

Annual Conference

together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



KEY TOPICS:

- Division of HIV and STD Programs Highlights
- The County's Response to the Intersection of HIV and Substance Use | Harm Reduction
- PrEP, Long-acting PrEP, Doxy PEP | Increasing Access and Utilization among Priority Populations
- Housing and People Living with HIV (PLWH)
- Community Discussion on Intergenerational Perspectives on Community Building and Resilience
- Enhancing Access to Mental Health Services for PLWH
- Raffles, prizes, post-event reception

SCAN QR CODE FOR LISTEN ONLY LIVE STREAM OPTION:



IN PERSON OPTION:

Vermont Corridor @ 510 S. Vermont Ave, Los Angeles, CA 90020
Free Validated Parking | 523 Shatto Pl

NOV | 9th | 2023

Check-in 8:30am | Program 9am-4pm

Reception 4-5pm

*Details will be posted at <https://hiv.lacounty.gov/>

Submit Public Comments Electronically at:
https://www.surveymonkey.com/r/PUBLIC_COMMENTS



LOS ANGELES COUNTY
COMMISSION ON HIV



together.
WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

AGENDA FOR THE **ANNUAL CONFERENCE** OF THE LOS ANGELES COUNTY COMMISSION ON HIV (COH)

Thursday, November 9, 2023

Conference: 9:00 AM – 4:00 PM | Reception: 4:00 PM – 5:00PM

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

***As a building security protocol, attendees entering the parking structure and building must notify parking attendant & security personnel that they are attending the Commission on HIV meeting to access the 9th Floor Terrace Conference Room where the conference will be held.**

NOTICE OF TELECONFERENCING SITE

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

****LISTEN ONLY** LIVE STREAM AVAILABLE**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=maf8c690325a36f65b1b87b6d15b3171f>

AGENDA POSTED: November 6, 2023

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may attend the virtual or in-person meeting, email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.



ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

1. ADMINISTRATIVE MATTERS

- | | |
|---|------------------------------------|
| A. Call to Order & Roll Call | 9:00 AM – 9:15 AM |
| B. Welcome, Opening Remarks, Meeting Objectives, and Recognition of Service | 9:15 AM – 9:25 AM |
| C. Approval of Agenda | MOTION #1 9:25 AM – 9:30 AM |

2. PRESENTATIONS

- A. **Division of HIV & STD Programs (DHSP) Los Angeles County State of HIV/STDs** 9:30 AM – 10:30 AM
- Ending the HIV Epidemic (EHE) Update | Julie Tolentino, MPH, Program Manager, EHE
 - HIV & STD Surveillance Update | Juli Carlos-Henderson, MPH, Supervising Epidemiologist
- B. **The County's Response to the Intersection of HIV & Substance Use: Harm Reduction & Other Services** 10:30 AM – 11:15 AM
Dr. Sid Puri, MD, Associate Medical Director of Prevention, SAPC
- C. ****BREAK**** 11:15 AM – 11:30 AM
- D. **PrEP, Long-acting PrEP, Doxy PEP: Strategies for Increasing Access & Utilization among Priority Populations** 11:30 AM – 12:30 PM
Dr. Ardis Moe, MD, University of California (UCLA) Clinical AIDS Research and Education (CARE) Center
- E. ****LUNCH** Housing & HIV: Community Reflections on Coordinated Planning** 12:30 PM – 1:30 PM
FACILITATOR: Cheryl A. Barrit, MPIA, Executive Director, COH
- F. **Then & Now: Where We Were & Where We Are Now** 1:30 PM – 2:30 PM
A Facilitated Community Discussion Intergenerational Perspectives on Community Building and Resilience
FACILIATORS: AJ King, MPH and Milan Eatmon (Next-Level Consulting, Inc.)
- G. ****BREAK**** 2:30 PM – 2:45 PM
- H. **Enhancing Access to Mental Health Services for People Living with HIV (PLWH)** 2:45 PM – 3:30 PM
Dr. Curley Bonds, MD, Chief Medical Officer, Los Angeles County Department of Mental Health

3. MISCELLANEOUS MATTERS

- A. **Public Comments:** Those who wish to provide public comment may do so in person, 3:30 PM – 3:45 PM electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.
- B. **Closing Remarks, Roll Coll & Adjournment** 3:45 PM – 4:00 PM



Awards Reception 4:00 PM- 5:00PM

Following our Annual Conference program, we invite you to join us in the courtyard to network, connect and show our appreciation to our members for their contributions to the Commission on HIV. Enjoy the beats from our resident Commissioner DJ Miguel Alvarez on the 1s and 2s, indulge in light desserts, and be part of a special awards ceremony.

PROPOSED MOTION(S)/ACTION(S)

MOTION #1 Approve meeting agenda, as presented or revised.

COMMISSION ON HIV MEMBERS

<i>Luckie Fuller, Co-Chair (LOA)</i>	<i>Bridget Gordon, Co-Chair</i>	Joseph Green, <i>Co-Chair Pro Tem</i>	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Danielle Campbell, MPH
Mikhaela Cielo, MD	Lilieth Conolly	Sandra Cuevas	Mary Cummings
Shonté Daniels (LOA)	Erika Davies	Pearl Doan	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames	Felipe Gonzalez	Karl Halfman, MA
Dr. David Hardy (*Alternate)	Ismael Herrera	William King, MD, JD, AAHIVS	Lee Kochems, MA
Jose Magaña	Leon Maultsby, MHA	Anthony Mills, MD	Andre Mollette
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco
Ronnie Osorio (*Alternate)	Byron Patel RN, ACRN	Mario J. Pérez, MPH	Dechelle Richardson (*Alternate)
Erica Robinson (**Alternate)	Reverend Redeem Robinson (LOA)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	Juan Solis (*Alternate)	LaShonda Spencer, MD	Kevin Stalter
Lambert Talley (*Alternate)	Justin Valero, MPA	Jonathan Weedman	Russell Ybarra

MEMBERS: 45

QUORUM: 23

LEGEND:

LoA = Leave of Absence; not counted towards quorum
 Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
 Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx

County of Los Angeles Land Acknowledgment

(Adopted December 1, 2022)

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants -- past, present, and emerging -- as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands.

We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the: Fernandeano Tataviam Band of Mission Indians, Gabrielino Tongva Indians of California Tribal Council, Gabrieleno/Tongva San Gabriel Band of Mission Indians, Gabrieleño Band of Mission Indians - Kizh Nation, Board of Supervisors Statement Of Proceedings November 1, 2022 San Manuel Band of Mission Indians, San Fernando Band of Mission Indians.

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at www.lanaic.lacounty.gov .



LOS ANGELES COUNTY
COMMISSION ON HIV





2023 MEMBERSHIP ROSTER | UPDATED 9.25.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	PP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN, ACRN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS	Shonte Daniels (LOA)	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3			Vacant		July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXEC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC OPS	Danielle Campbell, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson (LOA)	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		42						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 48



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando



Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>



SPEAKER BIOGRAPHIES

Dr. Curley Bonds, MD is the Chief Medical Officer for the Los Angeles County Department of Mental Health and oversees all clinical practices for the Department as well as the full range of programs that function to engage and stabilize clients by bringing them into the Department's community-based system of care.

Dr. Bonds is a psychiatrist with extensive experience in a variety of clinical, academic and research settings. Most recently, he was the Chair of Psychiatry and Behavioral Medicine at Charles R. Drew University School of Medicine in Los Angeles and the Medical Director for Didi Hirsch Mental Health Services. His areas of expertise include healthcare disparities, cross cultural psychiatry, psychosomatic medicine, and collaborative healthcare.

Dr. Bonds has won numerous teaching and advocacy awards including Chief Resident of the Year in 1996 and The Exemplary Psychiatrist Award from the National Alliance on Mental Illness in 2009. He is active with several professional organizations including the American Association of Community Psychiatrists, the Association of LGBTQ Psychiatrists, the Black Psychiatrists of America and the American Psychiatric Association. Dr. Bonds is a Distinguished Fellow of the American Psychiatric Association and a Fellow of the Academy of Consultation-Liaison Psychiatry. He is a past president of the Southern California Psychiatric Society and the recipient of their 2018 Distinguished Service Award. He completed his B.A. in sociology at Emory University and earned his M.D. from Indiana University School of Medicine.

Milan Eatmon is a McNair scholar and has centered her work around minoritized and vulnerable people, typically young people, community, and well-being. She is a Program Analyst with Coachman Moore and Associates, Inc. and has worked in non-profit and educational sectors to uplift the lives of communities of color and youth. She received her Bachelor's degree in Africana Studies and Cultural Studies/Critical Theory and Analysis from California State University Dominguez Hills.

Juli Carlos-Henderson, MPH is the Supervising Epidemiologist for the Division of HIV and STD Programs (DHSP), Department of Public Health. She received her Master of Public Health from Boston University and her Bachelor of Arts degree in Psychology from the University of California Irvine.

A.J. King, MPH, is the Director of Next-Level Consulting, Inc., an independent consulting firm specializing in nonprofit capacity building and human resources services. AJ King has over 25 years of experience in the field of public health and nonprofit management. His work focuses on developing and delivering trainings and workshops; developing and implementing evaluation plans and community-based assessments; grant-proposal writing; research and report writing; and planning processes. A strong advocate for collaborative approaches, AJ King

has facilitated such processes for government agencies, universities, coalition groups and community based-organizations. He has written successful grant proposals at the federal, state, and local level, securing millions of dollars from both government and private funders. As a seasoned trainer, AJ has developed numerous curricula and engaged a variety of audiences ranging from public health officials to community level providers. AJ has served in leadership roles on the Los Angeles County Commission on HIV, HIV Prevention Planning Council, and currently serves as a Senior Trainer for The Grantsmanship Center and an Associate of Community Works Consulting, Inc. and the Aspire Group. He holds a Master in public health degree from San Jose State University.

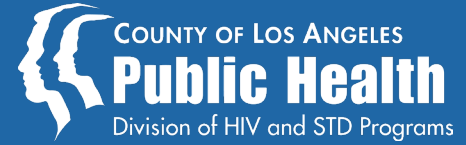
Dr. Ardis Moe, MD began her Infectious Diseases fellowship at UCLA and continued as a National Institutes of Health (NIH) -sponsored HIV Clinical Trials fellow, and then stayed on at UCLA as faculty in the Division of Infectious Diseases. She maintains a clinical practice at the CARE Center and also at a Ryan White-funded HIV clinic in Van Nuys: Northeast Valley Health Corporation. She has research interests in HIV dementia and complications of HIV and HIV treatments. Her hobbies include traveling and horseback riding. She received her medical degree from the University of Utah School of Medicine.

Dr. Siddarth (Sid) Puri, MD is the Associate Medical Director of Prevention for the Division of Substance Abuse Prevention and Control (SAPC), Los Angeles County Department of Public Health. He received his medical degree at the University of California Davis; his Master of Arts and Bachelor of Art in Art History, Criticism, and Conservation at UCLA.

Julie Tolentino, MPH is the Ending the HIV Epidemic (EHE) Program Manager with the Division of HIV and STD Programs (DHSP), Department of Public Health and is working to implement HIV prevention and treatment strategies from the national EHE initiative locally in Los Angeles County. Prior to DHSP, Julie gained experience in the HIV sector through her work with the Los Angeles County Commission on HIV as well as a variety of public health strategies ranging from youth development, health education, and implementation of institutional and environmental change strategies through her work with the Department of Public Health's Division of Chronic Disease.



Ending
the
HIV
Epidemic



Division of HIV and STD Programs Update: HIV/STD Surveillance and Ending the HIV Epidemic Initiative

Juli Carlos-Henderson, MPH, Lead STD Epidemiologist
Julie Tolentino, MPH, Program Manager
Division of HIV and STD Programs

Commission on HIV Annual Meeting
November 9, 2023

Presentation Overview

- I. Introduction
- II. HIV/STD Surveillance Updates
- III. DHSP Data Dashboards and Reports
- IV. Ending the HIV Epidemic Initiative Update
- V. What's on the Horizon
- VI. Closing Remarks



Los Angeles County HIV/STD Surveillance Overview

Juli Carlos-Henderson, MPH, Lead STD Epidemiologist
County of Los Angeles Department of Public Health
Division of HIV and STD Programs





HIV Surveillance



Tracking achievements in national targets for the EHE initiative, 2021-2022

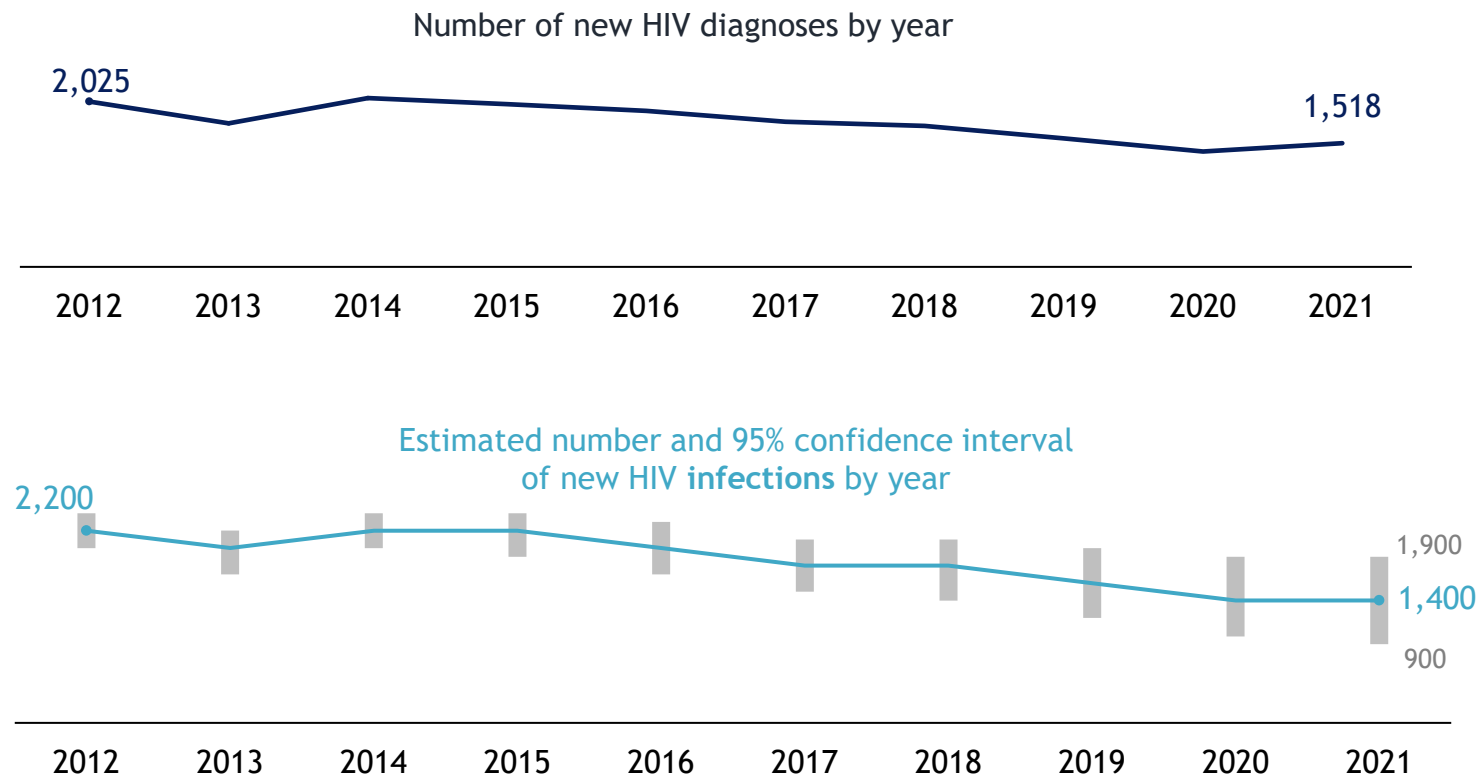
	EHE 2025 targets	EHE 2030 targets	LAC results
Estimated number of new infections ¹	380	150	1,400 [900-1,900] (2021)
Number of new HIV diagnoses ²	450	180	1,518 (2021)
Estimated percentage of PLWH with knowledge of HIV-positive status ¹	95%	95%	89% [86% - 91%] (2021)
Percentage of PLWDH linked to HIV care within 1 month of diagnosis ²	95%	95%	76% (2021)
Percentage of PLWDH with viral suppression ²	95%	95%	61% (2022)
Percentage of HIV-negative persons with indications for PrEP having been prescribed PrEP ³	50%	50%	53% (2021)

¹Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.

²Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS). Viral suppression: numerator includes PLWDH whose last VL test in 2022 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2021 and living in LAC at year-end 2022 based on most recent residence.

³Using Los Angeles County data from the HIV case and laboratory surveillance systems, National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

Number of persons newly diagnosed with HIV compared with the estimated number of persons with new HIV infection among PLWH aged ≥ 13 years, LAC 2012-2021^{1,2}

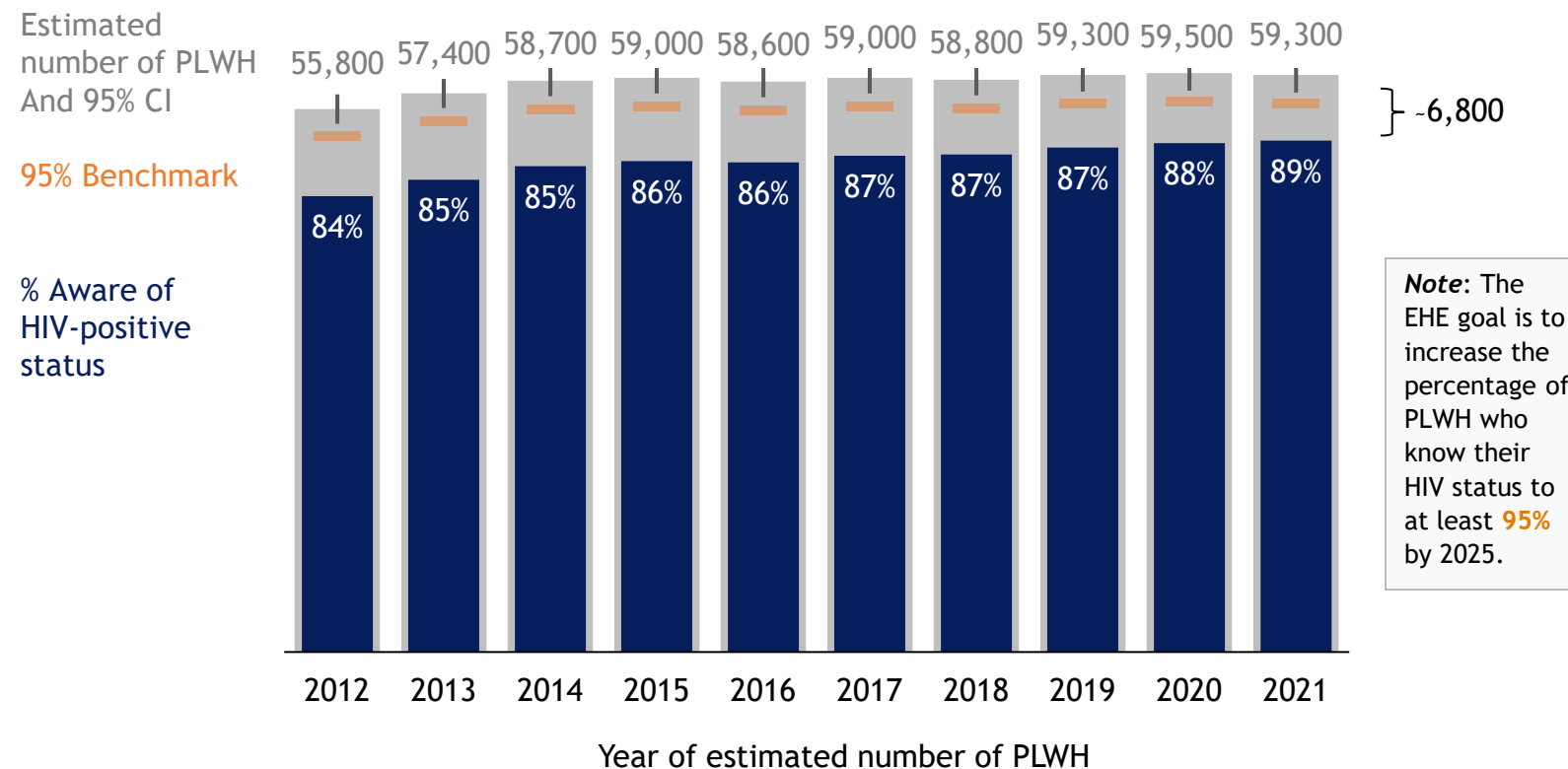


Abbreviation: PLWH = persons living with HIV

¹ Estimates based on the CD4-Based Model v4.1 developed by CDC, which derived by using HIV surveillance and CD4 data for persons aged ≥ 13 years at diagnosis. Estimates rounded to the nearest 100 for estimates of $>1,000$ and to the nearest 10 for estimates of $\leq 1,000$ to reflect model uncertainty.

Source: HIV Surveillance data as of December 2022

Awareness of HIV-positive serostatus among PLWH aged ≥ 13 years, LAC 2012-2021^{1,2}

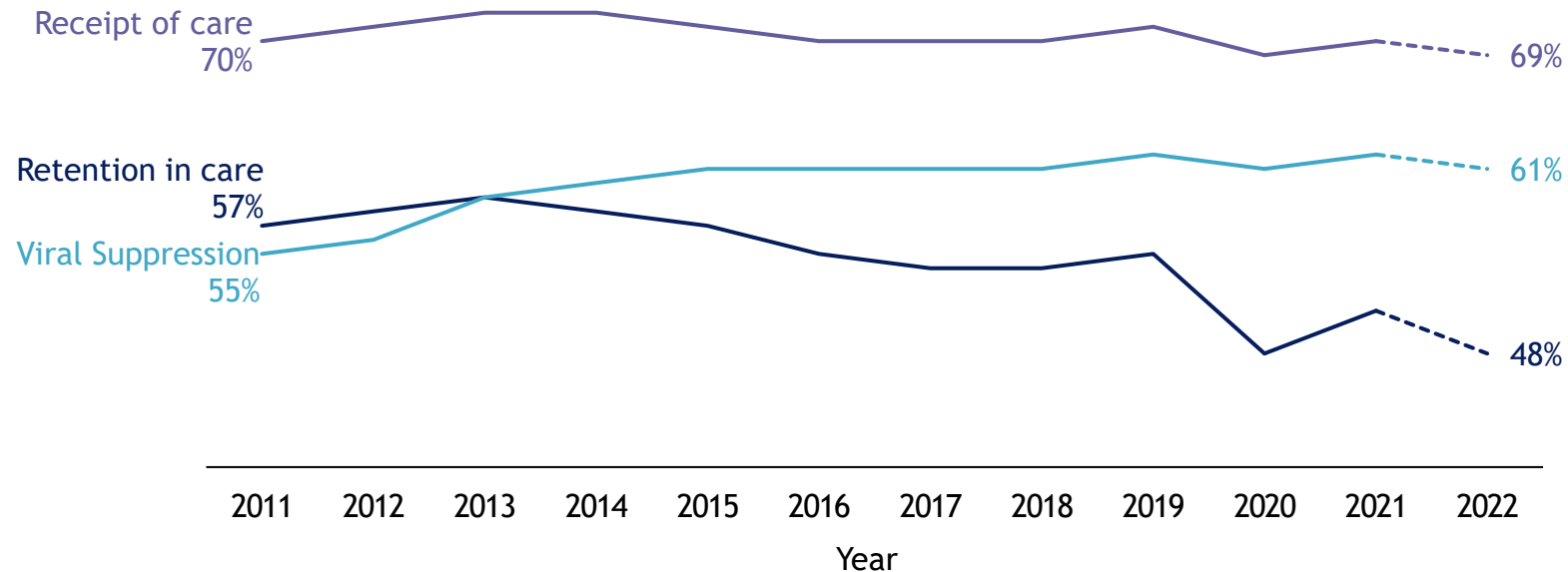


Abbreviation: PLWH = persons living with HIV

¹Estimates based on the CD4-Based Model v4.1 developed by CDC, which derived by using HIV surveillance and CD4 data for persons aged ≥ 13 years at diagnosis. Estimates rounded to the nearest 100 for estimates of $>1,000$ and to the nearest 10 for estimates of $\leq 1,000$ to reflect model uncertainty.

²The numbers above the bars indicate the total estimated number of PLWH. The colored inner bars indicate the percentage of PLWH aware of HIV serostatus.

Trends in receipt of HIV care, retention in care, and viral suppression for PLWDH aged ≥ 13 years living in LAC at calendar year-end and diagnosed with HIV through the previous calendar year, LAC 2011-2022^{1,2}



Abbreviation: PLWDH = persons living with diagnosed HIV

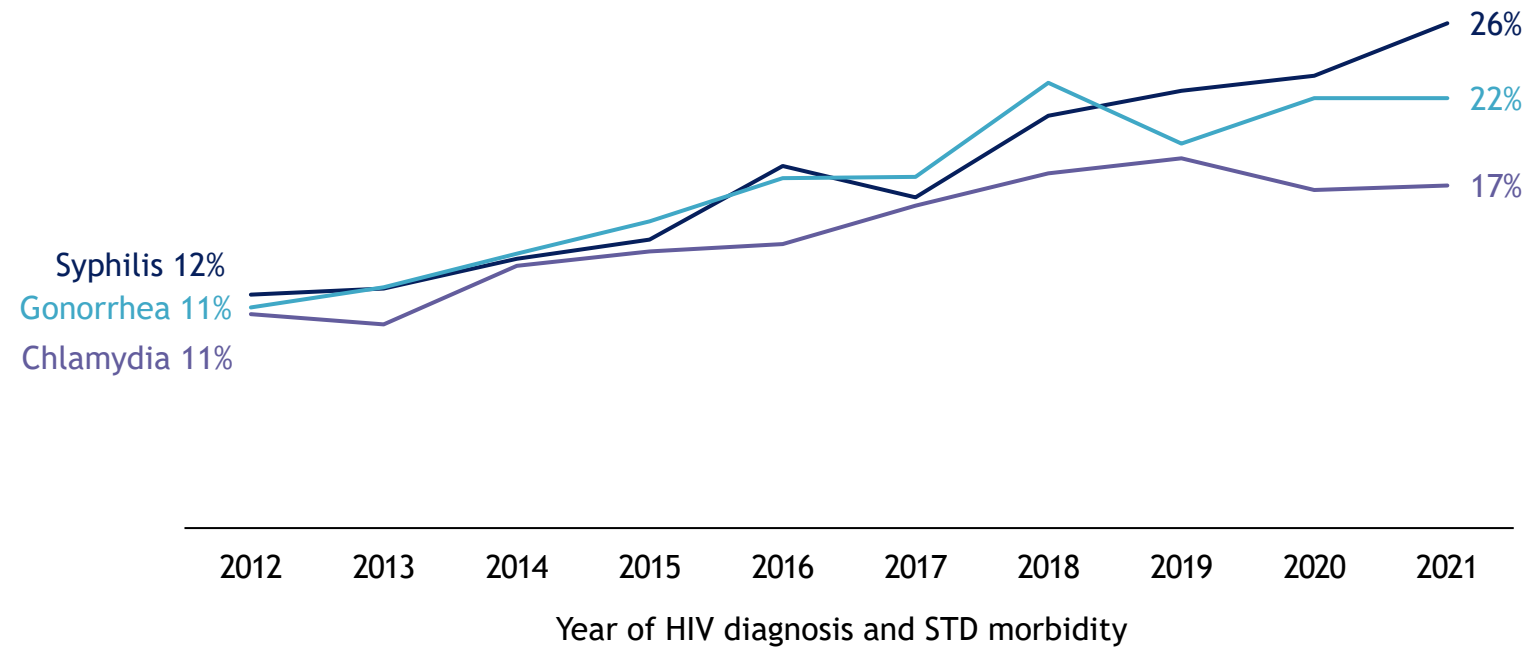
¹Receipt of care: numerator includes PLWDH with ≥ 1 CD4/VL/Genotype test in 2022; denominator includes PLWDH diagnosed through 2021 and living in LAC at year-end 2022 based on most recent residence.

Retention in care: numerator includes PLWDH with ≥ 2 CD4/VL/Genotype tests at least three months apart in 2022; denominator includes PLWDH diagnosed through 2021 and living in LAC at year-end 2022 based on most recent residence.

Viral suppression: numerator includes PLWDH whose last VL test in 2022 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2021 and living in LAC at year-end 2022 based on most recent residence. PLWDH without a VL test in 2022 were categorized as having unsuppressed viral load.

²Due to reporting delay, 2022 HIV data are provisional as indicated by the dashed line.

Percentage of persons newly diagnosed with HIV aged ≥ 13 years who had syphilis, gonorrhea, or chlamydia in the same calendar year as HIV diagnosis by STD, LAC (excluding Long Beach and Pasadena), 2012-2021^{1,2,3}

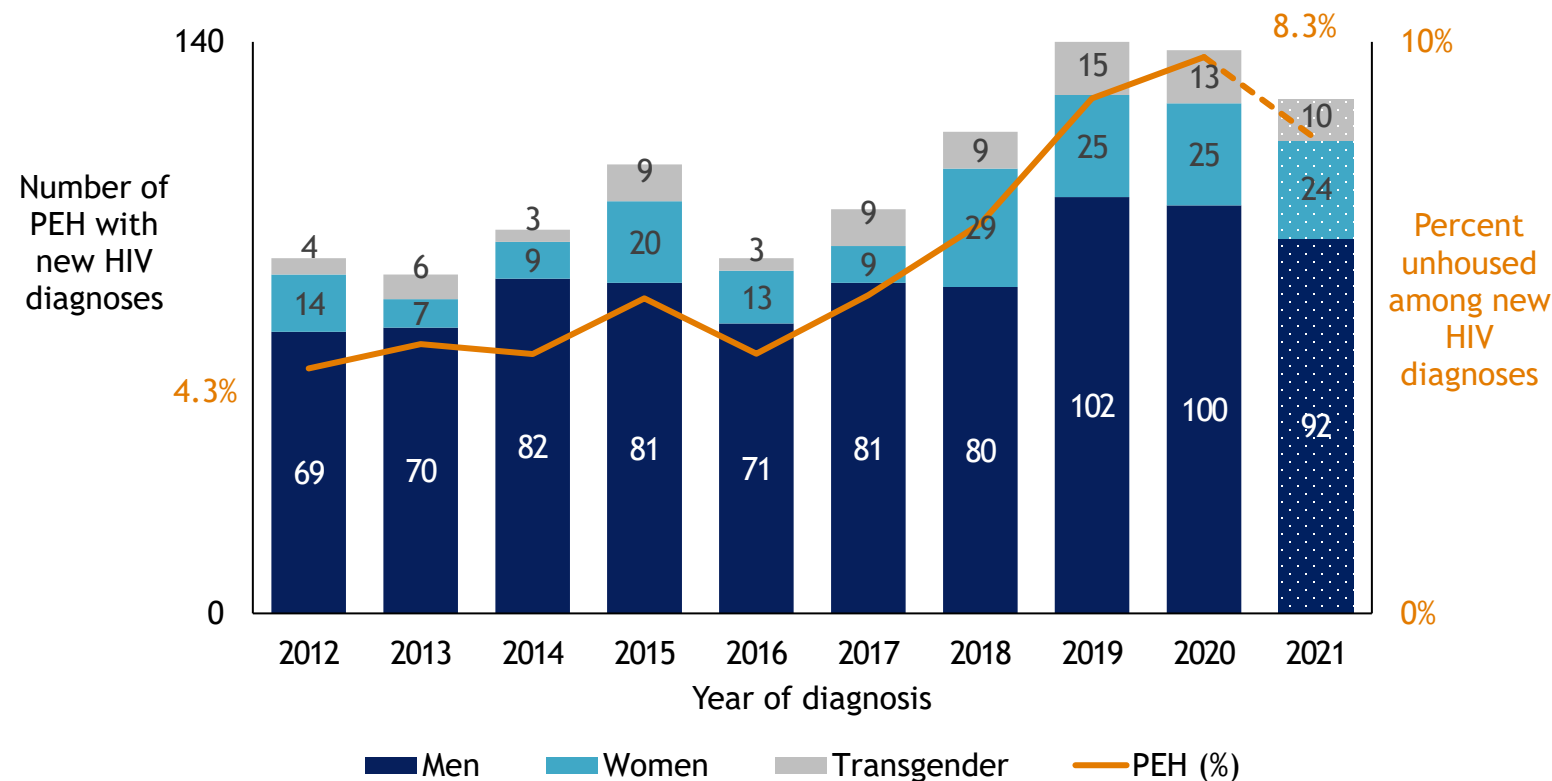


¹DHSP prioritizes HIV, syphilis, and congenital syphilis cases for investigation.

²STD cases in the cities of Long Beach and Pasadena are reported to their respective health departments.

