

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.

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Staff Highlight:

OA is pleased to announce Sean Abucay's promotion. He started his new role as a Health Program Specialist I in the Care Program Section, October 1, 2019.

For the last two and half years, Sean has been the fiscal analyst in the Care Operations Unit. In addition to processing contractors' invoices and tracking their expenditures, Sean trained staff on how to work with low spending contractors, developed protocols for conducting sub recipient risk assessments and reviewing single audits, and worked to redesign contractor budget forms and instructions. He provided technical assistance to contractors and staff on budget and invoice issues.

Sean is also a member of the new OA social/ planning group, the **Office of yAy!** He has worked with **Office of yAy!** to plan fundraisers, office-wide events and All Staff meetings.

Before coming to the OA, Sean worked in the Managed Care Operation Division at the Department of Health Care Services. He was the lead analyst on gathering and analyzing payment data utilizing Excel and Access to develop procedures and protocols to improve delivery of payment to contracted Managed Care Plans.

Sean is a proud father of three beautiful boys. He enjoys spending time with his kids, especially since he has the privilege to also be their soccer and basketball coach. Sean is a diehard Kings and Broncos fan.

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

PrEP Assistance Program (PrEP-AP):

As of October 11, 2019, there are 186 PrEP-AP enrollment sites covering 131 clinics that currently make up the PrEP-AP Provider network. As of October 21, 2019 there are 2,738 clients enrolled in the PrEP-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>.



Active PrEP Clients by Age and Insurance Coverage:

Current Age	PrEP Only		PrEP With Medi-Cal		PrEP With Medicare		PrEP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	136	5%	---	---	---	---	142	5%	278	10%
25 - 34	863	31%	2	0%	1	0%	527	19%	1,393	50%
35 - 44	455	16%	---	---	3	0%	219	8%	677	24%
45 - 64	186	7%	---	---	14	1%	144	5%	344	12%
65+	4	0%	---	---	79	3%	6	0%	89	3%
TOTAL	1,644	59%	2	0%	97	3%	1,038	37%	2,781	100%

Active PrEP 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	114	4%	---	---	37	1%	20	1%	---	---	96	3%	3	0%	8	0%	278	10%
25 - 34	606	22%	---	---	143	5%	108	4%	5	0%	467	17%	21	1%	43	2%	1,393	50%
35 - 44	333	12%	3	0%	39	1%	44	2%	3	0%	228	8%	8	0%	19	1%	677	24%
45 - 64	132	5%	3	0%	23	1%	17	1%	2	0%	161	6%	1	0%	5	0%	344	12%
65+	5	0%	1	0%	2	0%	5	0%	---	---	75	3%	1	0%	---	---	89	3%
TOTAL	1,190	43%	7	0%	244	9%	194	7%	10	0%	1,027	37%	34	1%	75	3%	2,781	100%

Strategy C: Expand Partner Services

Implementing Surveillance-based Partner Services for HIV Local Capacity Building Webinar:

OA and the STD Control Branch hosted a joint webinar on “Implementing Surveillance-based Partner Services for HIV” on October 8th, 2019. As HIV partner services continues to move toward the communicable disease model – using surveillance data to identify new cases for disease investigation and partner services – local health departments will need to partner with STD programs to identify strategies for doing so in a streamlined, client-centered way. OA has a goal of interviewing 85% of people newly diagnosed with HIV for partner services. To support that goal, developing a surveillance-based Partner

Services program plan is a required activity of “[*Strengthening Our Foundation Through Integration: 2019 Guide to HIV Prevention and Surveillance*](#)” Strategy C: Expand Partner Services (pg.37) (https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Guidance_181802_FINAL_ADA.pdf). If you were unable to attend, the [audio recording](#) is available at <https://cdph-conf.webex.com/recordingservice/sites/cdph-conf/recording/playback/e520345a4e8e416e9751bf31af91fa2e>. The recording password is **oct8LCBweb**.

