

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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

## In This Issue:

- Strategy A
- Strategy B
- Strategy K
- Strategy M
- Strategy N

### Staff Highlights:

Congratulations to **Matt Willis**, Chief of the Local Capacity Building and Program Development Unit for his PHAME Beyond the Call of Duty Award. The PHAME – Public Health Acknowledging My Efforts Awards, is an annual employee recognition event in which individuals or groups are recognized for exemplary work or actions that support and further the mission, goals, core values, and initiatives of the California Department of Public Health (CDPH) in serving the public. It was well deserved as Matt stepped up as acting chief of his unit for two years as the chief was diverted to COVID duty. This added the management duties in addition to his day-to-day job requirements. At the same time, he became one of the OA Co-Chairs of the California Community Planning Group for HIV, STIs and Hepatitis (CPG). In this capacity, he worked with co-chair Tiffany Woods and the community co-chairs to oversee the functioning of the CPG, including developing agendas and chairing meetings, ensuring the committees had the resources needed to proceed in their work, and checking in with CPG members monthly, which required evenings and weekends to connect with members. As if that was not enough, he also led the development of the Project Cornerstone RFA, which will distribute the funding the state legislature provided to create demonstration projects to develop comprehensive programs addressing the needs of people living with HIV, 50 years and older. This



required ensuring compliance with the legislative mandate, coordination between CDPH and the California Department of Aging, creating scoring criteria, and organizing review teams. You could find e-mails from Matt coming in the early morning or the late evening. Matt was definitely deserving of the recognition for his going above and beyond the call of duty. THANKS MATT!!

We are also very excited to share **Loris Mattox**, has been accepted to participate in the 2022 NASTAD Minority Leadership Program (MLP). For those of you who don't know Loris, she



is a Capacity Building Specialist in the Harm Reduction Unit leading the California Harm Reduction Initiative (CHRI) which is California's first fiscal commitment explicitly for supporting syringe services programs (SSPs) through grant-making and technical assistance. Loris also provides technical assistance and harm reduction education to SSPs, county health departments and other entities. Prior to her role in OA, Loris had a huge impact in moving the needle for harm reduction services here in Northern California. Loris is recognized in California's harm reduction community during her time at The HIV Education and Prevention Project of Alameda County (HEPPAC); the county's only Black-led harm reduction organization. Loris served 15 years with HEPPAC where for 10 of those years she operated as the HEPPAC Executive Director. Loris also created a public health internship program at three high schools in the East Oakland community, specifically for Black high school seniors that is still in operation.

Some of you may also know Loris for her work as the Co-Chair of OAs Racial & Health

Equity Workgroup. She keeps racial equity conversations going among colleagues by facilitating regular division-wide meetings and e-communications.

We are confident that Loris will be an asset to the MLP while also gaining additional tools that will assist her in her leadership roles here in OA. Please join us in congratulating Loris on this amazing opportunity!

**HIV Awareness:**

On **May 18, 2022**, OA will recognize **National HIV Vaccine Awareness Day** (NHVAD). The National Institutes of Health's National Institute of Allergy and Infectious Diseases leads this observance. NHVAD is observed each year to recognize and appreciate those who are working to develop a vaccine to prevent HIV. NHVAD provides an opportunity to educate communities about the importance of preventative HIV vaccine research.

In addition, on **May 19, 2022**, OA will observe **National Asian & Pacific Islander HIV/AIDS Awareness Day** (NAPIHAAD). This day is observed to raise awareness about the impact of HIV related stigma on Asian and Pacific Islander communities. NAPIHAAD also provides educational information on prevention, testing and treatment, and encourages individuals to get tested for HIV.

**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](http://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 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 is reviewing the, [Under our Skin Project](#) – A series of personal reflections about race, racism and inclusiveness. Topics include white privilege, institutional racism and diversity.