³Due to reporting delay and time needed for case investigations, data are shown through 2021 instead of 2022.

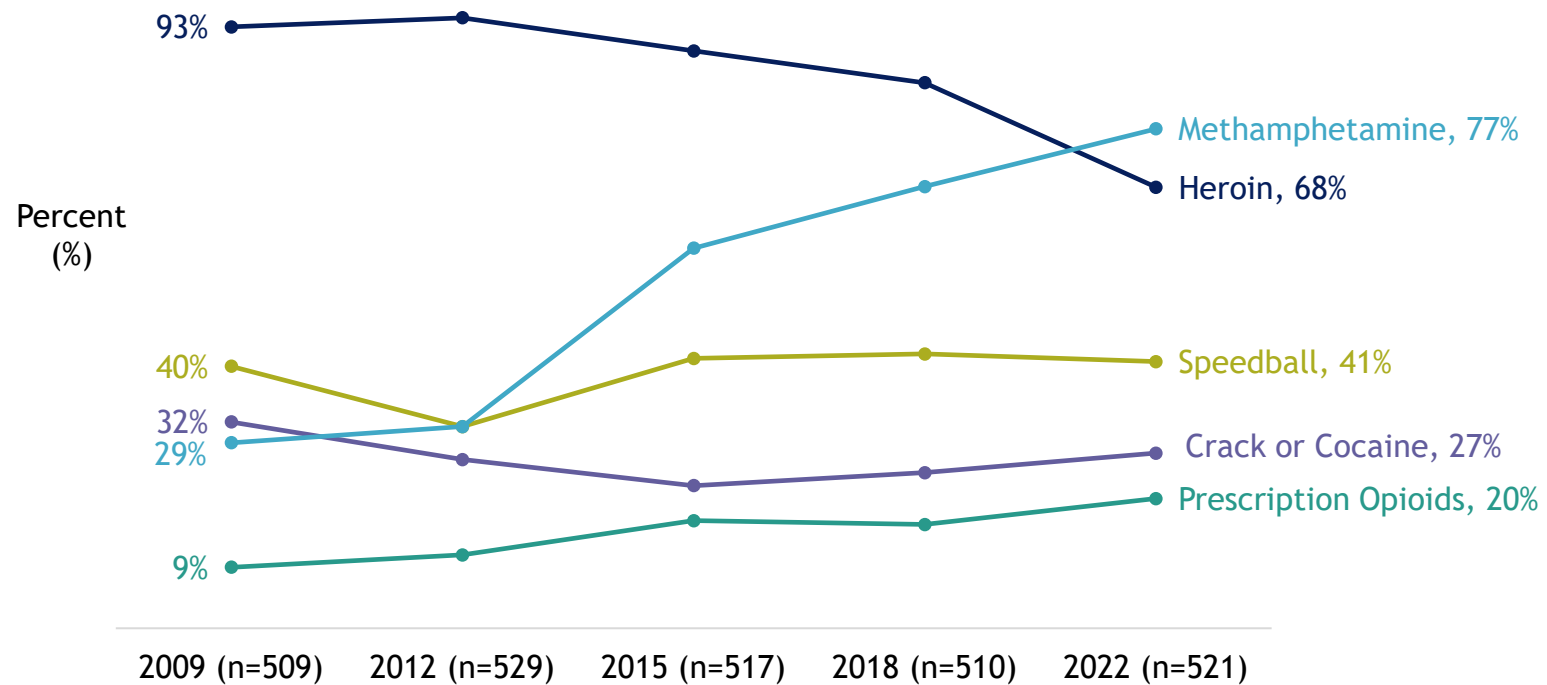
Number of persons experiencing homelessness and newly diagnosed with HIV,¹ by gender and percentage of persons aged ≥ 13 years newly diagnosed with HIV, LAC 2012-2021²



¹Persons newly diagnosed with HIV were classified as PEH if they were experiencing homelessness within 6 months of their HIV diagnosis date. For the PEH definition used, please refer to the Los Angeles Housing Services Authority (LAHSA) definition under “Category 1” at <https://www.lahsa.org/documents?id=1349-homeless-definition-part-1-.pdf>.

²Due to reporting delay, 2021 HIV diagnosis data are provisional as indicated by the patterned bar and dashed line.

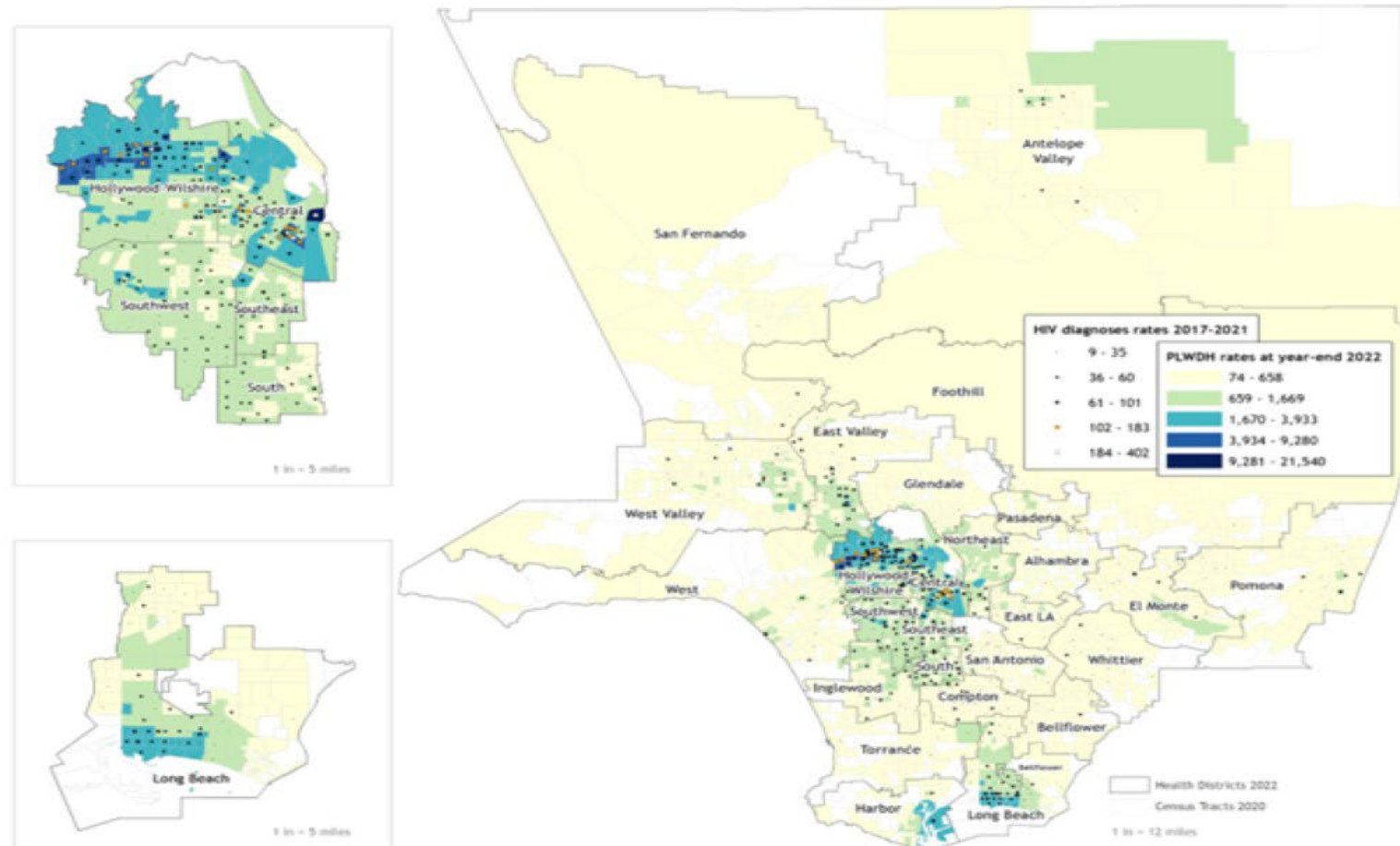
Drugs injected in the past 12 months among NHBS-PWID participants, LAC 2009-2022¹



Abbreviation: PWID = persons who inject drugs; NHBS = National HIV Behavioral Surveillance

¹Speedball is a polydrug mixture of heroin and cocaine.

Geographic distribution¹ of rates per 100,000 population for PLWDH aged ≥ 13 years at year-end 2022 and persons newly diagnosed with HIV in 2017-2021, LAC



Within LAC, the highest density of new HIV diagnoses occurred in the central and southern regions. Among all 26 Health Districts, the Hollywood-Wilshire, Central, and Long Beach Health Districts were identified as the three epicenters for HIV, reporting the highest rates of new HIV diagnoses in 2017-2021 and persons living with diagnosed HIV at year-end 2022. We have zoomed in on the three epicenters with the highest concentrations of new HIV diagnoses and PLWDH.

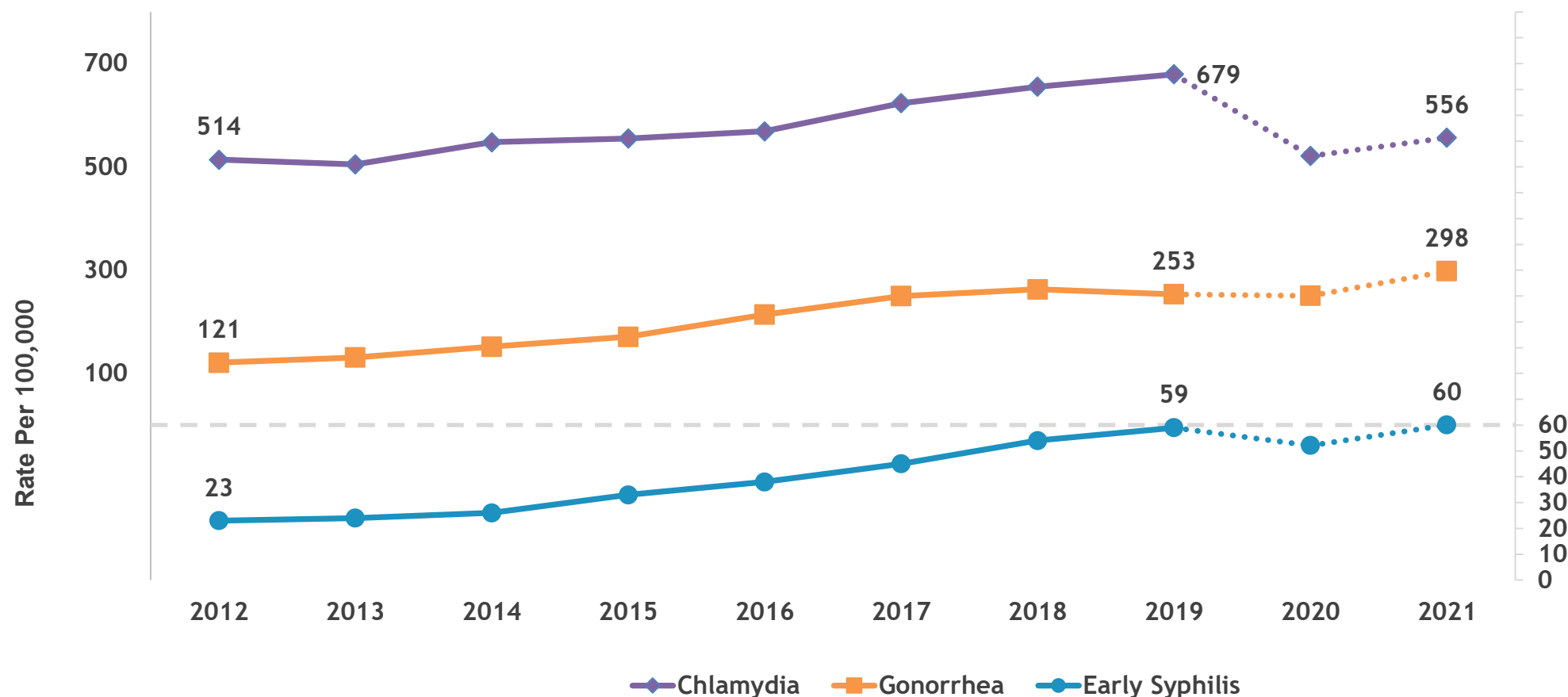
¹ Census tract information for new diagnoses is based on projected coordinates of residential address at diagnosis, the census tract information for PLWDH is assigned based on projected coordinates of the most recently reported residential addresses. Persons missing valid street address information were aggregated to the census tract level based on the corresponding ZIP Code using the HUD ZIP-TRACT file. PLWDH and diagnoses rates are based on provisional population estimates 2021 and are per 100,000 population, whereby rates for census tracts with < 5 numerator or < 500 population are suppressed. Source: HIV Surveillance data as of December 31, 2022; U.S. Department of Housing and Urban Development (HUD), Office of Policy Development and Research (PD&R). HUD United States Postal Service ZIP Code Crosswalk Files. https://www.huduser.gov/portal/datasets/usps_crosswalk.html; U.S. Census Bureau, Geography Division. 2021. 2017 TIGER/Line Shapefiles: Census Tracts. 2017 TIGER/Line Shapefiles (machine-readable data files). Accessed 12/28/2021. <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2017&layergroup=Census+Tracts>. County of Los Angeles, Department of Public Health. 2022. Health Districts 2022 (view). County of Los Angeles, Enterprise GIS Repository. Accessed 03/21/2023. <https://egis-lacounty.hub.arcgis.com/datasets/health-districts-2022-view/>; July 1, 2021 Population Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department, released October 2022. SPA, HD and SD geographies integrated in by Population Health Assessment Team, Office of Health Assessment and Epidemiology.



STD Surveillance

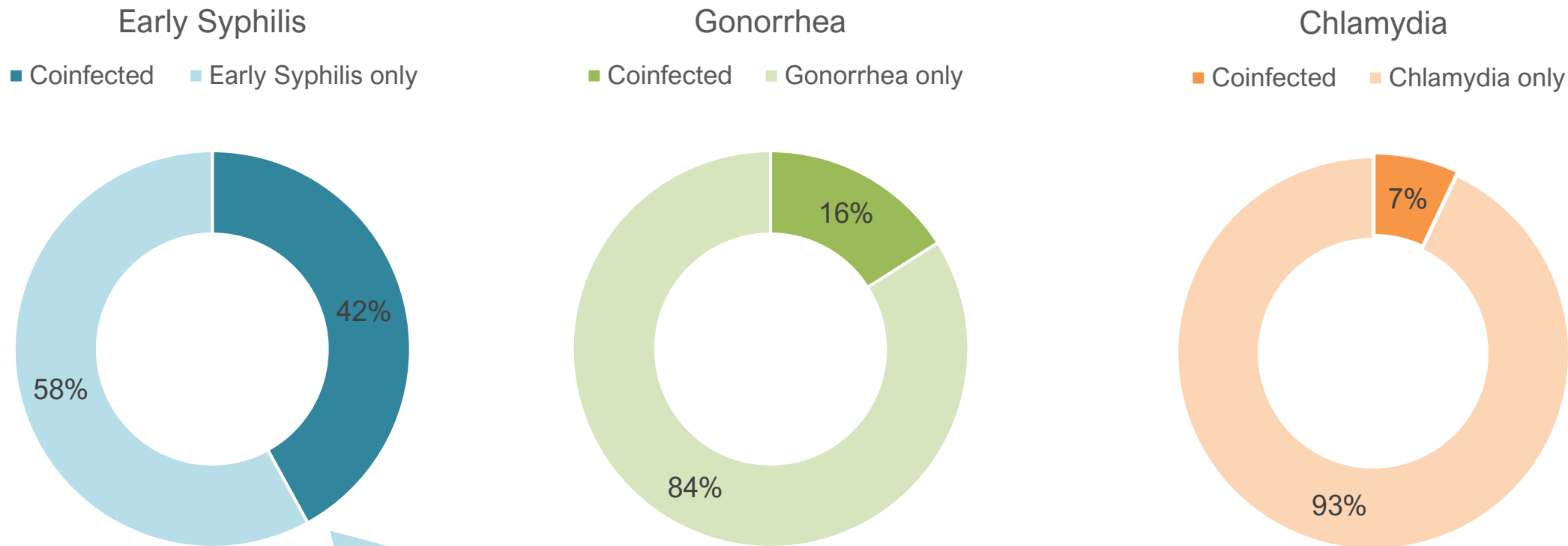


Trends in Sexually Transmitted Diseases, Los Angeles County, 2012-2021



¹ Data as of 06/05/2022. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2020 and 2021 data are provisional due to reporting delay. 2021 rates are calculated using 2020 population estimates as a proxy for 2021

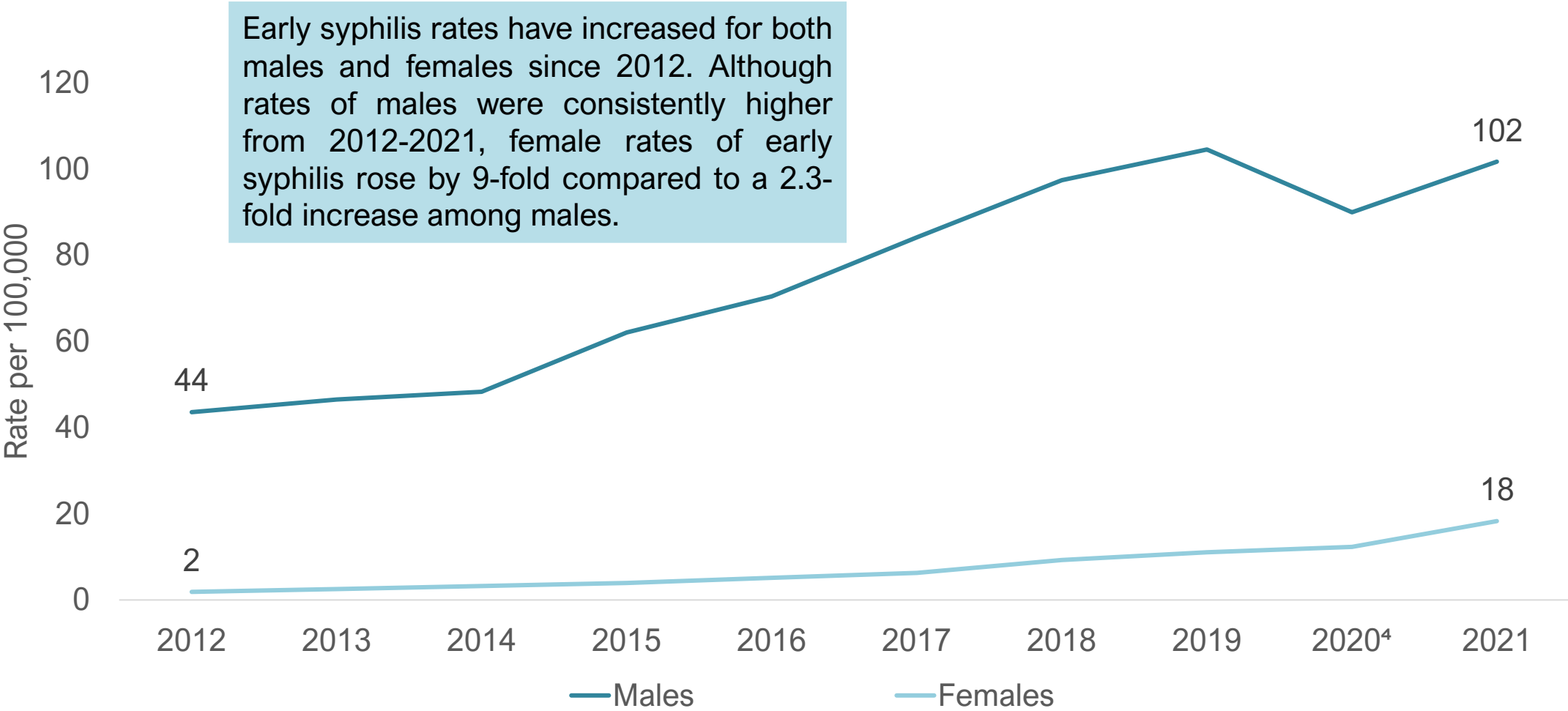
HIV Co-infection¹ in Early Syphilis², Gonorrhea, and Chlamydia Cases Aged ≥ 13 Years , Los Angeles County, 2021³



In 2021, a higher proportion of early syphilis cases were co-infected with HIV compared to gonorrhea or chlamydia.

1. An HIV diagnosis before or in the same calendar year as an STD diagnosis.
2. Early syphilis includes all cases staged as primary, secondary or early non-primary non-secondary (early latent).
3. LAC data as of March 23, 2023. Data from the Cities of Long Beach and Pasadena are not included.

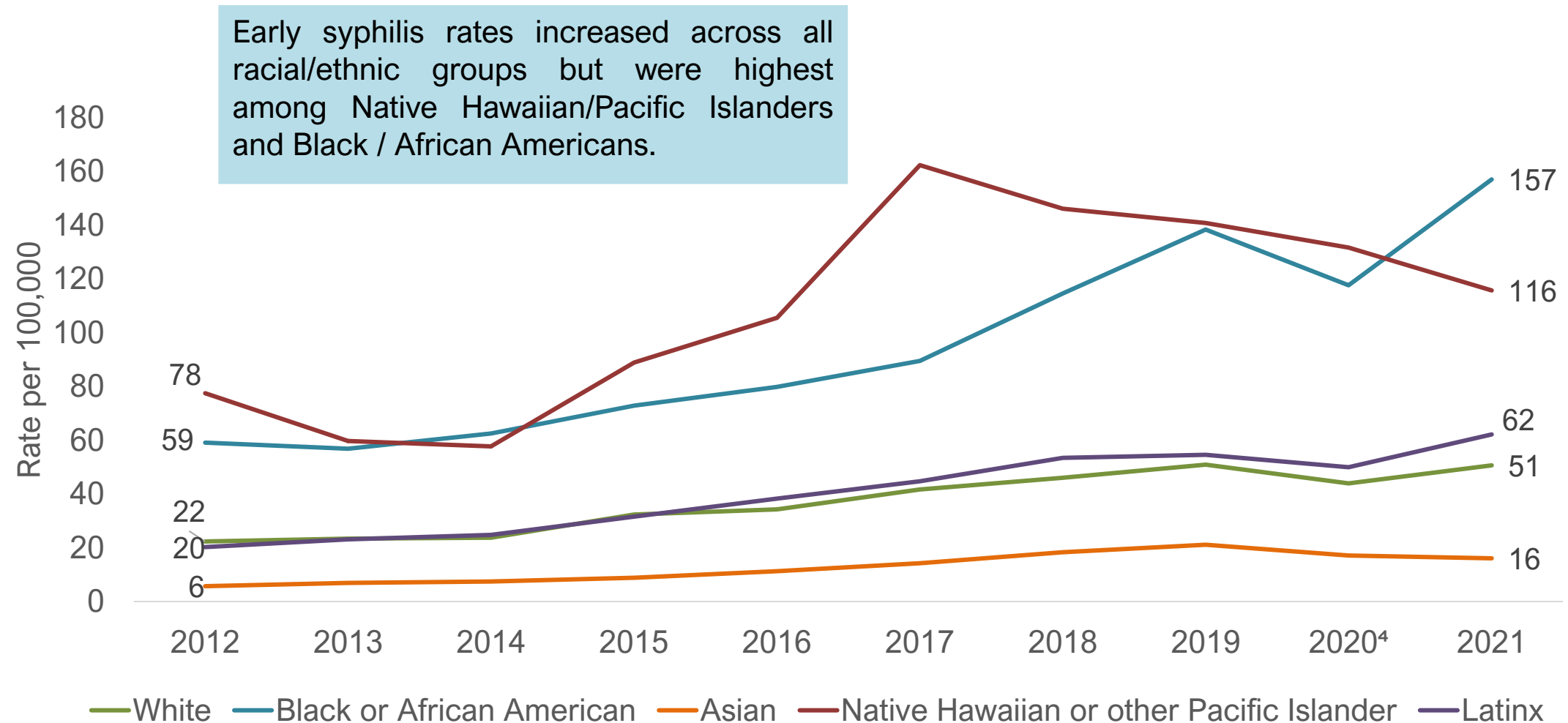
Early Syphilis¹ Rates by Gender², Los Angeles County, 2012-2021³



1. Early syphilis includes all cases staged as primary, secondary or early non-primary non-secondary (early latent).
2. Transgender rates cannot be calculated due to a lack of reliable denominator data. In 2021, 196 early syphilis cases were reported in transgender individuals.
3. LAC data as of March 23, 2023. Data from the Cities of Long Beach and Pasadena are not included.
4. Note that the number of reported STDs for 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.

Sources: LAC DPH Division of HIV and STD Programs.

Early Syphilis¹ Rates by Race/Ethnicity² Los Angeles County, 2012-2021³



1. Early syphilis includes all cases staged as primary, secondary or early non-primary non-secondary (early latent).
2. Note that 2013 and 2014 rates for Native Hawaiians/Pacific Islanders are unstable due to small numbers and should be interpreted with caution. AIAN rates were not included in this figure due to small numbers.
3. LAC data as of March 23, 2023. Data from the Cities of Long Beach and Pasadena are not included.
4. Note that the number of reported STDs in 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.

Sources: Division of HIV and STD Programs;

Early Syphilis Rates by Health District and SPA

Los Angeles County, 2021



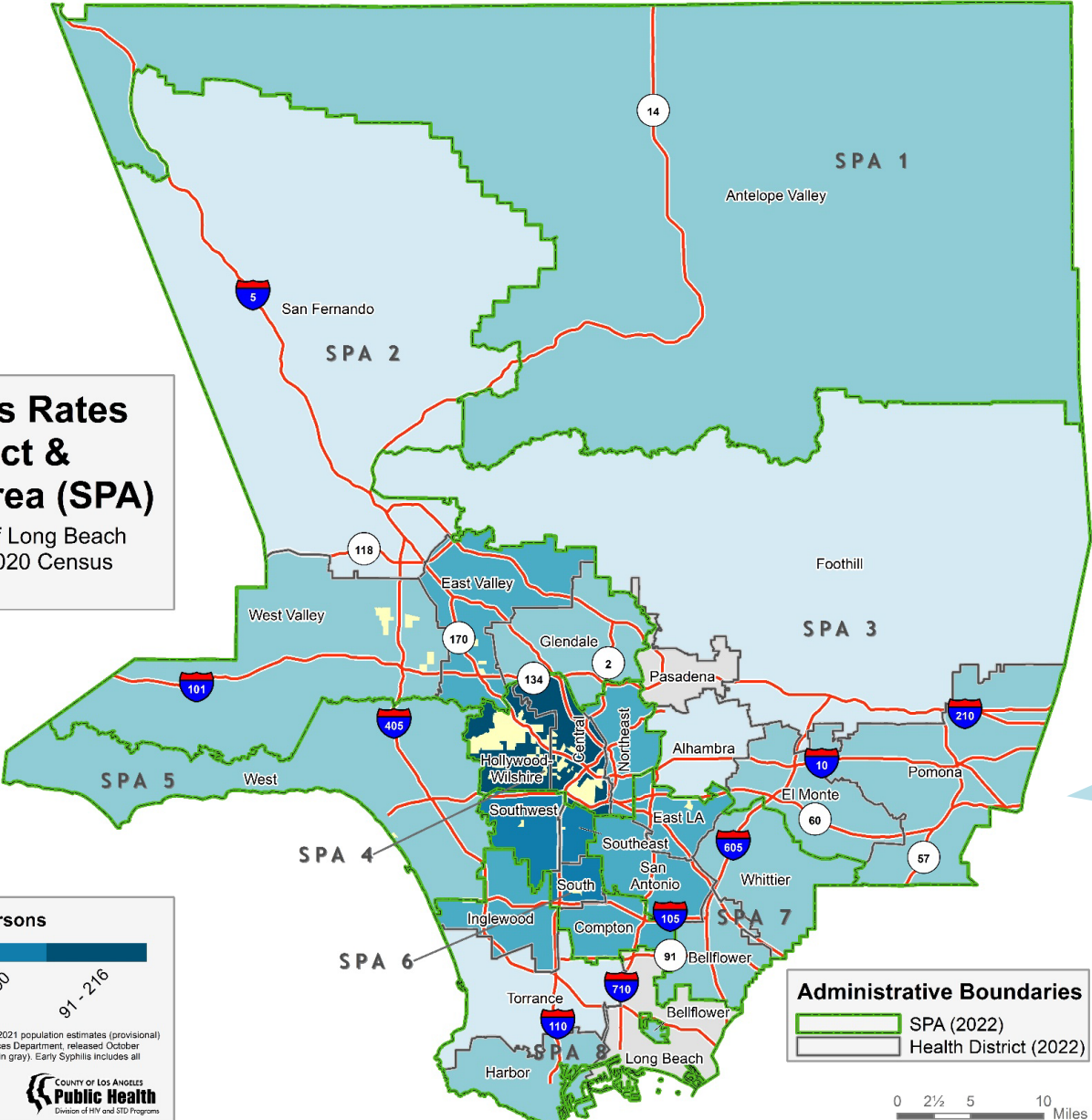
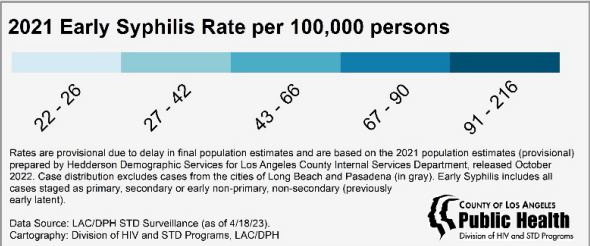
Revised: 7/24/2023

2021 Early Syphilis Rates by Health District & Service Planning Area (SPA)

(excludes data from the cities of Long Beach
and Pasadena and includes 2020 Census
Tracts of interest*)

* Census tracts with ≥ 12 cases and a
population > 100 are symbolized by pale
yellow. These areas in SPA 4, 2 and 6
should be prioritized when designing
geographic-based interventions.

Census tract with stable rates
(Range: 198 - 1,948 per 100,000
persons)

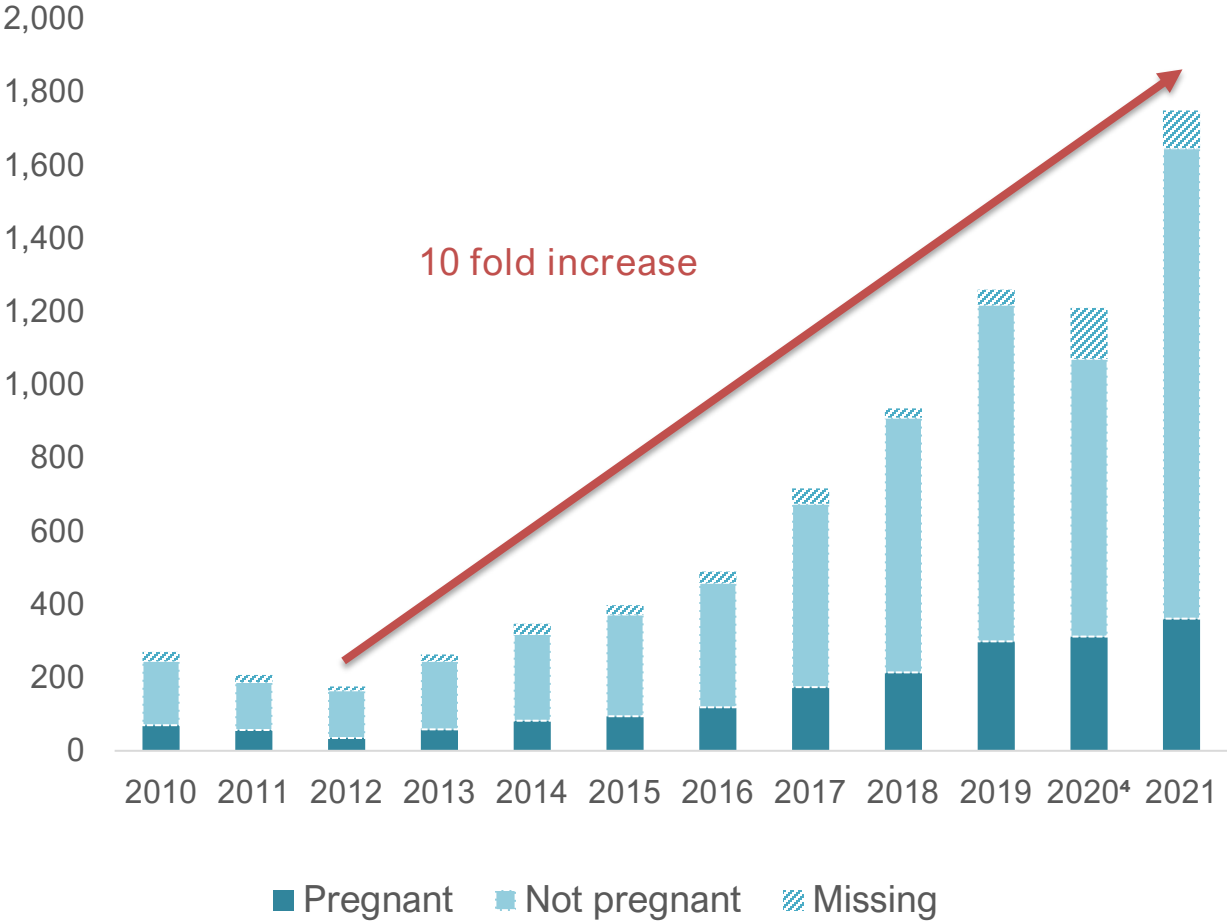


During 2021, rates of early syphilis were highest in Hollywood-Wilshire, Central, South, and Southwest.

