

Ending the HIV Epidemic: A Plan for America:What it means for us locally in Los Angeles County

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Ending the HIV Epidemic: A Plan for America was announced in 2019 with implementation beginning in 2020



GOAL:

75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.



www.hiv.gov



FEDERAL PARTNERS

Collective action is necessary to achieve the national goal



Health Resources & Services
Adminstration



Centers for Disease Control & Prevention



National Institutes of Health



Indian Health Service



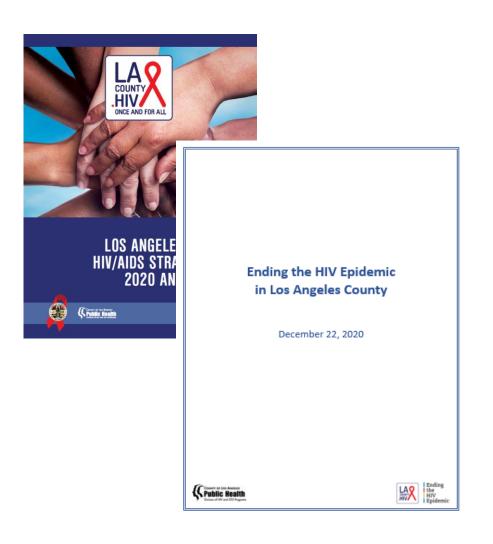
Substance Abuse & Mental Health Services Administration



PACE Team, Office of the Assistant Secretary of Health



Transitioning from the LA County HIV/AIDS Strategy to Ending the HIV Epidemic



Key Dates

- Nov. 2017: LA County HIV/AIDS Strategy released
- Feb. 2019: Ending the HIV Epidemic (EHE) announced
- 2019 2020: One-year EHE planning grant
- 2020: HRSA and CDC grants awarded to LAC
- Dec. 2020: Final EHE Plan due



Four key pillars were identified as part of Ending the HIV Epidemic initiative



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.



How will we end the HIV epidemic in Los Angeles County?

Overarching Goal: Reduce new HIV transmissions and acquisitions in the United States by 75% in five years and by 90% in ten years.

Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.

Priority Populations: Based on the most recent LA County epidemiologic profile and other key local data, the priority populations include: Black/African-American men who have sex with men (MSM), Latinx MSM, women of color, people who inject drugs, transgender persons, and persons under 30 years of age.





Priority populations: Black/African American MSM, Latinx MSM, women of color, PWID, people of trans experience, youth under age 30

57,700

people living with HIV in LA County

1,700

new transmissions per year

6.400

are unaware of their HIV positive status

50,660

Black & Latinx people who would benefit from PrEP

72,700

MSM*, transwomen. ciswomen & injection drug users would benefit from PrEP

Diagnose

- Increase routine opt out HIV testing in healthcare & institutional settings
- Increase HIV testing programs in non-healthcare settings including home testing
- Increase client's yearly HIV re-screening of persons with elevated HIV risk

Treat

- Expand partner services to facilitate rapid ART and linkage to care
- Increase knowledge of and access to HIV services
- Assess mental health services to identify gaps in care
- Improve client experience by working with clinical staff
- Increase opportunities for telehealth
- Develop programming that provides services related to housing and emergency financial assistance



Prevent

- Utilize data to better identify persons with indication for PrEP and link to services
- Expand PrEP service delivery & provider options, including telehealth and pharmacies
- Improve PrEP retention in care through provider and consumer programming
- Expand Syringe Services Programs

Respond

- Facilitate real-time cluster detection and response through protocol development and trainings
- Implement routine epidemiological analysis of new infections in hot spots and subpopulations
- Monitor and assess clusters identified through recency testing
- Continue to build surveillance infrastructure at the public health department





Diagnose all people with HIV as early as possible.

Why?

- Early diagnosis is a crucial first step to achieving good health outcomes and reduce transmission.
- Disparities exist among race, gender, age with regard to HIV rates and awareness of status.
- 6,400 people in LA County were unaware of their status at the end of 2017. 1,700 new transmissions per year.

