

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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Staff Highlight:

OA is pleased to announce **Sharisse Kemp's** promotion to the AIDS Drug Assistance Program (ADAP) Branch Chief. In addition, Sharisse has graciously agreed to continue as the Interim Prevention Branch Chief until further notice. Sharisse started as the ADAP Branch Chief on Monday, February 22, alongside Sandra Robinson.

Sharisse has been with the OA for the past five years. She currently operates as the OA, HIV Prevention Branch, Interim Branch Chief and the HIV Prevention Program Section Chief. While operating in this dual capacity, she has been responsible for interfacing with key stakeholders to ensure HIV Prevention fiscal and contractual obligations are addressed timely and appropriately. She also provides oversight and guidance of the fiscal operations of the branch budget which includes reviewing and providing final approval for invoices received for all program funding streams and providing recommendations to the OA Division Chief on funding decisions for new and continuing HIV Prevention projects. She also ensures that all annual programmatic and fiscal reporting requirements are completed timely and accurately. She is also responsible for executing and managing multi-million dollar contracts and working closely with a team of staff to develop Request for Application (RFA) for HIV prevention demonstration projects.



For the first three years of her career with OA, she worked in ADAP as a Regional Unit Manager in the ADAP Eligibility and Operations Section of the ADAP Branch. She was instrumental in developing policies and procedures pertaining to ADAP's Health Insurance Premium Payment Program and Medical Out-of-Pocket Cost Program while also facilitating monthly advisory conference calls with ADAP enrollment workers.

and HIV advocates. Working alongside the Care Branch Staff, Sharisse also represented OA at six of the Ryan White Part A Planning Council meetings.

In addition, Sharisse serves as the California Planning Group manager where she has assisted with restructuring the way in which we utilize our community planning group members. Lastly, in 2018, she was selected as a participant in the NASTAD Minority Leadership Program.

On a personal note, Sharisse has a Bachelor of Arts degree in English Literature with a minor in Political Science from Clark Atlanta University and a Masters of Social Work from California State University, Sacramento. She is a proud member of Delta Sigma Theta Sorority, Inc. and currently serves as the co-chair of the Healthy Lifestyles committee where she strives to engage the community in discussions around mental health and encourage healthy eating and self-care habits. In addition to all she does, she is the mother of a beautiful daughter, Amiyah, and loves spending time with her. In whatever spare time she has you can find her out wine tasting, hiking, riding her bike, traveling, cooking, or spending time with her precious dog, Bailey.

HIV Awareness:

March 10 - National Women and Girls HIV/AIDS Awareness Day:

OA is observing National Women and Girls HIV/AIDS Awareness Day (NWGHAAD). NWGHAAD is recognized annually to bring local, state, tribal, federal and national organizations together to explicate the impact of HIV on women and girls and support those living with or at risk of HIV. As a part of the national Ending the HIV Epidemic (EHE) Initiative, CDC's *Let's Stop HIV Together* campaign highlights ways to reduce stigma, promote testing and treatment for women and girls. [More information](https://www.cdc.gov/stophivtogether/library?Sort=Language%3A%3Aasc&Language=English%20(US)&Audience=Women) can be found at [https://www.cdc.gov/stophivtogether/library?Sort=Language%3A%3Aasc&Language=English%20\(US\)&Audience=Women](https://www.cdc.gov/stophivtogether/library?Sort=Language%3A%3Aasc&Language=English%20(US)&Audience=Women).

March 20 - National Native HIV/AIDS Awareness Day:

In addition, OA is observing National Native HIV/AIDS Awareness Day (NNHAAD). NNHAAD is a national observation designed to encourage American Indians, Alaska Natives and Native Hawaiians across the United States and Territorial Areas to promote HIV education, prevention and testing, and urge those living with HIV to seek treatment and care. Increased awareness of NNHAAD starts conversation and provides support to those living with HIV or at risk in these communities. A direct link to the CDC's [Let's Stop HIV Together](https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Audience=American%20Indians%2FAlaska%20Natives&Language=English%20(US)) campaign for American Indians, Alaska Natives and Native Hawaiians can be found at [https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Audience=American%20Indians%2FAlaska%20Natives&Language=English%20\(US\)](https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Audience=American%20Indians%2FAlaska%20Natives&Language=English%20(US)).