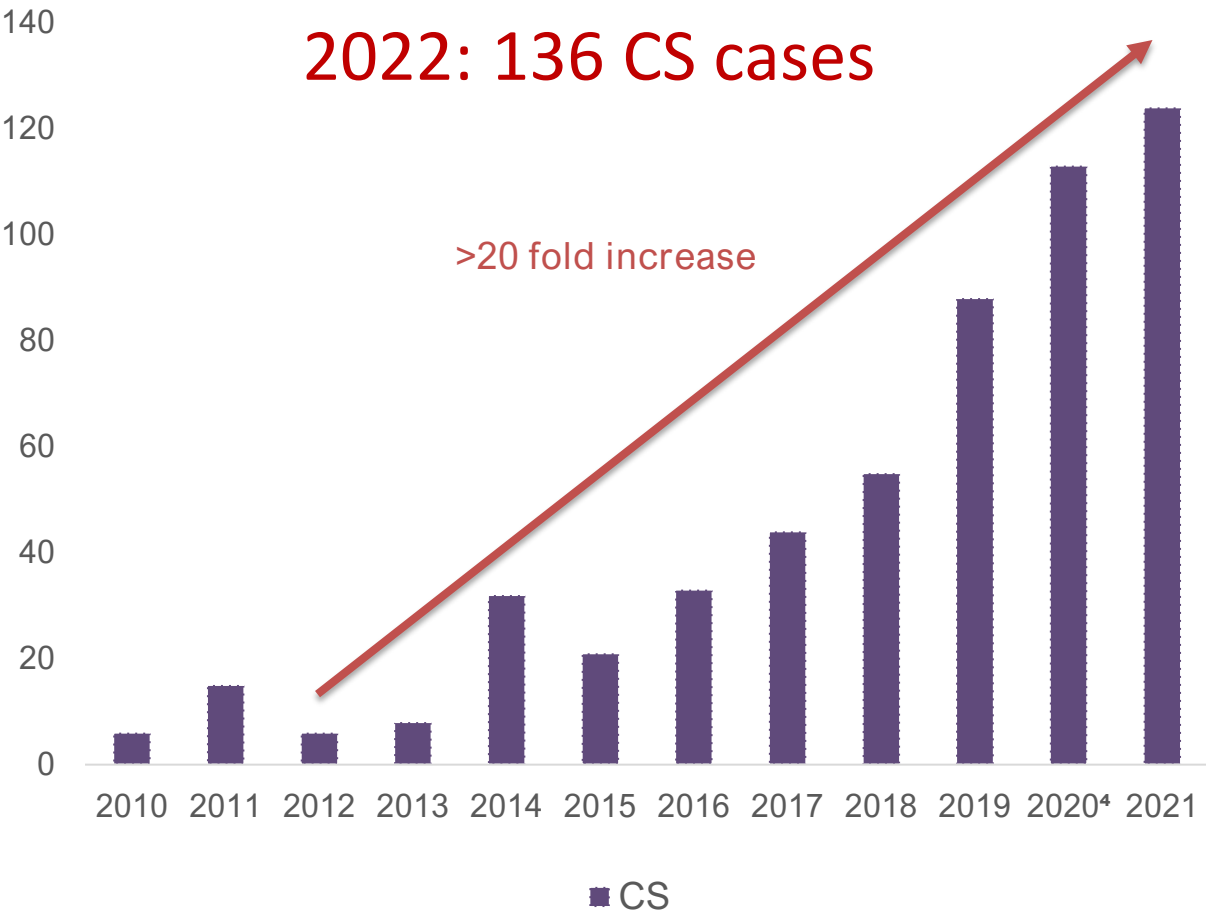
Number of Female and Congenital Syphilis Cases^{1,2} Los Angeles County, 2010-2021³ (excludes Long Beach and Pasadena)



Female syphilis cases (all stages)



Congenital syphilis cases



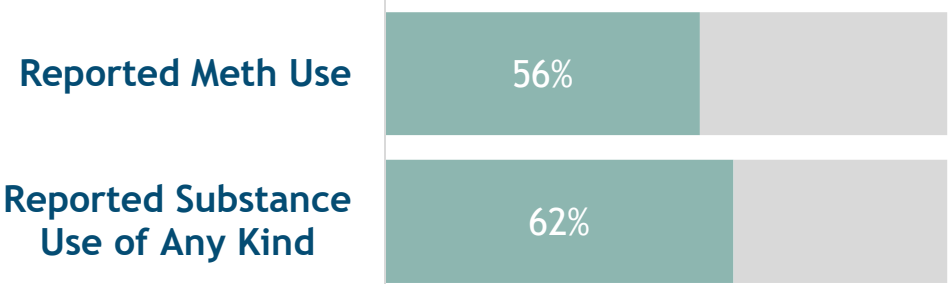
1. Syphilis among females of childbearing age (ages 15-44) including all cases staged as primary, secondary, early non-primary non-secondary (previously early latent) and unknown duration/late (previously late latent).
2. Congenital syphilis includes syphilitic stillbirths.
3. LAC data as of March 23, 2023.
4. Note that the number of reported STDs in 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.

Sources: LAC DPH Division of HIV and STD Programs;

Congenital Syphilis Cases: Birthing Parent Characteristics* Los Angeles County, 2021

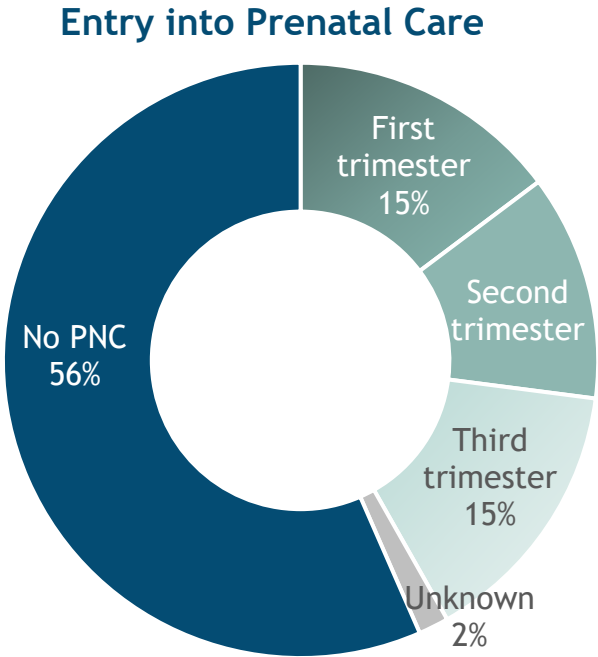


124 Congenital syphilis cases → **122** Birthing parents



40% Reported unstable housing¹

34% Had a history of incarceration²



18 STILLBIRTHS

58%

Of live births referred to DCFS³

*Characteristics are likely underreported due to loss to follow up and minimal medical documentation.

¹ Includes shelters, sleeping outdoors, group homes, transitional housing, and other living arrangements
² Within the last 2 years
³ LA County Dept. of Child and Family Services



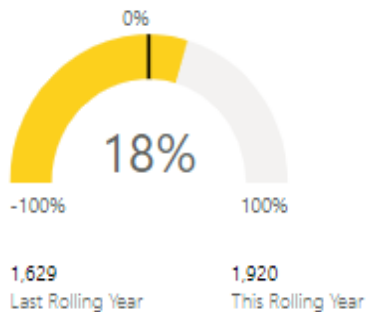
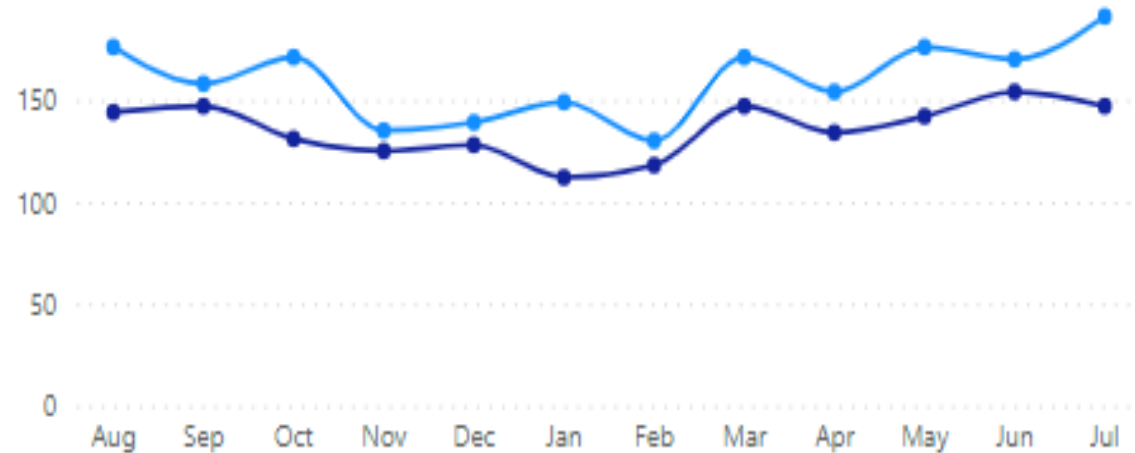
DHSP Data Dashboards and Reports



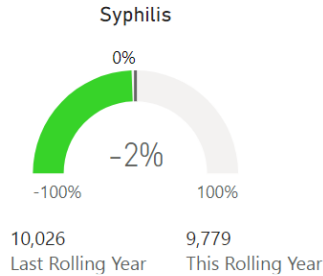
HIV Dashboard

HIV Cases by Month of Diagnosis, August 2021-July 2023 (1)

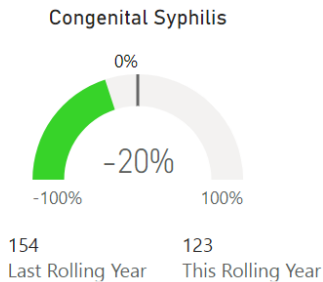
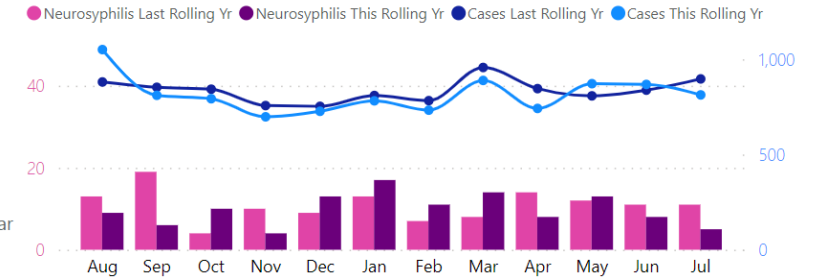
● This Rolling Year ● Last Rolling Year



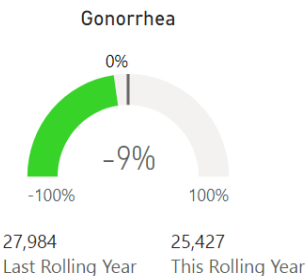
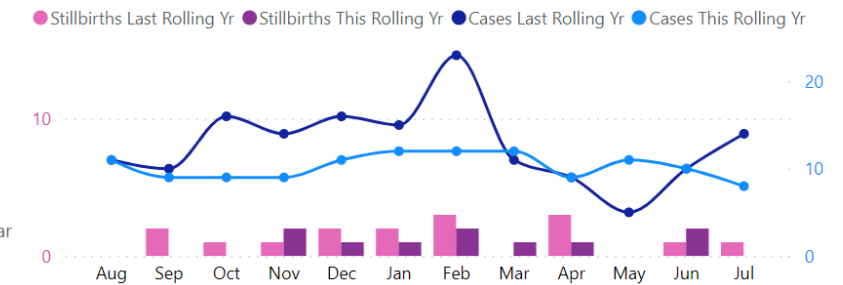
STD Dashboard



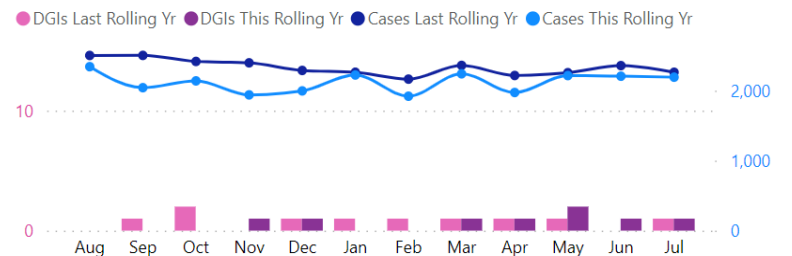
Syphilis and Neurosyphilis Cases by Month, Aug 2021-July 2023 (1) (3)



Congenital Syphilis Cases and Stillbirths by Month, August 2021-July 2023 (1)



Gonorrhea Cases and Disseminated Gonococcal Infections (DGI) by Month, August 2021-July 2023 (1)



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Ending the HIV Epidemic

By Utilizing the Right Data, Right Tools, and Right Leadership.

Community and Provider Information and Resources

- Ending the HIV Epidemic in Los Angeles County
- For You
- For Health Care Providers
- For Contractors
- For DPH Sexual Health Services
- For Schools
- Los Angeles County HIV and STD Surveillance Dashboards
- Report a Case
- Reports**
- Resource Library
- Data Requests**
- PEP and PEP
- Doing Business with DHSP
- Committees

Contact Information

Division of HIV and STD Programs
600 S. Commonwealth Ave.,
10th Floor

DHSP Headlines

World AIDS Day 2022

Click [here](#) to read how Los Angeles County is commemorating World AIDS Day 2022 at several landmarks throughout the County.

Ending the HIV Epidemic

The Department of Public Health, Division of HIV and STD Programs is excited to align the L.A. County HIV/AIDS Strategy with the five-year federal initiative, [Ending the HIV Epidemic](#). Stay tuned for website updates on local efforts and how you can take action as a changemaker in your community. Whether you are a community stakeholder, work in government, or are a healthcare professional, you have a role to play in bringing an end to the HIV/AIDS epidemic, once and for all. Please visit [LACounty.hiv](#) and the DHSP [Ending the HIV Epidemic in Los Angeles County](#) page for additional information.

- Ending the HIV Epidemic (EHE) Plan for Los Angeles County [English](#) | [Español](#) - Updated Jan, 2023
- EHE Plan Executive Summary [English](#) | [Español](#) - Updated Jan, 2023

What's New?

- [The Los Angeles County Annual HIV Surveillance Report, 2022](#) - Oct. 2023
- [STD Confidential Morbidity Report \(CMR\)](#): Includes updated treatments, new symptoms/signs for syphilis (e.g. otic, ocular) and the addition of DoxyPEP - Oct. 2023
- [2021 Los Angeles County STD Snapshot](#) - New July 2023
- [Download East County English | Español](#)

Report an HIV or STD Case

[Report an HIV or STD Case Here](#)

Need Assistance?

[Have a Question about Services?](#)

Call (800) 260-8787

Get Screened and Treated for HIV and STDs

- [Find HIV Screening and Treatment](#)
- [Find STD Screening and Treatment](#)

<http://www.publichealth.lacounty.gov/dhsp/>

2022 LOS ANGELES COUNTY ANNUAL HIV SURVEILLANCE REPORT

DIVISION OF HIV AND STD PROGRAMS
DEPARTMENT OF PUBLIC HEALTH
COUNTY OF LOS ANGELES

Released October 25, 2023

COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

[http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual HIV Surveillance Report 2022 LAC Final.pdf](http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual%20HIV%20Surveillance%20Report%202022%20LAC%20Final.pdf)

For Questions, contact:

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Chief, HIV/STD Surveillance
esey@ph.lacounty.gov

Juli Carlos-Henderson, MPH
Lead Epidemiologist
jcarlos@ph.lacounty.gov



Ending the HIV Epidemic Initiative in Los Angeles County

Commission on HIV Annual Meeting
November 9, 2023

Julie Tolentino, MPH
Program Manager, Ending the HIV Epidemic



Ending
the
HIV
Epidemic

Topics for Today



- Ending the HIV Epidemic (EHE) Plan for Los Angeles County



- EHE Strategies & Programs



- Pillar Highlights



- Cross Cutting Activities

Ending the HIV Epidemic Initiative

Meet the Team!



Julie Tolentino | MPH

she/her/hers

Program Manager



Melissa Papp-Green | MPH

she/her/hers

Diagnose Pillar Lead



Michael Haymer | MD, MSW

he/him/his

Treat Pillar Lead



Richard Salazar | MPH

he/him/his

Prevent Pillar Lead



Brian Valencia | MPH

he/him/his

Respond Pillar Lead



Eduardo Juarez | MPH

he/they

Program Assistant



Sohini Deva | MPH

she/her/hers

Health Program Analyst



Juliana Rojas | MPH

she/her/hers

Health Education Specialist



Luke Kristiano

they/them

Health Education Specialist

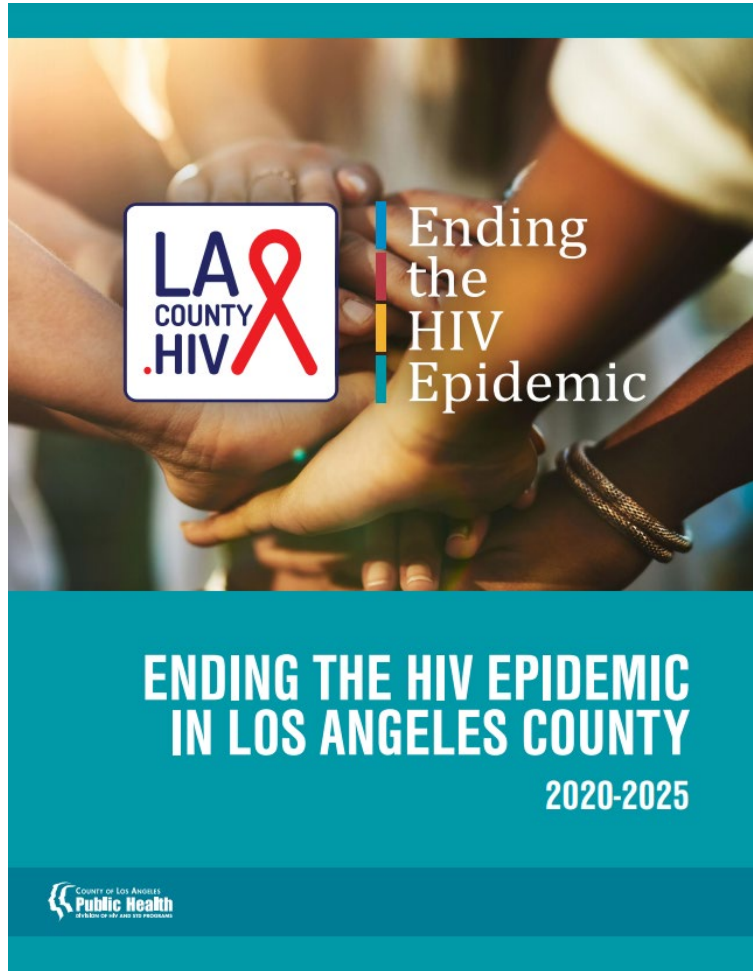


Robert Renteria | MPH

he/him/they

Health Educator

Ending the HIV Epidemic Plan



Priority Populations

- Black/African American men who have sex with men (MSM)
- Latinx MSM
- Women of color
- People who inject drugs and/or with substance use disorder
- People of trans experience
- Youth under 30 years of age

Executive Summary: <https://www.lacounty.hiv/resources/>

Full EHE Plan: www.LACounty.HIV

Key Focus Areas for EHE Pillars



Diagnose

- HIV diagnoses
- Knowledge of status



Treat

- Linkage to Care
- Viral suppression



Prevent

- PrEP Coverage



Respond

- Monitor outbreaks
- Partner Services

Diagnose Pillar Indicators

1. Reduce annual number of HIV diagnoses

2. Increase the percentage of PLWH who are aware of their HIV status to 95%

Indicator	LAC current	EHE Targets for 2025
Number of new transmissions ¹	1,400 (2021)	380
Number of new HIV diagnoses ²	1,518 (2021)	450
Knowledge of HIV-status among PLWH ¹	89% (2021)	95%

6,800
are unaware of
HIV positive
status

EHE Diagnose Pillar Strategies

HIV Self-Testing

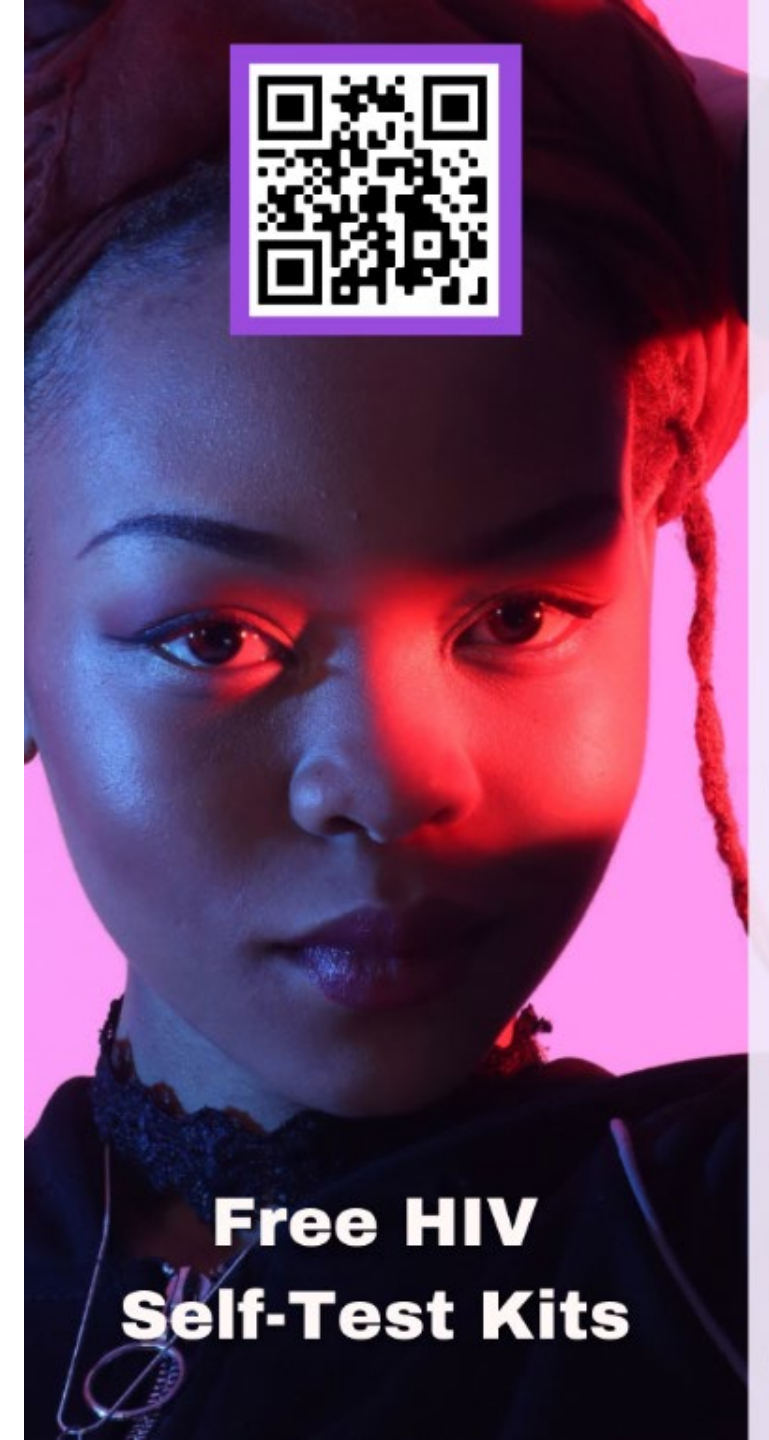
- Over 20,000 tests distributed via:
 - 1) Take Me Home
 - 2) Community Partners (23)
 - 3) DHSP Contracted Partners (25)

HIV Testing in Non-Traditional Settings

- 5 Syringe Service Programs (Engagement and Overdose Prevention Hubs)
- 5 Street Medicine Programs
- 2 Mobile Vaccine Clinics

Routine Testing in Healthcare Settings

- 47 Department of Mental Health (DMH) clinics + psych street medicine team (i.e. HOME team)



**Free HIV
Self-Test Kits**

HIV Testing Resources

- Connect organizations with [Melissa Papp-Green MPapp-Green@ph.lacounty.gov](mailto:MPapp-Green@ph.lacounty.gov) for bulk orders of free HIV self-test kits, INSTI HIV test kits, syphilis test kits.



INTRODUCTION

Approximately 57,000 people in Los Angeles County (LAC) are living with HIV, including 5,100 persons who are unaware of their HIV status. Early HIV diagnosis is critical for preventing the progression of the disease, improving health outcomes, and reducing the likelihood of HIV transmission to others.

The Ending the HIV Epidemic (EHE) Initiative aims to reduce the number of new HIV transmissions in the U.S. by 90% by 2030. To meet this goal, the percentage of people living with HIV (PLWH) who are aware of their diagnosis in LAC needs to increase from 91% to 95% by 2030. The Los Angeles County Department of Public Health (Public Health), in collaboration with a variety of community partners, is working to expand and improve HIV testing services through routine screening in emergency departments (EDs) and other healthcare settings, a key strategy in the [Ending the HIV Epidemic Plan for Los Angeles County](#).

WHAT IS ROUTINE HIV SCREENING?

Routine HIV screening occurs when HIV testing is provided as a routine element of medical care. The Centers for Disease Control and Prevention (CDC) recommends that everyone aged 13 to 64 years should be screened for HIV at least once in their lifetime across healthcare settings.¹ For those at higher risk, such as persons who inject drugs and persons who have sex with partners of unknown HIV status, the CDC recommends testing at least once a year. Despite these guidelines, only 25% of patients who saw a primary care provider in the U.S. in the past year, and who may most benefit from HIV testing, were offered an HIV test.^{1,2}

WHY IS ROUTINE HIV SCREENING IMPORTANT?

Routine HIV screening in clinical settings (e.g., EDs, hospitals, sexual health clinics) is crucial for increasing the proportion of PLWH who are aware of their status, especially in places where HIV is prevalent. It's also a good approach to de-stigmatize HIV and normalize testing, as well as increase the likelihood that people at risk for HIV, who may not be aware, get an HIV test. Routine HIV screening also allows for the early detection of acute HIV infections and the successful linkage of newly and previously diagnosed PLWH to care.

Many people use EDs as their first point of contact with healthcare, and PLWH have been observed to use EDs more frequently than other groups.^{3,4} As a result, EDs, urgent care centers, and hospitals are critical places to offer HIV testing, especially for those who rely on emergency services because they do not have access to a primary care provider.

Los Angeles County Department of Public Health
Division of HIV and STD Programs
www.publichealth.lacounty.gov/dhsap
(213) 351-8000

DIAGNOSIS

What is HIV?
HIV (Human Immunodeficiency Virus) is a sexually transmitted infection (STI) where the virus attacks the body's immune system. If left untreated, it can lead to AIDS (Acquired Immunodeficiency Syndrome).

PREVENTION

Choose any or all that are right for you:
Condoms and Dental Dams
Use a condom or dental dam consistently and correctly every time you have sex.
Consider Limiting Your Sex Partners

TREATMENT

How is HIV treated?
HIV is treated by taking antiretroviral therapy (ART). ART reduces the amount of HIV in your body and helps you stay healthy. There is no cure for HIV, but you can control it with HIV treatment.

NEXT STEPS

Should you tell people that you tested positive for HIV?
Many people experience a sense of relief, closeness, and empowerment when they disclose their status to loved ones and partners. Your HIV status is personal so it's your decision how and when you tell others. Your HIV care team or the Department of Public Health can assist you with this if you need or want help.

Notifying Partners of HIV Exposure
If you feel comfortable, let your sex partners or needle-sharing partners know that they have been exposed to HIV and should get tested. You can let them know anonymously through TellYourPartner.org which allows you to send an anonymous text or email to the person. You can also call the Department of Public Health and we can work to notify them while protecting your confidentiality. See number below.

Call (213) 639-4277 if you would like Public Health Staff to notify someone about an exposure to HIV/STI.

Are you experiencing domestic violence (DV) or intimate partner violence (IPV)?
Sometimes, an HIV or STI diagnosis can happen for someone who is experiencing DV or IPV, and may make partner notification an unsafe choice for them. If you need help right away, or are experiencing DV or IPV, please call the 24/7 confidential LA County DV Hotline at (800) 978-3600.

I GOT TESTED

Now What?

I TESTED POSITIVE

Resources

GET PROTECTED
The official sexual health information and resource hub for HIV and STD prevention, testing and care services in LA County.

GET PREP LA
Information on PrEP and PEP for the public and providers. Features information on HIV prevention and care services in LA County.

TAKEMEHOME
Free HIV self-test kits that are mailed discreetly to you.

Ending the HIV Epidemic (EHE) Initiative
is an initiative launched locally in LA County that aims to reduce HIV by 75% by 2025, and by 90% by 2030.

To learn more about EHE, visit LACounty.HIV or email EHEInitiative@ph.lacounty.gov to sign-up to receive the EHE newsletters.

Revised: January 2023

County of Los Angeles Department of Public Health
Division of HIV and STD Programs
www.publichealth.lacounty.gov/dhsap
(213) 351-8000

I TESTED NEGATIVE

Open this panel to learn more about next steps!

[I Got Tested Brochure](#); [Me Hice La Prueba](#)

[Routine HIV Screening Fact Sheet](#)

Treatment Pillar Indicators

1. Increase the proportion of people diagnosed with HIV who are linked to HIV care within one month of diagnosis

2. Increase the proportion of diagnosed PLWH who are virally suppressed

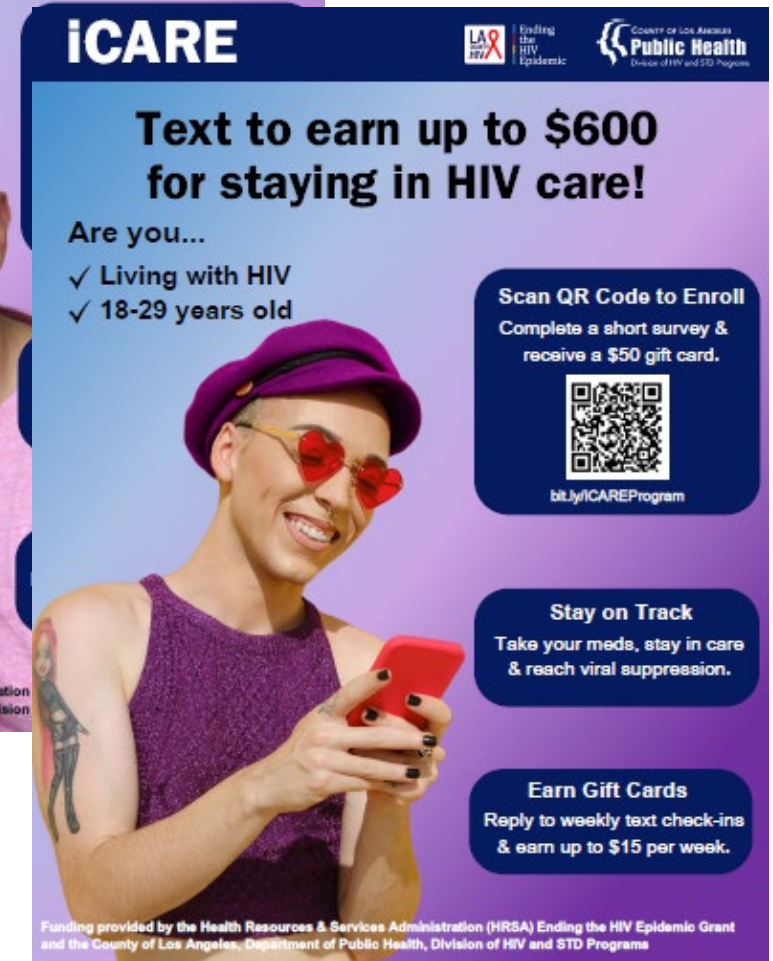
Indicator	LAC current	EHE Targets for 2025
Linkage to HIV care among PLWH	76% (2021)	95%
Viral Suppression among PLWH	61% (2022)	95%

59,400

People living
with HIV in LA
County

iCARE Program

- **Purpose:**
Support participants in achieving or maintaining viral suppression and prevent clients from falling out of care through contingency management.
- **Population:** Youth under 30 years living with HIV
- Program expansion in progress.
Clients will be able to self enroll via QR code.