Strategies

- Increase routine opt out HIV testing in healthcare and other settings, including emergency departments, STD screenings, syringe service programs.
- Increase HIV testing programs in non-healthcare settings including home/self testing.
- Increase yearly re-screening for clients at elevated risk for HIV through technology/automated systems.

8





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

Why?

- Linking people to medical care days within diagnosis ensures optimal treatment and reduces transmission.
- Low levels of linkage to care exist across multiple populations.
- Individuals who maintain viral suppression cannot transmit HIV to others.

Strategies

- Ensure rapid linkage to care for newly diagnosed people
- Support re-engagement and retention in care
- Expand promotion of Ryan White Program medical and supportive services
- Improve client experience by working with clinical staff
- Increase opportunities for telehealth
- Develop emergency financial assistance program
- Explore contingency management pilot program





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

Why?

- PrEP is highly effective in preventing HIV when taken as prescribed. 72,700 people would benefit from PrEP in the County demonstrating need for uptake.
- Financial coverage is available for PrEP at no cost.
- SSPs are effective, comprehensive approach to HIV prevention for people who inject drugs. Nearly 30 years of research has proven SSPs are a safe, effective, cost-saving intervention that does not contribute to illegal drug use or crime.

Strategies

- Utilize data to better identify persons with indication for PrEP and link to services.
- Expand PrEP access, including telehealth and pharmacies.
- Improve PrEP retention in care through provider and consumer communication.
- Expand Syringe Services Programs.





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

Why?

- Identify individuals who need enhanced services
- Detect and rapidly respond to early clusters or outbreaks of HIV in the community.

Strategies

- Develop a plan to increase capacity for cluster outbreak detection and response including protocol development and trainings.
- Ensure people newly diagnosed are interviewed through Partner Services and close partners are identified and offered services in a timely and effective manner.
- Continue to build surveillance infrastructure at the public health department.



- Spread the word about the Ending the HIV Epidemic initiative
- Continue to educate yourself and others about HIV, the importance of testing,
 PrEP, and U=U

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EHE Promotion	Distribute resources through networks, listservs, etc. (e.g. EHE Infographic, AHEAD Dashboard, LACounty.HIV website). Inform other groups that you are a part of about EHE (Boards, Committees, CABs, internal organization meetings, etc.)
Trainings/Presentations	HIV 101 and related trainings to reduce stigma, provide education on HIV and populations affected by HIV
Provider Trainings/Outreach	Train/Educate providers on implicit bias, trauma informed care, PrEP, routine HIV testing
Ryan White Promotion	Promote Ryan White program and services to network
Identify Partners	Identify partners to join EHE efforts (universities, faith-based institutions, medical associations, pharmacies/pharmacy associations) Ensure leadership within organizations are aware of EHE and potential strategies to support
Identify Champions	Identify and empower EHE Champions to further educate and promote EHE and related strategies









Ending the HIV Epidemic in Los Angeles County

By utilizing the right data, right tools & right leadership

The five-year federal initiative, Ending the HIV Epidemic: A Plan for America, focuses on four key pillars to end the epidemic: (1) Diagnose people as early as possible, (2) Treat people rapidly and effectively, (3) Prevent new HIV transmissions, and (4) Respond quickly to HIV outbreaks. Through collaboration with key stakeholders and community partners, the Los Angeles County Department of Public Health, Division of HIV & STD Programs, plans to implement activities in Year 1 that enhance the current HIV portfolio, align with the four pillars, improve HIV-related health outcomes, and prevent new transmissions.

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September 2020





EHE Infographic, page 2



Federal Funding in LA County

Various entities have received federal funding from HRSA, CDC & NIH to support ending the HIV epidemic goals and strategies, including the public health department, federally qualified health centers, AIDS Education Training Centers, and research partners.