The RHE Consciousness Raising & Development Sub-Committee, has also partnered with staff in the STD Control Branch and the Environmental Health Investigations Branch to launch the Racial and Health Equity Action & Learning Lounge (RHEAL Lounge), a podcast/video discussion group that meets every other month. April's inaugural meeting discussed a [podcast episode titled Toxic Burden](#), which focused on environmental racism.

## 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](#) at [www.cdph.ca.gov/programs/cid/oa/pages/oamain.aspx](http://www.cdph.ca.gov/programs/cid/oa/pages/oamain.aspx), to stay informed.

## CDPH Ending the Epidemics Strategic Plan

CDPH-OA/STDCB are pleased to report that the roll-out of the California Strategic Plan to address the syndemic of HIV, HCV and STIs continues with our ongoing provider needs assessment being implemented through May and our planned regional listening sessions

**ENDING THE EPIDEMICS**  
Addressing HIV, HCV, and STIs in California  
*coming to a city near you in 2022*  
**COMMUNITY ENGAGEMENT MEETINGS**

SAN DIEGO May 9th, 1PM-4 PM  
EL CENTRO May 10th, 9AM-12PM  
SAN BERNARDINO May 11th, 9AM-12PM  
BAKERSFIELD May 12th, 9AM-12PM  
WILLITS May 24th, 9AM-12PM  
EUREKA May 25th, 9AM-12PM  
REDDING May 26th, 1PM-4PM  
SACRAMENTO May 31st, 1PM-4PM  
QUINCY June 1st, 9AM-12PM  
NEVADA CITY June 2nd, 1PM-4PM  
SANTA BARBARA June 28th, 9AM-12PM  
SAN FRANCISCO June 28th, 3PM-6PM  
OAKLAND June 29th, 9AM-12PM  
FRESNO June 29th, 9AM-12PM  
MODESTO June 30th, 9AM-12PM  
SANTA CRUZ June 30th, 9:30AM-12:30PM

Share your thoughts on how to employ strategies to end the epidemics.  
TO REGISTER FOR AN EVENT OR SEE VIRTUAL OPTIONS PLEASE GO TO [TINYURL.COM/CDPHSTRATPLAN](http://TINYURL.COM/CDPHSTRATPLAN) OR SCAN THE QR CODE AT RIGHT

CDPH Consulting Partner **FACENTE CONSULTING**

scheduled May through July 2022 (see above flyer for dates through June). We have worked hard to ensure that this plan reflects the diverse voices from CDPH, other state agencies, community-based organizations (CBOs) and people with lived experience. In this plan, we have a picture of what we hope the HIV, HCV and STI landscape will look like in five years and some ideas for how to create it. We introduced the plan at a Statewide Townhall to over 300 community partners via Zoom March 18th. Over this year, we will continue our community engagement to develop a blueprint to help us implement this plan. We need your ongoing input as we engage communities across California. CDPH will partner with Facente Consulting to lead the regional listening sessions.

## Cabotegravir Added to Medi-Cal Drug List

Cabotegravir\* extended-release IM injection for HIV pre-exposure prophylaxis (PrEP) was just added to the Medi-Cal Rx Contract Drug List (CDL) as of May 1st, 2022.

\* Restricted to use as prophylaxis therapy in Human Immunodeficiency Virus (HIV) negative patients at risk of acquiring HIV infection.

### **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 19 months, between September 1, 2020, and March 31, 2022, 2821 tests were 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 77 (53.8%) of the 143 total tests distributed.

Of individuals ordering a test in March, 39.1% reported never before receiving an HIV test, and 43.4% were 18 to 29 years of age. Among individuals reporting ethnicity, 40.2% were Hispanic/Latinx, and of those reporting sexual history, 50.5% indicated 3 or more partners in the past 12 months. To date, 353 recipients have completed an anonymous follow up survey, with 94.1% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.7%) or having had more than one sex partner in the past 12 months (63.2%).

