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_ADA.pdf.

**In This Issue:**

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

**Staff Highlight:**

OA is pleased to announce **Anna Pennington** has accepted a limited term Staff Services Manager I position as the Chief of the Business Development Unit (BDU) in the Prevention Branch.

Anna has been with the Prevention Branch since July 2020, as a Business Analyst in the BDU and has been an incredibly valuable resource to both our stakeholders and our team. In December 2021, Anna stepped in for a short-term Out of Class assignment as Acting Unit Chief and during that time took the lead in hiring and onboarding three new AGPAs to the unit. When the assignment ended Anna continued to operate as a lead in the unit as she continued to train, develop, encourage, and guide the new team. Anna has a passion for process improvement work and has been a key contributor on many Branch projects to improve our internal processes and procedures. Anna has a wonderful way of being able to see the “big picture” and look at projects from all sides. She loves to brainstorm and “workshop” challenges and new ideas. If you spend a little time with Anna, you’ll quickly realize she has a gift for putting things into perspective, for challenging you with thoughtful questions, and ending more resolved.

In her spare time Anna loves spending time with her family and her fiancé Joe, going to the movies, baseball games, the beach and any other adventure that involves good food and wine.

We are also pleased to announce **Alicia Vargas** has accepted a limited term Staff Services Manager (SSM) II position as the Chief of the Client Services, Quality Assurance, and Training (CSQAT) Section in the ADAP Branch.

Alicia began her state service career right here at OA in June of 2017, as the Supervising Program
Technician II of the AIDS Drug Assistance Program (ADAP) Client Services Unit (CSU). After six months, she promoted to the SSM I in the CSU, and was an integral part of standing up the new unit and the ADAP call center. In September of 2019, she was redirected to oversee another new unit in ADAP, the Quality Assurance and Training Unit, and has since been responsible for developing and implementing new QA processes, creating an onboarding guide for new ADAP staff, and revising and expanding training curriculum for ADAP staff, Enrollment Workers, and contractors. Starting in June of 2021, she served in an out-of-class assignment for one-year, as the Chief of the CSQAT Section. During this time, she improved team building across the section and branch, was responsible for coordinating and facilitating the ADAP Branch Meetings and Workgroup, helping to co-facilitate the Team Building Workgroup and monthly branch trivia events, revamping the ADAP webpages, and developing and implementing the OA Stakeholder Quarterly ADAP/PrEP-AP Learning Collaborative. She also attended NASTAD’s Trauma Informed Approaches Learning Community and co-facilitated the 21-Day Challenge for Racial and Health Equity.

Prior to joining the California Department of Public Health (CDPH), Alicia spent 14 years in the healthcare and healthcare insurance industries and has a combined total of 15 years of supervisory and management experience. She has participated in State Supervisory Training and Leadership for the Government Manager programs at California State University, Sacramento, and in 2019 was invited back to mentor and sponsor a Leadership for the Government Supervisor cohort. Most of her spare time is spent volunteering at her son, Lucca’s, school or on the sidelines at his soccer or basketball games. She is a self-proclaimed animal lover and plant lady – and is often busy taking care of her dog, Winston, cat, Sheldon, and her 70+ potted plants! Her and her husband, Jesse, also like to cook, wine taste, read, hike, travel, and do yoga – though there is rarely enough time for it all, so they prioritize the important things (aka eating and drinking wine!).

HIV Awareness:

October 15th is National Latinx AIDS Awareness Day (NLAAD). NLAAD is meant to raise awareness to the impact of HIV/AIDS on Latinx communities. It’s a day recognized to address stigma and bring responsiveness of the disproportionate impact of HIV on the Latinx community. Latinx are the largest racial/ethnic group in California (about 39% of the population). According to CDPH/OA Surveillance Data, in 2020, the Latinx community accounted for 39% of living HIV cases and 50% of new HIV diagnoses, for more information the HIV and Latinx Fact Sheet is located on our OA website at https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/latinxfactsheet_ada.pdf.
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 at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Monkeypox (MPX)

OA is committed to providing updated information related to MPX. 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 at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx, to stay informed.

