



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



## HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

*Make A Difference in Your Community.  
Join Us to End HIV!*

Agenda and prevention resources can be found at the following link  
<http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

**Monday, March 22, 2021**  
**5:30PM-7:00PM (PST)**

**REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:**

<https://tinyurl.com/4blt5uxc>

**JOIN VIA WEBEX ON YOUR PHONE:**

1-415-655-0001 US Toll

Access code: 145 514 2959

\*Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.

*Help prevent the spread of STDs and HIV. Let your  
voice be heard.*

*Your Input will inform the planning of prevention  
services in your community.*

*Be a part of the solution!*

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LOS ANGELES COUNTY  
COMMISSION ON HIV



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## PREVENTION PLANNING WORKGROUP Virtual Meeting Agenda

**Monday, March 22, 2021 @ 5:30 – 7:00pm**

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- |   |                 |
|---|-----------------|
| 1. Welcome and Introductions  | 5:30pm – 5:40pm |
| 2. Executive Director Comments  | 5:40pm – 5:50pm |
| 3. Overview of Prevention Planning Workgroup                            | 5:50pm – 6:00pm |
| 4. Ending the HIV Epidemic Plan Overview                                | 6:00pm – 6:15pm |
| 5. Division of HIV and STD Programs (DHSP) Prevention Programs Overview | 6:15pm – 6:45pm |
| 6. Next Steps and Agenda Development for Next Meeting                   | 6:45pm – 6:58pm |
| 7. Public Comment + Announcements                                       | 6:58pm – 7:00pm |
| 8. Adjournment  | 7:00pm          |