Partners can find [links to the plan](#), the Statewide Town Hall recording, the [provider survey](#), the schedule of regional meetings and up-to-date registration information at:

- [https://facenteconsulting.com/CDPH\\_HIV.HCV.STI\\_strategicplan.php](https://facenteconsulting.com/CDPH_HIV.HCV.STI_strategicplan.php)
- <https://tinyurl.com/CDPHNeedsAssessment>

### **Ending the HIV Epidemic**

In April, the Federal Ending the Epidemic counties met with the Federally Qualified Health Centers (FQHCs) funded with Health Resources and Services Administration Ending the Epidemics funding. The FQHCs are increasing routine opt-out testing to identify individuals who have not been aware of their HIV status and link them to care, as well as expand the use of PrEP among their patient populations. The meeting is increasing the coordination and collaboration between the counties, clinics and community-based organizations and will result in a more seamless set of services supporting individuals' sexual health and our goal of reducing new infections 75% by the end of 2025.

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

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

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 5 of this newsletter.

### 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	332	8%	---	---	---	---	52	1%	384	9%
25 - 34	1,176	27%	1	0%	---	---	346	8%	1,523	35%
35 - 44	1,000	23%	---	---	3	0%	237	6%	1,240	29%
45 - 64	768	18%	---	---	18	0%	155	4%	941	22%
65+	43	1%	---	---	159	4%	8	0%	210	5%
<b>TOTAL</b>	<b>3,319</b>	<b>77%</b>	<b>1</b>	<b>0%</b>	<b>180</b>	<b>4%</b>	<b>798</b>	<b>19%</b>	<b>4,298</b>	<b>100%</b>

### 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	176	4%	---	---	40	1%	34	1%	---	---	105	2%	8	0%	21	0%	384	9%
25 - 34	849	20%	1	0%	154	4%	91	2%	3	0%	342	8%	12	0%	71	2%	1,523	35%
35 - 44	792	18%	4	0%	101	2%	57	1%	2	0%	241	6%	9	0%	34	1%	1,240	29%
45 - 64	683	16%	2	0%	41	1%	24	1%	2	0%	174	4%	---	---	15	0%	941	22%
65+	39	1%	1	0%	4	0%	3	0%	---	---	159	4%	---	---	4	0%	210	5%
<b>TOTAL</b>	<b>2,539</b>	<b>59%</b>	<b>8</b>	<b>0%</b>	<b>340</b>	<b>8%</b>	<b>209</b>	<b>5%</b>	<b>7</b>	<b>0%</b>	<b>1,021</b>	<b>24%</b>	<b>29</b>	<b>1%</b>	<b>145</b>	<b>3%</b>	<b>4,298</b>	<b>100%</b>

### 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	500	12%	1	0%	6	0%	16	0%	---	---	14	0%	1	0%	1	0%	539	13%
Male	1,896	44%	7	0%	313	7%	188	4%	6	0%	977	23%	24	1%	137	3%	3,548	83%
Trans	135	3%	---	---	16	0%	4	0%	1	0%	16	0%	3	0%	3	0%	178	4%
Unknown	8	0%	---	---	5	0%	1	0%	---	---	14	0%	1	0%	4	0%	33	1%
<b>TOTAL</b>	<b>2,539</b>	<b>59%</b>	<b>8</b>	<b>0%</b>	<b>340</b>	<b>8%</b>	<b>209</b>	<b>5%</b>	<b>7</b>	<b>0%</b>	<b>1,021</b>	<b>24%</b>	<b>29</b>	<b>1%</b>	<b>145</b>	<b>3%</b>	<b>4,298</b>	<b>100%</b>

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: 04/30/2022 at 12:02:05 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

### **The National Drug Control Strategy Urges More Harm Reduction**

For the first time, the national drug control plan emphasizes the need to bring down overdose deaths and gives special importance to preventative efforts amid a record number of drug-related deaths in the United States. The plan underscores the need for prevention education and treatment and prioritizes harm reduction and fewer barriers to treatment.