Rapid and Ready Program

Purpose:

1. Build a network of clinics who accept immediate appointments.
2. Link clients to appointments and same day ART.

Population: Newly diagnosed and out of care PLWH

Two components:

1. [Rapid Treatment Hubs:](#)
10 Ryan White Ambulatory Outpatient Medical (AOM) agencies, totaling 19 clinic sites
2. [R&R Navigation Team:](#)
DHSP Navigation Specialists in DCS

LA COUNTY HIV

Ending the HIV Epidemic

LOS ANGELES COUNTY RAPID AND READY AMBULATORY OUTPATIENT CLINIC GUIDE 2022

Rapid and Ready Program
Rapid HIV Navigation Services

What is the Rapid and Ready Program?
The Rapid and Ready Program (RRP) is designed to promote and support rapid linkage to HIV care for all persons who newly test positive for HIV or are ready to reengage in HIV care.

What are Rapid Navigation Services?
Rapid Navigation Services includes a team of navigators that link clients who test positive for HIV to a same-day or next-day medical appointment with providers who prescribe HIV medications on the first visit.

Who can receive services?
The services are for anyone who tests positive for HIV in Los Angeles County and is interested in seeing an HIV provider. HIV testing sites, community clinics, medical centers, and emergency departments can also use this service to link a client to HIV care.

What other services can I access through this Program?
Support services are available, including transportation, insurance navigation, benefits screening, assistance filling prescriptions, and accompanying clients to clinic visits. Navigators will also work to offer resources and referral pathways that best serve clients experiencing barriers in linkage to care.

How can I access services?
Connect with a navigator through any of the contact methods below. Hours of operation are Monday through Friday from 8:00 AM to 5:00 PM.

(833) 351-2298
rapid@ph.lacounty.gov
publichealth.lacounty.gov/dhsp/RapidART.htm

Linkage to HIV care provider

Assistance with transportation

Insurance & benefits screening

Assistance with filling prescriptions

Accompanying clients to clinic visit

County of Los Angeles Department of Public Health
Division of HIV and STD Programs

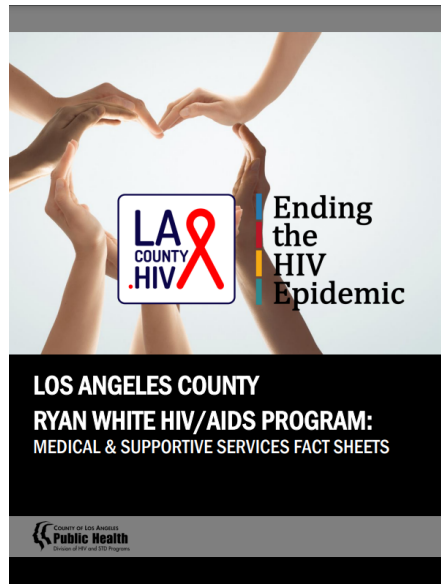
Revised: January 2023

EHE Priority Population Intervention Grants

Organization	Population	Intervention
CARE Center at St. Mary Medical Center	MSM	CBT for Adherence and Depression
St. John's Community Health	MSM	CBT for Adherence and Depression
Los Angeles LGBT Center	MSM	Seeking Safety
Bienestar Human Services	Transgender women	Seeking Safety
Los Angeles LGBT Center	Transgender women	Seeking Safety
UCLA – Los Angeles Family AIDS Network	Cisgender women	Peer Linkage and Re-engagement
East Los Angeles Women's Center	Cisgender women	Seeking Safety
The Wall Las Memorias	PWID/SUD	Seeking Safety + Health Models: Pay-for-Performance
CARE Center at St. Mary Medical Center	PWID/SUD	Seeking Safety + Health Models: Pay-for-Performance
REACH LA	Youth <30	Health Models: Pay-for-Performance

For agency contact information or to make referrals, contact Michael Haymer at mhaymer@ph.lacounty.gov

Programs and Resources for PWH



Ryan White HIV/AIDS Program Fact Sheets

Free or low-cost treatment and supportive services for people with HIV.

Emergency Financial Assistance Program
([English](#) | [Spanish](#))
Apply for up to \$5,000 in assistance.

Emergency Financial Assistance (EFA)
for People with HIV

Apply for up to \$5,000 over a 12-month period

PAY FOR:	ELIGIBILITY:
<ul style="list-style-type: none">• Rent (Rental agreement must be in your name)• Utilities, including cell phone and Wi-Fi (Bill must be in your name)• Food	<ul style="list-style-type: none">• Los Angeles County Resident• Person with HIV• Current Income ≤ 500% FPL• Not currently receiving any other form of emergency financial assistance

TO LEARN MORE OR APPLY, CONTACT:

- HIV Medical Care Coordination (MCC) Team
- HIV Benefits Specialist (BSS)
- LAFAN Case Manager

Please refer to the list of contacts on back.

All financial assistance payments are made on the client's behalf while maintaining confidentiality and protecting personal health information. No direct payments are made to clients.

County of Los Angeles Public Health

Introducing A New **Buddy Program!**

What is the buddy program? Buddy programs for people living with HIV/AIDS have been a vital part of HIV/AIDS services for decades. Now, as the majority of people living with HIV/AIDS are 50+ years old, isolation and the need for personal and social support has seen a resurgence. Being Alive was approached to start a new generation of a buddy program to address not only the needs of a population aging with HIV, but also to assist newly diagnosed people on a shorter-term basis to adjust to their new diagnosis.

If you're interested in HAVING a buddy, please email Ross at rmeredith@beingalivela.org to be put on the list.

If you're interested in BEING a buddy, also reach out to Ross at rmeredith@beingalivela.org. Our buddy program coordinator will be reaching out to follow up with those interested.

Participants will receive fantastic support, gift cards, and invitations to special activities.



A new program funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs to End the HIV Epidemic.

Buddy Program
at Being Alive! for PWH.
To find or become a
buddy, email Ross
rmeredith@beingalivela.org

Spanish Mental Health Program
For an appointment call
(213) 375-3830 or email
Marcus Mendez
marcusm@apaitonline.org

NECESITAS ALGUIEN CON QUIEN HABLAR?
Hay servicios Gratuitos de salud mental disponibles para quienes hablan español

DO YOU NEED SOMEONE TO TALK TO?
FREE mental health services are available!

¡ESTÁ BIEN PEDIR AYUDA!
APAIT apoya a los adultos (mayores de 18 años) que viven con el VIH o se ven afectados por el VIH en Los Angeles en estas poblaciones: hombres que tienen sexo con hombres, mujeres cisgénero, mujeres transgénero y personas que consumen sustancias. Ayudamos a las personas a afrontar los factores estresantes de la vida y las condiciones de salud mental. Brindamos apoyo en español, en persona o en línea (teleatención), de forma gratuita.

WE ARE HERE TO HELP!
APAIT supports adults (18+) living with or impacted by HIV in Los Angeles in these populations: men who have sex with men, cisgender women, transgender women, and people who use substances. We help individuals cope with life stressors and mental health conditions by providing free Spanish (in-person or online (telehealth)) culturally appropriate one-on-one counseling.

NUESTROS SERVICIOS

- Terapia Individual
- Servicios Psiquiátricos
- Administración de Casos
- Servicios de uso de Sustancias
- Beneficios de Vivienda
- Pruebas de VIH e ITS y clases de educación
- Grupos de apoyo social

OUR SERVICES

- Individual Therapy
- Psychiatric Services
- Case Management
- Substance Use Services
- HIV & STD Testing
- HIV Infection Classes
- HIV+ Social Support Groups

www.apaitonline.org

Marcus Mendez (213) 375-3830 Ext: 1842

3055 Wilshire Blvd., Suite 300 Los Angeles, CA 90010

Funding by the Health Resources & Services Administration (HRSA) Ending the HIV Epidemic: Open and the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs. Patrocinado por la Administración de Recursos y Servicios de Salud (HRSA), Financiado por el Departamento del VIH y el Condado de Los Angeles, Departamento de Salud Pública, División de Programas Contra el VIH y ITS.

Prevent Pillar Indicators

1. Increase the proportion of persons prescribed PrEP in priority populations to at least 50%

2. Increase capacity of syringe service programs (i.e. Engagement and Overdose Prevention (EOP) Hubs) for HIV testing and linkage to services.

Indicator	LAC current	EHE Targets for 2025
Percentage of persons in priority populations prescribed PrEP ³	53% (2021)	50%

76,000

people would benefit
from PrEP

54,500

of the 76,000 are Black &
Latinx people who would
benefit from PrEP

PrEP Projects (Prevent Pillar)

Expand PrEP service delivery & provider options

- Technical assistance to FQHCs, DPH PHIs, housing partners
- 22 trainings held to date

TelePrEP

- Funded PrEP Centers of Excellence
- Technical assistance to DPH Sexual Health Clinics

Public Health Detailing

- Reached over 700 providers (primary care & women's health)

PrEP marketing/media campaign

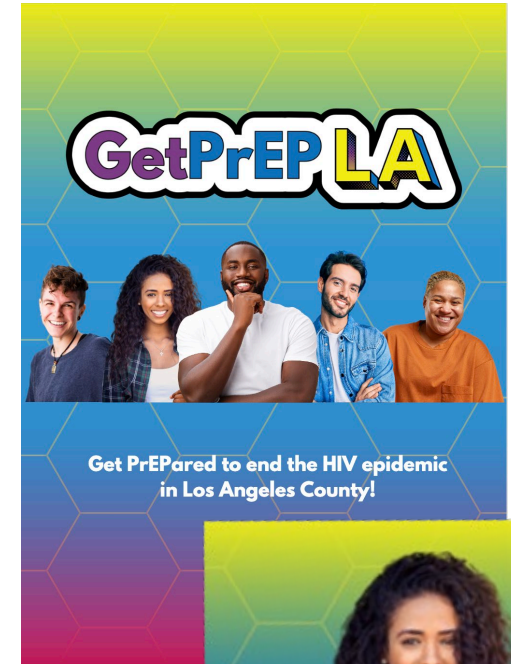
- (1) Black/African American Community
- (2) PrEP Access

Data to action

- Follow up calls to clients diagnosed with syphilis
- PrEP dashboard created by Surveillance Data to Action team

Pharmacy Partnerships

- Developing pharmacy partnerships and a protocol to operationalize the furnishing of PrEP



TelePrEP launched at DPH Sexual Health Clinics



Clinic	Contact
Antelope Valley Health Center 335-B East Avenue K6 Lancaster, CA 93535	661-471-4861
North Hollywood Public Health Center 5300 Tujunga Ave. North Hollywood, CA 91602	818-766-3982
Pomona Health Center 750 S. Park Avenue Pomona, CA 91766	909-868-0235
Central Public Health Center 241 N Figueroa Street Los Angeles, CA 90012	213-288-8204
Hollywood-Wilshire Health Center 5205 Melrose Ave. Los Angeles, CA 90038	323-769-7800
Martin Luther King, Jr. Center for Public Health 11833 Wilmington Ave., Los Angeles, CA 9059	323-568-8100
Ruth Temple Public Health Center 3834 S. Western Ave. Los Angeles, CA 90062	323-730-3507
Whittier Health Center 7643 Painter Ave. Whittier, CA 90602	562-464-5350
Curtis Tucker Health Center 123 W. Manchester Blvd. Inglewood, CA 90301	310-419-5325

Be PrEPared

PrEP/PEP Navigation Services are available to help you.

- Stay educated and on track of PrEP.
- Attend appointments online.
- Receive appointment reminders.
- Receive medication refills.
- Stay up-to-date on your lab results.
- Get treated for Sexually Transmitted Diseases (STDs).
- Get sexual health vaccinations such as mpox and meningitis.

Visit one of our clinics today!

PrEP Public Health Detailing Campaign

- Provider education visits (in-person, 1 on 1) conducted by detailing staff.
- 1,400 medical providers (primary care and women's health) across 800 sites identified.
- Over 700 providers reached.
- PrEP and PEP Action Kit revamped and shared during provider visit.

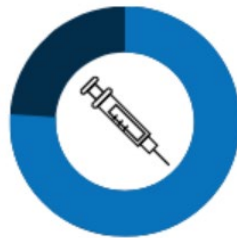
ANY PRIMARY CARE PROVIDER CAN PRESCRIBE PREP.

Tell all your sexually active patients about PrEP and how it can protect them from getting HIV. Prescribe PrEP to anyone who asks for it, including sexually active adults and adolescents who do not report HIV risk factors.



99%

PrEP, when taken orally on a daily basis or injected bi-monthly, can reduce the risk of sexually acquired HIV by more than 99%.



76%

When taken daily, oral PrEP can reduce the risk of acquiring HIV in people who inject drugs by more than 76%.



76,000

Approximately 76,000 people in Los Angeles County would benefit from PrEP.

KEY MESSAGES

Take a sexual and substance use history of all patients.

Inform all sexually active adults and adolescents about PrEP. Prescribe PrEP to anyone who requests it. Strongly recommend PrEP to patients identified as having a risk for HIV.

Conduct an HIV test to confirm a patient does not have HIV before starting them on PrEP. Provide prescription the same day while awaiting test results.

Follow up with patients every 3 months for HIV/STI testing and a 90-day PrEP refill.

PrEP and PEP Action Kit

Provider resources

- [PrEP Detailing Aid](#)
- [PrEP/PEP FAQ](#)
- [PrEP Triage Protocol Card](#)
- [PEP Triage Protocol Card](#)
- [Taking a Sexual Health History Card](#)
- [PrEP Front Desk Info Card](#)
- [Oral PrEP Provider Postcard](#)
- [Oral PrEP Service Delivery Checklist Guidelines](#)
- [PrEP/PEP Billing Codes](#)
- [CA STI Screening Recommendations](#)
- [CA STI Treatment Recommendations](#)

Patient resources

- Know Your PrEP Brochure ([English](#)) ([Spanish](#))
- PrEP and PEP Brochure ([English](#)) ([Spanish](#))
- No PrEP Coverage? No Problem! ([English](#)) ([Spanish](#))
- PrEP Tearpad Stand ([English](#))
- PrEP Tearpad ([English](#)) ([Spanish](#))
- PrEP Posters



KNOW YOUR PREP!



PrEP is a medication that helps reduce your risk of getting HIV.

GetPrEPLA

GetPrEPLA.com

PREP AND PEP

in Los Angeles County



PREVENT GETTING HIV BEFORE EXPOSURE



PrEP = Pre-Exposure Prophylaxis

PREP TO PREVENT HIV

- PrEP (Pre-Exposure Prophylaxis) is a medication (taken as a pill or injection) that helps you prevent HIV.
- PrEP reduces the risk of getting HIV by about 99% from sex and at least 74% from injection drug use.
- PrEP does not protect against other STIs or pregnancy - condoms are still recommended every time you have sex.

PREP MAY BE FOR YOU

- PrEP can help you prevent HIV if you have tested negative for HIV, and are:
 - Sexually active
 - Sharing injection drug equipment
 - Experiencing intimate partner violence
- PrEP has been shown to work for people of all genders and sexualities.
- PrEP is an additional prevention tool if your partner is living with HIV.

MOST INSURANCE PLANS COVER PREP

Including Medi-Cal!



MORE ABOUT PREP

- If you regularly worry about HIV, ask your healthcare provider if PrEP may be right for you.
- You'll have to take an HIV test before starting PrEP.
- While you are on PrEP, you will need to see a healthcare provider for regular check-ups and HIV/STI tests.

GOT QUESTIONS?

Web: GetPrEPLA.com

Call our automated info line: 1-844-YEA-PREP (1-844-932-7737)



PREVENIR EL VIH DESPUÉS DE EXPOSICIÓN



PEP = Profilaxis PostExposición

Profilaxis = Prevención

PEP

ES UN MEDICAMENTO DE EMERGENCIA DESPUÉS UNA POSIBLE EXPOSICIÓN AL VIH.



PEP DE EMERGENCIA PARA PREVENIR EL VIH

- PEP (profilaxis postexposición) es un medicamento de emergencia que se toma durante 28 días para prevenir el VIH después de una posible exposición reciente.
- PEP debe iniciarse dentro de las 72 horas posteriores a una posible exposición al VIH. Mientras más pronto mejor.
- PEP no protege contra otras ITS ni el embarazo, todavía se recomienda el uso de condones cada vez que tengas sexo.

¿QUIÉN DEBERÍA TOMAR PEP?

Toma PEP dentro de las 72 horas para las siguientes posibles exposiciones al VIH:

- Tu hijo sexo anal o vaginal con alguien que vive con el VIH o un estado serológico desconocido.
- Tu hijo sexo anal o vaginal y el condón se rompió con alguien que vive con el VIH o un estado serológico desconocido.
- Completaste una aguja, jeringa u otro equipo de inyección de drogas con alguien que vive con el VIH o con un estado serológico desconocido.
- Superaste una agresión sexual.



SI CREES QUE ESTUVISTE EXPUERTO AL VIH EN LAS ÚLTIMAS 72 HORAS, VE DE INMEDIATO A UNA CLÍNICA, ATENCIÓN DE URGENCIA O SALA DE EMERGENCIAS.

¡PEP FUNCIONA!

- PEP es muy eficaz para prevenir el VIH cuando se toma como recetado.
- PEP funciona mejor si se inicia dentro de las 72 horas de una posible exposición al VIH.
- PEP debe iniciarse lo antes posible - ¡Cada hora cuenta!
- PEP funciona mejor cuando te lo tomas por los 28 días completos. No dejes de tomar la PEP sin consultar a tu proveedor de salud.

MÁS SOBRE PEP

- PEP protege a las personas que no viven con el VIH. Tendrás que hacerte una prueba de VIH antes de comenzar la PEP.
- PEP puede causar efectos secundarios leves (dolor, náuseas, diarrea), especialmente al comienzo del tratamiento.
- Cuando termines la PEP, te harás otra prueba del VIH para asegurarte de que la PEP funcionó.
- Considera la PEP si tienes que tomar la PEP más de una vez.

PEP Y PEP

Hable con tu proveedor de salud sobre si la PEP o la PEP son adecuadas para ti.

Hay asistencia financiera disponible para los copagos de tus medicamentos. PEP y PEP están disponibles a bajo costo o gratis, incluso si no tienes seguro médico.

Para obtener puntos sobre cómo hablar con tu médico sobre la PEP, visita CDC.GOV - Busque "Habla con tu médico acerca de la PEP".

UNDERSTAND THE BASICS

- PrEP (Pre-Exposure Prophylaxis) is a medication taken as a pill or an injection that reduces the risk of getting human immunodeficiency virus (HIV) before an exposure through sex or sharing needles/syringes.
- Taking PrEP as prescribed can reduce your risk of getting HIV by up to 99%.
- PrEP does not protect against other sexually transmitted infections (STIs) or pregnancy - condoms are still recommended every time you have sex.

KNOW THE FACTS

✓	✗
PrEP does not hurt you.	PrEP is not a cure for HIV.
You can get PrEP for one hour or one week or you can take it every day.	PrEP does not protect you from all other STDs, such as syphilis, gonorrhea, and chlamydia.
It is not recommended to combine PrEP with other HIV prevention strategies, such as condoms, along with PrEP to prevent pregnancy.	PrEP is not recommended for people who are already living with HIV.
You can use PrEP with other HIV prevention strategies, such as condoms, to prevent HIV.	PrEP is not recommended for people who are already living with HIV.

PREP MAY BE FOR YOU!

PrEP can help you prevent getting HIV if you have tested negative for HIV, and are:

- Sexually active
- Sharing injection drug equipment
- Experiencing intimate partner violence

PrEP has been shown to work for people of all genders and sexualities.

PrEP is an additional prevention tool if your partner is living with HIV.

PREP IS AVAILABLE FOR FREE OR LOW-COST

- Most insurance plans, including Medi-Cal, cover PrEP.
- If you have insurance, you can find a medical provider and information about help paying for the medication at GetPrEPLA.com.
- If you don't have insurance or can't get insurance due to your immigration status, know that you can still get PrEP for free!

HOW TO GET PREP

Finding a place to get PrEP in Los Angeles County has never been easier! Whether or not you have insurance, a PrEP Center of Excellence can help you get started.

These centers offer multiple services, including:

- Medical care
- Help to apply for insurance and/or other programs
- Referrals to PrEP
- Help for transportation to take your medications
- Referrals to other services to keep you healthy

Click on the map on the back to find the nearest center to you. Call today to schedule an appointment and ask for the PrEP Navigator!

RESOURCES



GetPrEPLA.com



PrEP and PEP



PrEP and PEP



PrEP and PEP

WANT TO KNOW MORE?

Visit GetPrEPLA.com

Call the automated info line: 1-844-YEA-PREP (1-844-932-7737)

PREP CENTERS OF EXCELLENCE



Center Name	Address	Phone
1. Harbor	1000 Wilshire Blvd, Los Angeles, CA 90017	(213) 884-6100
2. UCLA Health and Wellness	7601 Wilshire Blvd, Los Angeles, CA 90047	(310) 825-8800
3. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
4. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
5. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
6. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
7. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
8. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
9. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
10. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
11. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
12. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
13. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
14. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
15. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
16. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
17. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
18. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
19. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700
20. USC Health	1601 S. Flower Ave, Los Angeles, CA 90007	(213) 844-7700

KNOW YOUR PREP!



PrEP is a medication that helps reduce your risk of getting HIV.

GetPrEPLA

GetPrEPLA.com

FREE or low-cost pre-exposure prophylaxis (PrEP) to prevent getting HIV is available to all residents of LA County!

The following information provides an overview of how to access PrEP.

Did you know?
Taken as prescribed, PrEP
can reduce the chance of
getting HIV by up to 99%.

If You Have Insurance



Medi-Cal

- PrEP and all related medical services are 100% covered as preventive services.
- Services should be billed directly to Medi-Cal, not the patient's managed care plan.
- **Who is eligible?**
 - Covers LA County residents whose income is at or below 138% Federal Poverty Level (FPL)
 - Undocumented
 - Medi-Cal



Medicare

- PrEP is covered
- Financial assistance is available and referred to as a cost-sharing reduction
- **Who is eligible?**
 - Individual
 - Individual
 - Insurance



Private Insurance

- Covers the cost
- Prior authorization required
- To get started
 - Open enrollment
 - Enroll for special events: www.coveredca.com
- **Who is eligible?**
 - People with private insurance
 - People with private insurance
 - People with private insurance
 - Income requirements
 - Consult your employer



Private Insurance

- Most major insurance plans
- **Who is eligible?**
 - Individual

DoxyPEP for STI Prevention

What is DoxyPEP?



Doxycycline Post-Exposure Prophylaxis (DoxyPEP) means taking the antibiotic doxycycline after sex, to prevent getting a sexually transmitted infection (STI). It is a morning-after pill for STIs. Studies have shown that taking DoxyPEP reduces your chance of getting syphilis and chlamydia by about two-thirds, especially if you are a transgender woman (TGW) or a man who has sex with men (MSM).

When should I take DoxyPEP?



Two 100 mg of doxycycline should ideally be taken within 24 hours, but no later than 72 hours after condomless sex. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom is not used for the entire time.

What about when I have sex again?



If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex but do not take more than 200 mg (two 100 mg pills) every 24 hours.

How should I take DoxyPEP?



- Take doxycycline with plenty of water or something else to drink so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.
- ✓ Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- ✓ Please do not share doxycycline with others.
- ✓ Avoid dairy products, calcium, antacids, or multivitamins 2 hours before after taking doxycycline.

What are we still learning about DoxyPEP?



- Does it affect normal ("good") bacteria in our intestines?
- Could it increase or decrease the bacteria that live on our skin, or cause bacterial resistance to doxycycline (for example staph)?
- Will DoxyPEP increase doxycycline resistance in bacteria that cause STIs?
 - Although doxycycline has been used for decades, there is no known resistance to doxycycline in chlamydia or syphilis.
 - About 25% of gonorrhea in the US is already resistant to doxycycline; DoxyPEP may not work against these strains. The DoxyPEP study and other studies will help understand whether using DoxyPEP changes resistance in gonorrhea.

Reminders

- ★ Please continue to get tested for STIs every 3 months and whenever you have symptoms.
- ★ DoxyPEP doesn't protect against MPOX (monkeypox), HIV, or other viral infections.
- ★ Talk to your health care provider about pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV prevention.
- ★ If you are living with HIV, continue to take your medications and see your health care provider regularly.

Prevent Pillar Resources

- [PrEP/PEP Action Kit for Providers and Patients](#)
- [Basics of PrEP/PEP](#)
- [GetPrEPLA](#)
- [Syringe Exchange Site Schedule](#)
- DoxyPEP Fact Sheets ([English](#) / [Spanish](#))

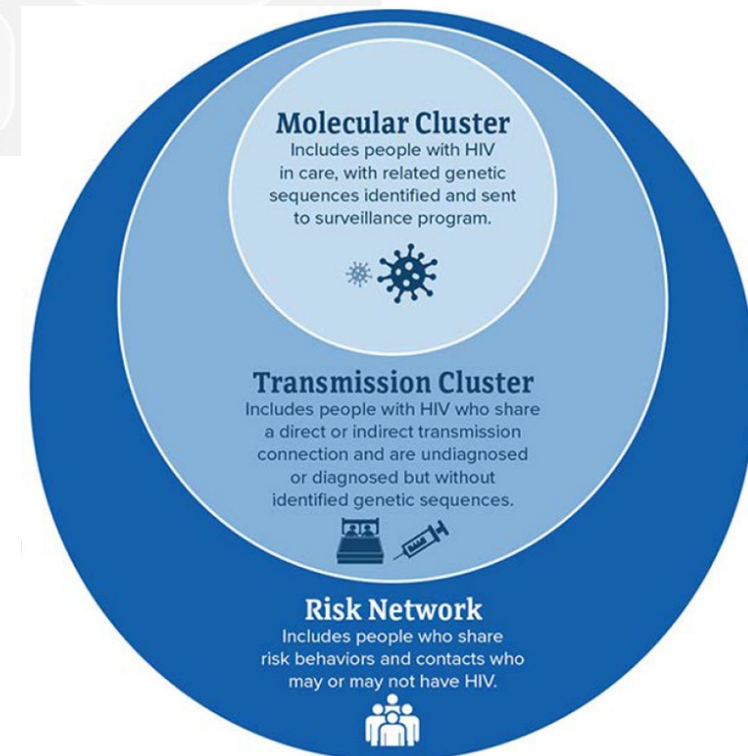
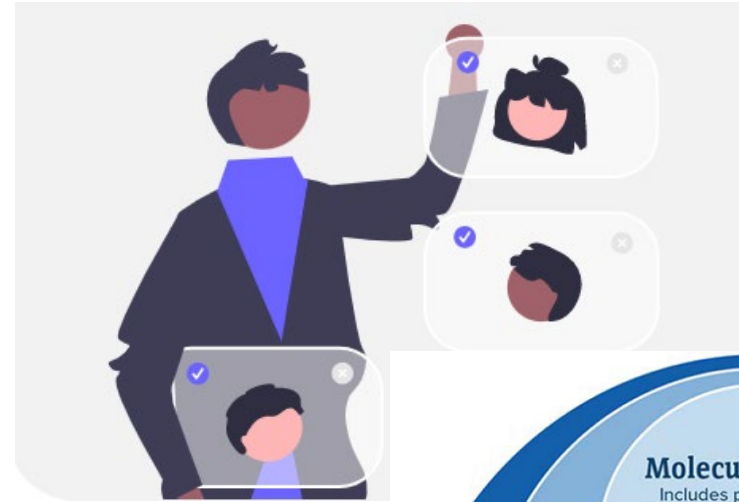
Respond Pillar Indicators

1. Develop and maintain capacity for cluster and outbreak detection and response
2. Increase the percentage of new HIV diagnoses assigned/attempted contacts for Partner Services to 95%
3. Increase the percentage of new HIV diagnoses assigned cases to be interviewed for PS to 75%

Indicator	LAC current	EHE Targets for 2025
Percentage of assigned contacts to PS	67% (2022)	95%
Percentage of assigned cases to be interviewed for PS	45% (2022)	75%

Community Health Ambassador (CHAP) Program

- **Purpose:** Utilize cluster detection efforts with the Social Network Strategy (SNS) to identify persons with undiagnosed HIV and link them to treatment services.
- **Populations:** EHE priority populations identified in high priority clusters
- **Community Health Ambassadors** will be selected from high priority clusters to recruit individuals from their social and sexual networks to link to HIV testing via self-test kits.



DARE2Care Program

- Data for Adherence, Retention, and Engagement (DARE) 2 Care



Program Goals:

1. Utilize data to care to better reengage clients in HIV Medical Care and Medical Care Coordination (MCC) services.
2. Build a team within clinics that focus on field-based work, including locating and engaging out of care clients.



Partner clinics will be required to hire:

- 1 Data Analyst
- 2 Clinic Embedded HIV Engagement Specialists (CEHES)

Cluster Detection & Response Community Advisory Board



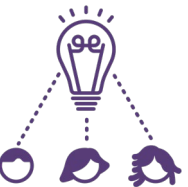
- **Purpose:** Amplify community voices on CDR to guide surveillance efforts across CA counties, including Los Angeles.



- **Committee Size:** 10 members



- **Population:** Diverse representation + surveillance experts from multiple Counties



- **Partners:** CDPH State Office of AIDS, San Francisco DPH
- **Meeting Topics:** Overview of Health Department CDR Programs, Data Privacy, Language Utilized when Discussing Clusters, Addressing Stigma in Responding to Clusters.

Cross Cutting Activities

Mini-Grants

Community Engagement Program

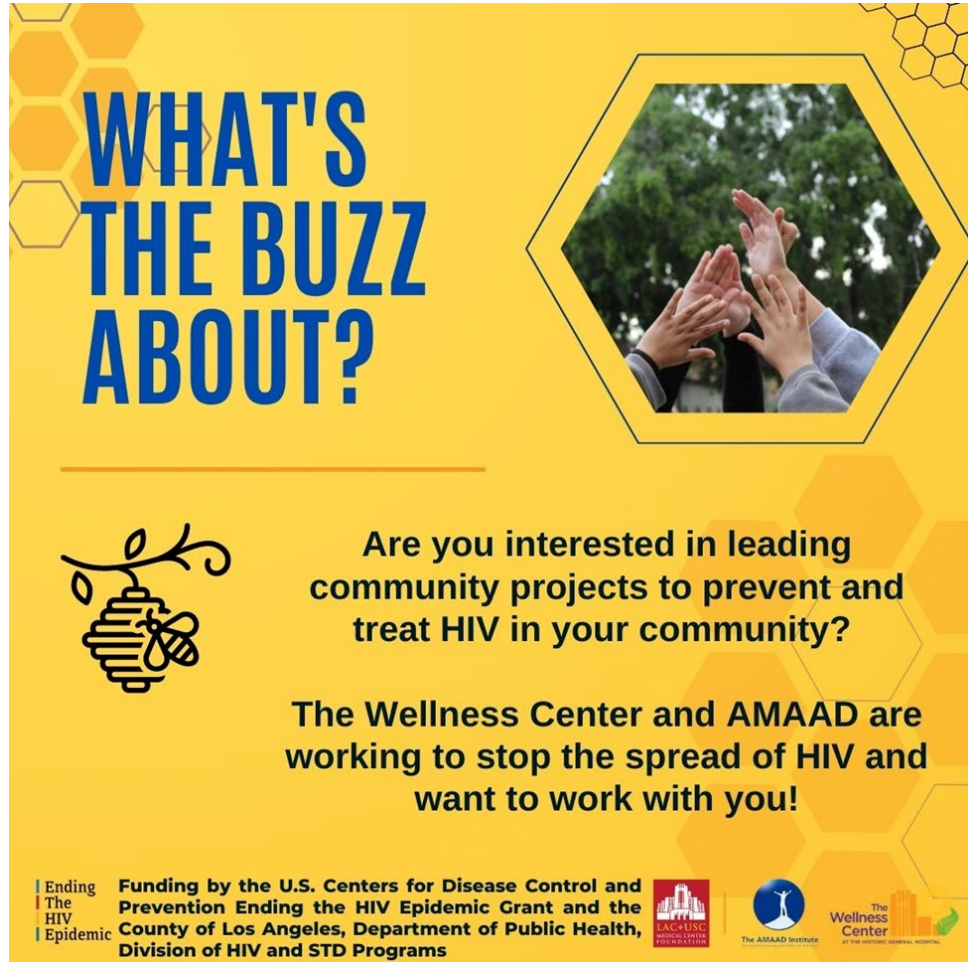
Outreach and Education

Upcoming EHE Programs & Projects


Mini Grants Overview

Awardee/Agency	Project Description
Men's Health Foundation	Health education/social media campaign.
Kavich Reynolds	"Chasing" the Film: short 8-minute video about the intersection between HIV and meth use with a focus on gay men.
St. John's	HIV Prevention Social Media Campaign.
Charles Drew University	Student PrEP Educator Program.
Kedren	Mobile Street Unit to expand HIV services.
REACH LA	Status Neutral Art Workshops.
Saban	Gender affirming care training program for providers and clinic staff to reduce barriers to services.