# Ending the HIV Epidemic (EHE) Initiative in Los Angeles County

Prevention Planning Workgroup Meeting  
March 22, 2021

Julie Tolentino, EHE Program Manager  
Division of HIV and STD Programs

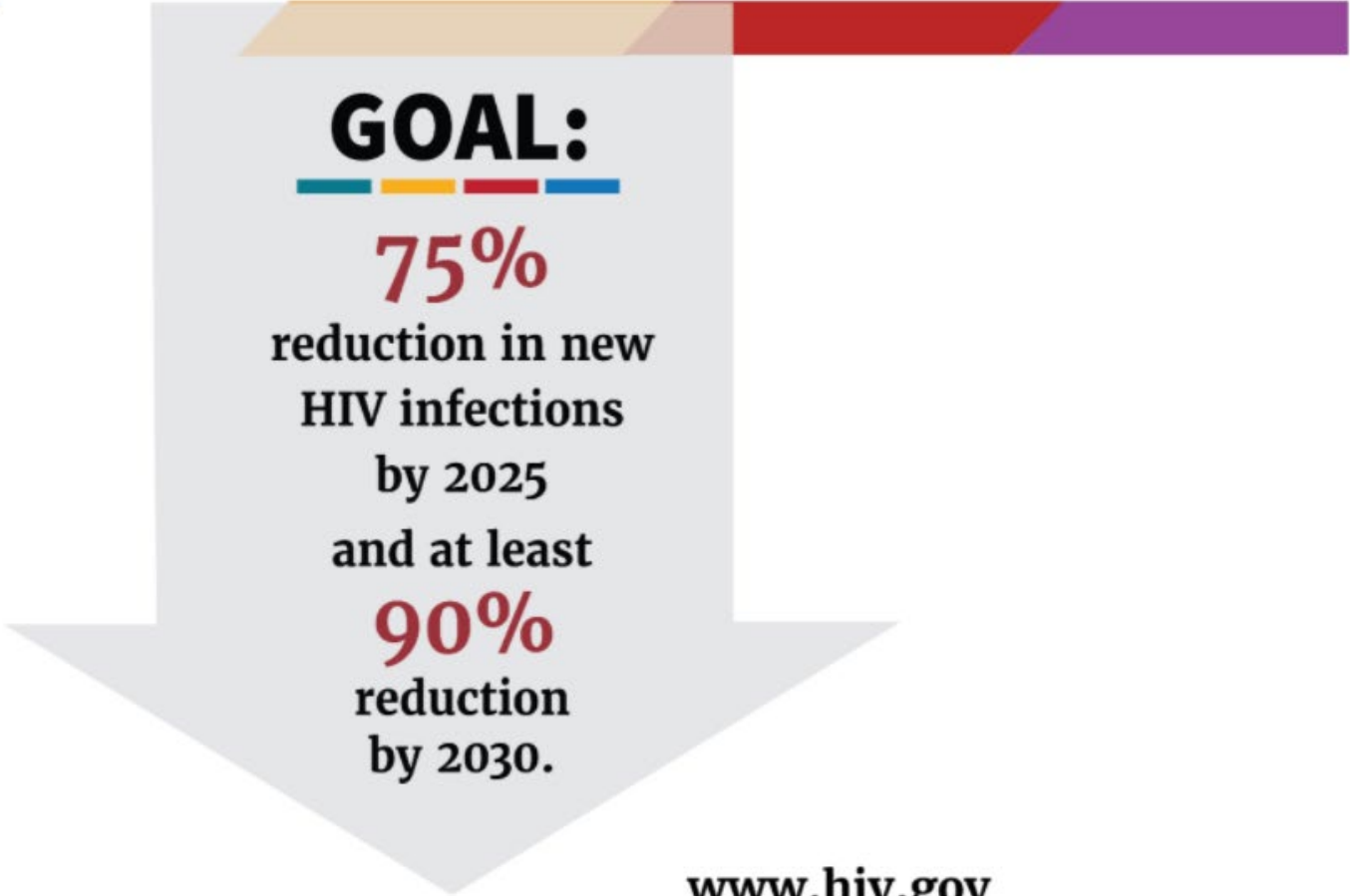


## ***Ending the HIV Epidemic: A Plan for America*** was announced in 2019 with implementation beginning in 2020



Ending  
the  
HIV  
Epidemic  
A PLAN FOR AMERICA

**GOAL:**

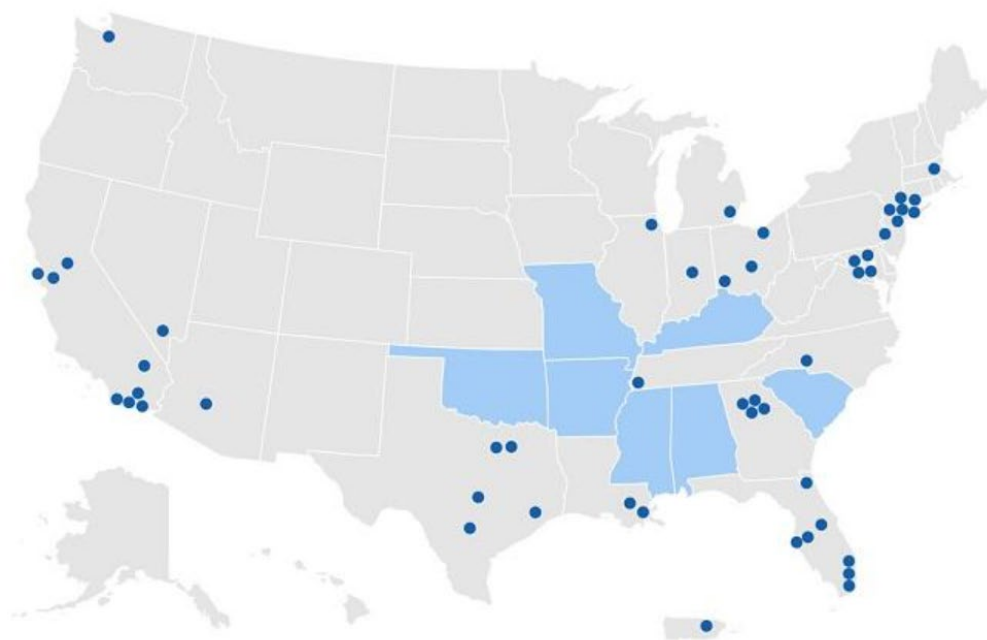


**75%**  
reduction in new  
HIV infections  
by 2025  
and at least  
**90%**  
reduction  
by 2030.



[www.hiv.gov](http://www.hiv.gov)

**Collective action is necessary to  
achieve the national goal**



Ending the HIV Epidemic Initiative Geographic Locations  
<https://www.hrsa.gov/ending-hiv-epidemic>