The [National Drug Control Strategy](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm) can be found at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

### **Learn Harm Reduction Basics**

The National Harm Reduction Coalition has launched “Foundational Fridays,” a series of introductory trainings on all essential harm reduction topics. It is a perfect series for new staff and others who need a basic education on harm reduction philosophy and practice.

[Register for May – June Trainings](https://campsite.bio/harmreduction) at <https://campsite.bio/harmreduction>.

### **California Harm Reduction Initiative (CHRI) Point in Time Infographic**

The National Harm Reduction Coalition leads CHRI and funds 37 syringe services programs (SSPs) across the state. Grantees completed their second point-in-time survey in October of 2021, with a total of 500 unique responses from people who use syringe services in California and report on their experiences.

Data Report provides insights into participant’s experiences with accessing treatment for substance use disorders and drug use trends, including the increase of people who smoke

drugs utilizing syringe services programs.

You can [view the infographic](https://d15k2d11r6t6rl.cloudfront.net/public/users/Integrators/BeeProAgency/593057_574761/unnamed_3.png?emci=4b200405-e890-ec11-a507-281878b83d8a&emdi=6bf9da7e-3393-ec11-a507-281878b83d8a&ceid=9575163) at [https://d15k2d11r6t6rl.cloudfront.net/public/users/Integrators/BeeProAgency/593057\\_574761/unnamed\\_3.png?emci=4b200405-e890-ec11-a507-281878b83d8a&emdi=6bf9da7e-3393-ec11-a507-281878b83d8a&ceid=9575163](https://d15k2d11r6t6rl.cloudfront.net/public/users/Integrators/BeeProAgency/593057_574761/unnamed_3.png?emci=4b200405-e890-ec11-a507-281878b83d8a&emdi=6bf9da7e-3393-ec11-a507-281878b83d8a&ceid=9575163).

### **Racial Equity Training Series for California Harm Reduction Programs**

The National Harm Reduction Coalition and OA will launch a racial equity training series this month for California harm reduction programs. The fourth training of the CHRI collaborative series highlights topics related to racism in the context of the Drug War. The series was developed and will be facilitated by [Reframe Health + Justice](#) and [Healing Equity United](#).

### **[Syringe Services Programs can register](https://secure.everyaction.com/HGmEzJUNh02ImFeVhJg5DQ2)**

at <https://secure.everyaction.com/HGmEzJUNh02ImFeVhJg5DQ2>.

### **Strategy M: Improve Usability of Collected Data**

The [California HIV Surveillance Report - 2020](#) is now available on the [OA Case Surveillance Reports](#) page. 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 2016-2020. Statewide summary tables also include data by selected demographics and transmission category.

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

### **California Planning Group: HIV, STD, and Hepatitis C & Harm Reduction (CPG)**

OA and the CPG will host a four-day virtual CPG meeting on May 11, 13, 18, and 20.

The meeting will be comprised of four separate Zoom sessions (three hours each day, 1:00 – 4:00 pm). On May 11 we will host our fourth CPG Leadership Academy which will focus on skills and capacity building for our CPG members. May 11 will only be open to OA and CPG members.

Beginning May 13, the meetings will be open to the public. Members of the public are encouraged to attend to learn about the CPG, observe what the CPG is currently working on, and discover opportunities to join our HIV & Aging, Meth, Youth, and Women’s Committees. There will be a 10-minute public comment period held on May 13, 18, and 20.

During this virtual meeting, CPG members will also elect a new Community Co-Chair to succeed outgoing chair Natalie Sanchez. This role requires a high level of dedication to being available for discussions regarding the direction and goals of the CPG. The nomination process will occur on Day 2 and the election will occur on Day 4. Additional meeting information, Zoom links, and agenda will be posted on the [OA/CPG website](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx) at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_CPG.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx).

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