Community Engagement Program



WHAT'S THE BUZZ ABOUT?






Are you interested in leading community projects to prevent and treat HIV in your community?

The Wellness Center and AMAAD are working to stop the spread of HIV and want to work with you!

Ending The HIV Epidemic

Funding by the U.S. Centers for Disease Control and Prevention Ending the HIV Epidemic Grant and the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs

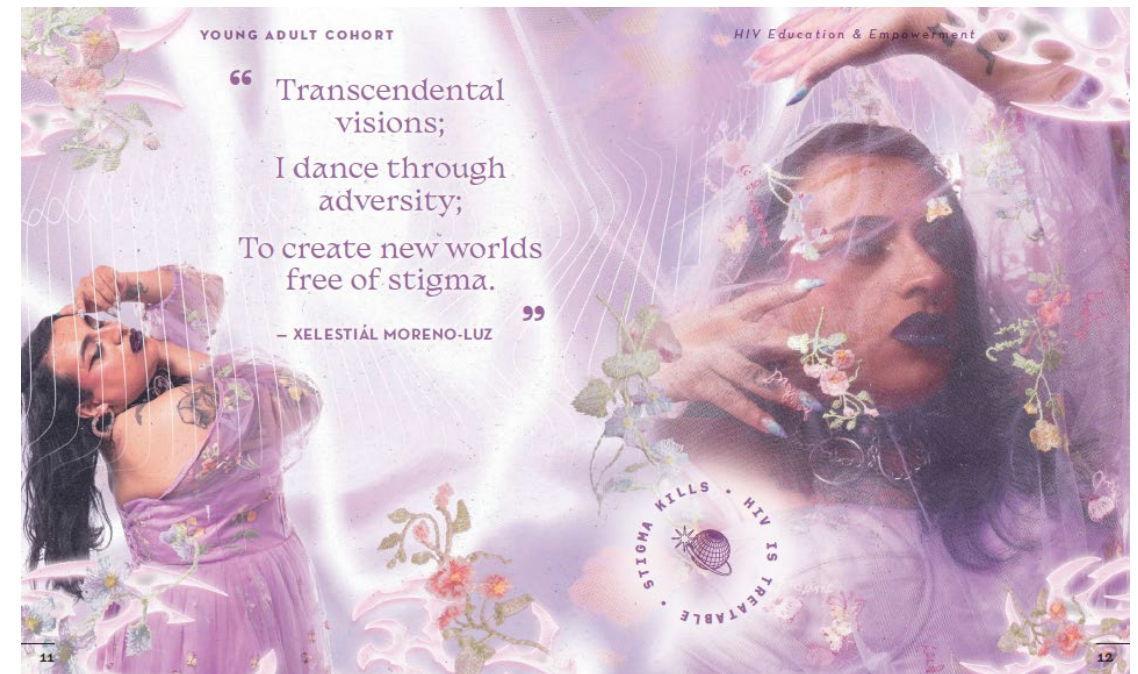
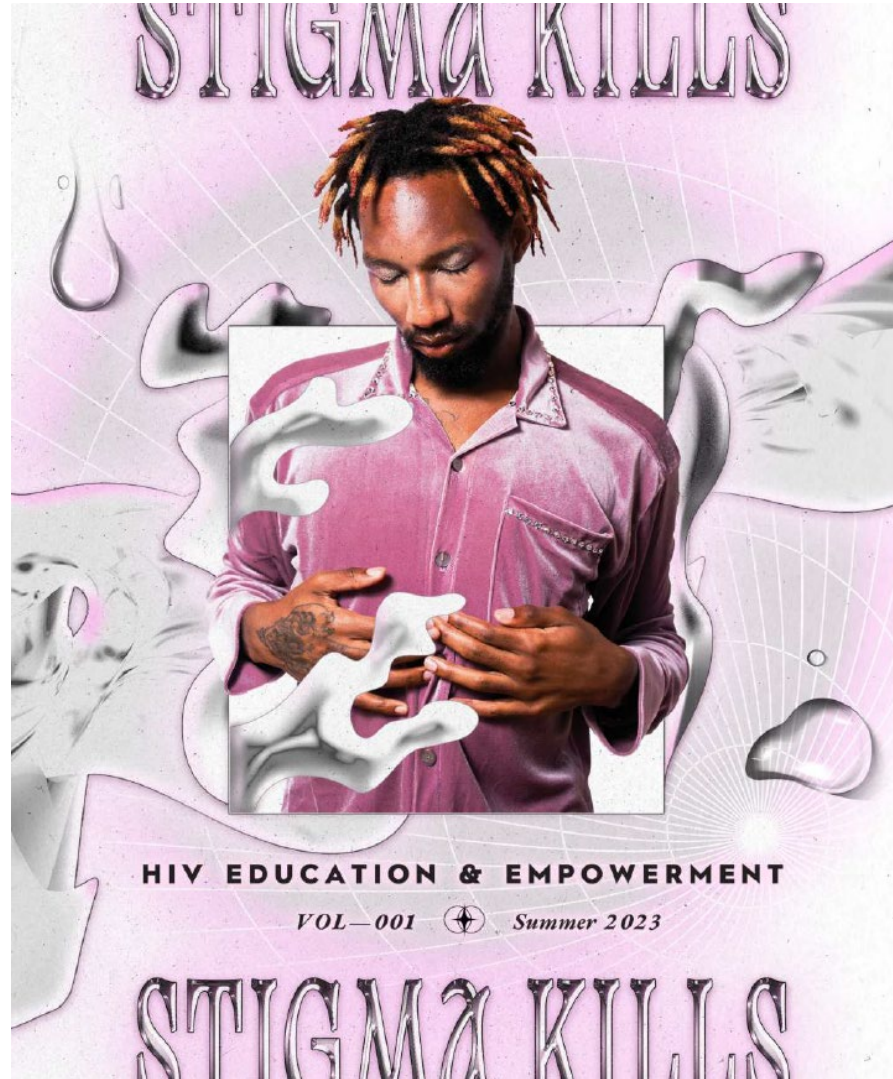


- **Purpose:** Engage community members across the County to engage in EHE-related projects of their choice.
- **Population:** 8 community teams representative of EHE Priority Populations
- **Partners:** The Wellness Center Foundation & Arming Minorities Against Addiction and Disease (AMAAD)

Cohort Project Overview

Cohort	Project
Black MSM	Address stigma of HIV and queer identity within faith-based institutions.
South LA	Storytelling events every quarter to share personal stories of how HIV has impacted lives. Partnering with barbershops & comedian.
Women of Color	Developed banners to be hung in South LA empowering women of color with HIV with inclusive and supportive messaging.
Young Adults (19-29 years)	Developed an online “zine” that (1) addresses stigma, stereotypes and common myths surrounding HIV, and (2) education, dialogue within targeted population groups.
Trans & Gender-Inclusive	Host a conference led by and for the TGI community.
Youth (12-18 years)	Partnered with Bravo High School (LAUSD) to increase HIV/STD testing for youth, educate community on sexual health/focus on early messaging of queer identity and LGBTQ+ youth.
Latinx MSM	Increase sex positivity in primary care settings by ensuring primary care physicians have the proper knowledge to support LGBTQ+ patients.
East LA (Spanish speaking)	Resource mapping and health education in East LA to increase access to condoms, HIV testing, PrEP.

Young Adult Zine



Outreach & Education Activities

1. Sign up and promote the EHE Listserv.
Email Eddie Juarez to be added
EJuarez@ph.lacounty.gov
2. Request presentations on EHE, PrEP, etc.
3. Share community events for the team to attend.
4. Promote GetProtectedLA.com as the sexual health resource website for LA County.
5. Follow @TransinLA on Instagram



GET PROTECTED LA
GetProtectedLA.com
The official sexual health resource hub for HIV and STD prevention, testing, care, services, and information in Los Angeles County.

GetPrEP LA
GetPrEP LA.com
HIV Prevention (Including PrEP and PEP!)
PrEP is a medication that can help prevent getting HIV before an exposure.
PEP is an emergency medication that can prevent HIV after an exposure, if started within 72 hours.

TAKEMEHOME
TakeMeHome.org
FREE HIV self-test kits delivered!
Oral Swab HIV Self-Test kits, for Los Angeles County community members 18 years or older.

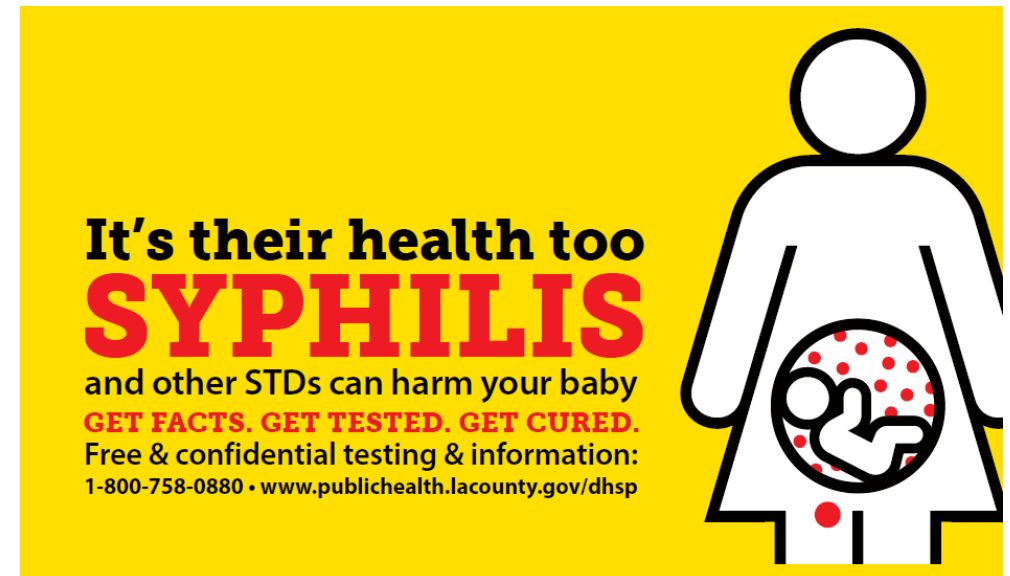
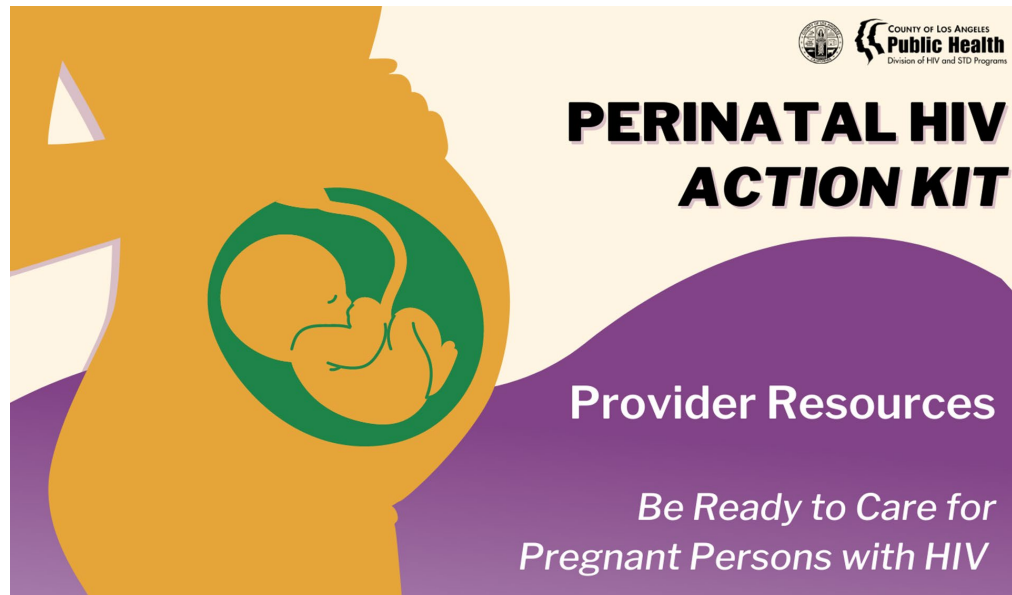
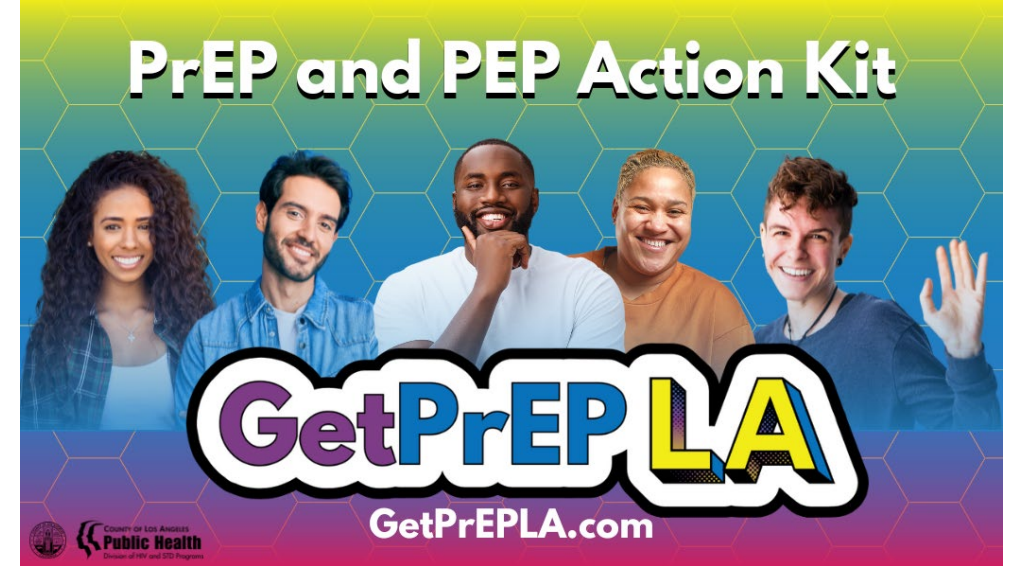
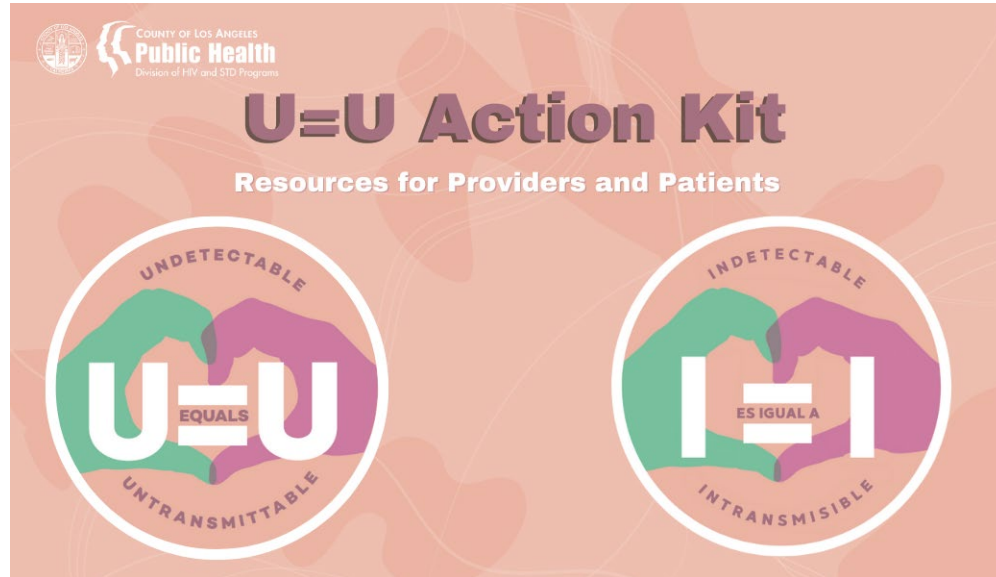
I know.
DontThinkKnow.org
FREE STD self-test kits delivered!
Vaginal Swab Chlamydia and Gonorrhea Self-Test kits currently available to women, girls, transgender men, and any person with a vagina between the age of 12-24 in Los Angeles County.

Scan for Naloxone/Narcan distribution sites.
Scan for Engagement and Overdose Prevention (EOP) Hubs offering needle exchange AND Naloxone.
(Call ahead to verify, schedules and locations may change)

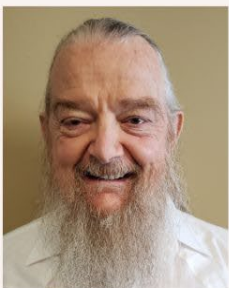
County of Los Angeles
Public Health
Division of HIV and STD Programs

Questions? (213) 351-8000
www.PublicHealth.LACounty.gov/DHSP

Action Kits [\(click here\)](#)



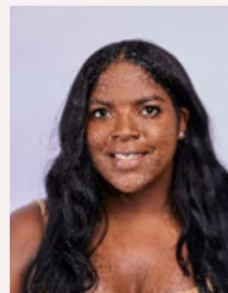
EHE Steering Committee Members (Year 3)



Alasdair Burton



Charles Robbins, MBA



Kaleef Starks



**Jerry P. Abraham, MD,
MPH, CMQ**



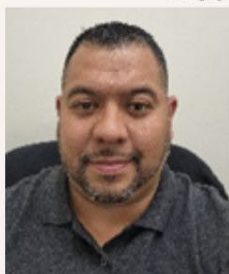
Dechelle Richardson



Zelenne L. Cárdenas



JavonTae Wilson



Oscar Arellano



Tyreik Gaffney-Smith



Raniyah Copeland, MPH

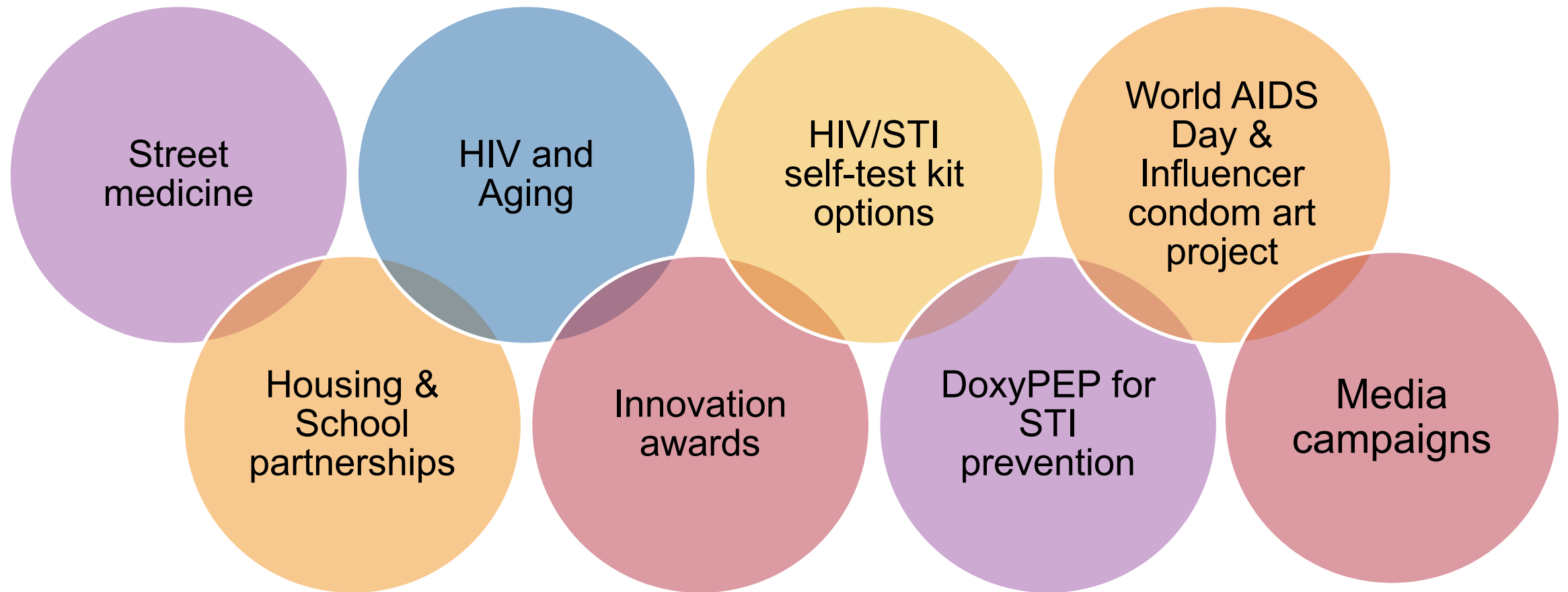


**Erin Jackson-Ward,
MPH**

Biographical Sketches available on EHE website:

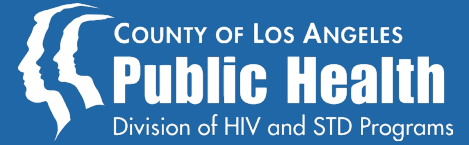
www.LACounty.HIV

What's on the horizon?





Ending
the
HIV
Epidemic



Thank you!

Email: EHEInitiative@ph.lacounty.gov

EHE website: www.LACounty.HIV



Harm Reduction

Siddarth Puri, MD

Associate Medical Director of Prevention,
Bureau of Substance Abuse Prevention
and Control (SAPC)

LA County Department of Public Health



Objectives

By the end of this presentation, you will:

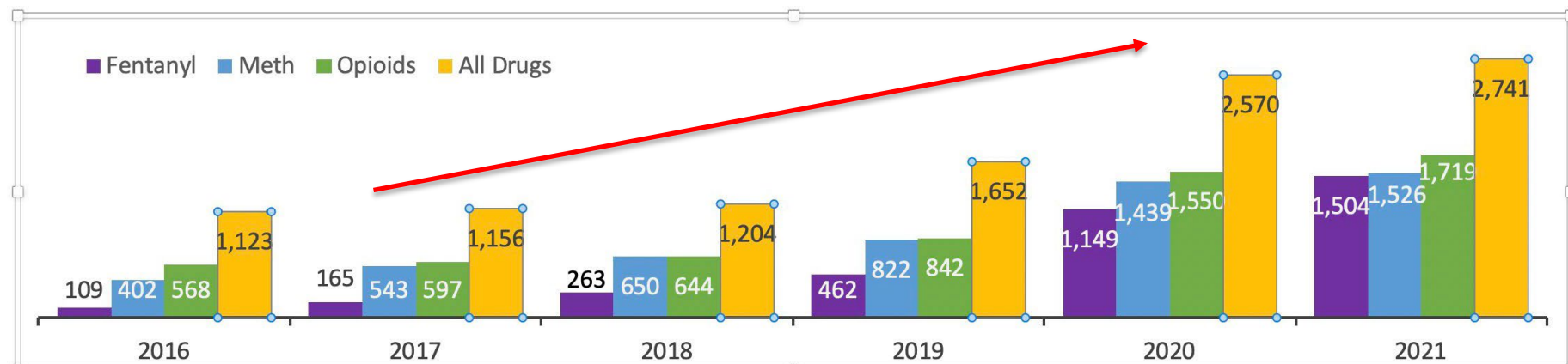
- Understand overdose trends in LA County
- Understand the definition of harm reduction
- Describe how harm reduction has been effective in protecting the health of individuals and communities
- Demonstrate what data helps us confirm harm reduction is beneficial for Los Angeles County
- Learn about the SAPC-HRU efforts



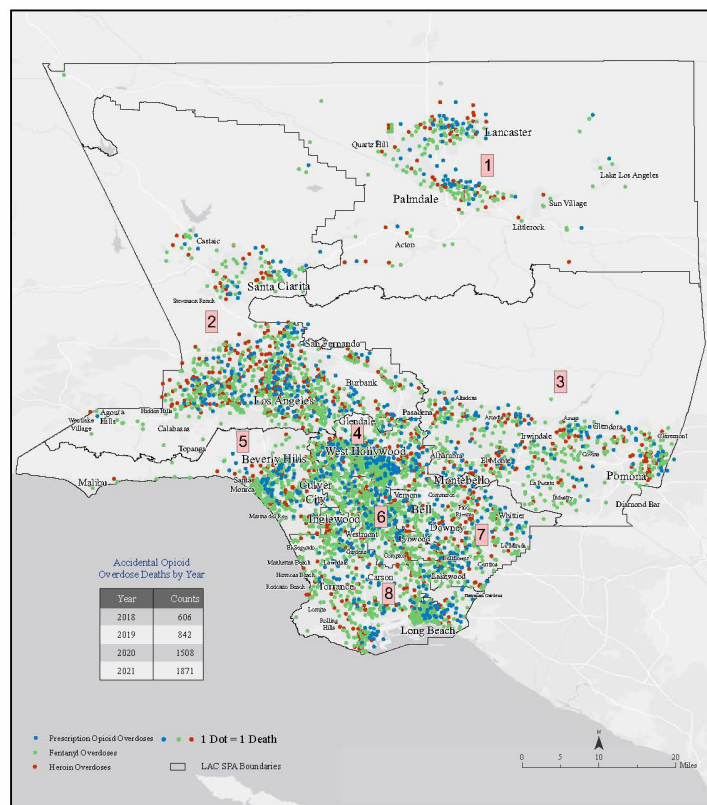
Los Angeles County Overdose Trends



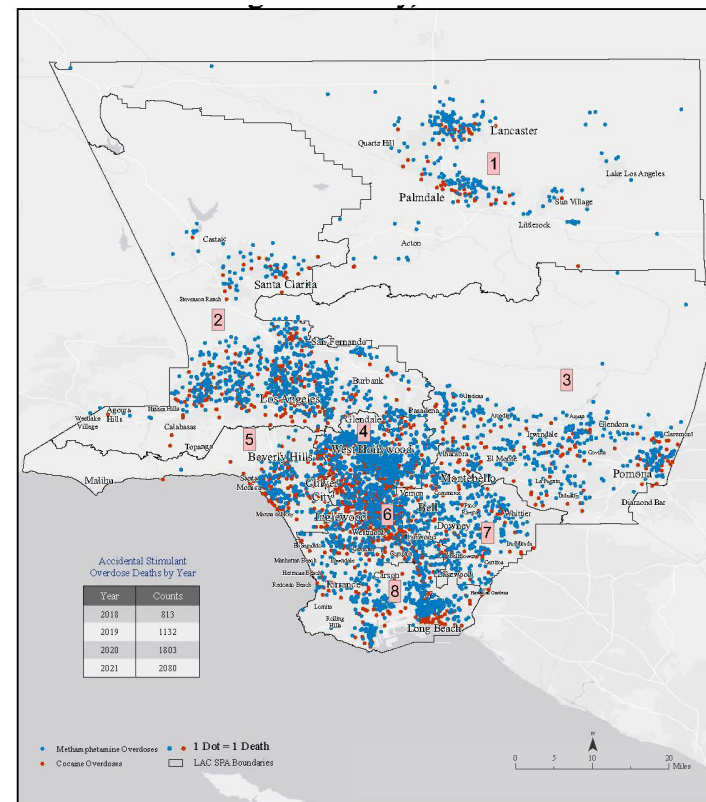
Drug Overdose Deaths by Drug, LAC, 2016-2021



Opioid Overdose Deaths



Stimulant Overdose Deaths



Fentanyl and Methamphetamine Found in Non-US Pharmacy Medications

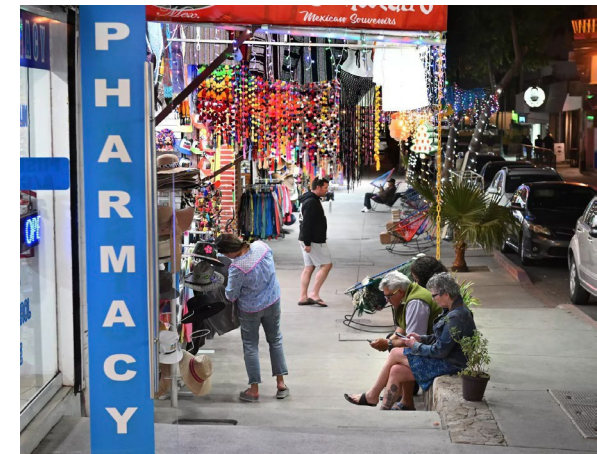
UCLA Drug Checking Labs:

From legitimate pharmacies from Tulum to Tijuana:

Passing off methamphetamine as Adderall and fentanyl as Percocet and other opioid painkillers

The LA Times Reporters tested 55 pills from 29 pharmacies in eight cities. A little more than 50% — 28 pills — were counterfeit.

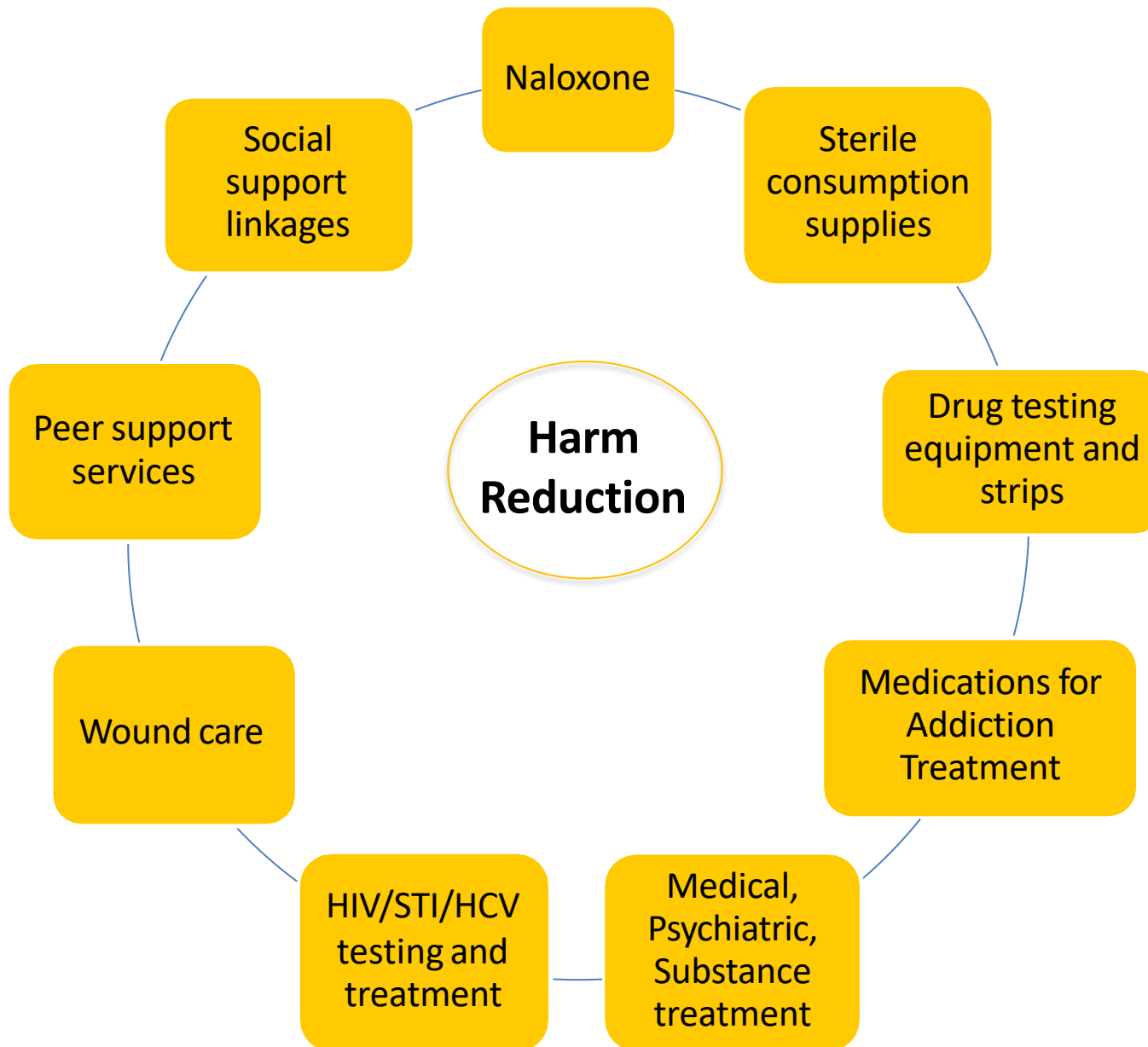
Los Angeles Times





SAPC: Harm Reduction





Los Angeles County Continuum of Health Interventions



Programs at school level and community level

Universal, selected, and indicated prevention

Health and social care co-located and coordinated to facilitate transition between harm reduction and treatment

Surveillance on drug use and its impact within the County

Low threshold treatment initiation

Outreach Teams

Harm Reduction in Action

Risk Factors

Using more than 1
substance

Tolerance

Quality

Using Alone

Routes of Administration

Previous Non-Fatal
Overdose

Harm Reduction Intervention Strategies

- Use one drug at a time or...
- Reduce the amount of each drug being taken.