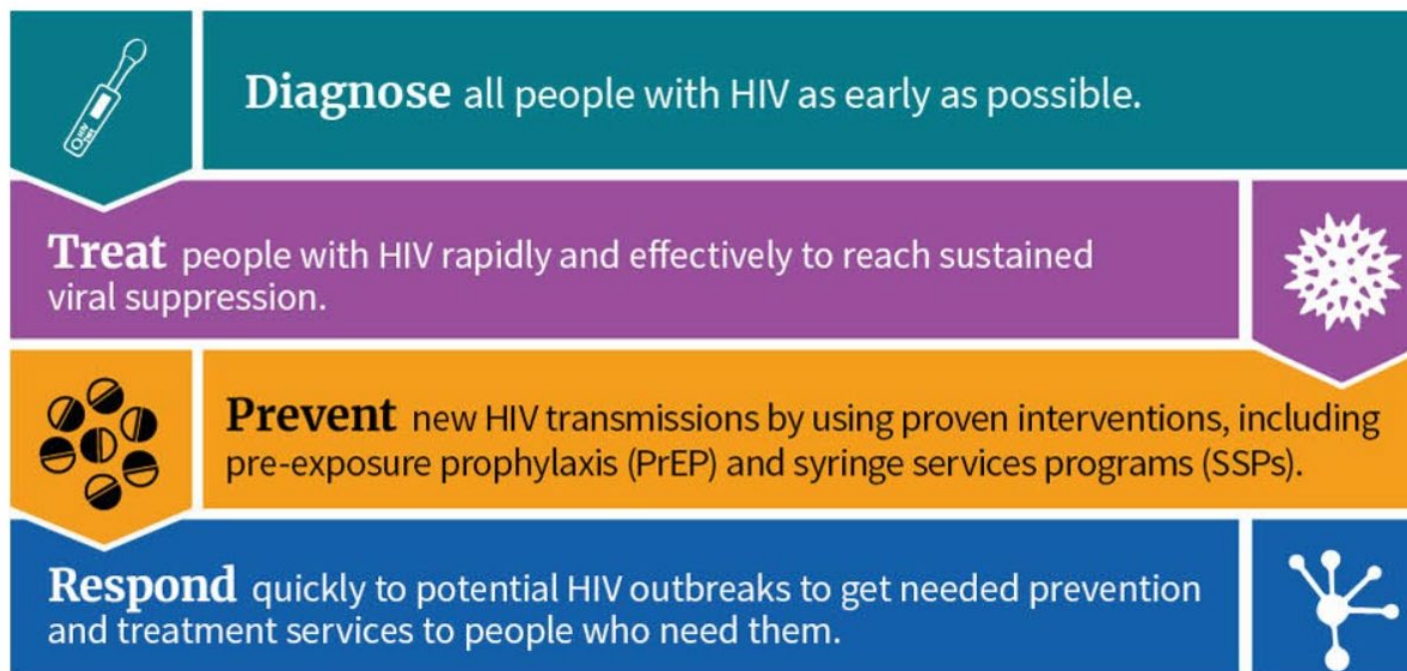
## FEDERAL PARTNERS



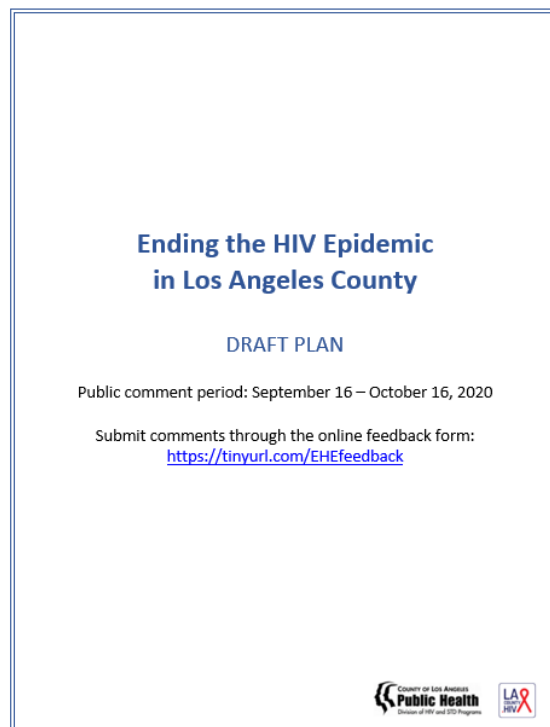
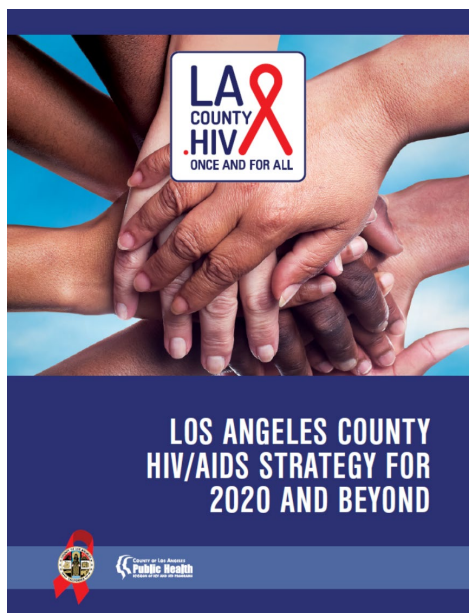
## ***Ending the HIV Epidemic: A Plan for America in LA County***

- National initiative to reduce new HIV infections in the U.S. by 90% by 2030.
- DHSP received 2 EHE grants. Additional grants allocated to organizations and clinics across the County.

CDC 20-2010 EHE	\$3,360,658	(FY 2020, August 1-July 31)
HRSA 078 EHE	\$5,140,708	(FY 2021, March 1-February 28)



## Transitioning from the LA County HIV/AIDS Strategy to EHE Plan



### Key Dates

- 2013: Commission and Prevention Planning Group unify
- 2015: First Comprehensive HIV Plan published
- 2016: Local jurisdiction/Getting to Zero plans released across the U.S.
- 2017: LACHAS released
- Feb. 2019: Ending the HIV Epidemic (EHE) announced
- 2019 – 2020: One-year EHE planning grant
- 2020: HRSA and CDC grants awarded to LAC
- Dec. 2020: Local EHE Plan submitted to CDC. Available on [www.LACounty.HIV](http://www.LACounty.HIV)

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

**57,700**  
people living with HIV  
in LA County

**1,700**  
new transmissions  
per year

**6,400**  
are unaware of their  
HIV positive status

**50,660**  
Black & Latinx people  
who would benefit  
from PrEP

**72,700**  
MSM\*, transwomen,  
ciswomen & injection  
drug users would benefit  
from PrEP

## Diagnose



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

## Prevent

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

## Treat

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



## Respond

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



## 2 Focus Areas Under the Prevent Pillar:

### Pre-exposure Prophylaxis (PrEP)

PrEP is a pill that reduces the risk of getting HIV when taken as prescribed. Fewer than 25% of the estimated more than 1 million Americans who could benefit from PrEP are using this prevention medication.

#### **Outcome:**

Increase number of persons prescribed PrEP in priority populations to at least 50%.

(Increase referral and linkage, decrease racial and ethnic disparities in PrEP uptake)

### Syringe Services Programs (SSPs)

Comprehensive SSPs have been shown to dramatically reduce HIV risk and can provide an entry point for a range of services to help stop drug use, overdose deaths, and infectious diseases. Research shows that new users of SSPs are five times more likely to enter drug treatment, and about three times more likely to stop using drugs than people who don't use the programs.

#### **Outcome:**

Increased capacity of SSP service providers to directly provide or link clients to HIV prevention and care services.

**EHE Plan Strategy 3A:** Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage rates) by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups.

### **PrEP Landscape Analysis**

- Assessing PrEP resources and services via phone surveys among providers and clinics in District 2/South LA.
- Explored whether data is available on pharmacies providing PrEP after passage of SB 159.

