center for Infectious Diseases Strategic Plans, and reflect the integration of the STDCB, HCV section and OA. It is anticipated the new strategic plan will be completed by July, 2020. The next phase, scheduled for March and April, is a set of activities to gain community input.

**Center South Grand Opening**

On the heels of its momentous 50th anniversary, the HIV Prevention Branch’s PrEP Navigation Grantee, the Los Angeles LGBT Center, rung in the new year with the grand opening of its newest facility in the Leimert Park neighborhood of South Los Angeles on Saturday, January 11. The event drew in over 250 community members from

*A recent article highlights the work of the Clinica Sierra Vista street medicine team in Bakersfield (http. Clinica Sierra Vista recently expanded their services to include syringe services, and is now participating in the OA Syringe Supply Clearinghouse.*
South LA and surrounding neighborhoods all of which expressed their gratitude to the Center for opening the new location aimed at serving the local LGBT community.

The Center’s CEO, Lorri L. Jean provided opening remarks for the program and ribbon-cutting ceremony where dignitaries such as Councilmember Marquees Harris-Dawson, LA County Division of HIV and STI Programs’ Director Mario Perez, and South LA community member and advocate Ryan Wooten shared their stories of how the LGBT Center made an impact in their lives – and now, how it will have an impact in the South LA community. Special recognition was given to Dr. Wilber Jordan, founder of the Oasis Clinic, and a renowned HIV service provider in the community who back in 1979 treated his first AIDS patient, without knowing the symptoms were related to the disease.

Following the ribbon-cutting ceremony, the community was invited to participate in self-guided tours of the new facility and to enjoy in the daylong celebration which included savory soul food provided by Chef Marilyn, DJ set and a resource fair.

The 5,600 square-foot community space, to be known as Center South, is located at 2313 W. Martin Luther King Jr. Blvd and will be providing HIV testing; access and navigation to PrEP services; housing case management; mental health services; community drop-in space; David Bohnett CyberCenter, and more!

With grant support from Los Angeles County, Center South earmarks the Los Angeles LGBT Center’s first-ever expansion into the South Los Angeles neighborhood. Additionally, the Center has joined forces with four other local organizations – Black AIDS Institute, Bienestar Human Services, Children’s Hospital Los Angeles, and The Wall-Las Memorias Project – to address the societal and health needs of young Black and Latinx gay and bisexual men living in South LA.

All of the programs and services at Center South are provided free or at low cost to everyone, with a focus on serving the needs of young Black and Latinx gay and bisexual men ages 16 to 29 years old, which according to annual surveillance reports provided by Los Angeles County Department of Public Health, South L.A. has the second highest rate of HIV diagnosis annually in Los Angeles County, and the rate continues to rise among young Black and Latinx gay and bisexual men.

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California

By March 25, 2020, CDPH OA will have submitted a grant application in response to the CDC Notice of Funding Opportunity PS20-2010. This funding is targeted to six of the eight Phase
I counties designated in the federal *Ending the HIV Epidemic: A Plan for America*. OA expects to receive between $7,991,950 and $8,833,208, of which 85 percent will be allocated to the six Phase I counties (Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego). Los Angeles and San Francisco will apply for PS20-2010 independently and are eligible for between $3,184,165 and $3,519,340 (Los Angeles) and $2,167,313 and $2,395,452 (San Francisco). This funding will allow the counties to implement new, novel interventions to decrease new infections by 75 percent by the end of 2025. The funding is for five years, with funding for years two through five based on performance in the previous year. A minimum of 25 percent of the funding is to be awarded to community-based organizations within the six counties.

**Project Empowerment**

The HIV Prevention Branch received an astonishing total of 55 applications for Project Empowerment, with budgets totaling $65,800,000. Applicant’s programs proposed to strengthen and support strategic program planning, service initiatives and capacity building among California’s Black/AA and Latinx populations and sub-populations.

We are pleased to announce the following 15 awardees for Project Empowerment:

**Track A**
- Oakland LGBTQ Community Center – $1,000,000;
- Sacramento LGBT Community Center – $250,000;
- Realistic Education in Action Coalition (REACH LA) – $250,000;
- Keck School of Medicine at USC MCA – $250,000; and
- UCSF Benioff Children’s Hospital Oakland (UBCHO) – $250,000.

**Track B**
- AltaMed – $1,000,000;
- AIDS Healthcare Foundation (AHF) – $250,000;
- TransLatin@ Coalition – $250,000;
- American Addiction Institute of Mind and Medicine – $250,000; and
- AGUILAS – $250,000.

**Track C**
- Christie’s Place - $100,000;
- Golden Rule Services - $100,000;
- Community Action Board (CAB) of Santa Cruz - $100,000;
- Tri-City Health Center - $100,000; and
- San Ysidro Health - $100,000.

For questions regarding this issue of *The OA Voice*, please send an email to angelique.skinner@cdph.ca.gov.