

**California Department of Public Health (CDPH), Office of AIDS (OA)
Monthly Report
April 2018**

Please note: As part of OA’s ongoing work to align all of our work and communications with *Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan*, this report is now organized to align the updates with Strategies from the Plan, which is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

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

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)

- 119 out of 189 (63%) of the AIDS Drug Assistance Program (ADAP) enrollment sites had at least one enrollment worker attend the PrEP-AP training. 275 out of 540 (51%) of enrollment workers attended the PrEP-AP training. OA will conduct additional training within the coming weeks for enrollment sites that may have been unable to attend the previous training sessions.
- OA has executed contracts with six PrEP-AP providers. Contracts have been executed with:

Provider	Local Health Jurisdiction
San Francisco AIDS Foundation	San Francisco
Primary Care at Home Inc.	Oakland
One Community Health	Sacramento
Dignity Health- St. Mary’s Med Center	Long Beach
Santa Rosa Community Health	Sonoma
West County Health Centers	Sonoma

- The go-live date for Phase I of the PrEP-AP, for uninsured clients, was April 9. On March 26, an email was sent to 79 ADAP enrollment sites who have met the criteria outlined in Management Memo 2018-01, which is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/2018-01%20PrEP-AP%20Implementation%20Plan.pdf. These enrollment sites were notified of the Phase I PrEP-AP go-live date and provided with a PrEP-AP

Enrollment Site Approval Letter and tools to assist the enrollment site in enrolling applicants.

Strategy E: Improve Retention in Care

Access, Adherence, and Navigation Program

- Phase II of the Access, Adherence, and Navigation Program is currently underway and focuses on providing ADAP clients who are not virally suppressed with resources to help achieve and maintain viral suppression.
- On March 15, Access and Adherence Navigators received an ADAP Enrollment System (AES) training on the Phase II functionalities.
- Bi-weekly check-in meetings are being held with the Access and Adherence Navigators to provide programmatic updates and answer questions.

Strategy G: Improve Availability of HIV Care

Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program

The OA-HIPP Program assists with paying health insurance premiums for eligible individuals enrolled in ADAP. OA-HIPP clients are also eligible for the Medical Out-of-Pocket (MOOP) Benefit Program, which assists in paying out-of-pocket costs for outpatient visits, up to a client's annual out-of-pocket maximum.

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

Access, Adherence, and Navigation Program

Phase I of the Access, Adherence, and Navigation Program focused on getting ADAP clients into comprehensive health coverage and ADAP's OA-HIPP Program or Medicare Part D Premium Payment (MDPP) Program, if applicable. Access and Adherence Navigators are continuing to proactively enroll clients in health insurance and ADAP's insurance assistance programs for those who qualify for special enrollment periods.

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

- Dr. Karen Mark, Chief, Office of AIDS, addressed a Town Hall meeting in Eureka, California about the role that syringe services programs and harm reduction play in state and local HIV and HCV prevention efforts. The March 29th meeting convened by Senator Mike McGuire and Supervisor Virginia Bass centered on the opioid epidemic and steps local and state governments are taking to reduce its impact, including efforts to reduce syringe litter in the town of

Eureka. Other speakers included physicians, local public health officials and drug treatment and syringe services providers.

- The Merced Needle Exchange application to provide syringe exchange program (SEP) services at the Family Care Clinic in Merced has been approved by CDPH, OA. Authorization is effective from April 23, 2018, through April 23, 2020. The Family Care Clinic is a rural non-profit located in a medically underserved area. Program services will be provided on Saturdays from 10am – 2pm by resident and community physicians from the University of California Merced School of Medicine, and will include access to HIV and HCV testing, linkage to medical care and treatment for substance use disorders, HIV risk reduction supplies, and referrals to other critical services that lead to improved public health outcomes.
- The Orange County Needle Exchange Program applied to CDPH, OA to provide mobile services in Orange County. Their application is now open for public comment. They propose to provide services within a several-block area of each of the cities comprising Orange County. The 90-day public comment period was initiated on March 27, 2018, through a posting on the OA website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx. Public comments may be sent to SEPAApplication@cdph.ca.gov. Comments must be in writing and submitted to CDPH no later than 11:59 p.m. on June 25, 2018.
- The Community Outreach Harm Reduction Team (COHRT), an Oakland-based harm reduction service agency, applied to CDPH, OA to authorize a new syringe exchange program. Their application is now open for public comment. The proposed program will conduct mobile outreach and harm reduction services for Alameda County's most underserved and hard to reach populations, and will operate on Sundays and Thursdays. The 90-day public comment period was initiated on March 28, 2018, through a posting on the OA website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx. Public comments may be sent to SEPAApplication@cdph.ca.gov. Comments must be in writing and submitted to CDPH no later than 11:59 p.m. on June 26, 2018.