### **TelePrEP to Increase Retention and Engagement**

- Needs assessment conducted with PrEP Centers of Excellence on telePrEP.
- Implementing telePrEP at 3 sites to identify clients who are due for re-screening and increase provider-patient communication.
- Increasing linkage to PrEP for residents recently diagnosed with early syphilis for linkage to PrEP.

### **Client Follow Up to Support Linkage to PrEP**

- Conducting follow up calls with persons recently diagnosed with early syphilis and at increased risk of HIV acquisition to determine if they've linked to PrEP.
- Developing script for phone calls.

### **Commission on HIV, Black/African American Task Force**

- Submitted recommendations related to PrEP educational, marketing/social media campaigns for subpopulations.

### **Community Engagement/Mobilization**

- Will identify opportunities for community-led marketing/social media campaigns.

**EHE Plan Strategy 3B:** Increase availability, use, and access to comprehensive syringe services programs in collaboration with LA County Substance Abuse and Prevention Control (SAPC) Program and other partners to improve the delivery of linkage to care services for clients accessing syringe service programs to HIV prevention and other services. As part of service expansion efforts, explore alternate models of prevention service delivery (e.g., syringe exchange vouchers for use at pharmacies in exchange for clean syringes and home HIV test kits.)

**Increase capacity of current Syringe Services Programs (SSPs) to link clients to HIV prevention.**

- Collaborating with SAPC to discuss opportunities to increase HIV testing and referrals to prevention programs.
- Developing an MOU to provide HIV self-testing kits to SSP agencies.

**Expand the number of Syringe Services Programs (SSPs) or access points.**

- Meetings held with potential partners to discuss opportunities for new SSPs.

**Expand the availability of contingency management programs/services to persons with substance use disorder, including meth use.**

- Recently added to the CDC Compendium.
- Meetings held with potential partners to discuss opportunities for new SSPs.
- Pilot program in development for contingency management.
- DHSP leadership participating in LA County Meth Task Force

## HIV Testing Brief

- In development. Will identify County testing access points and modalities, and include guidance on how to increase HIV testing across sectors.

## Routine opt out HIV testing in healthcare and other institutional settings in high prevalence communities.

- Emergency Department partnerships and Implementation delayed due to COVID.

**Increase at least yearly re-screening of persons at elevated risk for HIV** by utilizing telehealth technology to identify clients who are due for re-screening and increase communication with clients.



## Expanded HIV testing in non-healthcare settings through HIV self-test kits.

- Partnership with national *Take-Me-Home* Initiative launched in August 2020, 588 test kits ordered from August-January 2021 through online website/apps. CDC is partnering with *Take-Me-Home* which will increase access and availability of test kits.
- 7,200 Orasure tests ordered for program expansion. Protocol and supporting documents developed for HIV Testing contracts. Agency training held 1/27/21.
- Identifying additional opportunities to reach individuals unlikely to receive traditional in-person testing (SSP agencies, homeless service providers, mental health providers, etc.).

## Rapid ART and Same Day Linkage to Care

- Coordinator hired November 2020.
- Developing protocol for HIV Navigators, clinics, and identifying partners for pilot sites.
- Developing survey for HIV providers and HIV testing agencies to assess current systems and capacity to adopt protocols.
- Receiving Rapid ART Coaching from EHE TA Provider.

## Exploring partnerships to assess and address gaps in mental health services

- Identifying partners to conduct a landscape analysis (DMH).
- Exploring potential for region-wide telehealth mental health services with emphasis on the monolingual Spanish speaking community.
- Identifying opportunities for mental health services serving highly impacted populations (Black MSM, Women of Color, and other EHE populations of focus).

## Contingency Management Pilot Program

- Draft program proposal developed for youth-focused program to encourage viral suppression and engagement in care. Delayed implementation due to COVID response.

## Emergency Financial Assistance Program

- Launched November 2020, 4 months after Commission's Standards of Care were approved.
- Up to \$5,000 available to eligible clients to be sent directly to vendors for emergency situations related to rent, utilities, food, etc.
- 33 applications received to date.
- Learning from providers and community on implementation challenges and course-correcting as needed.
- Benefit Specialty Services agency training 2/11/21 for non-MCC clients.

## Permanent supportive housing for PLWH

- Launched Rampart Mint housing site which serves 22 clients.

## U=U Awareness

- Resource Kit developed and available for use [http://publichealth.lacounty.gov/dhsp/U=U\\_Provider\\_Kit.htm](http://publichealth.lacounty.gov/dhsp/U=U_Provider_Kit.htm)

## Ryan White Service Category Fact Sheets

- DHSP Funded Mental Health Services Fact Sheet distributed. Available on <http://publichealth.lacounty.gov/dhsp/> under What's New section.
- Oral Health Fact Sheet in development.

## **Developed and finalized EHE Plan.**

- EHE Regional Meeting – Jan 2020, Commission Meetings (Nov. 2019, Oct. 2020, Dec. 2020), EHE Townhall - Sept. 2020, EHE Event in Spanish - Oct. 2020, EHE Steering Committee Small Group Discussion - Oct. 29, 2020
- Public Comment period: Sept. 16 - Oct. 16
- Additional opportunities for COH and Steering Committee to provide feedback on EHE Plan.
- Received letter of concurrence from Commission on 12/16/20
- EHE Plan translated into Spanish, undergoing final review.