Guidance for STI and HIV Testing for Patients with Suspect MPX Infections: A Syndemic Approach

A recent publication by the Centers for Disease Control and Prevention (CDC) titled “HIV and Sexually Transmitted Infections Among Persons with Monkeypox—Eight U.S. Jurisdictions, May 17 – July 22, 2022” in the Morbidity and Mortality Weekly Report (MMWR) demonstrates that people with HIV and other STIs are disproportionately affected by MPX. These findings highlight a critical opportunity to:

1.) Assess people with HIV and STIs for MPX vaccination eligibility;
2.) Test persons evaluated for MPX for HIV and STIs, including syphilis and three-site testing (urogenital, rectal, pharynx) for chlamydia and gonorrhea as appropriate; and
3.) Link to HIV care or HIV pre-exposure prophylaxis (PrEP) as appropriate.

To date, most U.S. MPX cases have occurred among gay, bisexual, and other men who have sex with men (MSM), who have higher rates of HIV and other STIs than the general population. Many patients had HIV or STIs diagnosed around the time of MPX infection, which reinforces the importance of offering HIV/STI testing and HIV pre-exposure prophylaxis to all persons evaluated for MPX. Local health jurisdictions and community-based organizations in California should leverage existing partnerships and systems that deliver HIV/STI care for MPX prevention efforts.

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.

New Data System to Replace ARIES

OA is excited to announce that a new, custom-designed data system will replace ARIES in fall 2023. OA has contracted with Deloitte to design and program the new system, migrate legacy data, and train end users. The new system will continue to support the programs that currently use ARIES and offer additional benefits. OA will provide regular updates on our progress in designing the new system through Data System Notices. OA will also set up a mechanism to allow end users and other stakeholders to ask questions, raise concerns, and share feedback. For more information, please visit CDPH’s webpage about the New Data System to Replace ARIES.

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

**Ending the Epidemics Strategic Plan**

CDPH-OA/STD Control Branch are pleased to report that the roll-out of the California Strategic Plan to address the syndemic of HIV, HCV and STIs continues in October as our Workgroup finalizes our draft phase-2 Blueprint with input from our provider needs assessment, community survey and regional listening sessions. As soon as it is complete, we will be releasing the Phase-2 Blueprint draft for broad community input!

Below is the website that documents our work including the draft Phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions.

- [https://tinyurl.com/CDPHStratPlan](https://tinyurl.com/CDPHStratPlan)

**Ending the HIV Epidemic (EHE)**

In October, EHE counties will attend a project kick-off meeting offered by the Keck School of Medicine to help plan to implement the Street Medicine Model to help strengthen their mobile services especially aimed at people experiencing homelessness. Thanks to all the EHE counties that continue to implement their EHE plans to help accelerate the end of HIV in California.

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

PrEP-Assistance Program (AP)

As of September 27, 2022, there are 195 PrEP-AP enrollment sites covering 178 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 three tables displayed on page 5 of this newsletter.

**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 24 months, between September 1, 2020, and August 30, 2022, 3,737 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 109 (63.7%) of the 171 total tests distributed.

Of individuals ordering a test in August, 36.3% reported never before receiving an HIV test, and 50.3% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 45.8% were Hispanic/Latinx, and of those reporting sexual history, 50.0% indicated 3 or more partners in the past 12 months. To date, 440 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 (73.2%) or having had more than one sex partner in the
### Active PrEP-AP Clients by Age and Insurance Coverage:

<table>
<thead>
<tr>
<th></th>
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<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
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<td>N</td>
</tr>
<tr>
<td>18 - 24</td>
<td>354</td>
<td>10%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25 - 34</td>
<td>1,043</td>
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<tr>
<td>35 - 44</td>
<td>852</td>
<td>23%</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>45 - 64</td>
<td>555</td>
<td>15%</td>
<td>1</td>
<td>0%</td>
<td>21</td>
</tr>
<tr>
<td>65+</td>
<td>25</td>
<td>1%</td>
<td></td>
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<td>TOTAL</td>
<td>2,829</td>
<td>78%</td>
<td>2</td>
<td>0%</td>
<td>188</td>
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### Active PrEP-AP Clients by Age and Race/Ethnicity:

<table>
<thead>
<tr>
<th>Current Age</th>
<th>Latinx</th>
<th>American Indian or Alaskan Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>White</th>
<th>More Than One Race Reported</th>
<th>Decline to Provide</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>18 - 24</td>
<td>194</td>
<td>5%</td>
<td>44</td>
<td>1%</td>
<td>25</td>
<td>1%</td>
<td>93</td>
<td>3%</td>
<td>9</td>
</tr>
<tr>
<td>25 - 34</td>
<td>751</td>
<td>21%</td>
<td>121</td>
<td>3%</td>
<td>73</td>
<td>2%</td>
<td>295</td>
<td>8%</td>
<td>6</td>
</tr>
<tr>
<td>35 - 44</td>
<td>663</td>
<td>18%</td>
<td>86</td>
<td>2%</td>
<td>46</td>
<td>1%</td>
<td>202</td>
<td>6%</td>
<td>8</td>
</tr>
<tr>
<td>45 - 64</td>
<td>468</td>
<td>13%</td>
<td>37</td>
<td>1%</td>
<td>18</td>
<td>0%</td>
<td>152</td>
<td>4%</td>
<td>17</td>
</tr>
<tr>
<td>65+</td>
<td>24</td>
<td>1%</td>
<td>5</td>
<td>0%</td>
<td>3</td>
<td>0%</td>
<td>157</td>
<td>4%</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,100</td>
<td>58%</td>
<td>293</td>
<td>8%</td>
<td>165</td>
<td>5%</td>
<td>899</td>
<td>25%</td>
<td>23</td>
</tr>
</tbody>
</table>

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### Active PrEP-AP Clients by Gender and Race/Ethnicity:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Latinx</th>
<th>American Indian or Alaskan Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>White</th>
<th>More Than One Race Reported</th>
<th>Decline to Provide</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Female</td>
<td>310</td>
<td>9%</td>
<td>6</td>
<td>0%</td>
<td>7</td>
<td>0%</td>
<td>10</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Male</td>
<td>1,659</td>
<td>46%</td>
<td>268</td>
<td>7%</td>
<td>156</td>
<td>4%</td>
<td>869</td>
<td>24%</td>
<td>19</td>
</tr>
<tr>
<td>Trans</td>
<td>121</td>
<td>3%</td>
<td>17</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>14</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>6</td>
<td>0%</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,100</td>
<td>58%</td>
<td>293</td>
<td>8%</td>
<td>165</td>
<td>5%</td>
<td>899</td>
<td>25%</td>
<td>23</td>
</tr>
</tbody>
</table>

**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: 09/30/2022 at 12:02:06 AM. Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.
past 12 months (63.0%).

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

As of September 27, 2022, 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**

**Infographic - California Harm Reduction Supplies**

CDPH/OA released an infographic detailing supplies that are accessible through the CDPH/OA Harm Reduction Supplies Clearinghouse. Share widely. Use as a resource for harm reduction programs and to inform stakeholders about the purpose and public health benefit of each harm reduction supply. For more information visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx.

**Fundamentals of Perinatal Harm Reduction**

The Washington AIDS Partnership and the Academy of Perinatal Harm Reduction created a three-part, virtual series on the necessity of integrating harm reduction services and reproductive justice. View the Part I recording at https://www.youtube.com/watch?v=cWa5E7XCr0s.

Part II’s recording can be found at https://www.youtube.com/watch?v=LgKK4ZQuLiE.