Happy Belated National Condom Month (February):

Our omission last month was solely a reflection of how much was going on. OA actually celebrates condoms EVERYDAY! So, we've put this "tickler" in to ensure condoms get their well-deserved recognition in February 2022's issue.

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, 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 California Department of Public Health (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.

RHE's next meeting will be held on Wednesday, March 24, 2021.

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.

Ending the Epidemics:

OA will provide information on the innovative interventions selected by each one of the six EHE counties. These interventions are based on significant community input and will be described in the Integrated plan strategies they impact. In this issue, we will highlight **Sacramento County**. Over the next several months, all six county plans will be described.

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

Sacramento County's Ending the HIV Epidemic in America (EtHE) prevention plan funded by CDC PS20-2010 includes a significant intervention, "Wellness Without Walls" (W3) (See Strategy G for greater detail). A team of healthcare providers, patient navigators, disease intervention specialists and others will provide medical and support services to people not well served by traditional health and social service programs. Assessment for PrEP and PrEP dispensing will be one of the services provided at the W3.

PrEP-AP:

As of March 1, 2021, there are 204 PrEP-AP enrollment sites covering 156 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 table below and at the top of page 4.

Strategy B: Increase and Improve HIV Testing

Sacramento's W3 project will include HIV testing, as well as three-site STI testing, and HCV testing.

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	218	5%	---	---	---	---	103	2%	321	7%
25 - 34	1,327	29%	2	0%	1	0%	759	16%	2,089	45%
35 - 44	912	20%	---	---	4	0%	402	9%	1,318	28%
45 - 64	472	10%	---	---	22	0%	248	5%	742	16%
65+	25	1%	---	---	131	3%	15	0%	171	4%
TOTAL	2,954	64%	2	0%	158	3%	1,527	33%	4,641	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	145	3%	91	2%	32	1%	33	1%	---	---	4	0%	4	0%	12	0%	321	7%
25 - 34	978	21%	622	13%	153	3%	218	5%	4	0%	5	0%	28	1%	81	2%	2,089	45%
35 - 44	725	16%	362	8%	77	2%	80	2%	2	0%	3	0%	10	0%	59	1%	1,318	28%
45 - 64	373	8%	259	6%	42	1%	44	1%	2	0%	2	0%	2	0%	18	0%	742	16%
65+	29	1%	132	3%	5	0%	4	0%	---	---	---	---	1	0%	---	---	171	4%
TOTAL	2,250	48%	1,466	32%	309	7%	379	8%	8	0%	14	0%	45	1%	170	4%	4,641	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: 2/28/2021 at 12:01:22 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Treatment may be provided at the W3 or linkage to appropriate healthcare providers will be done by the patient navigators.

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, 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 5 months, between September 1 and January 31, 2021, 978 tests were distributed, including 136 tests distributed in January. Of those ordering a test in January, 40.4% reported never before receiving an HIV test, 63.2% were 18 to 29 years of age. Of those reporting ethnicity, 44.7% were Hispanic/Latinx, and 49.5% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 136 recipients have filled out an anonymous follow up survey, with 97.8% indicating that they would recommend TakeMeHome HIV test kits to a friend.

Strategy C: Expand Partner Services

A Disease Intervention Specialist (DIS) is one of the W3 team. This enables the DIS to meet with

newly diagnosed individuals at the W3 and assist them in notifying partners and assuring they are successfully linked to care.

Strategy D: Improve Linkage to Care

The comprehensive approach of Sacramento's W3 mobile services includes having patient navigators who will assist individuals get linked to care quickly. Partnering with the Sacramento Community Sexual Health Clinic and other HIV providers, the navigators can escort newly diagnosed individuals, as well as individuals living with HIV who are out of care to the healthcare provider.