Program Plan Template:

OA and the STD Control Branch developed a program plan template to assist local health jurisdictions (LHJ) with planning a local surveillance-based partner services program for

implementation in 2019 and 2020. For LHJs who have not developed a plan of their own, **please complete the template with information from your local health jurisdiction by November 29th, 2019.** All templates should be e-mailed to: PS18-1802@cdph.ca.gov.

For more information, please review the recent joint OA/STD Control Branch webinar during which the template was introduced (see above). If you need technical assistance please contact Brett AugsJoost, HIV Partner Services Coordinator, at brett.augsjoost@cdph.ca.gov.

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

ADAP's Insurance Assistance Programs:

As of October 21, 2019, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP released Management Memorandum 2019-21: Clients Opting out of Employer Sponsored Insurance: informing ADAP Enrollment Workers that the OA as an update to the policy issued in Management Memorandum 2015-02, informing enrollment workers that effective October 1, clients whose employer-sponsored health coverage is deemed unaffordable, will now have the option to opt out of their employer-based health insurance, enroll

into any on or off exchange health plan of their choice, and enroll into OA-HIPP.

ADAP is not encouraging clients to forego their employer-based insurance. This policy clarification provides another option for clients who have extremely high premiums and/or deductibles, or who have concerns regarding their confidentiality.

The Covered California open enrollment period for 2020 is October 15, 2019 through January 31, 2020. Beginning the week of October 21, OA will begin to send letters to:

- OA-HIPP clients who are currently enrolled in a Covered California health plan, to inform them of Covered California's renewal process and subsequent OA-HIPP requirements; and
- ADAP-only clients (those who have no other form of healthcare coverage, and for whom ADAP is paying the full cost of their ADAP formulary prescriptions), to inform them of their Covered California healthcare options and how to apply.

ADAP released Management Memorandum 2019-23: Medicare Part D Open Enrollment: informing ADAP Enrollment Workers of the Medicare Part D open enrollment period and requirements. The Medicare Part D open enrollment period for 2020 coverage is October 15,

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from September
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	584	-1.35%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,522	-1.59%
Medicare Part D Premium Payment (MDPP) Program	1,748	+0.29%
Total	6,854	-1.1%

2019 through December 7, 2019. On October 7, ADAP mailed an informational letter to its clients enrolled in the Medicare Part D Premium Payment (MDPP) Program informing them of the open enrollment period.

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

Deaths related to opioid overdose have dramatically increased in recent years in California and nationally. Between 2011 and 2015 in the United States, deaths attributed to opioid overdose in people living with HIV increased by more than 42%. These overdoses have resulted both from use of prescription opioids and from the use of heroin and illicitly manufactured fentanyl.

It is now standard practice to consider naloxone co-prescription for clients (or their caregivers) who receive chronic opioid therapy or who may otherwise be exposed to opioids. Naloxone is a life-saving antidote that reverses the effects of opioid overdose. Naloxone is indicated both for people who are at risk for an opioid overdose and for people who may have a friend or a family member at risk.

Effective September 16, OA has added both the nasal spray and the injectable forms of Naloxone to the ADAP formulary.

Syringe Exchange Certification Program:

OA's Harm Reduction Unit manages the California Syringe Exchange Certification Program, which allows qualified organizations to apply directly to CDPH/OA for authorization to provide syringe services.

On October 14, 2019, CDPH authorized [Northern Valley Harm Reduction Coalition \(NVHRC\)](https://www.chicoer.com/2019/10/16/chico-syringe-exchange-program-gets-ok-from-state/) (<https://www.chicoer.com/2019/10/16/chico-syringe-exchange-program-gets-ok-from-state/>) in Butte County as a state-authorized syringe program. NVHRC services will include

overdose education and prevention, naloxone distribution, syringe access and disposal, condom distribution, information on safer injection practices, hepatitis C and HIV testing and counseling, and linkage to other mental health and medical providers. Additionally, staff will give referrals for substance use disorder treatment services, hepatitis A and hepatitis B vaccinations, screenings for sexually transmitted infections, and housing services.

