

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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf).

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### **General Office Updates:**

Dr. Phil Peters, Deanna Sykes, Jing Feng and Sherry Williams will be attending the 2019 HIV Surveillance Technical Assistance Meeting in Atlanta, GA on June 12-13. The meeting will cover all essential HIV Surveillance activities such as surveillance data quality, laboratory reporting, cluster investigation, data to care and data sharing solutions. The OA staff members will be representing both the OA Surveillance Prevention Reporting and Evaluation Branch (SPER) and the Prevention Branch.

### **Staff Highlight:**

OA is pleased to announce that Sharisse Kemp has accepted the HIV Prevention Section Chief Position. Over the past three years she has worked in the AIDS Drug Assistance Program (ADAP) as a Regional Unit Manager in the ADAP Eligibility and Operations Section of the ADAP Branch. She has been 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 has represented OA at six of the Ryan White Part A Planning Council meetings. In

addition, she has been serving as the California Planning Group manager where she has assisted with restructuring the way in which we utilize our community planning group members. She has also served as the lead of the OA All Staff planning committee and serves on the U = U social media campaign workgroup. Lastly, in 2018, she was selected as a participant in the NASTAD Minority Leadership Program.



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

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

As of June 7, there are 163 PrEP-AP enrollment sites covering 93 clinics that currently make up the PrEP-AP Provider Network. As of June 7, there are 1,947 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>.

PrEP-AP clients insured by Kaiser are able to access PrEP at Kaiser Pharmacies without using their manufacturer co-payment coupon card or paying any money out of pocket. In order to ensure payment by the PrEP-AP, clients must ensure they present their Kaiser card at the pharmacy before presenting their PrEP-AP benefit card. As the health insurance provider, Kaiser is considered the primary payer and must be billed first. The PrEP-AP will only provide assistance with the client's copayment obligation or deductible. Enrollment workers are still required to enroll clients in the Gilead Co-Payment Assistance Program.

Kaiser clients can also receive PrEP-AP enrollment services at most PrEP-AP enrollment sites outside of the Kaiser network. While clients can receive enrollment services at non-Kaiser enrollment sites, they are still required to fill all prescriptions at a Kaiser network pharmacy.

### **PrEP Telemedicine Services Available:**

The OA PrEP-AP has executed a contract with PlushCare to provide telemedicine services to clients enrolled in the PrEP-AP. PrEP-AP clients can begin accessing telemedicine services through PlushCare **effective June 1, 2019**. This partnership will help bridge existing geographic gaps in the PrEP-AP Provider Network.

The U.S. Preventive Services Task Force released its final recommendation statement on Pre-Exposure Prophylaxis (PrEP) for the prevention of HIV infection. The Task Force found that clinicians should offer PrEP to persons at high risk for HIV. The recommendation is "Grade A," which is the strongest recommendation the Task Force provides. Task Force member Seth Landefeld, M.D. stated "To know which patients are good candidates for PrEP, clinicians need to ask all patients about their sexual history and injection drug use in an open and non-judgmental way."

## **Strategy G: Improve Availability of HIV Care**

Update to last month's HCD public comment announcement: OA submitted the Housing Opportunities for Persons with AIDS Program (HOPWA) Annual Plan to the State Department of Housing and Community Development (HCD) in January 2019. The annual plan is HCD's application for Housing and Urban Development's (HUD) Community Planning and Development funds and describes the intended use of federal funds administered by the State for various housing programs, including HOPWA. HCD will solicit public comment for the annual plan from May 28 through June 26, 2019 (new dates). Two public hearings will also be conducted on June 7, 2019, 9:00 a.m. – 12:00 p.m. in El Centro, and June 14, 2019 (new date), 10:00 a.m. – 1:00 p.m. in Sacramento. A [public notice](#) with the draft annual plan and Information about the public comment opportunity and public hearings are available on the HCD website at [www.hcd.ca.gov/policy-research/plans-reports/index.shtml](http://www.hcd.ca.gov/policy-research/plans-reports/index.shtml).

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from April
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	517	+6%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,669	+0.3%
Medicare Part D Premium Payment (MDPP) Program	1,719	+2%
<b>Total</b>	<b>6,905</b>	<b>+1%</b>

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

### **ADAP's Insurance Assistance Programs:**

As of June 7, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart above.

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

CDPH authorized a new syringe services program (SSP) operated by ALM Mission, which serves people without homes in the Clearlake (Lake County) area. In addition, CDPH/OA is conducting the final review of a proposed SSP to be operated by the Mono County Department of Behavioral Health. Also in May, the Sierra County Board of Supervisors unanimously voted to locally authorize an SSP operated by the county Behavioral Health agency. The new program will work in collaboration with the Plumas County Public Health SSP, which will extend its mobile services to Sierra County.

OA is currently providing technical assistance for the development of SSPs in more than a dozen counties. In order to consolidate resources, on June 12, OA co-hosted a webinar on "How to Start Syringe Services Programs in California"

with Harm Reduction Coalition. Participants will be able to join a cohort-based learning collaborative through which they will receive ongoing assistance to build SSPs; for information about joining the learning collaborative, contact [Matt.Curtis@cdph.ca.gov](mailto:Matt.Curtis@cdph.ca.gov).

An updated [summary of California law related to syringe access](#) through SSPs and nonprescription syringe sale in pharmacies is available on the OA website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sep.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx). The summary includes links to laws that govern individual possession of syringes and other injection equipment, sharps waste disposal, state and local authorization of SSPs and local health officer reporting requirements. [More information is available](#) on the OA Syringe Access and Harm Reduction web page at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_needle\\_exchange\\_syringe.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx).

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

The Integrated Plan 2017 data summary report is in final review and should be released in July. Progress to date for all twelve objectives is

moving in the right direction, but not sufficient to reach the 2021 goals. Most of the identified health disparities are reducing, but again additional progress will be needed to eliminate the disparities. If you have questions or would like to discuss your implementation of the State's Integrated Plan, please contact [kevin.sitter@cdph.ca.gov](mailto:kevin.sitter@cdph.ca.gov).

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

The [HIV Prevention Branch web pages](https://www.cdph.ca.gov/Programs/CID/DOA/), located at <https://www.cdph.ca.gov/Programs/CID/DOA/>

Pages/OAprevention.aspx, have been updated to include a [new page for local health jurisdictions and other local partners](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_lhj.aspx) in order to consolidate key resources in one easy-to-access page. That page can be found at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_lhj.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_lhj.aspx).

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