## **Learning from community partners on development and promotion of services and programs.**

- Commission continues to make recommendations on services and programs, including COH directives, Black/African American Community Task Force recommendations & Aging Task Force recommendations.
- EHE Steering Committee formed for additional input. Includes new voices and partnerships.
- LA County HIV Mental Health Task Force highlighted need for bilingual Spanish speaking providers.
- EHE focused events with Youth Community Advisory Boards (YCABs).
- Increased collaboration with Long Beach Health Department.

## **Ongoing EHE trainings, presentations, and partnership development to increase promotion, awareness, and community engagement.**

- CHIPTS EHE Regional Learning Collab, C2PLA YCAB events, HERR/VP contract training, etc.
- Partner development calls ongoing (UCLA C-LARAH, DHS, DPH, CHIPTS, etc.)
- Ongoing meetings with EHE TA providers.

## **Community Mobilization Program developed to recruit cohorts across the County to engage in community-led action-oriented projects.**

- Program resources and materials in development.
- Anticipated Board of Supervisors review date: April 2021.

## DHSP Funding Overview

### Ending the HIV Epidemic (EHE) Funding - PrEP and SSPs

- CDC 20-2010 EHE \$3,360,658 (FY 2020, August 1-July 31)

### CDC Integrated HIV Surveillance and Prevention Programs (IHSP)

- Component A \$15,388,167 (FY 2021, January 1 - December 31)
- Component B \$836,001 (FY 2021, January 1 - December 31)

**Total Funding: \$19,584,826**



Ending  
the  
HIV  
Epidemic

### Ending the HIV Epidemic (EHE) Resources

- Join the EHE listserv! Email [EHEinitiative@ph.lacounty.gov](mailto:EHEinitiative@ph.lacounty.gov) to subscribe.
- EHE website – under development - [www.LACounty.HIV](http://www.LACounty.HIV)
- AHEAD dashboard for key indicators and data across all EHE jurisdictions. <https://ahead.hiv.gov/>
- For HIV, STD, and sexual health info, resources, and testing locations visit [www.GetProtectedLA.com](http://www.GetProtectedLA.com)



**Thank you!**

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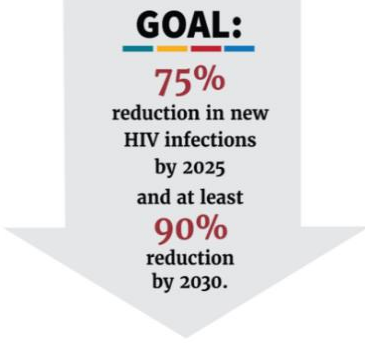
## Ending the HIV Epidemic in Los Angeles County

### Executive Summary

December 1, 2020

#### What is Ending the HIV Epidemic?

*Ending the HIV Epidemic: A Plan for America* (EHE) is a national initiative which focuses on four key pillars of interventions designed to help us reach the goal of reducing new HIV transmissions and acquisitions in the United States by 75 percent in five years (by 2025) and by 90 percent in ten years (by 2030).<sup>i</sup> The four EHE Pillars are: (1) **Diagnose** people living with HIV as early as possible, (2) **Treat** people living with HIV rapidly and effectively to achieve viral suppression, (3) **Prevent** new HIV transmissions using proven interventions, and (4) **Respond** quickly to HIV outbreaks and deliver prevention and treatment services to people who need them. A network of federal partners, including the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Region IX Prevention through Active Community Engagement (PACE) Program, have collaborated to fund and support 57 EHE Phase I priority jurisdictions across the United States to develop and implement strategies that will move us towards an AIDS-free generation. Los Angeles County is one of the 57 priority jurisdictions.



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

#### What does HIV look like in Los Angeles County?

In Los Angeles County (LA County) there are approximately 58,000 people living with HIV (PLWH), the majority of these persons are male (90%), a smaller fraction are female (9%) and a smaller number (but highly disproportionate compared to their share of the LA County population) are transgender (either male to female or female to male). The majority of PLWH in LA County are treating their HIV with highly active antiretroviral therapy (ART) and effectively managing HIV as evidenced by their achievement of sustained viral suppression – a level of HIV in the bloodstream that is so low that it is undetectable. While some people living with HIV can achieve viral suppression through the routine and consistent access to their health care delivery system, many other persons living with HIV depend on access to a broader menu of medical and support services to achieve viral suppression. These services include but are not limited to medical care coordination services that improve health system navigation, housing support, mental health, oral health food and nutrition services, substance use treatment, and transportation services.

In Los Angeles County, there are nearly 1,700 new HIV infections each year and separately there are more than 6,000 undiagnosed people living with HIV. For people living with HIV, adherence to ART and achieving viral suppression is critical to promoting health and to ensuring that HIV is not sexually transmitted to others.<sup>ii</sup> For persons who have HIV but are not yet diagnosed (e.g. unaware of their HIV infection) or for persons who have been diagnosed but are experiencing challenges with both adherence to ART and maintaining viral load suppression, the scale up of existing effective interventions and the adoption of new interventions are necessary to achieve our Ending the HIV Epidemic goals. It has been well established that broad scale testing that allows persons with HIV to be diagnosed as close to the period of infection as possible and promptly linking newly HIV diagnosed persons to care and treatment services will not only improve overall individual health outcomes but will also have broad public health benefits. The support and access of new biomedical HIV prevention tools like PrEP (pre-exposure prophylaxis or a daily pill that prevents HIV transmission) for HIV-negative persons at elevated risk for HIV continues to be uneven across Los Angeles County.