Three applications are in process with CDPH/OA. A final decision will be made by November 8, 2019 on Gender Health Center in Sacramento County and by November 26, 2019 for Northern Inyo Health District, in Inyo County. CDPH is currently taking [public comment on an application for a proposed syringe services program](#) from El Dorado County, Sierra Harm Reduction Coalition. Public comment closes November 27, 2019. Information on pending applications including information on public comment can be found on OA's website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx.

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

CDPH first endorsed the U=U (undetectable = untransmittable) campaign in 2017 and we continue to promote U=U as a powerful prevention tool in ending the HIV epidemic and reducing HIV-related stigma. People with HIV who take their medication as prescribed and have an undetectable viral load stay healthy and cannot pass HIV to their sexual partners. Importantly, U=U affirms that people with HIV can have healthy sexual relationships.

OA has developed a new community U=U factsheet in both [English](#) and [Spanish](#), available at: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/UU_Factsheet_Oct2019_ADA.pdf and https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/UU_Factsheet_SP_Nov2019_ADA.pdf.

Despite the numerous clinical studies that have established that antiretroviral treatment prevents HIV transmission, the U=U message is not widely known. We encourage you to spread the word with these documents and other resources. Together we can end the HIV epidemic!

Strategy N: Enhance Collaborations and Community Involvement

Ending the HIV Epidemic in America (EtHE): The federal plan to decrease new infections by 75 percent in the next five years has been initiated, with both Health Resources and Services (HRSA) and Centers for Disease Control and Prevention (CDC) providing additional funding to create “novel, disruptively innovative activities.” Each of the eight federally designated Phase I counties in California submitted an application for the additional EtHE funding provided from HRSA. This funding will focus on those who are infected but are not aware of their status, the newly diagnosed, and those in care but not virally suppressed. Other HRSA funding is being provided to HRSA Federally Qualified Health Centers (FQHC) and HIV clinics to increase routine testing among their clients with linkage to care for those who test HIV-positive or to PrEP for those at great risk of becoming HIV infected.

On October 24, 2019, OA hosted an initial meeting of the Phase I counties who have received funding to conduct accelerated planning of prevention strategies to reach those who have yet to be successfully engaged in HIV prevention

services. About 80 individuals for all eight Phase I counties attended the all-day meeting, and exchanged ideas and began preliminary brainstorming of what “disruptively innovative activities” could be provided to successfully reach more people at risk or those living with HIV who are not aware of their status. Throughout the next year, each county will develop a plan that will be implemented over the following four years.

On October 14, 2019, staff from OA, STD and Hepatitis C, along with some community representatives had a kick off meeting to begin to revise the California HIV Integrated Surveillance, Prevention and Care plan. Over the next eight months, a new plan will be developed, appreciating the need to address HIV, STDs and Hepatitis C together given the syndemic created by these infectious diseases and the common populations and social determinants of health impacting infection rates. This team will reach out to coworkers and help facilitate gathering of community input to ensure the plan reflects the needs and wants of people living with HIV, people at risk or needing treatment for STDs and Hepatitis C, stakeholders and providers. If you want to suggest what should be included in the new plan, or want to suggest a group that wants to provide input, please send your suggestions to the Ending the Epidemics e-mail box at ETE@cdph.ca.gov or call Kevin Sitter at 916-449-5814.

For questions regarding this report, please contact: angelique.skinner@cdph.ca.gov.

