

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 the promotion of Betsie Cialino as the OA Prevention Branch Chief effective July 1, 2019.

Betsie Cialino joined the OA, HIV Prevention Branch in fall 2017 as the Data-to-Care Unit chief. In this role she led the development of guidance to Local Health Jurisdictions (LHJs) for the implementation of Centers for Disease Control and Prevention (CDC) Integrated HIV Prevention and Surveillance Grant (PS18-1802), introduced the use of Logic Models to plan PS18-1802 activities at the local level, and oriented the Prevention branch to focus on ongoing support and assistance to LHJs.



Prior to joining OA, Betsie worked in global public health for eight years: planning, coordinating, and monitoring USAID and CDC-funded programs around the world, mainly in West Africa. Most recently, she worked for Management Sciences for Health in Medford, Massachusetts, on USAID's Leadership, Management, and Governance (LMG) project. The LMG project aimed to strengthen health systems to deliver more responsive health services to more people, by developing inspired leaders, sound management systems, and transparent governance practices at the individual level and with networks, organizations, and governments. Betsie holds a Master's degree in International Development Studies from the George Washington University, and Bachelor's degree in Sociology and Spanish from Westmont College.

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

PrEP Assistance Program (PrEP-AP):

As of July 11, there are 181 PrEP-AP enrollment sites covering 98 clinics that currently make up the PrEP-AP Provider Network. As of July 11, there are 2,178 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>.

The PrEP-AP developed an informational sheet that outlines how insured PrEP-AP clients access PrEP-related medical services through PlushCare, PrEP-AP's telemedicine provider. PrEP-AP clients with Medicare, and those who are privately insured (with the exception of TRICARE and Kaiser clients), can receive assistance with PrEP-related medical out-of-pocket costs through PlushCare if PlushCare is in the client's health plan network. PlushCare is 'in-network' with many major insurers, as outlined in the document. The [informational sheet](#) also outlines the steps enrollment workers can take to assist clients with accessing PrEP-related medical services through PlushCare and can be found at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Accessing_Telemedicine_Services_through_PlushCare_Insured_Clients.pdf.

Enrollment workers will enroll clients into PrEP-AP and email a PrEP-AP Provider Referral Form and a copy of the front and back of the client's insurance ID card to PlushCare. PlushCare will confirm the client's enrollment in the PrEP-AP and reach out to the client by phone and email to schedule an appointment. During the client's appointment, a PlushCare doctor will assess the client by phone or video-chat and refer the client to a local Quest Diagnostics laboratory to complete any required lab work. Once the client completes all required lab work, PlushCare will notify the client of the lab results within 3-5 days, and a prescription for PrEP will be sent to the client's preferred Magellan Rx pharmacy network.

PrEP Navigator Services Programs Request for Applications (RFA)

The HIV Prevention Branch released an RFA on May 31, 2019 to identify and fund PrEP Navigator Service programs within eligible community-based organizations (CBOs) and local health jurisdictions (LHJs). The purpose of this funding effort is to increase the State of California's capacity to effectively link HIV-negative persons at risk of being exposed to

HIV to PrEP and provide medical management and adherence support. Preference was given to applicants that demonstrated a proven record or an outline for a credible and complete plan for reaching youth (ages 13-24) and/or transgender women of color.

Funded programs will ensure access for and navigate priority populations to PrEP, develop protocols and strategies to engage priority populations, and provide PrEP education to clients. These programs will also be responsible for providing public health detailing to prescribers and their staff, assess and refer individuals to appropriate clinical care and prevention services, and provide adherence support and service.

After completing an evaluation of the applications submitted, OA selected and intends to award contracts to the following applicants:

- East Bay AIDS Center-Alta Bates Summit Medical Center;
- AIDS Project Los Angeles;
- La Clinica de La Raza, Inc;
- Los Angeles LGBT Center;
- JWCH Institute, INC - Wesley Health Centers; and
- San Ysidro Health Center.

Strategy D: Improve Linkage to Care

Rapid Anti-retroviral Treatment RFA

The Prevention Branch released an RFA for Rapid Anti-retroviral Treatment (ART) on May 31, 2019 to establish up to four HIV prevention projects to provide innovative, evidence-based approaches to rapid linkage to, and retention in, quality health care for HIV-positive individuals. OA defines rapid ART as intake, first care appointment, and ART initiation within 0-5 days of diagnosis. Preference was given to applications that demonstrated capacity to initiate same-day ART or reduce initiation to 1-3 days.

In reviewing applications, we looked for provision of stigma-free, culturally/linguistically competent, evidence-based and innovative demonstration projects to administer and deliver rapid ART and substantially reduce the time to viral suppression, providing clinical benefits to the clients and reducing risk of HIV transmission.

After completing an evaluation of the applications, OA selected and intends to award contracts to the following applicants:

- Asian Health Services;
- County of Kern;
- Radiant Health Centers; and
- San Francisco AIDS Foundation.

OA and the Rapid ART Team would like to thank everyone who participated in this RFA Process and we look forward to working with the funded agencies.