## Ending the HIV Epidemic in Los Angeles County

### Executive Summary

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The underutilization of these low-cost or no-cost prevention tools in the most impacted areas of our County will require a renewed commitment of education, awareness and mobilization if we are to realize the full potential of this science, and end the HIV epidemic, once and for all.

At the end of 2018, approximately 0.6% of the 10.3 million LA County residents were living with HIV. The group with the plurality of PLWH are Latinx cisgender men who have sex with men (~40%), followed by White cisgender men who have sex with men (26%), followed by Black/African-American cisgender men who have sex with men (23%).<sup>iii</sup> The balance of males with HIV are injection drug users of multiple racial/ethnic groups as well as cisgender American Indian/Alaskan Native, Asian or Pacific Islander men who have sex with men.

Separately, Latinx and Black/African American cisgender heterosexual females each represent approximately 40% of the cases among females while White cisgender heterosexual females represent nearly 19% of female cases. Approximately 1% of female cases are among cisgender heterosexual females who identify as American Indian/Alaskan Native, Asian or Pacific Islander.

Transgender persons continue to be the most disproportionately impacted gender group compared to their share of the LA County population with HIV positivity rates exceeding 30%. The disproportionate impact is evident across all racial/ethnic groups.

Black/African American males, female and transgender persons and American Indian/Alaskan Native males are disproportionately impacted with HIV compared to their share of the LA County population.

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

Ending the HIV epidemic locally requires the significant scale up and expanded reach of proven and new interventions that work towards overarching goals and are undergirded by overarching strategies.

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

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

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

## Ending the HIV Epidemic in Los Angeles County

### Executive Summary

December 1, 2020



#### **Diagnose people living with HIV as early as possible.**

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

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

- Increase the percentage of people living with HIV (PLWH) who are aware of their HIV status to 95%
- Reduce annual number of HIV diagnoses

#### **What strategies will be implemented?**

**Strategy 1A:** Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities. Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, including as part of the delivery of STD screening, substance use treatment, and syringe service program services, among others.

**Strategy 1B:** Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home and/or self-testing.

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



#### **Pillar 2: Treat people rapidly and effectively to achieve viral suppression.**

**Why is this important?** People diagnosed with HIV should be linked to medical care within days of diagnosis to ensure optimal treatment for the individual and reduce transmission to others. In LA County, HIV testing providers are responsible for linking people who are newly diagnosed with HIV to a specialty care provider. In many instances, due to a combination of factors, including denial of the diagnosis, competing life demands, health care access barriers, necessary but cumbersome financial screening requirements, among others, access to HIV is delayed or halted. In response to these barriers, we must insist on the universal availability of rapid initiation of antiretroviral therapy (ART), an intervention that has been shown to shorten the time to viral suppression. Our current approach to linkage to care must be restructured to promote and incentivize the prompt linkage to care of newly diagnosed persons and coupled with building the capacity among HIV specialty providers to receive same day referrals. In 2018, 75% of people aged 13 and older newly diagnosed with HIV in LA County were linked to care within one month of diagnosis. The lowest levels of prompt linkage to care were noted among cisgender

**Ending the HIV Epidemic in Los Angeles County  
Executive Summary**

December 1, 2020

women, Black/African-American persons, young persons aged 13-19, persons over age 60, and individuals whose mode of HIV transmission was heterosexual sex or injection drug use, persons who were unhoused at the time of HIV diagnosis, and those who report injection drug use as the transmission risk.

**What will we measure to determine if we are making progress in this area?**

- The proportion of people diagnosed with HIV who are linked to HIV care within 1 month of diagnosis to 95%
- The proportion of diagnosed people living with HIV (PLWH) who are virally suppressed to 95%

**What strategies will be implemented?**

**Strategy 2A:** Ensure rapid linkage to HIV care and ART initiation for all persons newly diagnosed with HIV by developing a network of specialty care providers who offer same day appointments with rapid ART disbursement.

**Strategy 2B:** Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness and persons with substance use disorders.

**Strategy 2C:** Expand promotion of Ryan White Program services to increase awareness, access to and utilization of available medical care and support services for PLWH.

**Strategy 2D:** Develop and implement an emergency financial assistance program that supports PLWH experiencing financial hardship to allow for better treatment adherence or engagement in medical care and/or supportive services.

**Strategy 2E:** Improve the delivery of HIV services and client satisfaction rates by supporting strategies to address workforce burnout, improve staff capacity to better meet the needs of PLWH, and expand the availability of staff training tied to trauma informed care, stigma reduction, implicit bias, and medical mistrust.

**Strategy 2F:** Develop and fund a housing service portfolio that provide rental subsidies to prevent homelessness among PLWH.

**Strategy 2G:** Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH. Implement and evaluate a pilot program to determine continued use of financial incentives and potential for expansion to disproportionately impacted populations.



**Pillar 3: Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs.**

**Why is this important?** PrEP will be a cornerstone to our efforts to end the HIV epidemic because it reduces the risk of getting HIV through sex by about 99% and reduces the risk of getting HIV among people who share and inject drugs by at least 74%, when the medication is taken as prescribed.<sup>iv</sup> In 2018, an estimated 72,700 Los Angeles County residents had an indication for PrEP and approximately 25,500 had

**Ending the HIV Epidemic in Los Angeles County  
Executive Summary**

December 1, 2020

been prescribed PrEP; despite widely available PrEP resources and providers, fewer than a third of people with an indication for PrEP report taking it. Interventions to address suboptimal PrEP coverage, particularly among Black/African American men who have sex with men (MSM) and cisgender women of color, are critically needed.

