



2020 Virtual Annual Meeting Agenda

Thursday, November 12, 2020

9:00am-1:30pm (PST)

“Continuing the Commitment to End HIV, Once and For All”

To Join by Computer/Smart Phone: <https://tinyurl.com/yych7y5t>

To join by Phone: 1-415-655-0001 Access Code: 145 734 7660

Spanish & English interpretation provided; see 2nd page for instructions

I.	Call to Order, Roll Call & Approval of Agenda	9:00 AM – 9:05 AM
II.	Welcome, Opening Remarks, Recognition of Service & Meeting Objectives	9:05 AM – 9:30 AM
	Bridget Gordon and Al Ballesteros, MBA, COH Co-Chairs Cheryl A. Barrit, MPIA, Executive Director	
III.	Ending the HIV Epidemic: <i>What to Expect in 2021 and Insights on Building an Inclusive HIV Movement</i>	9:30 AM – 10:15 AM
	Harold Phillips, Senior HIV Advisor and Chief Operating Officer of Ending the HIV Epidemic: A Plan for America US Department of Health and Human Services, Office of Infectious Disease and HIV/AIDS Policy (OIDP)	
IV.	Ending the HIV Epidemic from a Los Angeles County Perspective: <i>Funding Overview and Expenditure Report; Key Themes from Ending the HIV Epidemic Plan Feedback; and Take Me Home: Expansion of Home Test Kits</i>	10:15-11:30 AM
	Mario J. Pérez, Director, Division of HIV and STD Programs (DHSP), LA County Dept of Public Health Julie Tolentino, Program Manager, Ending the HIV Epidemic, DHSP Wendy Garland, Chief Epidemiologist, DHSP	
V.	BREAK	11:30 AM – 11:45 AM
VI.	What’s Next for the HIV Movement and How Planning Councils Can Do Equity Work	11:45 AM – 12:30 PM
	Naina Khanna, Executive Director, Positive Women’s Network, USA	
VII.	Community Speak Out: What Ending the HIV Epidemic Means to Me <i>Opportunity for Community Members to Share Thoughts, Perspectives and Words of Inspiration</i>	12:30 PM – 1:15 PM
	Carlos Moreno and Felipe Gonzalez, Consumer Caucus Co-Chairs	
VIII.	Closing Remarks and Inspiration for 2021	1:15 PM – 1:30 PM
	Bridget Gordon, COH Co-Chair and David Lee, COH Co-Chair, Elect	

AGENDA POSTED: November 9, 2020

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.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English and Spanish 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 hivcomm@lachiv.org or leave a voicemail at 213.738.2816

SIMULTANEOUS SPANISH & ENGLISH INTERPRETATION INSTRUCTIONS: Simultaneous interpretation will be provided during the event. You can listen to the interpretation on your own smartphone equipped with earphones for best user experience. Interpretation can be listened through the Ablioaudience mobile app:

- Please download the Ablioaudience app from Apple Apps Store or Google Play Store on the smartphone you will use at the event. Downloading the Ablioaudience app is free of charge.
- At the event, launch the Ablioaudience app and enter the following event code: **Ey2CDy**

INSTRUCCIONES DE INTERPRETACIÓN SIMULTÁNEA EN ESPAÑOL E INGLÉS: Se proporcionará interpretación simultánea durante el evento. Puede escuchar la interpretación en su propio teléfono inteligente equipado con auriculares para una mejor experiencia de usuario. La interpretación se puede escuchar a través de la aplicación móvil Ablioaudience:

- Descargue la aplicación Ablioaudience de Apple Apps Store o Google Play Store en el teléfono inteligente que usará en el evento. La descarga de la aplicación Ablioaudience es gratuita.
- En el evento, inicie la aplicación Ablioaudience e ingrese el siguiente código de evento: **Ey2CDy**