- If using after a period of abstinence start low and go slow.

- Test drug before use (test strips and rug testing)

- Use with someone you trust.
- Call someone you trust and have them check on you.

- Consider snorting, especially when using alone or may have decreased tolerance.

- Always use with a friend or around other people.
- Always have naloxone readily available.

Measuring Harm Reduction Success: **Objective Data**

- Lives saved from overdoses
- Naloxone in the community
- Rates of blood-borne infections
- Prescriptions/adherence to medications for addiction treatment (MAT), PrEP (Pre-exposure Prophylaxis)
- Measuring ways of drug use (injecting → inhaling/smoking)
- Number of referrals for medical and psychiatric care, or specialty substance treatment
- Number of referrals to housing, case management, or social services.

Measuring Harm Reduction Success: Subjective Data

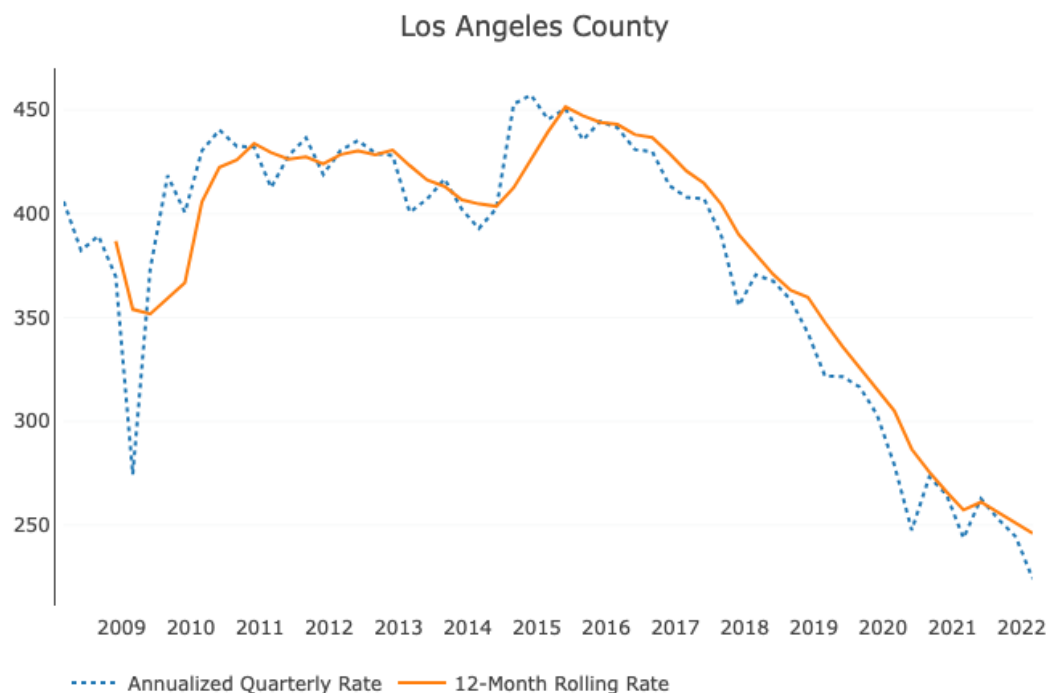
“We’re not promoting drug use but were also not demonizing drug use. We understand that people who use drugs are doing so typically because they’re suffering in some way...when we are making pipe kits, it’s not that we are promoting someone to go out and use for the first time, but it can reduce someone’s need for needles, and to make safer choices around what drugs they are using.”



“I do harm reduction because it works. I’ve seen people who otherwise would’ve been dead or in jail, make positive choices to better their lives and that’s including while they’re still using drugs. They’re able to get that first step to housing, or medical care, and those things help lead to more productive lives”

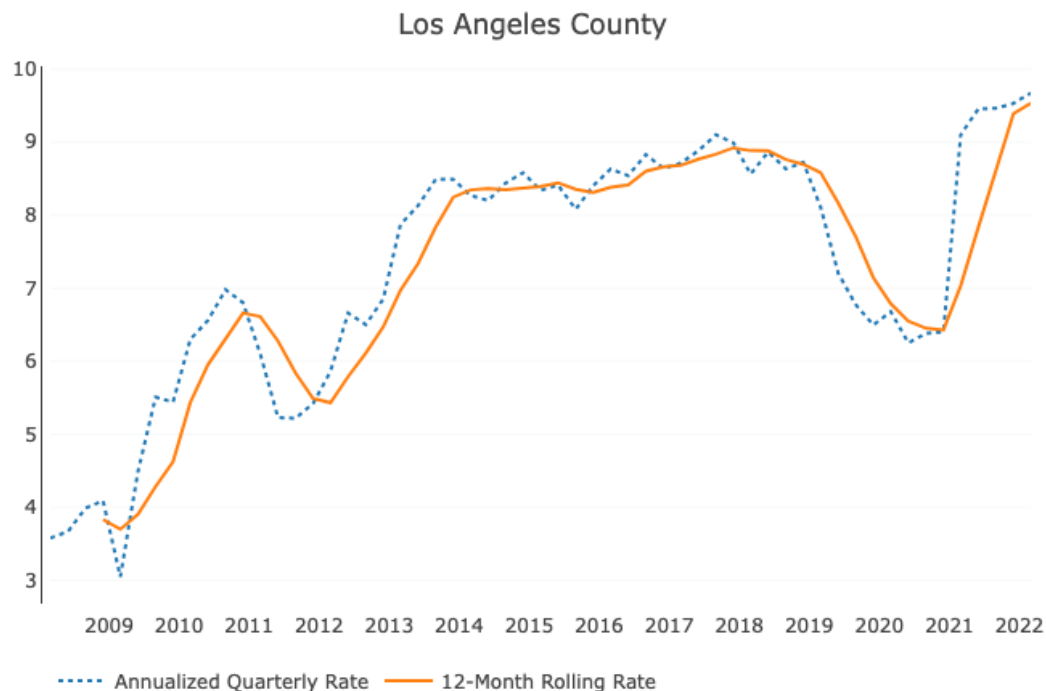
Evidence for Harm Reduction

- Prescriptions for Opioids



Evidence for Harm Reduction

- Prescriptions for Buprenorphine



Evidence for Harm Reduction

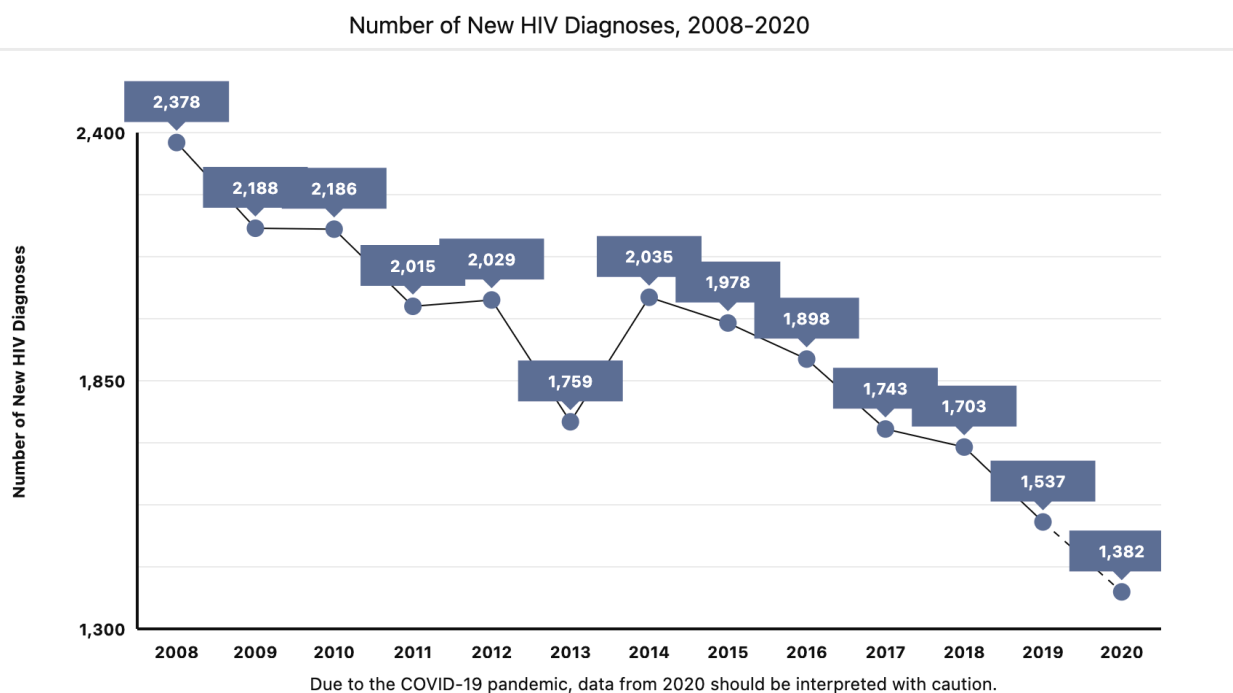
- 30 years of harm reduction practices in the United States have shown it is effective in:
 - Reducing Overdose deaths
 - Reducing blood-borne infections
 - Is safe and cost effective
 - **Lifetime cost of medical care for each new HIV infection is over \$400,000**
 - The equivalent amount of money spent on harm reduction programs **prevents at least 30 new HIV infections.**

Evidence for Harm Reduction

- Compared to people who never accessed harm reduction services, people using harm reduction services are:
 - 5 x more likely to participate in drug treatment
 - 3 x more likely to reduce or stop injecting
 - Helping patients use more safely by shifting away from higher risk modes of use.
 - Ex/ injecting → smoking
 - Increasing access to smoking supplies especially with people moving away from injection to smoking because of fentanyl

Evidence for Harm Reduction

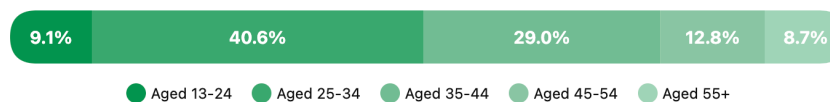
- New HIV Infections



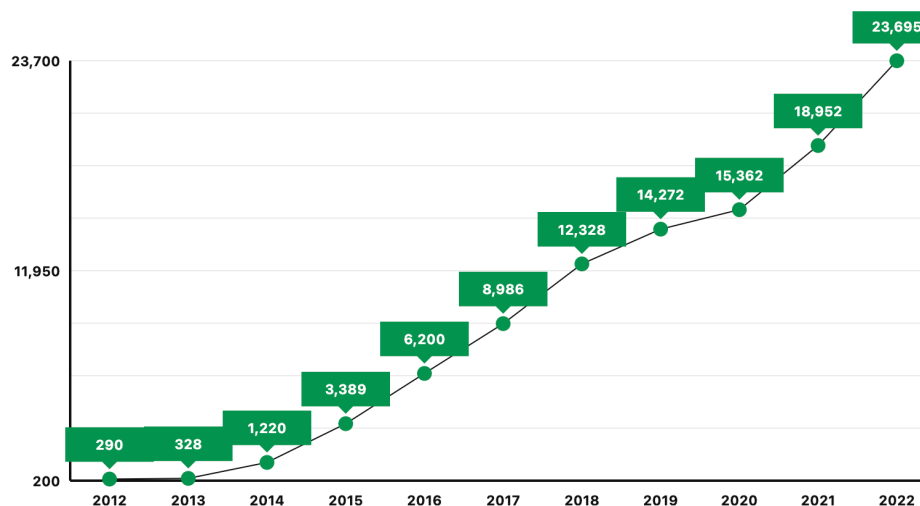
Evidence for Harm Reduction

- Prescriptions for Pre-Exposure (PrEP) Prophylaxis

Percent of PrEP users, by Age, 2022



Number of PrEP Users, 2012-2022





SAPC Harm Reduction Unit



Engagement and Overdose Prevention (EOP) Hubs

7 EOP Hubs funded by SAPC

- Asian American Drug Abuse Program (AADAP)
- Tarzana Treatment Center (TTC)
- Venice Family Clinic (VFC)
- Community Health Project Los Angeles (CHPLA)
- Homeless Healthcare Los Angeles (HHCLA)
- Bienestar
- Homeless Outreach Program Integrated Care System/
Special Services for Groups (HOPICS/SSG)

Engagement and Overdose Prevention (EOP) Hubs

- Required Harm Reduction Services:
 - Needs-based/low threshold access to syringes
 - Sharps containers and education on disposal
 - Naloxone
 - Fentanyl, Benzodiazepine, Xylazine test strips
 - Sterile injection supplies (tourniquets, alcohol swabs, water, band aids, cotton balls, cookers)
 - Sterile smoking supplies (pipes, lip balm)
 - Wound care supplies
 - Direct or referred testing for: HIV and HCV
 - Referrals for treatment: HIV/HCV, substance use treatment, specialized mental health, or medical care.

Engagement and Overdose Prevention (EOP) Hubs

- Community engagement through:
 - Fixed sites (brick and mortar)
 - Mobile sites (using a mobile van near another agency/community space)
 - Field-based sites (engaging community members in encampments, dynamically changes).

Newly Certified Syringe Safety Program (SSPs)

9 SSPs additional certified by SAPC FY 22-23

- Being Alive
- Sidewalk Project
- Mental Health of America Los Angeles (MAHALA)
- Los Angeles Centers of Alcohol and Drug Abuse (LACADA)
- St John's Community Health
- Venonart Transformative Health
- Union Station
- Melanin Angeles
- Substance Use Disorders Integrated Services (SUDIS)



SAPC Harm Reduction Unit Data



SAPC Harm Reduction Data FY 22-23

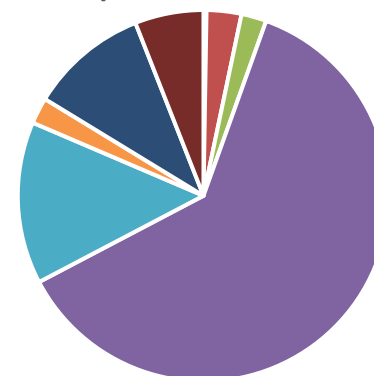
- Number of unique individual served: 11,073
- Number of encounters: 20,498
- Number of overdose reversals reported by individuals being served during the exchanges: 3,473
- Naloxone distributed:
 - Intranasal: 47,578
 - Intramuscular: 5,963



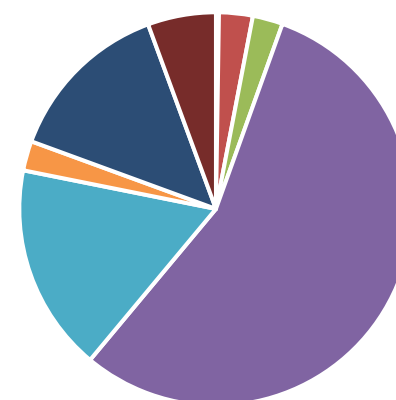
EOP Hub Network: **11,073** Estimated Individuals Served During **20,498** Encounters –FY2022-2023: Geographic Distribution

SPA	# Unique Individuals	# Encounters
1	47	69
2	356	490
3	283	761
4	6431	6412
5	1490	2422
6	1402	736
7	832	1847
8	302	749

Unique Individuals



Encounters



***Individuals served by secondary exchange: 1834

EOP Hub Network: Services Provided during **13,486** Encounters

- Number of case management referrals: 4,612
 - Warm hand offs to housing case managers
 - Legal aid for immigration/probation
 - Transportation services to/from appointments
 - Initiating Medi-Cal and other DPSS benefits
- Syringe Services and Exchange:
 - Distributed: 992,684
 - Collected: 496,342
- Fentanyl Test Strips Distributed: 10,563
- Safer smoking equipment kits distributed: 6,465
- Wound care kits distributed: 5,543

Engagement and Overdose Prevention (EOP) Hubs

Fixed Site Locations



Community Health Project LA (CHPLA)

1151 N Western Blvd. , Los Angeles CA 90029
Hours: M-F 9am-5pm
Email: infor@chpla.org
Phone: 323.380.5469
Website: <http://chpla.org/>

Homeless Health Care Los Angeles (HHCLA)

512 East 4th St. Los Angeles CA 90013
Hours: M-Sun 8:30am-3:30pm
Phone: 213.617.8408
Website: <https://www.hhcla.org>



Bienestar Human Services

5314 East Beverly Blvd. Los Angeles, CA 90022
Hours: M-F 10am-2pm & 4pm-7pm
Phone: 866.590.6411
Website: <https://www.bienestar.org/syringe-exchange/>

Tarzana Treatment Centers (TTC)

7101 Baird Avenue, Reseda CA 91335
Hours: M-F 8am-4pm
Phone: 818.342.5897
Website: <https://www.tarzanatc.org/>



Venice Family Clinic (VFC)

Common Ground, Judy and Bernard Briskin Center
622 Rose Ave., Venice CA 90291
Hours: M-F 9am-5pm
Phone: 310.314.5480
Website: <https://venicefamilyclinic.org/>

Asian American Drug Abuse Program (AADAP)

652 E. Manchester Blvd. Inglewood CA 90305
Hours: M-F 9am-5pm
Phone: 424.331.5799



Homeless Outreach Program/Integrated Care System (HOPICS)

5849 Crocker St. Los Angeles, CA 90003
Hours: M-F 8am-4:30pm
Phone: 323.432.4399
Website: <https://www.hopics.org/>

**Scheduled hours are subject to change without notice. Please contact the participating agency to confirm service hours and locations.*

This program is supported in part by the County of Los Angeles, Department of Public Health.

*Please contact Substance Abuse Prevention and Control (SAPC) at
harmreduction@ph.lacounty.gov*

Published June 2022



Engagement and Overdose Prevention (EOP) Hubs

Mobile Outreach

MONDAY

CHPLA

9401 Zamora Ave. Los Angeles CA 90059
3pm-5pm
South Side of 6th St.
between Wall and San Julian
9am-11am

AADAP

660 E. Manchester Blvd.
Inglewood, CA 90301
10am-5pm

TTC

11770 Block of Borden Ave.
Pacoima CA 91331
1:30pm-4:00pm
7500 Block of Valjean Ave.
Van Nuys CA 91406
4:30pm-6:00pm

BIENESTAR

Coastal Recovery Center
117 E. Harry Bridges Blvd.
Wilmington, CA 90744
10am-12pm
5982 Arroyo Dr.
Los Angeles, CA 90042
3:30pm-5pm

TUESDAY

AADAP

BAART Medmark Clinic:
11682 S. Atlantic Ave.
Lynwood, CA 90262
7am-9:30pm

TTC

6800 Block of Eton Ave.
Canoga Park, CA 91303
9:30am-11:30am
12178 San Fernando Rd.
Sylmar, CA 91342
1pm-3pm

WEDNESDAY

CHPLA

Spectrum Community Clinic at
Drew University
1731 W. 120th St. Building M.
Los Angeles CA 90059
5pm-7pm

AADAP

Medmark Clinic
11900 S. Avalon Ave.
Los Angeles CA 90059
7:30am-10am

TTC

8741 Laurel Canyon Blvd.
Sun Valley, CA 91352
9:30am-11am
514500 Block of Hamlin St.
Van Nuys, CA 91411
12:30pm-3pm

BIENESTAR

527 N. Spring St.
Los Angeles, CA 90012
4pm-6pm

THURSDAY

CHPLA

Hollywood
1625 N. Schrader Blvd.
Los Angeles, CA 90028
7pm-10pm

AADAP

Lawndale Medical & Mental
Health Services
4023 Marine Ave.
Lawndale, CA 90260
7am-10am

TTC

11770 Block of Borden Ave.
Pacoima, CA 91331
1:30pm-4:00pm

BIENESTAR

Tavarua
8207 Whittier Blvd.
Pico Rivera, CA 90660
10:30am-12pm
Lincoln Heights
Corner of Alhambra Ave &
Johnston St. Los Angeles CA
3:30pm-5pm

FRIDAY

CHPLA

Skid Row/Downtown LA
South Side of 6th St.
9am-11am
BAART Clinic Boyle Heights
1701 Zonal Ave.
Los Angeles, CA 90033
12pm-2pm

AADAP

Hollywood Medical Clinic
5015 W. Pico Blvd.
Los Angeles, CA 90019
8am-11am

Engagement and Overdose Prevention (EOP) Hubs

- SAPC Funding:
 - Local (Care First Community Investment, DHSP, ACDC viral Hepatitis, Tobacco settlement) and Federal (SAHMSA, CRRSAA), CDC, and Opioid Settlement Funding.

Challenges with HIV testing

- Staffing:
 - Comfort level of EOP/SSP staff to discuss HIV/STI testing with client.
 - Concern over how/where to refer patients for treatment.
- Field work:
 - In addition to providing harm reduction services adding HIV/STI testing seemed impossible for them
 - Gathering individual level data on patients can be difficult.



HIV Testing in SSP



Goal: Increase the availability of HIV testing in non-traditional settings

- Linked Referrals to HIV testing
- Linked Referrals to STD screening and treatment
- Distribution of HIV self-test kits
- Conduct HIV testing on site
- Conduct STD screening on site



Questions
spuri@ph.lacounty.gov



PREP, Long acting PREP, Doxy PEP: Strategies for Increasing access and Utilization among Priority Populations

9 November 2023

Ardis Ann Moe, MD

UCLA Center for AIDS Research and Education/Northeast Valley
Healthcare Corporation Van Nuys Adult HIV clinic

amoe@mednet.ucla.edu

Clinical case:

- 22 yo cis gender female, hx meth and cocaine use since junior high.
- Presents with AIDS, cryptococcal meningitis; hospitalized. Now blind and nearly deaf from AIDS and cryptococcal meningitis.

Choices of PREP

- tenofovir DF/emtricitabine
- tenofovir AF/emtricitabine less side effects on kidneys and bones; more expensive; no data on efficacy in cis gender women
- Cabotegravir 3 cc IM every 2 months
 - more effective than oral PREP
 - Not effective against hep B

- Daily tenofovir/emtricitabine >96% effective in preventing HIV infection in MSM and transgender women.
- Needs 7 days to build up enough drug levels for receptive anal intercourse protection
- Needs 21 days build up for receptive vaginal intercourse protection.
 - (source: Up to Date: Mayer, Kenneth H. and Krakower, Douglas, October 2019)


Summary of PrEP Options

Risk Group*	Daily FTC/TDF	On-Demand (2:1:1) FTC/TDF	Daily FTC/TAF	Injectable CAB
Men who have sex with men	FDA approved, guideline recommended ¹⁻⁵	Off label, IAS-USA and WHO guideline recommended ^{2,6}	FDA approved, guideline recommended ^{2,5,7}	FDA approved, guideline recommended ^{2,5,8,9}
Transgender women		Off label, IAS-USA guideline recommended ²		
Heterosexual men		Off label, not recommended (unless risk from anal sex only) ²	Off label, not recommended, (unless risk from anal sex only) ^{2,5}	FDA approved, guideline recommended (except in pregnancy) ^{5,8,9}
Heterosexual women				
Transgender men				

*For people who inject drugs, sexual risk should be assessed and considered. CDC guidelines state that people who inject drugs are likely to benefit from any FDA-approved medication for PrEP with or without a sexual risk indication.⁵

1. FTC/TDF PI. 2. Gandhi. JAMA. 2023;329:63-84. 3. Tan. CMAJ. 2017;189:E1448. 4. WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection. 2018 (WHO/CDS/HIV/18.10). 5. CDC PrEP guidelines. 2021. 6. apps.who.int/iris/bitstream/handle/10665/325955/WHO-CDS-HIV-19.8-eng.pdf?ua=1. 7. FTC/TAF PI. 8. CAB extended-release injectable suspension PI. 9. who.int/publications/i/item/9789240054097.

The PrEP Gap in the United States

- **1.2 million people** are likely to benefit from PrEP
- 
- But in 2021, of those who could benefit, **few were prescribed** PrEP
 - Only 34.1% of men
 - Only 12.3% of women

- Significant inequities in PrEP coverage exist based on **race/ethnicity**



Viagra's \$32.6 Billion Run

Teva Pharmaceutical Industries Ltd. began selling its cheaper generic today



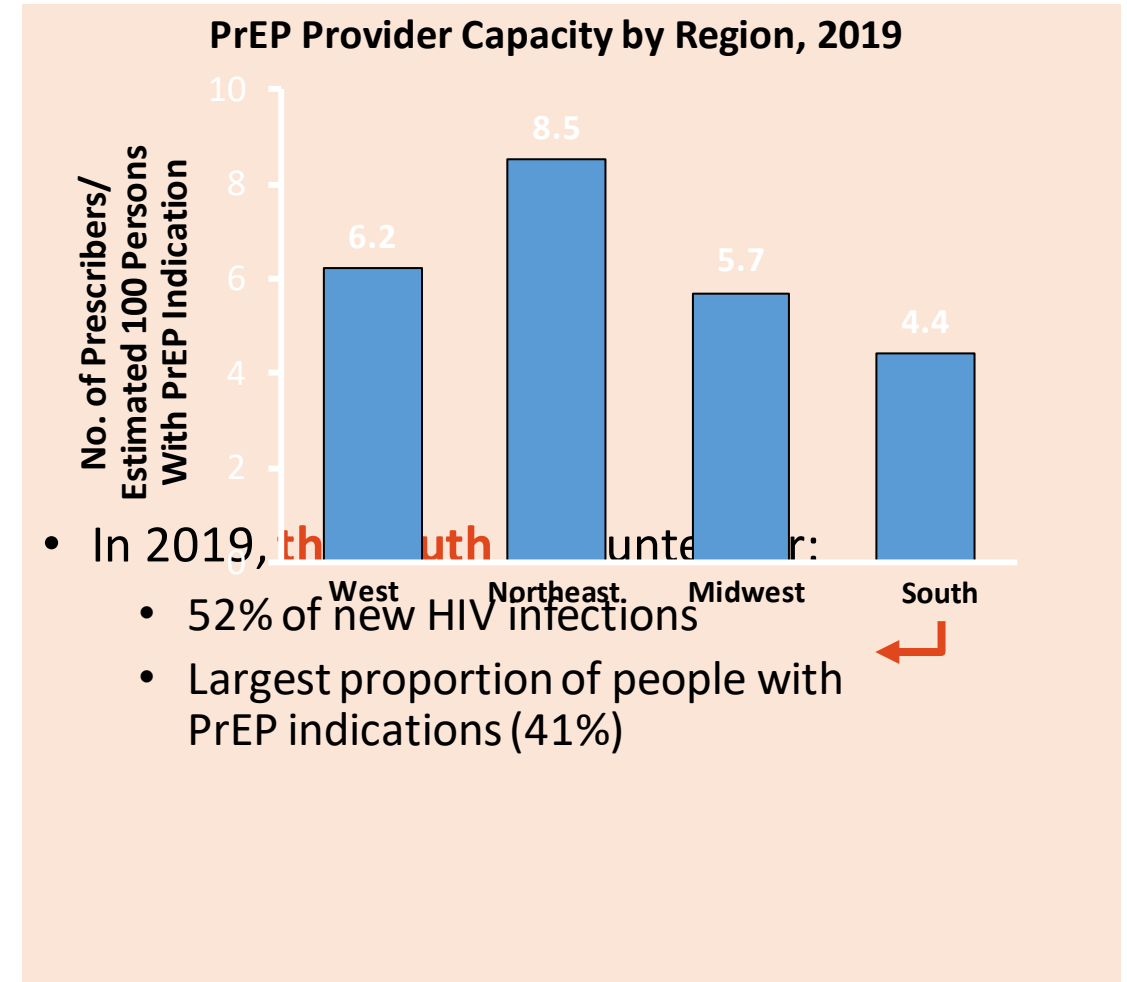
Who Needs PREP?

- ANYONE who asks about PREP
- ANYONE who asks for an HIV test or STD testing
- Battery couples (HIV+ and HIV -)
- Homeless persons
- Drug use (esp meth, cocaine, opiates, IDU)
- Transgender women

- Anyone with recent hx of STD (chlamydia, gonorrhea, syphilis in past year)
- Persons with at risk partners: meth/cocaine using partners, for example
 - “La Madre” advice
- MSM and MSM/MSW

CDC: PrEP Prescribers in the United States (2014-2019)

- Increases in those who prescribed PrEP from 2014-2019
 - All** US providers: 0.7% to 4.3%
 - Primary care** physicians: 1.8% to 13.6%
 - ID** physicians: 14.2% to 34.2%
- Number of PrEP providers increased from **9,621** in 2014 to **65,822** in 2019
 - 2019: **physicians** 68%, **NPs** 21%, **PAs** 9%
 - 93% are in urban areas



PrEP Prescribers in the United States:

- Percent of PrEP prescribers who were PCPs (physicians, NPs, or PAs) increased from 2014 to 2019¹
 - 69.5% to 87.1%
- Among all PrEP prescribers, the percent of NPs and PAs increased, while physicians decreased from 2014 to 2019¹
 - NPs: 10.2% to 20.8%
 - PAs: 7.8% to 8.9%
 - Physicians: 79.8% to 68.1%
- Mean number of patients prescribed PrEP per PrEP provider in 2019 was greater for NPs and PAs than physicians¹
 - NPs: 6.4
 - PAs: 5.2
 - Physicians: 3.5

Who is not getting PREP

PrEP Is Underused in Adolescents and Young Adults

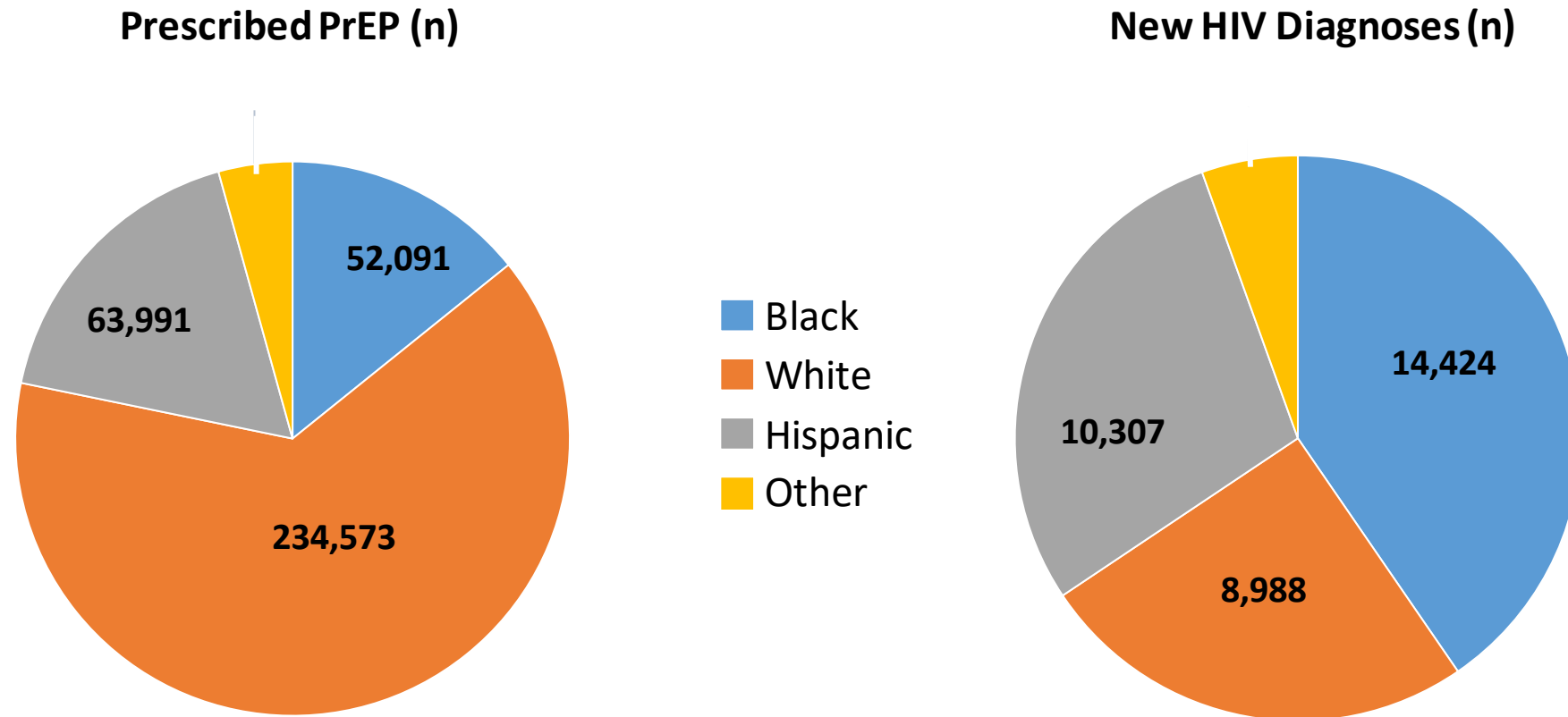
- In 2021, people aged 24 yr and younger accounted for¹:
 - 19.7% of PrEP users (aged 16-24 yr)
 - 13.3% of new HIV diagnoses

1. [cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-4/content/tables.html](https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-4/content/tables.html).