Historical LA County HIV transmission data reveals that injection drug use (IDU) is a consistent, but less common risk factor for HIV transmission, accounting for less than 5% of HIV cases annually. However, across the United States and the west coast, IDU-based HIV outbreaks have occurred, even in areas where syringe support programs are available. The rise of conditions and co-morbidities that contribute to drug use and are associated with HIV risk, such as economic inequality, homelessness, untreated mental illness, and opioid and methamphetamine use, are becoming more pervasive in LA County. These trends increase our local susceptibility to an HIV outbreak among persons who inject drugs and demands that we expand the reach of syringe service programs. Of the six agencies funded by the LA County Substance Abuse and Prevention Control (SAPC) Program to deliver syringe service programs, only three are funded to deliver HIV, STD, and hepatitis C (HCV) testing, revealing a critical service gap.

**What will we do as a sign of progress in this area?**

- Increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50% from a 2017 baseline of 21.5%.
- Increase the number of syringe service programs by 50%.

**What strategies will be implemented?**

**Strategy 3A:** Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and lowest PrEP coverage rates) by adopting new strategies at LA County funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education related to cost, effectiveness and availability, supporting alternatives to daily PrEP and expanding PrEP support groups.

**Strategy 3B:** Increase availability, use, and access to comprehensive syringe services programs in collaboration with LA County Substance Abuse and Prevention Control (SAPC) Program and other partners and identify opportunities to improve the delivery of linkage to care services for client accessing syringe service programs to HIV prevention and other services. As part of service expansion efforts, explore alternate models of prevention service delivery (e.g., syringe exchange vouchers for use at pharmacies in exchange for clean syringes and home HIV test kits.)



**Pillar 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.**

**Why is this important?** In 2018, LA County adopted the use of the CDC's HIV TRACE program to identify priority molecular clusters (defined as a group of 5 or more persons whose HIV genotype is identified as being highly similar and a transmission cluster requiring additional review and intervention.) Because HIV has a high mutation frequency, individuals whose HIV genotypes are highly similar are likely connected through recent sexual or social networks where there is ongoing HIV transmission. In addition, there is a high likelihood that persons who may be part of new cluster are unaware of their HIV status or know their status but are not virally suppressed. LA County staff perform molecular cluster analysis of available

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surveillance and programmatic data to determine if the individuals are in care, virally suppressed, and if they need contact and engagement from linkage to care, re-engagement or partner services/notification teams.

All persons newly diagnosed with HIV should receive a partner services interview to help them engage in HIV care and ensure that any sex or needle-sharing partner is tested for HIV and linked to PrEP or Syringe Service Programs as a strategy to prevent the forward transmission of HIV. Current data suggests that only two-thirds of persons newly diagnosed with HIV infection in LAC receive an offer of Partner Services around the time of their new diagnosis.

**What will we accomplish as a sign of progress in this area?**

- Develop and maintain capacity for cluster and outbreak detection and response.
- Increase the number of people newly diagnosed with HIV that are interviewed for partner services within 7 days of diagnosis to at least 85%.

**What strategies will be implemented?**

**Strategy 4A:** Refine processes, data systems, and policies for robust, real-time cluster detection, time-space analysis within DHSP to help identify hot-spot locations and sub-populations where rapid investigation and response is needed.

**Strategy 4B:** Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.

**Ending the HIV Epidemic in Los Angeles County Next Steps**

In this unprecedented era of COVID-19, it is imperative now more than ever that the strategies and activities tied to the Ending the HIV Epidemic (EHE) Plan be adopted by a broad cross-section of organizations and that we all work in a concerted fashion towards the goals of the EHE plan.

The full EHE Plan for Los Angeles County can be accessed [here](#). The proposed strategies are complementary to the existing LAC HIV service portfolio and strives to further expand existing prevention and care services available to persons living with HIV or at elevated risk for HIV in our County. The proposed strategies and activities will be implemented starting in 2021 and further expanded over the course of the next five years.

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<sup>i</sup> <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

<sup>ii</sup> <https://getprotectedla.com/uu/what-is-uu/>

<sup>iii</sup> <https://www.cdc.gov/healthyouth/terminology/sexual-and-gender-identity-terms.htm>

<sup>iv</sup> <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>

# INTEGRATED PREVENTION AND CARE PLANNING PROPOSED SHORT- TERM ACTION STEPS

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Planning, Priorities and Allocations Committee  
Prevention Planning Workgroup  
December 15, 2020

Miguel Martinez, Maribel Ulloa, Luckie  
Alexander, Pamela Ogata, Dr. Michael Green



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# Pre-Integration | Refresher

- Separate Prevention Planning Committee (PPC)
- Clear community planning requirement from the Centers for Disease Control and Prevention
- Developed Countywide Risk Assessment Survey
- Developed Los Angeles Coordinated Needs Assessment, focus groups and listening sessions
- Developed allocation models
  - Behavioral Risk Groups (BRGs)
  - Hot spots
- Developed inventory of interventions in Los Angeles County





# Integrated HIV, STD Prevention and Care Planning Council | Refresher

- Merged in 2013
- New bylaws and ordinance to reflect broader membership with prevention stakeholders
- Formed Comprehensive HIV Plan (CHP) Workgroup
- Conducted listening sessions to help develop CHP
- Completed CHP in 2016
- Developed prevention service standards