Strategy E: Improve Retention in Care

Sacramento's W3 design recognizes that many unhoused individuals, people who inject drug, and other active drug users often stop going to healthcare providers because of the judgement, conditions expected to be met in order to receive services (e.g. abstain from drug use, be bathed to attend the clinic), and overall lack of compassionate care. The W3 team intends to work with individuals who are out of care or vulnerable to leaving care to find a healthcare home that is respectful, culturally competent, and

skilled in trauma-informed and harm reduction approaches. Care can be started at the W3 and transitioned to a healthcare home over time.

Strategy F: Improve Overall Quality of HIV-Related Care

OA is pleased to announce our new request for applications (RFA) for Strategic Rapid Antiretroviral Therapy (ART) demonstration projects. Strategic Rapid ART projects will support the development of up to four, two-year public health demonstration projects. Selected applicants will be awarded in a competitive award process to provide innovative, evidence-based approaches to rapid linkage to, and retention in, quality health care for people living with HIV (PLWH). Additional strategies addressed in this RFA include **Strategy D:** Improve Linkage to Care; **Strategy E:** Improve Retention in Care; **Strategy G:** Improve Availability of HIV Care; **Strategy I:** Improve Case Management for People Living with HIV (PLWH) with High Need; and **Strategy L:** Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity.

The purpose of Strategic Rapid ART is to:

- Develop innovative, stigma-free, culturally and linguistically competent, evidence-based rapid ART demonstration projects;
- Improve health outcomes for Black/AA, Latinx or data-supported underserved people living with HIV;
- Apply a strategic and intentional in-person and telehealth services focused on people living with HIV (PLWH) from priority populations via in-person and telehealth services;
- Reduce time to viral suppression, provide clinical benefits to clients and reduce risk of HIV transmission within the community; and

- Educate clients, medical providers and clinic/ agency staff on the benefits of undetectable = untransmittable (U=U) for both the client and the community at large.

We look forward to receiving applications from all eligible entities to support implementation of strategic rapid ART services to improve health outcomes, reduce HIV-related health disparities, reduce new HIV infections, and achieve maximal results in addressing the HIV epidemic in California. The [Strategic Rapid ART RFA](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx) can be accessed at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx.

Strategy G: Improve Availability of HIV Care

Sacramento County's W3, team of healthcare providers, patient navigators, disease intervention specialists and others will provide medical and support services to people not well served by traditional health and social service programs. Of highest priority is reaching the unhoused population, Latinx and Black/ African American gay/men who have sex with men (MSM), young adults 29 years of age and younger, with emphasis on transitional age youth. For all these populations, people living with HIV and PrEP Eligible individuals will be prioritized. The medical services that will be provided will include addressing a broader set of services than just HIV testing, such as blood pressure checks, glucose monitoring, and simple wound care. This is intended to meet the needs of the priority populations and decrease the stigma that can be associated when people approach an "HIV Van" that only provides HIV testing and services. The implementation of W3 meets many of the Integrated Plan strategies.

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

The EtHE Clinical screening at Sacramento's W3 will bundle HIV, STI and HCV screening and

treatment or linkage to care. The rapport that will be built between clients and the W3 team will likely reveal other medical needs that the team can partner with the client to find acceptable client-centered healthcare and supportive services.

Strategy I: Improve Case Management for People Living with HIV (PLWH) with High Need

Sacramento EtHE funding will bring case management resources out into the community because the W3 includes case management staff on its team.

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

People using W3 services will be assisted in linking to a benefits specialist to enroll in insurance, ADAP, and PrEP assistance as needed.

ADAP's Insurance Assistance Programs:

As of March 1, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	591	+0.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,408	+0.17%
Medicare Part D Premium Payment (MDPP) Program	1,954	-2.06%
Total	8,953	-0.30%

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

Proposed SAMHSA Increase Included in Relief Budget to Address Overdose Crisis:

The federal COVID-19 relief budget includes a proposal to allocate \$30 million in Substance Abuse and Mental Health Services Administration (SAMHSA) funds to help stem the overdose crisis worsened by the COVID-19 pandemic. Funds will be used to support community-based harm reduction services, including syringe services programs. [Details of proposed public health recommendations](https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Subtitle%20A_Public%20Health_FINAL.pdf) can be found at https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Subtitle%20A_Public%20Health_FINAL.pdf.