2. [cdc.gov/hiv/library/reports/hiv-surveillance/vol-34/content/figures.html](https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-34/content/figures.html).

Low PrEP Uptake in Black and Hispanic People Compared With White People

- Black and Hispanic people accounted for 69.3% of new HIV diagnoses but only 31.7% of people prescribed PrEP in the United States in 2021



Barriers to PrEP: Individual and Community Perspective

- Low awareness/lack of information
- Low perceived risk for HIV
- Stigma
 - Negative community opinions
 - Negative experiences in healthcare settings
- Intersectionality (eg, racism, homophobia, HIV stigma)
- Mistrust in health system



Black and Hispanic patients account for 69% of new HIV infections, but **fewer than 30% of PrEP users**. Among Black and Latinx transgender women, PrEP uptake is reported **as low as 17%**.

- Concerns about AEs and DDIs (eg, GAHT)
- Competing priorities, particularly in vulnerable populations (eg, racial and ethnic disparities in HIV prevention)
 - Lack of funds or resources
 - Homelessness or unstable living
 - Mental health, substance abuse disorders

Prevalence of PrEP Use in Cisgender Women in the United States

- Daily FTC/TDF and LA CAB are very effective in preventing HIV transmission in women when adherence is high


- Pharmacy/claims data suggest PrEP uptake among women has **steadily increased** since 2012

But...

- Based on CDC data, of women who could benefit from PrEP, **only 12.3%** were prescribed PrEP in 2021

Interventions to Support PrEP Adherence in Cisgender Women

- **Expand access to PrEP²**
 - Offer PrEP at clinics women use
 - OB/GYN offices
 - Family planning clinics
 - Primary care clinics
 - Pharmacies
 - College campuses
 - Health departments
 - Offer different forms of PrEP⁴



In a survey of 500 women following a family planning clinic visit, of the 29% determined to be at risk for HIV by their provider, **76% would have been willing to take PrEP if offered³**

PrEP in Pregnancy and Breastfeeding

- Pregnancy associated with increased risk of HIV acquisition¹

- **FTC/TDF daily recommended for PrEP** in pregnancy and breastfeeding^{2,3}
 - Widely used in persons with HIV, including pregnant women³⁻⁶
 - No link to teratogenicity in Antiretroviral Pregnancy Registry⁷
 - Data from lactation studies in women with HIV suggest limited drug exposure³⁻⁶
 - No differences in pregnancy or perinatal outcomes in 5 completed studies¹

- Safety concerns of pregnancy and effects on fertility are **barriers to PrEP uptake**⁸
- If a person becomes pregnant while receiving **LA CAB**, discuss **limited safety data and long half-life** with shared decision-making²

How effective is PREP?

FTC/TDF Efficacy Based on Adherence in Men Who Have Sex With Men and Transgender Women

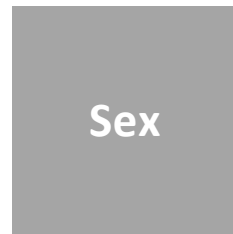
- Pharmacokinetic analysis from a subset of participants in the iPrEx study of FTC/TDF daily vs placebo in men who have sex with men and transgender women¹

Weekly Adherence Estimated by TDF Concentration (Doses/Wk)	HIV Risk Reduction Efficacy
7	99%
4	96%
2	76%

- Additional analysis of a cohort of individuals previously enrolled on PrEP trials found HIV incidence to be 0/100 PY for use of 4 or more tablets per wk ($P < .0001$)²
- In the IPERGAY study, participants randomized to on-demand FTC/TDF took a median of 15 tablets per mo³

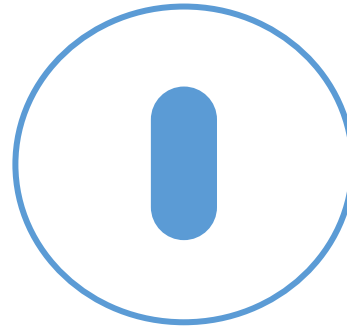
On-Demand “2-1-1” PrEP Regimen

- **Dosing:** 2 FTC/TDF pills



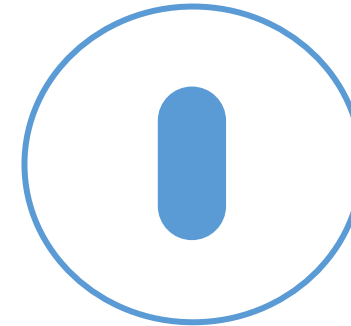
2-24 hr
before sex

1 FTC/TDF pill



24 hr after first 2 pills

1 FTC/TDF pill



48 hr after first 2 pills

- **On-demand FTC/TDF should not be used for men who have sex with men with HBV infection**
- **Use with caution in transgender women receiving hormone therapy**
- Drug monitoring similar to daily PrEP

2-1-1 protocol

Appears to be as effective as daily PREP in one large randomized study; other studies indicate it is slightly less effective

Tenofovir TDF/emtricitabine studied only;

Molina, Jean-Michael et al. "Daily and on-demand HIV pre-exposure prophylaxis with emtricitabine and tenofovir disoproxil (ANRS PREVENIR) a prospective observational cohort study" Lancet HIV 2022 August 9(8)e554-e562

Comparison of FTC/TDF vs CAB for PrEP

Outcome	CAB
Efficacy <ul style="list-style-type: none"> HPTN 083 – men who have sex with men and transgender women HPTN 084 – cisgender women 	<ul style="list-style-type: none"> Superior efficacy compared to daily oral FTC/TDF in both trials^{1,2}

- For patients with BMI >30 cabotegravir needs 2 inch needle for injection
 - Transgender women may have silicone implants; need to have careful sites for injection; there is data on safe thigh injection of cabotegravir.
-
- Up to date Krakower, Douglas and Mayer, Kenneth Oct 2023
 - Croi Feb 19-22, Seattle, 2023 abstract 519

Stopping LA CAB for oral PrEP

- Assess for ongoing risk of HIV exposure
- Counsel about long duration of declining CAB levels and risk of resistance if HIV acquisition occurs
- Give oral PrEP if it is indicated; FTC/TDF or FTC/TAF can begin within 8 wk after last CAB injection
- Continue follow-up quarterly for 12 mo to assess PrEP needs, and complete HIV testing

PrEP Efficacy Based on Adherence in Cisgender Women

Oral PrEP¹

- Pooled analysis of 6296 cisgender women receiving FTC/TDF for PrEP in 11 demonstration projects in 6 countries from 2012-2020
 - Objective (n = 237) and/or subjective (n = 2887) adherence data available for 2955 women

Weekly Adherence (Doses/Wk)	Adherence Category	HIV Diagnoses	HIV Incidence per 100 PY (95% CI)
≥7	Consistently Daily	0/498	0
4-6	Consistently High	1/658	0.13 (0.02-0.92)
2-3	High, but Declining	6/1166	0.49 (0.22-1.08)
<2	Consistently Low	5/632	1.27 (0.53-3.04)
0 to >7	All	32/6296	0.72 (0.51-1.01)

Clinical case

- 50 yo HIV negative MSM, lives in Pomona.
- Cannot afford gas or bus fare to get to UCLA for cabotegravir shots
- Dislikes taking pills.
- What are his options?

Barriers for cabotegravir PREP

- Many clinics not set up for cabotegravir injections—requires dedicated staff, medication log books, storage.
- Some patients do not want to come to clinic, or cannot attend clinic regularly for the shots
- Prior authorization and insurance barriers

Options

- Note that at least one LA pharmacy has its own in-house home nursing service that specializes in home cabotegravir (and cabenuva) shots, and it takes Medi-cal and Medi-cal HMO and Medicare. DOT!
- Many cancer infusion sites are also cabotegravir (and cabenuva) injection sites; they take PPO insurance.
- These out-of-clinic sites take care of the PA paperwork, schedule the appointments with the patient, and will notify clinician if patient misses doses.

Prep and Transgender Women

Prevalence of HIV and PrEP Use in Transgender Women in the United States

- Transgender women are **34x more likely** to be living with HIV than the general population¹
 - HIV prevalence estimated to be 14% and is likely underestimated²
- 2019-2020 National HIV Behavioral Surveillance of 7 US cities:
High PrEP awareness but **low utilization**³



1. Baral. Lancet Infect Dis. 2013;13:214. 2. Becasen. Am J Public Health. 2019;109:e1.

3. [cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf](https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf).

Barriers to PrEP Uptake in Transgender Women

- Transgender women are disproportionately affected by HIV¹
 - Estimated HIV prevalence 14% in transgender women and 44% in Black transgender women
- Uptake of PrEP in Black and Latinx transgender women is reported to be as low as 17% of those who would benefit²

Barriers to PrEP Uptake in Transgender Women ³		
Individual Factors	Interpersonal and Community Factors	Structural Factors
<ul style="list-style-type: none">▪ Cost concerns▪ Mental health concerns▪ Substance use▪ PrEP adverse events▪ FHT interaction	<ul style="list-style-type: none">Romantic partner influencePatient–provider communicationStigmaNegative community opinionsNegative experiences in healthcare settings	<ul style="list-style-type: none">▪ Employment▪ Transportation▪ Housing security

1. Becasen. Am J Public Health. 2019;109:e1. 2. Poteat. J Acquir Immune Defic Syndr. 2019;82:131.

3. Ogunbayo. AIDS Behav. 2021;25:2301.

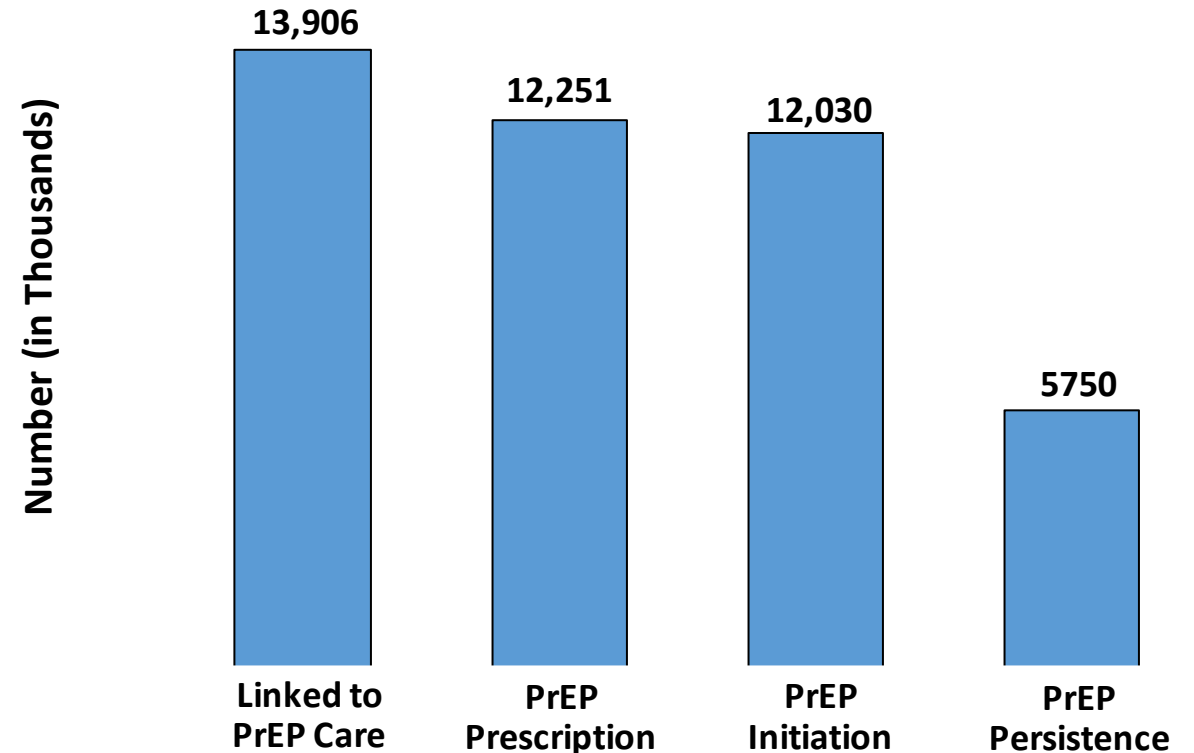
Drug–Drug Interactions With GAHT

- In general, most GAHT **do not interact** with HIV medications
- New, reassuring data in PrEP:
 - FTC/TDF does not alter estrogen or testosterone levels^{1,2}
 - No interactions observed between LA CAB and GAHT³
- But **on-demand PrEP** “should be used with **caution** in transgender women receiving GAHT”⁴
 - Estrogen may lower TFV levels

Maintaining on PREP

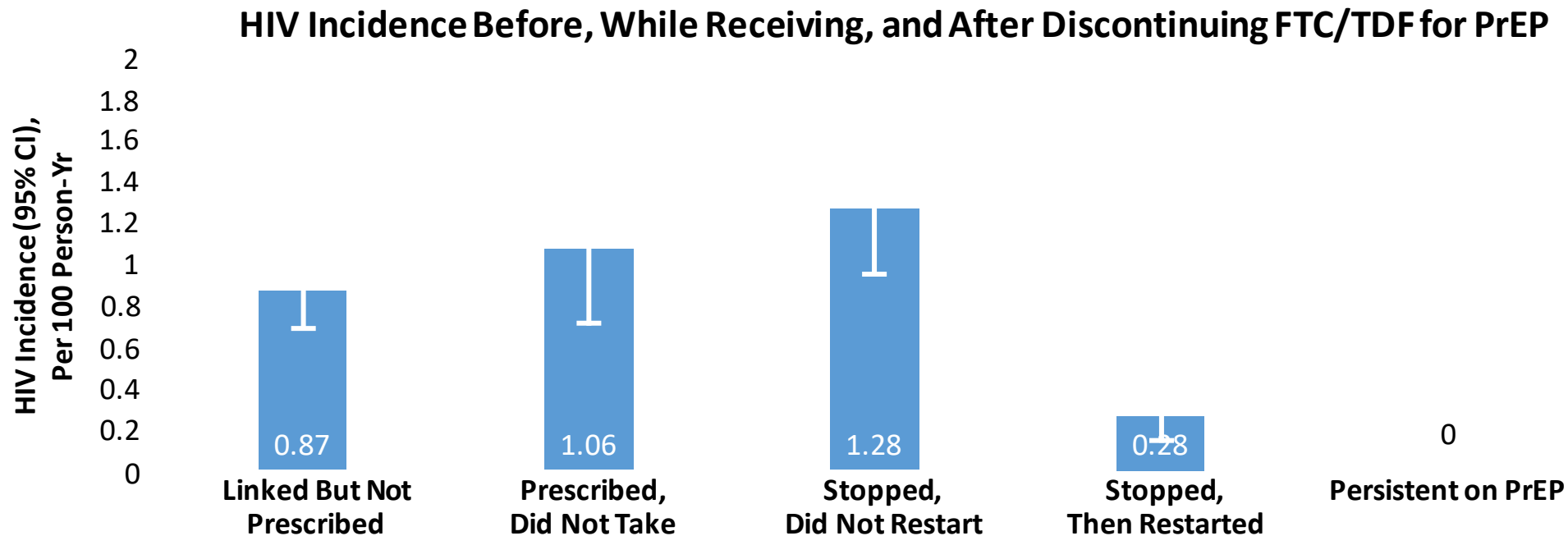
PrEP Continuum of Care in Kaiser Permanente Cohort

- Individuals linked to PrEP care
2012-2019: n = 13,906
 - Male: 95%
 - Race/ethnicity: 49% White, 22% Latino/a, 15% Asian, 7% Black
 - Discontinued PrEP at least once (>120 days without PrEP based on pharmacy refill records): 52%
 - 60% of those who discontinued restarted



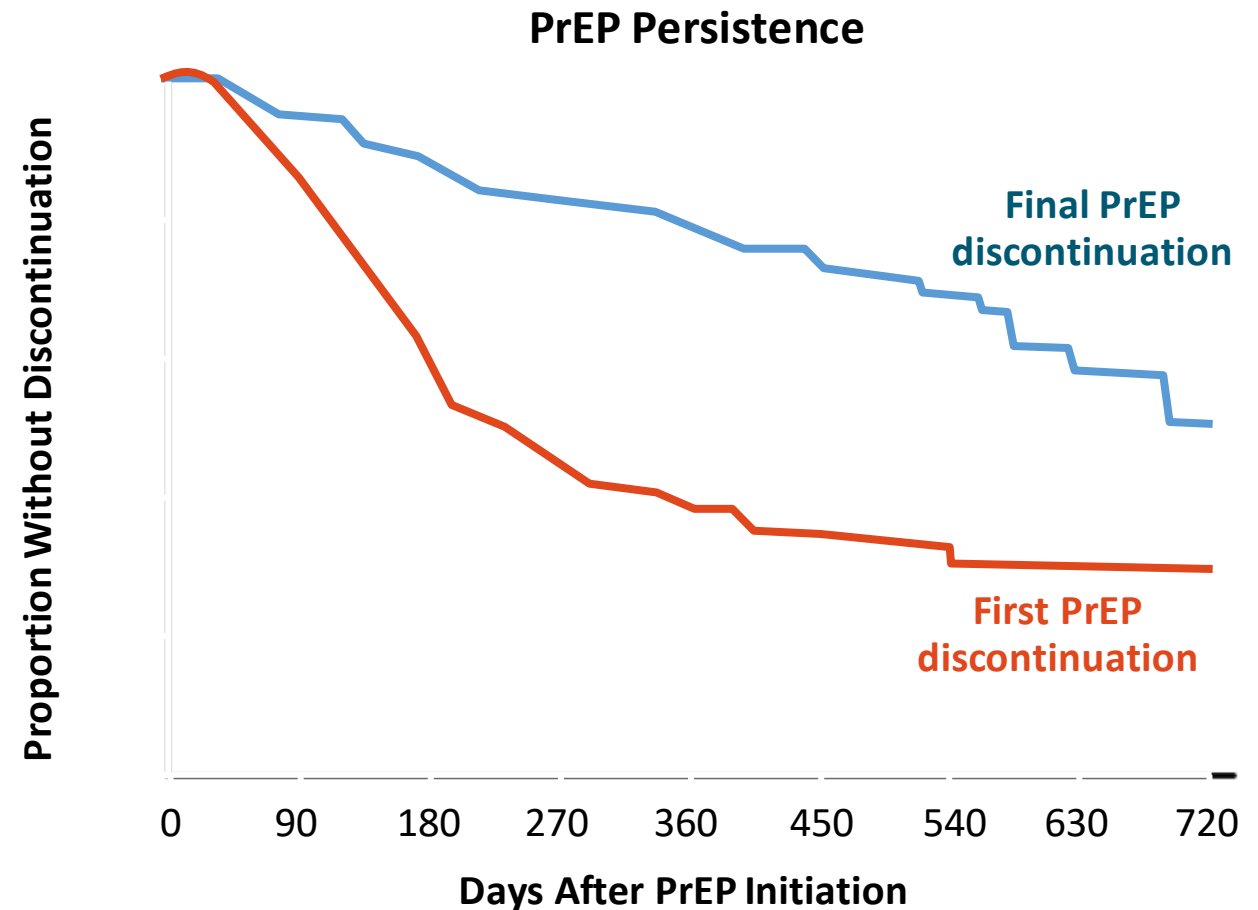
PrEP Discontinuation in Kaiser Permanente Cohort

- Reasons for PrEP discontinuation may include patient choice, life changes resulting in lowered perceived risk of HIV acquisition, intolerable toxicities, changes to medication cost coverage, or prescriber discontinuation
- HIV incidence has been shown to be high after PrEP discontinuation



Ele[MEN]t Study: PrEP Persistence and Discontinuation in Young Black Men Who Have Sex With Men

- Prospective, observational study of Black men who have sex with men without HIV (aged 16-29 yr) with ≥ 1 sexual partner in past 3 mo in metro Atlanta (N = 298)
- Persistent PrEP coverage was suboptimal
 - First and final PrEP discontinuation: 69% and 40%
 - Factors associated with discontinuation included younger age, cannabis use, STI, and fewer sex partners
- At final visit, 31% reported currently taking PrEP



Barriers to PrEP Persistence

- Patient and HCP challenges
 - Low perceived risk for HIV
 - Competing priorities
 - Social stigma
 - Romantic partner influence
 - Dissatisfaction with medical team
 - Perceived complexity of monitoring, follow-up
 - Mental health concerns, substance abuse
 - Homelessness or unstable housing
 - Lack of support
- Structural challenges
 - Transportation to follow-up appointments
 - PrEP services not integrated or colocated with other services people are accessing
 - Cost concerns
- Regimen challenges
 - Adverse events
 - Limited options for PrEP for cisgender women
 - Concern for drug–drug interactions with FHT for transgender women

System Barriers for PrEP Coverage

Insured patients are **4x more likely** to use PrEP services vs uninsured patients

- Lack of insurance or insurance companies denying coverage
- Lack of knowledge about copays or availability of financial assistance
- Employers excluding PrEP from insurance policies
- Complexity of billing (eg, coding, 340B pricing)
- Coverage of routine care (eg, visits, labs)



Of the 476 Washington State medical providers aware of PrEP (N = 735), **43% had frequent concerns about PrEP cost, with the majority feeling very (27%) or somewhat (45%) uncomfortable discussing cost and insurance issues**



2021 CDC Guideline Update

HIV-1 RNA testing now recommended for routine screening of HIV infection during use of oral (at least every 3 mo) and LA injectable PrEP (at least every 2 mo)


Interventions to Support PrEP Persistence

- Delivery
 - Provision of PrEP in settings where people are comfortable and are already frequenting
 - Provision of PrEP outside medical settings
 - Integration and colocation of PrEP with other services
 - OB/GYN and contraception for cisgender women
 - GAHT for transgender women
- Support
 - Enhanced and peer-based support and navigation
 - Computer- and phone-based counseling
 - Text messages
- Regimen
 - Offer PrEP modality and dosing options
 - Offer extended pill supplies (90 day)

What about IDU?

Barriers to PrEP in People Who Inject Drugs

- Low PrEP awareness
- Drug addiction
- Lack of funds or resources (eg, health insurance)
- Homelessness or unstable living
- HIV- and IDU-related stigma
- Provider-related stigma
- Mistrust in health system
- Lack of awareness strategies
- Low availability and lack of integration of PrEP services with other services for people who inject drugs



In a survey of 370 US primary and HIV care providers, **adverse judgments on adherence and perceived level of responsibility of the patient** were associated with **lower intent to prescribe PrEP**

Supporting PrEP Uptake and Adherence for People Who Inject Drugs

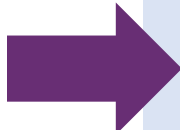
- Provide tailored PrEP services¹
 - Engage people who inject drugs in implementing any response strategy²
 - Per interviews with people who inject drugs, engagement is limited by stigmatizing environments, lack of transportation, restricted hours
 - Staff PrEP programs with individuals trusted by people who inject drugs and provide safe environments
 - Use same-day PrEP initiation⁴
 - Offer both oral and long-acting injectable PrEP⁵
- **Colocate services** such as HIV/HCV screening, HAV/HBV vaccination, initiation of medication for Opioid Use Disorder, behavioral health services^{2,3}
 - Transportation assistance to service locations
 - Mobile vans or street-based healthcare professionals
 - Safe medication storage
 - At syringe exchange site (or any site considering PrEP services), to those interested⁶:
 - **Provide PrEP referrals**, station PrEP provider to provide **prescriptions**, or use **standing order for PrEP**

1. Grimshaw. HIV Med. 2021;22:965. 2. Lyss. J Infect Dis. 2020;222:S239. 3. Pettifor. J Int AIDS Soc. 2015;18:19434.

4. Kamis. Open Forum Infect Dis. 2019;6:ofz310. 5. Bazzi. AIDS Patient Care STDS. 2022;36:254. 6. Hershow. AIDS Educ Prev. 2019;31:363.

Implementing PREP

Challenges With HIV Monitoring While Receiving PrEP

- 2021 CDC guidelines recommend **HIV Ag/Ab test** and **HIV-1 RNA assay** for monitoring patients receiving **both oral and LA injectable PrEP**¹
 - Every 3 mo with oral PrEP; every 2 mo with LA CAB
 - **High rate of missed HIV testing** found in 2018-2020 US analysis of 396,385 PrEP oral prescriptions (N = 42,890)²
 - Nearly 1 in 3 prescriptions filled without HIV Ag/Ab testing within 3 mo prior
 - Nearly 1 in 4 prescriptions filled without any type of HIV testing within 3 mo prior
- 
- PrEP users who received less testing were more likely to have:
 - Public insurance
 - A rural residence
 - A north-central US residence
 - A younger age
 - Identified as female

Barriers and Solutions to Providing PrEP in Primary Care: Logistics

Barriers

- Lack of 3 site STI testing (oral, anal, urine for GC/CT)
- Logistics of filling prescriptions including prior authorizations
- Coverage for labs and visits
- Having to see separate providers for different healthcare needs

Solutions

- Work with local labs and make sure a protocol for self swabbing is in place
- 90-day supplies for oral PrEP
- Dedicated coordinator for injectable
- Navigator for coverage for prescriptions, labs, and visits
- Provide comprehensive care that includes primary care, gender affirming care, treatment for SUDs
- Provide PrEP with OB/GYN services

Reframing Risk in HIV Prevention

Problems with Risk

- Risk-based messaging is not effective
 - Don't see themselves as risky or at risk
- Conventional risk assessments discourage and overlook many who could benefit from PrEP
- HIV risk changes over time for individuals



Empower



Normalize



Integrate

Reframing Risk

- HIV prevention as a form of self-care to reach relationship and life goals
- Allow PrEP users to self-identify
- Utilize peer ambassadors to normalize PrEP use
- Broaden marketing campaigns to promote HIV prevention for all
- Provide integrated HIV prevention services with primary care, STI testing, and family planning

Considerations for Selecting Among PrEP Options

- **Best PrEP regimen = a regimen the patient will use**
- Efficacy is not the only factor to consider when selecting PrEP
- Provide person-centered care
- Shared decision-making
 - Lay out all options on the table and see what is most feasible for the patient

Promote offering PrEP as a choice.
But remember, PrEP is not a choice until it's offered!

SNAPS PrEP Navigation Program at NYC Safety-Net Bellevue Hospital

- PrEP highly underused at Bellevue Hospital in NYC
 - 2014-2017: PrEP prescribed to **2% (25 of 1220)** PrEP-eligible individuals
- SNAPS PrEP navigation program established to:
 - Improve PrEP uptake in groups disproportionately affected by HIV
 - Maintain exceptional PrEP adherence (mean medication possession ratio > 0.80)
- 2019: SNAPS launched with navigators (2 full-time equivalents) placed in clinical sites with **frequent STI testing** but **infrequent PrEP use** (eg, ED, women's health clinic), trained to:
 - Identify PrEP-eligible individuals
 - Approach and educate individuals on PrEP, other sexual health services
 - Link individuals to PrEP providers in LGBTQ+ Bellevue Pride Center
 - Retain individuals in care

S	Surveillance by STI testing
N	Navigation by patient navigators
A	Accelerated follow-up with providers with PrEP expertise
P	Point-of-care PrEP counseling and laboratory testing
S	Seamless comprehensive longitudinal care

- For patients who want cabotegravir shots for PREP; ask them WHERE they want the shots to be done: at home , at an infusion site near them, or in the clinic. This lowers another barrier to PREP.

Future options?

- Clinical trials of lenacapravir, SC shots every 6 months for PREP.
- Implantable PREP meds; 6 month to yearly renewal of implant

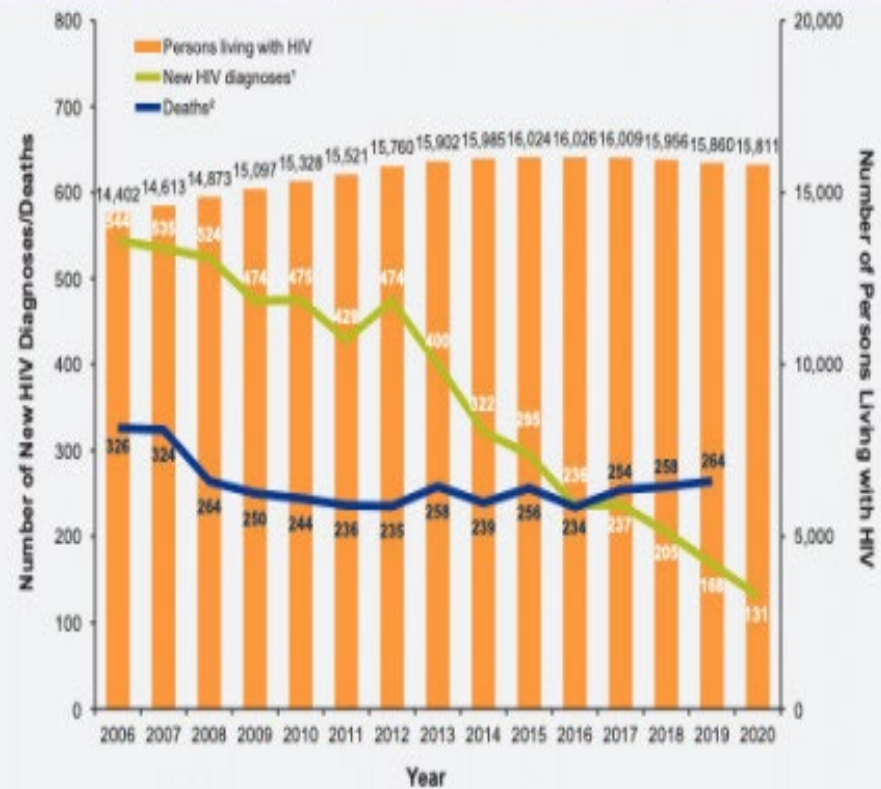
How else to remove barriers?

- Should we use homeless outreach vans to do PREP as well?
- Should adherence challenged (homeless, substance abuse, mental illness) patients be rewarded to come to clinic for PREP shots (contingency management) ?
- EMR triggers to prompt clinicians to offer PREP?
- Should pharmacies be licensed to do PREP shots (after initiation at MD office)?

How should we keep patients on PREP?

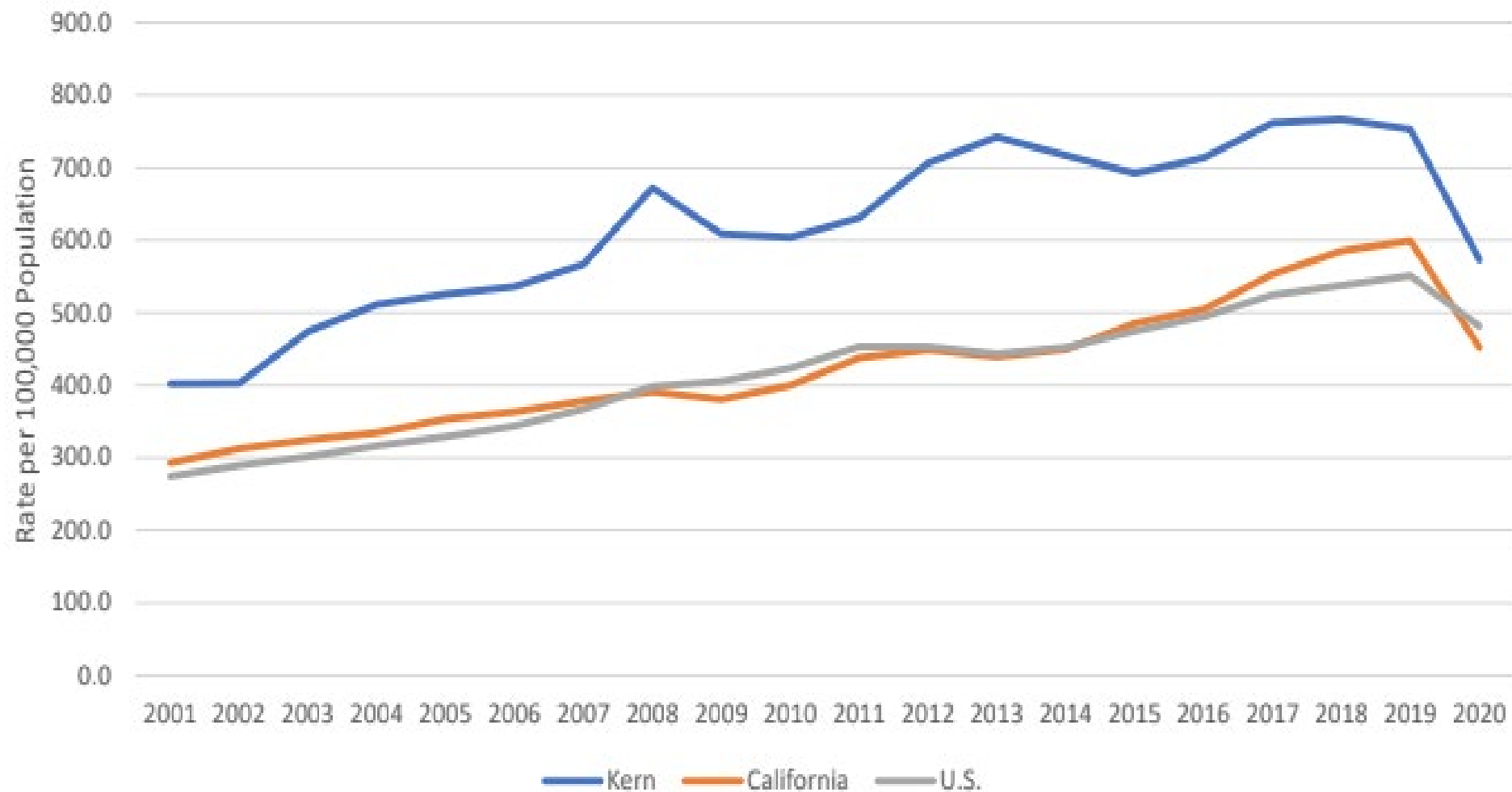
- Tenofovir blood test monitoring to trigger clinicians to remind patients to stay on PREP meds?
- Social media messages on positive benefits of PREP: --sexual health rather than prevention of scary disease.
- Periodic clinic text reminders for lab monitoring, clinic visits, taking meds

Figure 1.2 HIV diagnoses, deaths, and prevalence, 2006-2020, San Francisco



DOXY PEP

Chlamydia Incidence Rates by Jurisdiction



Doxycycline to the rescue!