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

OA has designated a representative to be part of the Adolescent Sexual Health Workgroup Steering Committee facilitated by the Department of Education.

Strategy M: Improve Usability of Collected Data

- OA is pleased to announce that it has contracted with Family Health Centers of San Diego to carry out National HIV Behavioral Surveillance (NHBS) data collection activities in San Diego. The Centers for Disease Control and Prevention (CDC) funds NHBS in more than 20 cities nationwide. Data collection staff in each jurisdiction conduct interviews and HIV testing and counseling among at least 500 people each year, rotating among groups that are especially vulnerable to getting HIV: men who have sex with men, people who inject drugs, and heterosexual people with low income or educational attainment. OA looks forward to working with Family Health Centers of San Diego to collect NHBS data!
- The HIV/AIDS adult case report form (ACRF) in the California Reportable Disease Information Exchange (CalREDIE) is now in the final stages of testing in the CalREDIE test environment. It is expected that after this final testing, the ACRF will be transitioned to the CalREDIE production environment and the rollout phase will begin. The rollout will occur in phases over an approximately five-month period. OA is currently developing the rollout schedule along with the training materials required. More detailed information will be shared as it is available.
- The Supplemental Tables to the California Surveillance Report 2015 have been released. This report contains tables with additional information about 2015 living cases and new diagnoses by race, age, ethnicity, and transmission category. The report is available on the OA website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx.

Strategy N: Enhance Collaborations and Community Involvement

The California Medical Monitoring Project (MMP) is a surveillance system designed to learn more about the experiences and needs of people who are living with HIV. MMP is recruiting physicians to serve on the MMP Provider Advisory Board (PAB), and community members to serve on the MMP Community Advisory Board (CAB). PAB members are eligible to receive Continuing Medical Education (CME) or Continuing Nursing Education (CNE) credits. For more information, please contact Veronica Moore at Veronica.Moore@cdph.ca.gov or by phone at (916) 606-7174.

General OA Updates

- Dr. Juliana Grant has rejoined OA as the new Division Medical Officer. Dr. Grant was previously with OA as the Surveillance Section Chief (2013-2014) and then the Surveillance, Research, and Evaluation Branch Chief (2014-2017). She left

OA this past summer for personal reasons, and is very glad to be back with OA. Dr. Grant will be responsible for a variety of projects including overseeing changes and updates to the ADAP formulary, leading OA-wide clinical quality improvement projects, and supporting cross-branch work around PrEP and Post-Exposure Prophylaxis (PEP). Dr. Grant received her MD from the University of Colorado and Masters of Public Health from San Diego State University. She then joined the CDC as an Epidemic Intelligence Service Officer and spent the subsequent 10 years with CDC as a Medical Epidemiologist working on environmental health, tuberculosis, and HIV.

- On March 9, 2018, Majel Arnold's role as the OA HIV Care Branch Chief concluded as she left for a position with CalVet. Please join OA in thanking Majel for her two years of outstanding service with OA's HIV Care Branch. Karl Halfman is acting as the HIV Care Branch Chief while OA recruits a permanent replacement for the position. Karl has worked at OA for 13 years and in the Care Branch for almost two years as the Chief of the HIV Care Program Section.

For questions regarding this report, please contact: michael.foster@cdph.ca.gov.