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# Integrated HIV, STD Prevention and Care Planning Council | Refresher

- Discussed how to improve and fully integrate prevention in planning, priority setting and resource allocation process
- Formed Prevention Planning Workgroup in October 2020 to lead process
- Presented initial set of ideas to PP&A on November 17, 2020
- Met on December 3, 2020 to review suggestions from PP&A and develop action steps



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# PROPOSED SHORT-TERM ACTION STEPS

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# 1. Structure

- Maintain Prevention Planning Workgroup to lead, facilitate and engage members and community in integrated planning
- Determine meeting dates and time
- Recruit other Commissioners and members of the public to the workgroup
- Ensure active participation from youth groups and other highly impacted populations
- Keep workgroup reports and prevention planning as a standing item on the PP&A agenda



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## 2. Ending the HIV Epidemic (EHE) Plan

- Review Los Angeles County (LAC) EHE Plan, with a special focus on prevention pillars and activities
- Analyze plan from priority setting and resource allocations (PSRA) lenses
- Schedule DHSP presentation on all services and financial investments available to support EHE goals and objectives
  - Clarify grant terms for federal funding
  - Clarify timing for Commission input on prevention grant proposals
- December 2020-February 2021



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# 3. Data Needs

- Identify types of prevention and care data needed to help inform and drive integrated prevention and care planning and PSRA
- Clarify data report cycles and months from DHSP
- Review and prioritize data requests from various Commission Committees and subgroups
- January-March 2021



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# 4. Prevention Focused Community Forums

- Convene prevention focused community forums in highly impacted populations identified in the EHE plan
- Use feedback from the community to help inform PSRA process and deliberations
- March-May 2021



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# 5. PAUSE, REFLECT, ASSESS

- May-June 2021
- Review and reflect on steps taken
- Get ready for data summit
  - Review and rethink approach to data summit
- Discuss next action steps towards full integration



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# Other Considerations

- Evening or weekend meetings
- Partner and recruit from existing community advisory board
- Staff and Commissioner time commitments and capacity
- Thoughtfulness and critical attention to data requests
  - Needs vs wants
  - How will PP&A and COH use the data?
  - Identify other data sources outside of DHSP



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February 2, 2021

Dear Colleague,

I am pleased to share with you a new resource published this week by CDC's Division of HIV/AIDS Prevention (DHAP). [HIV Prevention in the United States: Mobilizing to End the Epidemic](#) provides a snapshot of the state of the HIV epidemic in the United States and highlights CDC's key efforts to reduce new HIV infections. It includes important information on the latest data trends, challenges for the field, and CDC's HIV prevention priorities and programs. This resource also incorporates information about the federal initiative, *Ending the HIV Epidemic* (EHE), which aims to reduce new HIV infections in the United States by 90 percent by 2030.

Today, we have an unprecedented opportunity to end America's HIV epidemic. With the annual number of new HIV infections at an all-time low, powerful treatment and prevention tools could eliminate further transmission if these tools were available to all who need them. CDC's HIV prevention programs have long served as a cornerstone in the national HIV response and are conducted in partnership with state and local health departments, community-based organizations (CBOs), and other partner organizations. These programs have built a strong national infrastructure to swiftly deliver HIV prevention advances to communities across the nation. Yet progress has slowed in the face of new and continuing threats, including the nation's opioid crisis, the COVID-19 pandemic, and enduring gaps in access to healthcare.

Now is the time for bolder, more collaborative action.

As the nation's lead HIV prevention agency, CDC is working with partners to achieve dramatic new declines in HIV infections. In part with new resources made available by Congress, CDC is bolstering its most successful HIV prevention programs with new and innovative activities through the *Ending the HIV Epidemic* initiative. Through the EHE initiative, CDC and other federal agencies will provide a targeted infusion of new resources, technology, and expertise to expand HIV prevention and treatment activities.

While an effective national strategy and federal resources are central to ending the epidemic, HIV prevention ultimately happens at the community level. Success will require continued commitment by state and local governments, health officials, community organizations, healthcare providers, and people with HIV and others who could benefit

#### Additional Resources:

[CDC HIV Web Site](#)

[CDC HIV Facebook](#)

[CDC HIV Twitter](#)

[CDC HIV Service Locator](#)

[CDC HIV Risk Reduction Tool](#)

[CDC's Let's Stop HIV Together Campaign](#)

[Let's Stop HIV Together Instagram](#)

[CDC National Prevention Information Network \(NPIN\)](#)

[HIV.gov](#)

Please contact [CDC-INFO](#) with questions, comments or other feedback.



from HIV prevention, care, and treatment services. It is my hope that the challenges we face as a nation will compel us as a community to work even harder to confront barriers to healthcare and ensure that quality HIV prevention and care services are available and accessible to all Americans, in every part of the country, regardless of race, income, sexuality, or gender identity.

In my new position as Director of the Division of HIV/AIDS Prevention at CDC, I look forward to building upon our shared achievements and to working with established and new partners to achieve our EHE goals. By centering health equity in a status neutral approach to care that optimizes the health of people with HIV and closes the gaps in HIV prevention, diagnosis, care, and treatment in all parts of the United States, together, we can end this epidemic.

/Demetre Daskalakis/

Demetre Daskalakis, MD, MPH  
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Centers for Disease Control and Prevention  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)