- ANRS 174 DOXYVAC study
- 502 MSM on PREP,
- Two arms of study: 1st arm doxycycline 200mg within 72 hours of unprotected sex vs placebo

- Median age 39
- 10 sexual partners in 3 months
- Followup 9 months
- In doxycycline arm, 50% less gonorrhea and 80% less chlamydia and syphilis

- Abstract 119 CROI Seattle 2023 Molina, Jean-Michel et al.

But not for damsels in distress

- Kishmu, Kenya
- 449 cisgender women 36.7% engaged in transactional sex. Median age 24.
- Baseline STI 17.9% prevalence.
- No benefit seen for doxy PEP
- ?vaginal inhibitors of doxycycline

• Abstract 121 CROI 2023 Seattle Stewart, Jenell et al

Each tablet contains:
doxycycline Hyclate, USP
equivalent to 100 mg of
doxycycline, USP.

USUAL ADULT DOSAGE:
See accompanying insert
for complete dosage
information.

20155-01

Rev. 06-2018-00

Distributed by:
Epic Pharma, LLC
Babylon, NY 11413

NDC 42806-312-05

**Doxycycline
Hyclate
Tablets, USP**
100 mg*

Rx Only
500 Tablets

Store at 20° to 25°C
(68° to 77°F) [See USP
Controlled Room
Temperature].

Dispense in a tight,
light-resistant container
as defined in the USP.

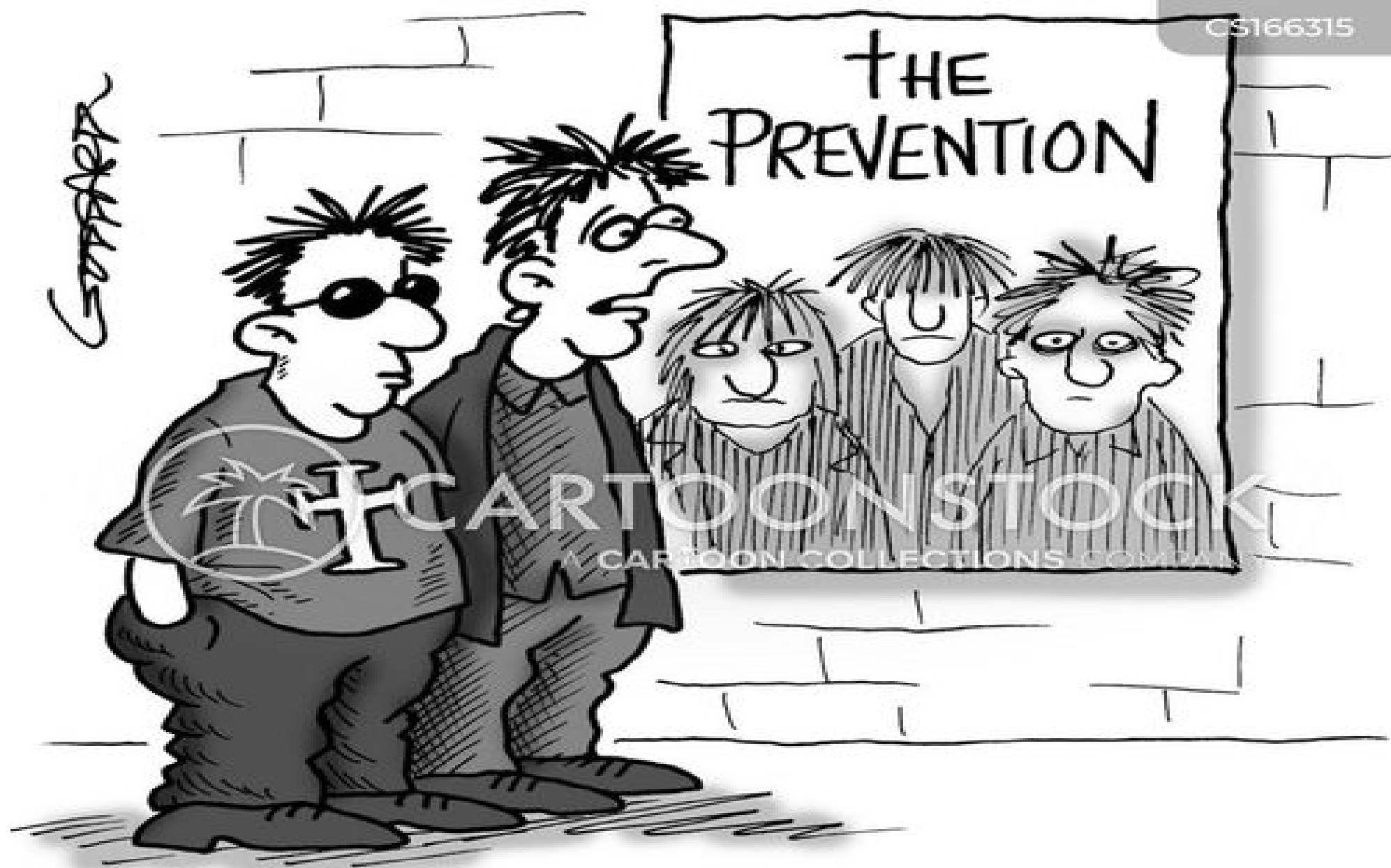


What about resistance?

- Exposure to infection vs established infection.
- Doxycycline may preserve ceftriaxone for use in established infections of gonorrhea.

Summary

- HIV+ MSM and HIV neg MSM who are at risk for STI should be offered doxycycline 200 mg (2 tabs) , x1 treatment, within 72 hours of unprotected sex. Give them a bottle of 60 tabs (with refills) with those instructions.
- Note some persons are allergic to doxycycline; and this antibiotic should not be given to pregnant women or children under the age of 8



"Apparently they're better than The Cure."

Housing and HIV | Community Reflections on Coordinated Planning

ANNUAL CONFERENCE

NOVEMBER 9, 2023

together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



LOS ANGELES COUNTY
COMMISSION ON HIV



HOUSING IS A HUMAN RIGHT



Objectives:

- Offer space for community reflections on housing and coordinated planning.
- Use selected information to set the stage for reflections.
- Use selected information to illustrate the scope of possibilities and resources for coordinated community planning.
- Begin planning for the first quarter of 2024 meetings to focus on housing.

Housing and HIV | Community Reflections on Coordinated Planning



LOS ANGELES HOMELESS SERVICES AUTHORITY (LAHSA)

Coordinated Entry System | Funding and Administration | Homeless Management Information System
Homeless Count | Homeless Outreach

City of LA \$1.3B

- Measure HHH
- State and Federal Grants
- Interim housing
- Acquiring hotels
- Support services (case management, food, residential staff)
- Permanent housing
- Staff and administration, outreach teams, housing navigation
- SUD treatment beds (residential care)
- Street medicine teams

HOMELESS INITIATIVE (HI) \$609.7M

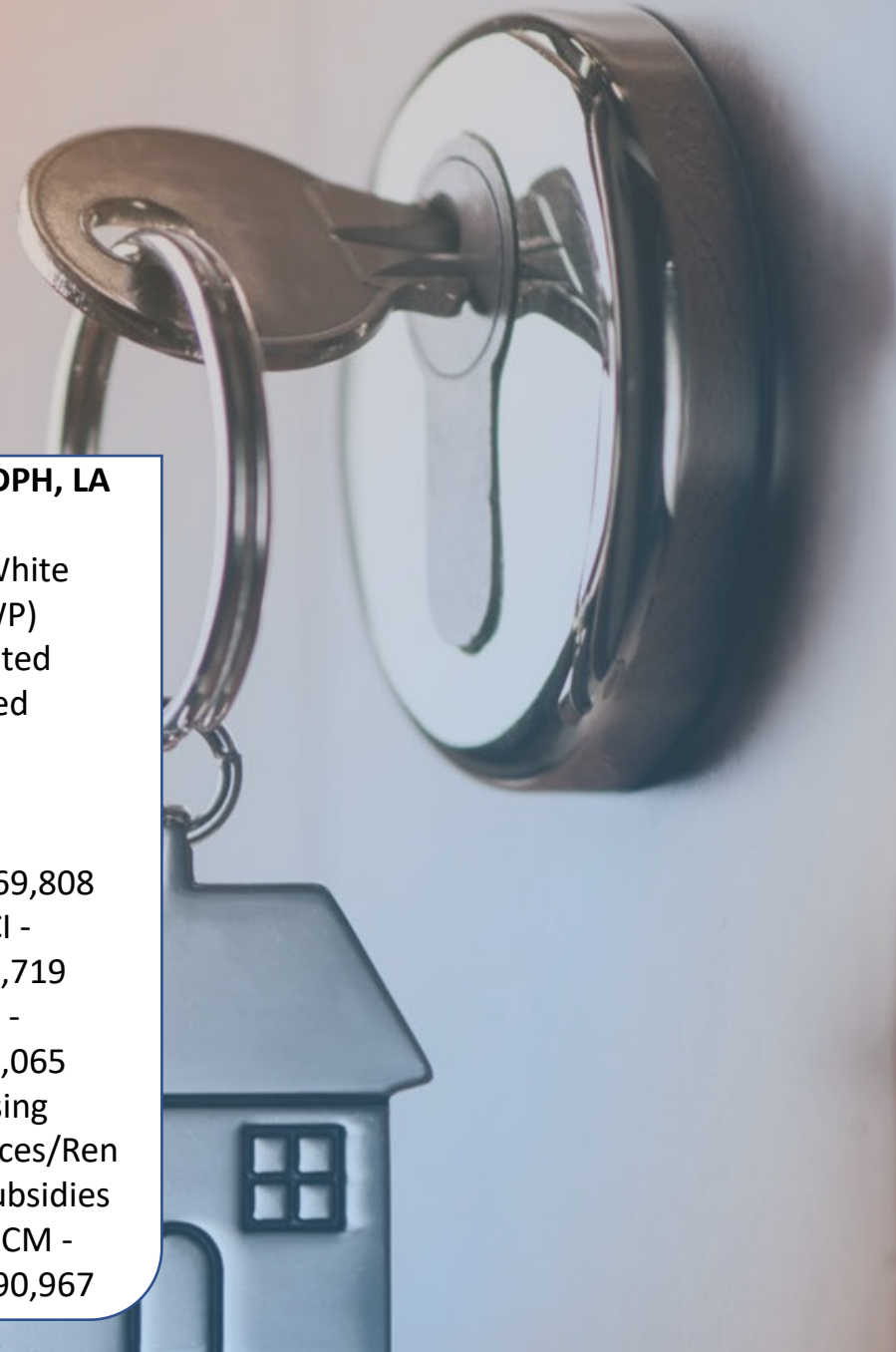
- Under CEO –lead for LAC Homeless Emergency Response
- Measure H, State Grants, County funds
- Multiple County Departments
- DHS, DMH, DPH-SAPC, LAHSA
- Recuperative care
- Stabilization housing
- Mental health interim housing
- Enriched residential care (aka Board and Care)
- Enhanced emergency shelter program for TAY
- Recovery bridge housing
- Crisis housing
- Transitional housing for DV/IPV victims
- Winter shelter
- Safe parking
- Street medicine, outreach teams

HOPWA (under City of LA) \$21.7M

- Short-term Rent, Mortgage and Utility (STRMU)
- Permanent Housing Placement Grant
- Tenant-based rental assistance (TBRA)
- Project-based rental assistance (PBRA)
- Scattered site master leasing
- Housing specialists
- Residential service coordinators
- Benefits counseling
- Legal services
- Animal support and advocacy
- Housing information and referral

DHSP (part of DPH, LA County)

- FY 23 Ryan White Program (RWP)
- Housing Related COH Approved Allocations
- \$4,627,919
 - EFA - \$1,569,808
 - RCFCI - \$220,719
 - TRCF - \$145,065
 - Housing services/Rental subsidies with CM - \$2,890,967



Housing and HIV | Community Reflections on Coordinated Planning

1. What reactions and questions are coming up for you?
2. What does a coordinated community planning process look like around housing and HIV?
3. What about the status-neutral approach to HIV and housing community planning?
4. What are your expectations around community planning for housing and HIV?
5. How do we get key funders to talk to us?
6. Which agencies do we want to talk to?

For your consideration: use the first quarter of 2024 full Commission meetings to focus on housing and HIV coordination and planning with key agencies.





Intergenerational Perspectives on Community Building & Resilience

A Community Dialogue

Facilitated by
Milan Eatmon & AJ King

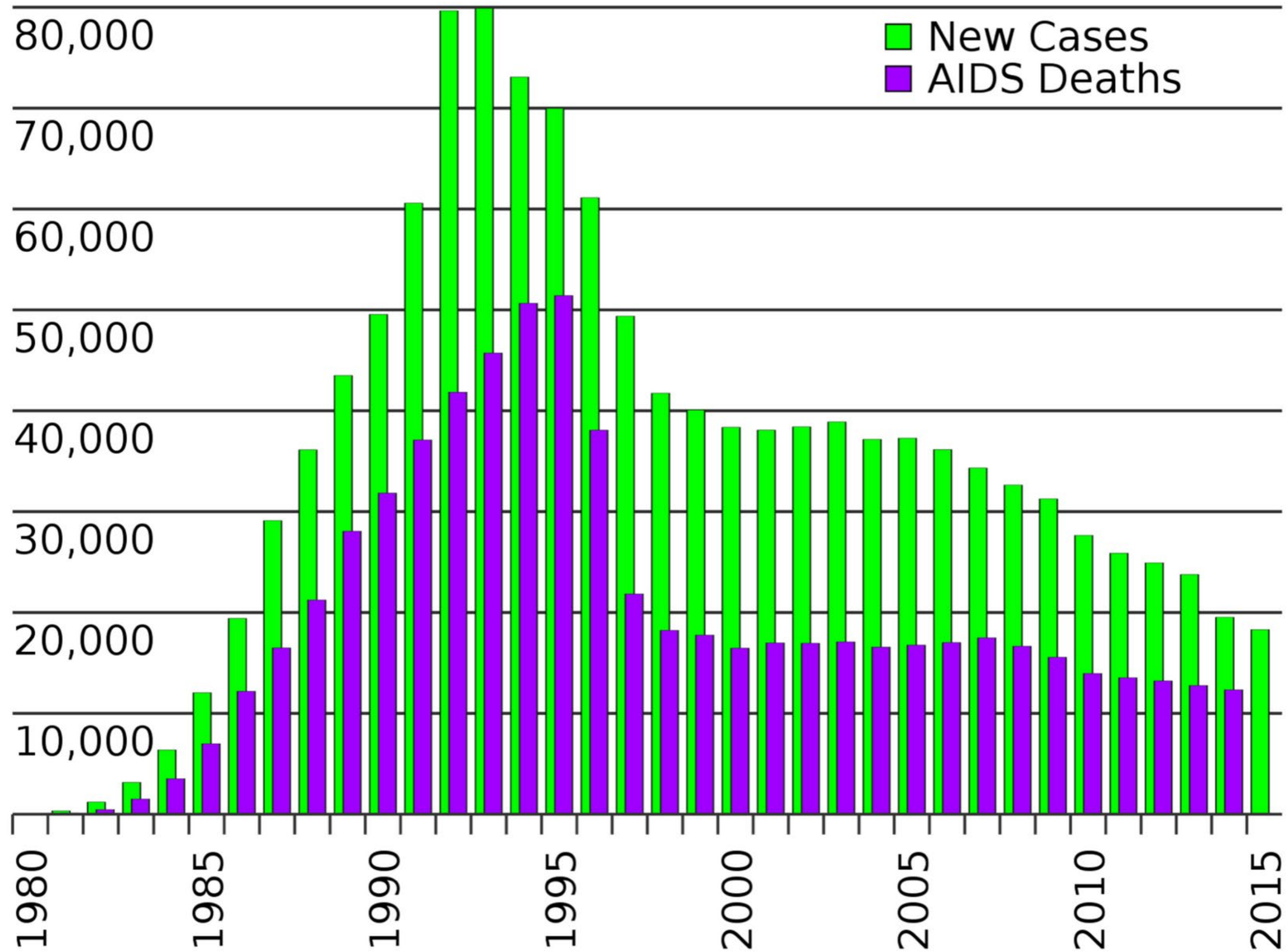
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Goal: Build intergenerational solidarity

- to work together more effectively
- to ensure that everyone feels valued for the strengths they bring to the table
- to collectively end HIV

1981

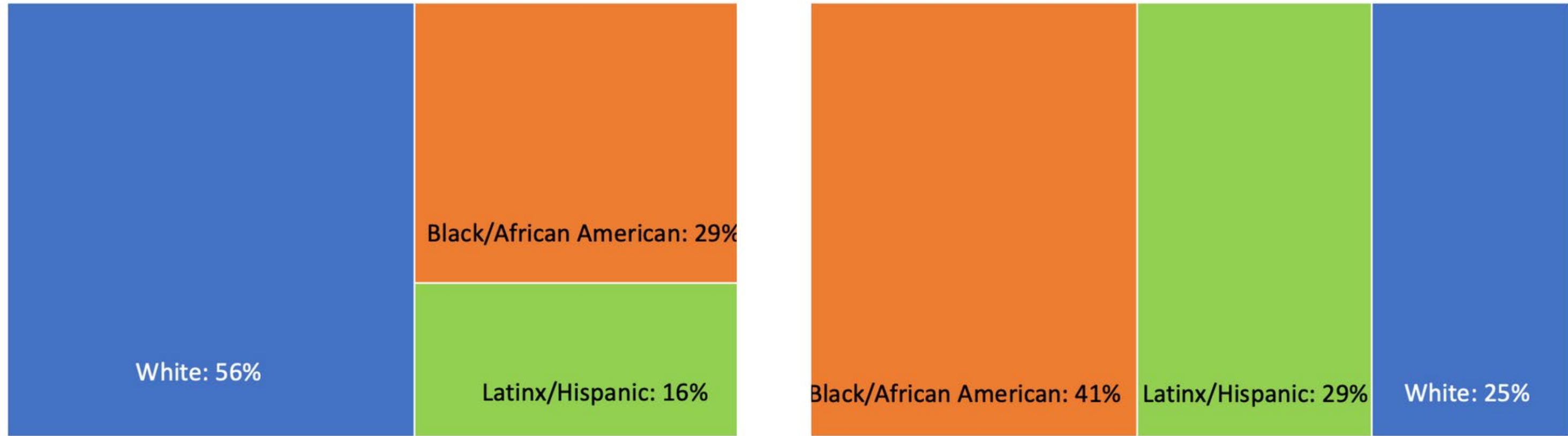
2023



THEN & NOW

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2023



■ White ■ Black/African American ■ Latinx/Hispanic

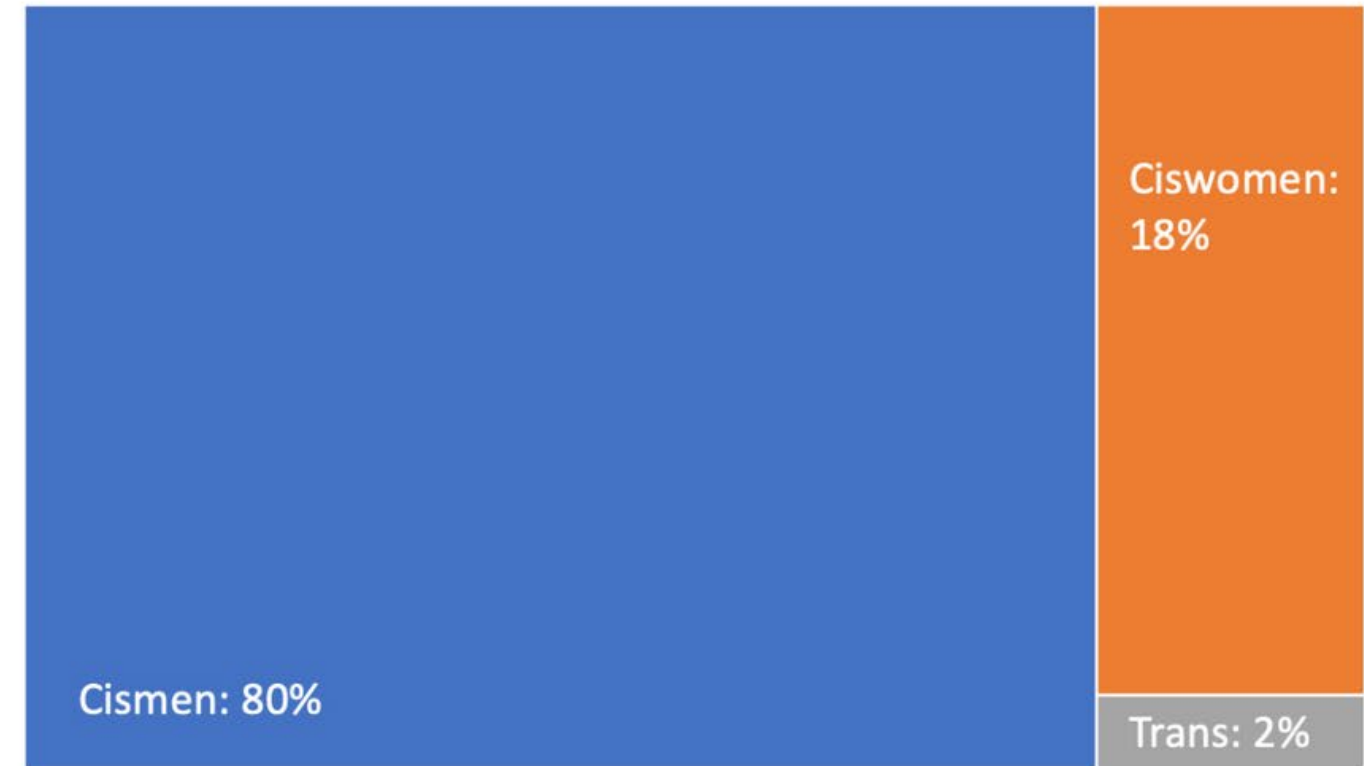
THEN & NOW

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2023



Women:
8%



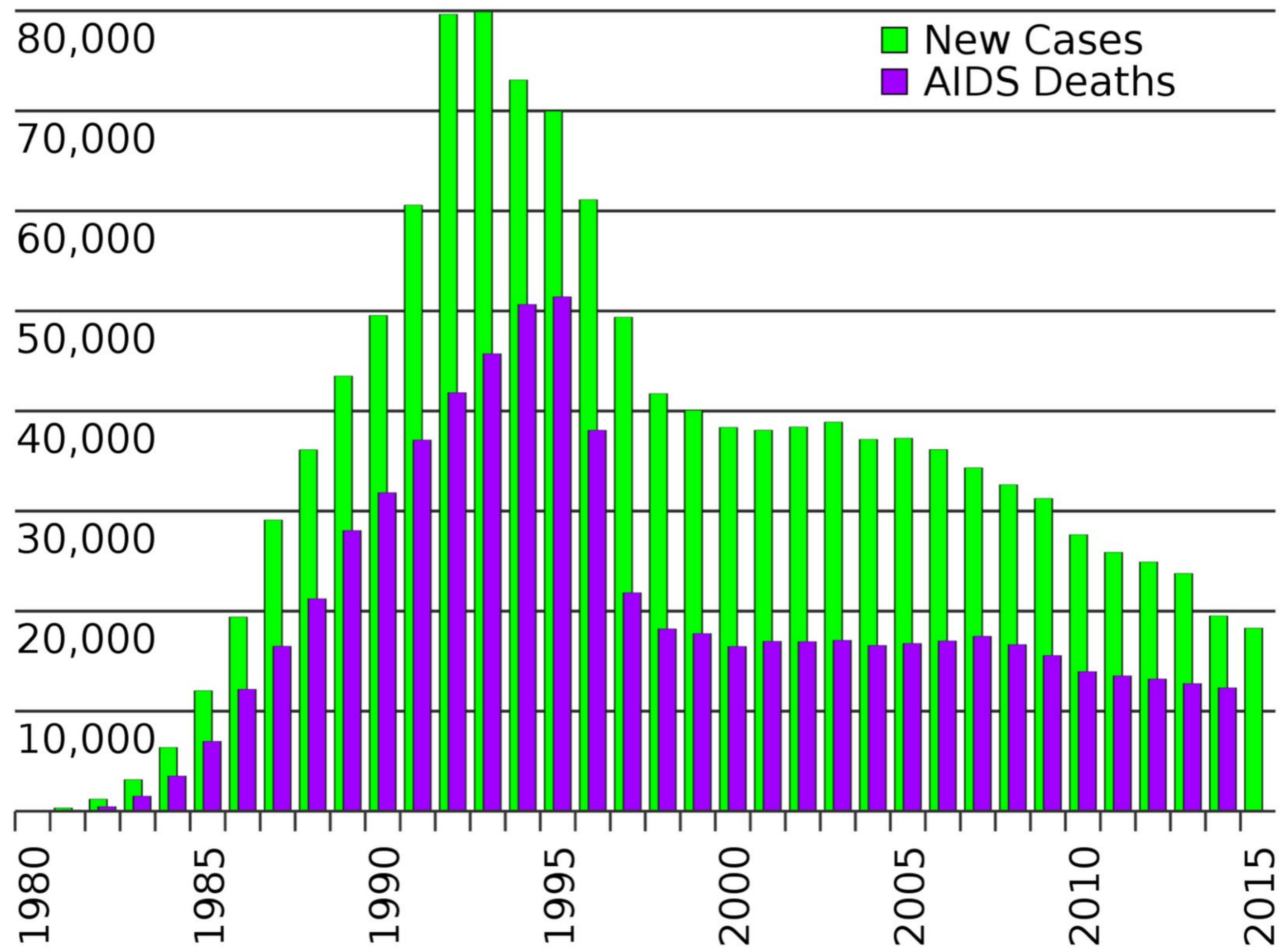
Ciswomen:
18%

Trans: 2%

■ Cismen ■ Ciswomen ■ Trans

1981

2023



Barriers

“You don’t know what it was like back then.”

“We don’t feel appreciated for what we’ve done/ what we’ve gone through.”

“I had to pay my dues and so do you.”

“Just because I’m older doesn’t mean that I ___”

Barriers

“You assume I’m too young to ___ (understand, do the work, etc.)”

“I’m not thought of as a thought partner or a decision-maker, only a note-taker.”

“You assume I don’t have enough experience. Experience isn’t just about length of time.”

“Just because I’m younger doesn’t mean I’m ___”

Discussion Questions

- What is one thing you don't want to hear again about people your age?
- What is the greatest barrier to achieving intergenerational solidarity?
- What are 2-3 suggestions that you have for building intergenerational solidarity?



2023 AWARDS & RECOGNITIONS

ATTENDANCE

Perfect Attendance

Alasdair Burton & Kevin Donnelly

Special Recognition | Attendance

Bridget Gordon

Jayda Arrington

Arlene Frames

Katja Nelson

Dr. H. G. San Agustin

Miguel Alvarez

Erika Davies

William King

Mario Perez

Kevin Stalter

Everardo Alvizo

Felipe Findley

Lee Kochems

Ricky Rosales

Justin Valero

Co-Chair Service & Leadership

Bridget Gordon & Luckie Fuller & Joseph Green

Alvaro Ballesteros & Kevin Donnelly | Planning, Priorities and Allocations

Erika Davies & Kevin Stalter | Standards and Best Practices

Justin Valero & Everardo Alvizo | Operations

Lee Kochems & Katja Nelson | Public Policy

Kevin Donnelly & Dr. Paul Nash | Aging Caucus

Danielle Campbell & Gerald Garth | Black/African American Caucus

Xelestíal Moreno & Yara Tapia | Transgender Caucus

Shary Alonzo & Dr. Mikhaela Cielo, | Women's Caucus

Alasdair Burton & Damone Thomas | Consumer Caucus

Alasdair Burton & Everardo Alvizo | Bylaws Review Task Force

Dr. William King & Miguel Martinez | Prevention Planning Workgroup

Mentorship Program Volunteers

Everardo Alvizo

Kevin Donnelly

Joseph Green

Erika Davies



Prevention Planning Workgroup (PPW)

Formed October 2020 **Sunset** December 2023

Goal: improve and integrate prevention in the planning, priority setting and resource allocation process

Workgroup deliverables:

- Assess capacity building needs of the Commission on HIV
- Identified needs via KAB survey and implemented trainings - Sexual Health/STIs, Health Literacy and Self-Advocacy, PrEP/PEP, Status Neutral (2024)
- Develop a framework to support integration of status neutral into the commission
- LA County HIV and STI Status Neutral Service Delivery Framework
- Planning, Priorities and Allocations Committee restructuring to include prevention
- Review Prevention Standards
- Revised to align with other service standards
- Included advances in HIV prevention including biomedical prevention, non-biomedical/behavioral prevention and harm reduction

Martin Alatorre

Robert Aguayo

Everardo Alvizo

Shary Alonzo

Jayshawnda Arrington

Menty Ayalew

Steven Bieneman

Beverly Burgess

Sierra Caraveo

Elvis Carrillo

Paul Chavez

Genevieve Clavreul

Valerie Coachman-Moore

Adriana Coronado

Johnny Cross

Mary Cummings

Dwayne Davis

Kiana Dobson

Kevin Donnelly

Lawrence Fernandez

Rashawn Flournoy

Arlene Frames

Marie Francois

Rigo Galvan

Thelma Garcia

Robert Gomez

Bridget Gordon

Grissel Granados

Joseph Green

Rachel Green

Thomas Green

Dr. Nina Harawa

Jacob Heller

Crystal Hernandez

Adjoa Jones

Matt Jones

Shellye Jones

Vicki Ashley Johnson

AJ King

Dr. William King

Julie Kirk

Lee Kochems

Timothy Kordic

Rob Lester

Roxanne Lewis

Mariela Magana

Miguel Martinez

Vincenta Martinez

Eric Matten

Andre Molette

Veronica Montenegro

Dr. Guadalupe Morales-Avendano

Donta Morrison

Jaqueline Nazarian

Katja Nelson

Ester Ocon

Jose Ortiz

Elizabeth Pacheco

Frankie Darling Palacios

Alberto Pina

Arathzy Portillo

Gabriel Previtera

Maryjane Puffer

Marina Quintanilla

Michelle Reese

Terri Reynolds

Jeffery Rodriguez

Brian Rogers

Hector Saavedra

Natalie Sanchez

Brandon Simpson

Terry Smith

Dr. LaShonda Spencer

Maribel Ulloa

Venus Uttchin

Amada Wahnich

Christiana Watkins

Ashley Weinberger

Benjamin White

Greg Wilson

Commission on HIV Staff

Cheryl Barrit

Carolyn Echols-Watson

Catherine Lapointe

Dawn Mc Clendon

Lizette Martinez

Abdul-Malik Ogunlade

Jose Rangel-Garibay

Sonja Wright

DHSP Staff

Anait Arsenyan

Wendy Garland

Michael Green

Shoshanna Nakelsky

Pamela Ogata

Harland Rotblatt

Richard Salazar

Victor Scott

Julie Tolentino

Paulina Zamudio



COH Team Members

Cheryl Barrit, MPIA, Executive Director

Dawn Mc Clendon, Assistant Director

Jose Garibay-Rangel, MPH, Health Programs Specialist I

Lizette Martinez, MPH, Health Programs Specialist I

Sonja D. Wright, DACM, Senior Board Specialist

A close-up, profile view of a woman with dark, curly hair, smiling warmly. Her face is the central focus, with her eyes looking slightly upwards and to the right. The background is blurred, showing other people in a social setting.

Thank you!

"Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has." ~ Margaret Mead