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. Currently all County buildings are closed to the public due to the COVID-19 public emergency until further notice. To request information, please contact the Commission office via email at hivcomm@lachiv.org or by leaving a voicemail at 213.738.2816.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Bridget Gordon, Co-Chair	Miguel Alvarez (Alternate*)	Everardo Alvizo, MSW
Danielle Campbell, MPH	Raquel Cataldo	Pamela Coffey (Alasdair Burton, Alternate **)	Michele Daniels
Erika Davies	Kevin Donnelly	Jerry D. Gates, PhD	Felipe Gonzalez
Aaron Fox, MPM	Grissel Granados, MSW	Karl Halfman, MA	Diamante Johnson (Kayla Walker-Heltzel, Alternate**)
Joseph Green	Thomas Green (Alternate *)	William King, MD, JD, AAHIVS	Lee Kochems, MA
David P. Lee, MPH, LCSW	Anthony Mills, MD	Carlos Moreno	Derek Murray
Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios	Mario J. Pérez, MPH
Juan Preciado	Joshua Ray (Eduardo Martinez, Alternate **)	Ricky Rosales	Nestor Rogel (Alternate*)
Harold San Augstin, MD	Martin Sattah, MD	Tony Spears (Alternate*)	LaShonda Spencer, MD
Kevin Stalter	Maribel Ulloa	Justin Valero	Amiya Wilson
MEMBERS:	40		
QUORUM:	21		
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



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <http://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).



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TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



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CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. 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 strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 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) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**



2020 MEMBERSHIP ROSTER | UPDATED 11.05.20

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative	1		Everardo Alviso	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2022	
8	Part C representative	1	PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2022	
9	Part D representative			Vacant		July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2018	June 30, 2022	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2022	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2018	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2018	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2018	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2022	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2022	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5			Vacant		July 1, 2018	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		36						

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



ANNUAL MEETING PRESENTER BIOS

Wendy Garland, MPH

Epidemiologist, Division of HIV and STD Programs (DHSP)
Los Angeles County Department of Public Health

Wendy Garland, MPH, is a Chief Epidemiologist and leads the Research and Evaluation Unit at DHSP. She oversees HIV and STD research, demonstration projects and evaluation of prevention and treatment services to reduce disparities in HIV and STD health outcomes residence of LAC. She has nearly 20 years of experience in the field of HIV prevention, care and treatment, led the development the Medical Care Coordination program and is a member of the Standards and Best Practices Committee.

Naina Khanna (she, her)

Executive Director, Positive Women's Network USA

A national speaker, trainer, and advocate, Naina Khanna has worked in the HIV field since 2005, following her HIV diagnosis in 2002. She currently serves on the Board of Directors for AIDS United, the National Steering Committee for the US People Living with HIV Caucus, as a member of the Women's HIV Research Initiative, and served on President Obama's Advisory Council on HIV/AIDS (PACHA) from 2010–2014.

Prior to working in HIV, Naina co-founded and served as National Field Director for the League of Pissed Off Voters, a progressive national organization working to expand participation of young people and communities of color in electoral politics. She is currently pursuing a PhD in Medical Sociology at the University of California – San Francisco.

Mario J. Pérez, MPH

Director, Division of HIV and STD Programs (DHSP)
County of Los Angeles, Department of Public Health

Mario J. Pérez currently serves as the Director of the Division of HIV and STD Programs (DHSP), and is responsible for managing, planning and guiding the annual investment of more than \$100 million in local, state and federal resources that support a responsive and comprehensive local HIV and STD service delivery system. He is extremely active in the HIV/AIDS community both locally and nationally, and a leader on state, local, and national HIV policy issues, serving as a member of the National Minority AIDS Council Board of Directors, the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), and the Los Angeles County Commission on HIV. On numerous occasions over the last 20 years, he has testified before members of Congress, the Los Angeles County Board of Supervisors, and the Los Angeles City Council to address a range of



Mario J. Pérez, MPH (cont'd)

HIV/AIDS issues, including support for scientifically proven interventions, and adequate resources to meet broad HIV/AIDS goals. In February 2010, Mario was appointed to the Presidential Advisory Council on HIV/AIDS (PACHA), consistent with his commitment to ensure that America has one of the most responsive HIV/AIDS strategies possible.