Register for Part III at: https://us02web.zoom.us/webinar/register/WN_SOM32Q8dTVqf89To2JWGDAP?_x_zm_rtaid=Y_951tjFRpO5GIh-AhwxA.1664382260952.37bfa3efd1e72399eeb029dec08eaff4&_x_zm_rhtaid=129.

**Funding Opportunity: Community-Driven Responses to Opioid Use Disorder and Overdose Mortality**

The Foundation for Opioid Response Efforts (FORE) released a Request for Proposal (RFP) to help community-based organizations enhance their ability to deliver services addressing the opioid crisis, particularly in communities where people are at greatest risk of developing opioid use disorder and dying from overdoses. Applications are due October 21st.


<table>
<thead>
<tr>
<th>ADAP Insurance Assistance Program</th>
<th>Number of Clients Enrolled</th>
<th>Percentage Change from August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Based Health Insurance Premium Payment (EB-HIPP) Program</td>
<td>542</td>
<td>-1.09%</td>
</tr>
<tr>
<td>Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program</td>
<td>5,769</td>
<td>-2.89%</td>
</tr>
<tr>
<td>Medicare Part D Premium Payment (MDPP) Program</td>
<td>2,045</td>
<td>+0.19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,356</strong></td>
<td><strong>-1.73%</strong></td>
</tr>
</tbody>
</table>

Source: ADAP Enrollment System
Strategy M: Improve Usability of Collected Data

The Continuum of HIV Care Fact Sheet is now available on the OA Case Surveillance Reports webpage. This fact sheet is a routinely used tool for identifying gaps in HIV control activities and areas in need of improvement. The data provide recent trend information for California’s continuum of HIV care and highlight areas of success and gaps that can be addressed by effectively targeting resources.

A new Medical Monitoring Project (MMP) report for the 2020 survey cycle and the Appendix available tables list for the 2016 through 2020 survey cycles is now published on the OA website. The Medical Monitoring Project 2020 Report includes detailed characteristics of adults living with HIV in California using 2020 MMP data collected by the California MMP Project Area, excluding Los Angeles County and San Francisco. The Medical Monitoring Project 2016-2020 Appendix Available Tables includes the available year-by-year comparison tables and how to request access to them.

California MMP has also published the California Medical Monitoring Project and California HIV Surveillance Report Demographic Summaries, 2019. This report provides a comparison of demographic characteristics between the overall 2019 California HIV Surveillance Report, for those aged 18 years or older, and MMP survey participants in the 2019 MMP cycle and the combined 2015-2019 MMP survey cycles.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

The CPG Community and State Co-Chairs will be hosting a four-part virtual fall meeting for all CPG Membership in October/November of 2022. This meeting will be open to the public. To avoid holding these meetings up against a weekend and to ensure there is no overlap with other important conferences and meetings scheduled for October, we have chosen to hold this year’s meeting on October 25 & 27 and November 1 & 3. This meeting will be comprised of four separate Zoom meetings:

- **Day 1:**
  Tuesday, October 25, 2022
  1:00 PM – 4:00 PM Leadership Academy *(CPG members only)*

- **Day 2:**
  Thursday, October 27, 2022
  12:45 PM – 4:00 PM

- **Day 3:**
  Tuesday, November 1, 2022
  12:45 PM – 4:00 PM

- **Day 4:**
  Thursday, November 3, 2022
  12:45 PM – 4:00 PM

*Note:* October 25 will be a skills-building meeting and will not open to the public; however, there will be a 10-minute public comment period on October 27, November 1, and November 3.

OA Budget and Legislative Updates

Two lifesaving trans bills were signed into law by Governor Newsom.

**Senate Bill 923, the TGI Inclusive Care Act**

This first in-the-nation law will help create a more inclusive and culturally competent healthcare system for transgender, gender diverse, and intersex (TGI) people in California.

**Senate Bill 107, legislation to provide refuge for trans kids and their families.**

Senate Bill 107 will protect trans kids and their families if they flee to California from any state criminalizing the parents of trans kids for allowing them to receive gender-affirming care.

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