FEDERAL PARTNERS Health Resources & Services NATIONAL GOAL HRSA Adminstration 75% Centers for Disease Control & CDC reduction in Prevention new HIV infections NIH National Institutes of Health by 2025 and at least Indian Health Service 90% reduction Substance Abuse & Mental by 2030 SAMHSA Health Services Administration PACE Team, Office of the Assistant Secretary of Health

Did you know HIV cannot be transmitted sexually if a person maintains an undetectable viral load?

Learn more here.

For more information on Ending the HIV Epidemic visit HRSA & CDC websites

Community engagement will play an important role in ending the HIV epidemic.

In collaboration with the Los Angeles County Commission on HIV, PACE & other partners, the Division of HIV & STD Programs will:

- Increase HIV education and awareness across the County
- Develop partnerships outside of the HIV sector to ensure all community voices are included.
- Convene an Ending the HIV Epidemic Steering Committee to guide efforts & ensure communities most impacted by HIV are engaged.

We need your help! Get involved

- ✓ Spread the word about the Ending the HIV Epidemic (EHE) initiative
- Learn more about <u>PrEP</u>, the daily pill that prevents HIV. It's free for those who qualify.
- Get tested to know your status and encourage others to do the same
- ✓ Educate yourself & others about <u>HIV</u> to reduce stigma
- ✓ Attend Los Angeles County Commission on HIV <u>meetings</u> to get connected
- Stay tuned for EHE updates at https://www.lacounty.hiv/



Get the Executive Summary here:

http://publichealth.lacounty.gov/dhsp/Reports/HIV/EHE-Plan-ExecutiveSummary2021.pdf

Full EHE Plan can be accessed here: www.LACounty.HIV



Diagnose people living with HIV as early as possible.

Why is early diagnosis important? An HIV diagnosis as close to the period of infection as possible is a crucial first step to achieving good HIV-related health outcomes and reducing the likelihood of HIV transmission to others. In LA County in 2019, 1,660 people aged 13 years or older were newly diagnosed with HIV. While HIV diagnoses rates have declined in general and across all most racial and gender groups, Black/African American cisgender men and cisgender women continue to have the highest rates of new diagnoses (number per 100,000 residents.) In 2017, 6,400 people in LA County were unaware of their HIV-positive status and the greatest disparities in awareness were among young people living with HIV (PLWH). In 2017, only 48% of PLWH aged 13-24 years and 66% of PLWH aged 25-34 years were aware of their HIV status, falling short of the 95% local and national target. Disparities in status awareness also persist among persons who inject drugs (PWID), with over one-third of PWID with HIV unaware of their HIV-positive status and only 55% having been tested for HIV in the past 12 months.

What will be measured as part of this pillar of EHE?

- Increase the percentage of people living with HIV (PLWH) w
- Reduce annual number of HIV diagnoses

What strategies will be implemented?

Strategy 1A: Expand or implement routine optout HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities. Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, including as part of the delivery of STD screening, substance use treatment, and syringe service program services, among others. **Strategy 1B**: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home and/or self-testing.

Strategy 1C: Increase the rate of annual HIV rescreening among persons at elevated risk for HIV in both healthcare and non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening and increase ways of maintaining communication with clients.

Immediate Next Steps



- 1. Sign up for the EHE listserv. Email EHEInitiative@ph.lacounty.gov
- 2. Let people know they can order FREE HIV self-test kits through Take Me Home. https://takemehome.org/
- Share U=U resources http://publichealth.lacounty.gov/dhsp/U=U Provider Kit.htm
- Register for the listening session with HRSA <u>https://hrsa-gov.zoomgov.com/meeting/register/vJltf-yhqzsjHRWCF0TAhdB5noXnk_ZFDOQ</u>







Pacific Region





1. Treatment provides health benefits.

The first and most important goal of HIV treatment is to improve the health and well-being of all people living with HIV. Early diagnosis and early initiation of treatment play key roles in achieving this goal.

2. U=U has the potential to change what it means to live with HIV.

The U=U message has the potential to change the way people with HIV, their friends, their families, and their coworkers think and talk about viral suppression and what it means to live with HIV.