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

ADAP's Insurance Assistance Programs:

As of July 11, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	549	+2%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,645	-0.04%
Medicare Part D Premium Payment (MDPP) Program	1,718	-0.8%
Total	6,912	-0.09%

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

The California Budget Act of 2019 included \$15.2 million in funding for syringe services programs (SSPs), to be spent over four years, to support services including navigation to substance use disorder treatment. This is the second year in a row that community service providers and harm reduction advocates put forward the proposal, and the funding in the Budget Act reflects the efforts of many hours of organizing, educating and advocacy on the part of the community.

These funds will help to address the fact that most SSPs in California are under-resourced – ten of the 47 programs in the state have no paid full-time staff, and the majority of programs have fewer than 4 full-time staff. Despite these barriers, SSPs have been steadily increasing the number of participants they serve – OA data show that between 2015 and 2017, CA SSPs increased the number of people they served by nearly 50%.

OA hosted a webinar on July 16th to discuss next steps for funding; the [recording for the webinar](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx) can be found at: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx. For more information, contact Leslie.Knight@cdph.ca.gov.

On July 22, 2019, CDPH authorized the Mono County Behavioral Health Department to provide syringe services through county health clinics in Mammoth Lakes and Walker and through a home delivery service for people who are unable to visit the clinics. For [more information on SSPs authorized by the state](#) visit CDPH/OA's syringe services programs website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx. For background on [how such services support public health in California](#) visit https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx. Contact Matt.Curtis@cdph.ca.gov for help starting an SSP in your community.

Strategy N: Enhance Collaborations and Community Involvement

OA submitted an application for the Centers for Disease Control and Prevention (CDC) RFA 19-1906, "Strategic Partnerships and Planning to Support Ending the HIV Epidemic (EtHE) in the United States." This one-year funding is directed at the 50 counties and 7 states that comprise more than 50% of people living with HIV in the United States. OA's application is in partnership with six of the eight counties designated as "Phase I jurisdictions" in the EtHE national plan. The designated counties are Alameda, Orange, Riverside, Sacramento, San Bernardino and San Diego. Los Angeles and San Francisco, the other two Phase I designated jurisdictions were each eligible to apply on their own. During the year of the grant, OA and its partners will update the epidemiologic profiles, develop a strategic analysis, and update the Getting to Zero plans. It is anticipated that a second Notice of Funding Opportunity will be announced that will fund implementation of the updated plans for the following four years. Contact Kevin.Sitter@cdph.ca.gov if you have questions.


Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California

The California Department of Housing and Community Development (HCD) is conducting a statewide survey as part of developing its five-year California Consolidated Plan (2020-24). The plan is required by the federal Department of Housing and Urban Development (HUD) and examines the housing and community development needs throughout the state. When approved, the plan will allow HCD to administer funding for several federal programs, including the Housing Opportunities for Persons with AIDS (HOPWA) Program, which is administered through the State Office of AIDS. The [online survey](#) is an opportunity to provide input on your community's housing needs and is open to everyone. Please feel free to share this with your networks, clients, etc. The survey is available until October 1, 2019, and can be accessed at <https://www.surveymonkey.com/r/S72S3BK>. If you have questions or would like to speak with somebody about the Consolidated Plan, please visit the [HCD's website](#) at www.hcd.ca.gov or call (916) 263-7400.

HHS Updates Antiretroviral Treatment Guidelines

An updated version of the [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#), is online now (https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/0?utm_source=AIDSinfo&utm_medium=email&utm_campaign=7-10-19-Adult_ARV_Guidelines_1), with additions and revisions that include:

- A new **Transgender People with HIV** section with focus on the importance of providing HIV care services within a gender-affirmative care model, the role of gender-affirming hormonal therapy and the potential interactions between these drugs and some antiretroviral drugs, and the potential health impacts of gender-affirming hormonal therapy on transgender persons with HIV.
- A comprehensive revision of the former "HIV and People Who Use Illicit Drugs" section,



now called **Substance Use Disorders and HIV**, that includes information on alcohol, benzodiazepines, cannabinoids, club drugs, opioids, stimulants with focus on potential health consequences of each substance for persons with HIV, the role of providers in managing patients with substance use disorders, the impact of substance use disorders on the HIV continuum of care and antiretroviral therapy, and treatment options for substance use disorders.

OA Budget and Legislative Updates:

Governor Gavin Newsom signed the 2019 Budget Act on June 27, 2019. This bill created

Health and Safety Code 120973 and 120974 to establish financial eligibility for HIV Care Program (Ryan White Part B) clients, aligned to the AIDS Drug Assistance Program (ADAP). ADAP's current financial eligibility is defined as Modified Adjusted Gross Income (MAGI) that does not exceed 500 percent of the Federal Poverty Level (FPL) per year based on family size and household income. State staff are working on implementing this new requirement with providers. A webinar has been scheduled for August 8th to discuss with contractors and providers.

For questions regarding this report, please contact: Angelique.Skinner@cdph.ca.gov.