RECOMMENDED REVISION TO SERVICE ALLOCATION PROPORTIONS for FY 19/20

	Current Proportions	Current Budget	Recommend. Change	Recommend. Proportions	Resulting Amounts	Notes
Out/Amb Medical	5.93%	\$ 378,796	0.9%	6.87%	\$ 438,796	Needed to attend to more of the clients' needs
Mental Health	7.23%	\$ 462,013	-0.2%	7.07%	\$ 452,013	Staffing vacancy
Med Case Mgmt	13.32%	\$ 851,380	-0.7%	12.62%	\$ 806,380	Shortfall in clients served
Substance Abuse	5.93%	\$ 378,810	0.0%	5.93%	\$ 378,810	
Dental	18.02%	\$ 1,151,380	0.0%	18.02%	\$ 1,151,380	
Home/Comm Based	1.94%	\$ 123,743	0.0%	1.94%	\$ 123,743	
EIS - Part A	7.34%	\$ 469,339	0.2%	7.58%	\$ 484,339	Increase in program and client utilization of this service category
Medical Nutrition Therapy	2.62%	\$ 167,720	0.05%	2.67%	\$ 170,720	Increase in clients in need of vitamin supplements
Case Mgmt (non-Med)	14.82%	\$ 947,026	-0.6%	14.19%	\$ 907,026	Staffing vacancy
Food	8.48%	\$ 541,670	0.8%	9.26%	\$ 591,670	Increase in clients served
Housing	4.39%	\$ 280,703	-0.6%	3.77%	\$ 240,703	Shortfall in clients served
Transportation	6.96%	\$ 444,921	0.7%	7.67%	\$ 489,921	Increase in clients needing utilization of this service category
Psychosocial	2.43%	\$ 155,170	-0.2%	2.19%	\$ 140,170	Utilization of other payer sources
Emergency Financial Assistance	0.59%	\$ 38,000	-0.4%	0.23%	\$ 15,000	Utilization of other payer sources
PART A SERVICE TOTAL	100.00%	\$ 6,390,671	0.0%	100.00%	\$ 6,390,671	
EIS MAI SERVICE TOTAL	100.00%	\$ 446,317				
SERVICE GRAND TOTAL	100.00%	\$ 6,836,988				

VOTE TO RECOMMEND THESE PROPORTIONS FOR FULL PC APPROVAL

Current Proportions: Approved reallocations by IEHPC on 4/25/19 for FY 19/20.

Current Budget: Current budget amounts per service category per 4/25/19 reallocations

Recommend. Change: Aggregated feedback from service providers indicate these recommended changes in funding to better meet current service needs.

Recommend. Proportions: Resulting proportions if accept the recommended changes.

Resulting Amounts: Resulting service amounts if accept the recommended changes.

Notes: Additional information regarding the service categories with recommended changes.

Ending the HIV Epidemic: A Plan for America

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL:

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

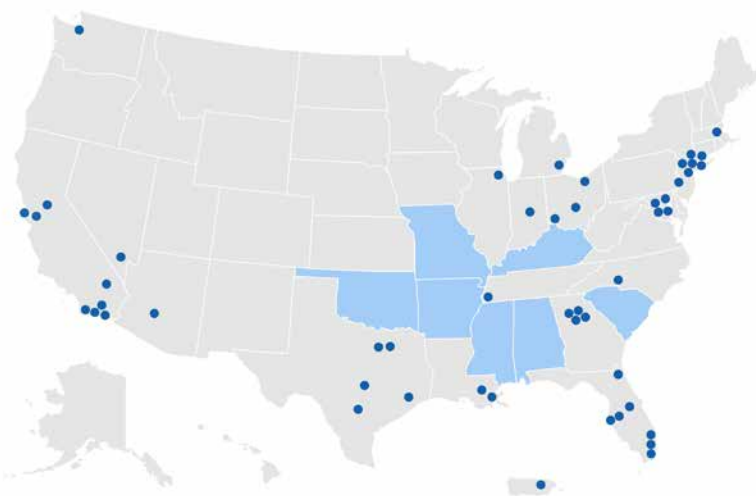


Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending
the
HIV
Epidemic

www.HIV.gov