3. No one must be left behind.

Support must be in place to help those people living with HIV who may experience challenges to accessing and taking treatment as prescribed. We must address the barriers to achieving and maintaining an undetectable viral load that people may face. These barriers disproportionately affect many groups, including Black, Latinx, and transgender persons, men who have sex with men, people who use or inject drugs, non-English language speakers, and undocumented persons. No one must be left behind.

4. People with an undetectable viral load can't pass HIV through sex.

When a person achieves and maintains a viral load of less than 200 copies/ml of blood, they cannot transmit HIV sexually, regardless of whether or not they use a condom.

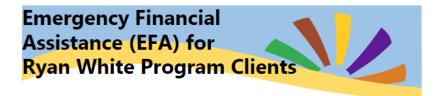
5. Viral load does not equal value.

There are legitimate concerns that the U=U message sets up a system in which a person's value is determined by their viral load. We must avoid creating two classes of people with HIV, those who have an undetectable viral load and those who do not. Everyone living with HIV, regardless of viral load, has the right to full and healthy social, sexual, and reproductive lives.

Next Steps, continued



- Promote Ryan White Services. Mental health fact sheet http://publichealth.lacounty.gov/dhsp/You/MentalHeal thFactsheet FINAL ENGLISH.pdf
- Share about the Emergency Financial Assistance Program.



ELIGIBILITY:

- · Los Angeles County Resident
- HIV-positive
- Current income ≤ 500% FPL
- Not currently receiving any other form of emergency financial assistance

SERVICES:

Assistance with paying:

- Rent
- Utilities (including Cell Phone and Wi-Fi)
- Food and Transportation

You can apply for \$5,000 (maximum) over a 12-month period

HOW TO APPLY:

Please contact your HIV Medical Care Coordination (MCC) Team **OR** an HIV Benefits Specialist (BSS) **OR** your LAFAN Case Manager for an application.

Please refer to the list of contacts on back.

Division of HIV & STD Programs

Mental Health Services for PLWH

What are Mental Health Services for PLWH?

Mental Health Services for persons living with HIV (PLWH) are designed to assist people living with HIV who are also experiencing mental health challenges that interfere with their everyday functioning. These services are coordinated with a client's specialty HIV health care provider.

What are the goals of these services?

These services seek to improve the mental and physical health status of people living with HIV by addressing mental health stressors and challenges.

What types of assistance can I access through these services?

✓Individual Counseling ✓Family Counseling ✓Group Counseling
✓Multi-Family Counseling ✓Medical Management ✓Crisis Intervention

Where can I access these services?

AIDS Healthcare Foundation	(818) 380-2626 ext. 5733
AltaMed Health Services	(323) 869-5408
Los Angeles County Department of Mental Health	(213) 738-4717
Wesley Health Centers	(323) 201-4516 x 3040
LAC+USC Medical Center	(323) 409-8258
Northeast Valley Health Corporation	(818) 988-6335
Special Services for Groups	(213) 553-1849
St. John Well Child & Family Center	(323) 541-1411
Tarzana Treatment Centers	(818) 342-5897 x2195
Venice Family Clinic	(310) 664-7613
Being Alive	(323) 874-4322

How do I access these services?

You can access these services by contacting the providers listed above. It is important to note that you do not need to receive mental health services in the same clinic where you access your HIV medical care. If you are not already receiving services at one of the providers above, they may need to confirm that you are Ryan White Program-eligible and they may ask you to provide documentation confirming your HIV diagnosis, current income (if any), health insurance (if any), and that you live in Los Angeles County



Additional Resources



- Stay tuned for LA County EHE updates on www.LACounty.HIV
- For HIV, STD, and sexual health info and resources in LA County visit and share www.GetProtectedLA.com
- Visit AHEAD dashboard for data across all EHE jurisdictions https://ahead.hiv.gov/
- Continue to attend Los Angeles County Commission on HIV meetings and/or apply to be a Commissioner http://hiv.lacounty.gov/





We have an unprecedented opportunity to end the HIV epidemic in America

The time is **Now**.

#EndHIVEpidemic

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