National Naloxone Locator:

The National Harm Reduction Coalition has launched an [online locator](https://harmreduction.org/resource-center/harm-reduction-near-you) (<https://harmreduction.org/resource-center/harm-reduction-near-you>) for people who use drugs to access naloxone, the drug that reverses overdose, in their community. Please share this resource within your health department, with substance use and mental health department colleagues, and with your community members.

State Law Decriminalizing Syringe Possession For Personal Use In Effect:

[Assembly Bill \(AB\) 2077](#) (Ting, Statutes of 2020) removed all restrictions on possession of syringes for personal use, and extended authorization of physicians and pharmacists to furnish syringes without a prescription until January 1, 2026. California law now states that there is no limit on the number of syringes someone may possess for personal use, no age limit for possession, and it is lawful to possess syringes obtained from any source (https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077).

A key population prioritized in Sacramento's EtHE Plan are people who use drugs, including people who inject drugs. Medical screening, wound care, and assisting in linking people who use drugs to healthcare and other services respectful and welcoming people unconditionally.

Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity

Stigma is a recognized barrier to many seeking healthcare and other services. The intention of Sacramento's W3 program is to remove stigma by providing a broader array of services than just HIV testing and linkage, and through a strength-based, unconditional approach that builds a relationship and trust between clients and the W3 team.

An additional strategy in the Sacramento EtHE plan is a social media campaign highlighting Undetectable Equals Untransmittable (U=U). As the community learns that consistent use of HIV medication facilitates sustained undetectable viral load and removes the possibility of transmitting HIV, the presumption that all people with HIV are infectious all the time is changed, decreasing the stigma associated with such judgement.

Strategy M: Improve Usability of Collected Data

The [California HIV Surveillance Report - 2019](#) has been published and is available on our website at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2019_ADA.pdf. This report includes statewide summary tables and summary tables by local health jurisdiction of new diagnoses of HIV infection, persons living with HIV infection, and deaths among persons with diagnosed HIV infection for years 2015-2019. Statewide summary tables also include data by selected demographics and transmission category.

OA Budget and Legislative Updates

Senate Bill (SB) 57 was introduced by Senator Scott Weiner, renewing legislative efforts to authorize safer drug consumption services (SCS) in California. The bill would allow the cities of San Francisco, Oakland, and Los Angeles to pilot such programs, which provide a monitored, hygienic place for people to inject (and in some locations smoke) illicit drugs. More than 150 SCS programs exist worldwide, and they have been found to eliminate overdose mortality during on-site drug use, reduce the risk of communicable disease transmission, and increase linkage to healthcare.

Assembly Bill (AB) 1344 was introduced by Assembly Member Joaquin Arambula, which would exempt syringe services programs (SSPs) from legal challenges based on the California Environmental Quality Act or public nuisance laws. Groups that oppose public health services for people who use drugs have invoked these laws to successfully shut down or prevent the establishment of SSPs in several counties.

The Ending the Epidemics coalition is advocating for a package of budget proposals related to HIV and hepatitis C that will be considered at the March 5, 2021 Senate Budget Committee hearing.

The proposals include:

- \$3 million in ongoing funding for the CDPH STD Control Branch to improve the capacity of local health jurisdictions to address skyrocketing STD rates;
- \$7 million in ongoing funding to expand access to STD services covered by the Family Planning, Access, Care, and Treatment program (Family PACT);
- \$3 million in ongoing funding to increase funding for the Syringe Exchange Supply Clearinghouse to support the rapid

expansion of syringe service programs (SSPs);

- \$1 million in one-time funding over 5 years to purchase hepatitis C test kits to increase access to HCV testing for vulnerable Californians; and
- Authorizing the PrEP-Assistance Program (PrEP-AP) to fund PrEP navigation and retention services through the PrEP-AP provider network.

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