Harold J. Phillips, MRP

Senior HIV Advisor, Office of HIV/AIDS and Infectious Disease Policy (OIDP),
Office of Assistant Secretary for Health at the U.S. Department of Health and Human Services
Chief Operating Officer of Ending the HIV Epidemic: A Plan for America

Harold J. Phillips works in the Office of HIV/AIDS and Infectious Disease Policy (OIDP), Office of Assistant Secretary for Health at the U.S. Department of Health and Human Services as the Senior HIV Advisor and Chief Operating Officer of [Ending the HIV Epidemic: A Plan for America](#).

In this position, he oversees the coordination of the initiative's activities, ensuring that all U.S. Department of Health and Human Services (HHS) operating divisions are collaborating and communicating as they work to support jurisdictions in making the best use of the science, data, and tools we now have available to end the HIV epidemic. He also works to ensure there is both community awareness and engagement in our efforts to End the HIV Epidemic.

Prior to joining OIDP, Mr. Phillips served as Director of the Office of HIV/AIDS Training and Capacity Development (OTCD) at the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB). OTCD administers the Ryan White Program's AIDS Education and Training Centers (AETC), Special Projects of National Significance (SPNS) and support for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

He also held past positions within HRSA/HAB as the Deputy Director of the Ryan White Part B and AIDS Drug Assistance Programs (ADAP), working with Ryan White HIV/AIDS Program recipients, planning councils, providers and patients, and served on the CDC/HRSA AIDS Advisory Committee (CHAC) from 2003 – 2010. He has a Master's degree in urban and regional planning from the University of North Carolina at Chapel Hill and an undergraduate degree from Kalamazoo College in Michigan.



Julie Tolentino, MPH

Ending the HIV Epidemic (EHE) Program Manager, Division of HIV and STD Programs (DHSP)
Los Angeles County Department of Public Health

Julie Tolentino is the Ending the HIV Epidemic Program Manager with the Los Angeles County Department of Public Health, Division of HIV and STD Programs where she coordinates local strategies to achieve the national goals of Ending the HIV Epidemic: A Plan for America. She has over ten years' experience working in public health programs ranging from youth development and empowerment to systems change implementation in communities affected by health inequities. She previously worked with the Los Angeles County Commission on HIV and as a Project Officer with the Nutrition and Physical Activity Program with the Los Angeles County Department of Public Health. She holds a Master's in Public Health with an emphasis in Community Health from Touro University and a Bachelor's of Science from UC Santa Cruz.

SUMMARY - RWP EXPENDITURE REPORT

As of November 5, 2020

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YEAR 30 AND PART B YR 2 (2020) EXPENDITURES BY SERVICE CATEGORIES

1	2	3	4	5	6
SERVICE CATEGORY	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART A AND MAI	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL FULL YEAR ESTIMATED EXPENDITURES (Total Columns 2+3)	COH 2020 ALLOCATION PERCENTAGE APPLIED TO GRANT AWARD DIRECT SRVC PLUS PART B DIRECT SRVC	VARIANCE BETWEEN ALLOCATED BUDGETS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 5 - 4)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 7,771,456	\$ -	\$ 7,771,456	\$ 9,584,184	\$ 1,812,728
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 12,239,257	\$ -	\$ 12,239,257	\$ 10,513,048	\$ (1,726,209)
ORAL HEALTH CARE	\$ 4,864,791	\$ -	\$ 4,864,791	\$ 4,960,976	\$ 96,185
MENTAL HEALTH	\$ 363,459	\$ -	\$ 363,459	\$ 211,105	\$ (152,354)
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 2,799,923	\$ -	\$ 2,799,923	\$ 2,346,788	\$ (453,135)
EARLY INTERVENTION SERVICES (HIV Testing Services)	\$0	\$ -	\$ -	\$ 207,587	\$ 207,587
NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)	\$ 1,916,408	\$ -	\$ 1,916,408	\$ 2,291,134	\$ 374,726
HOUSING (RCFCI, TRCF, and Permanent Supportive)	\$ 3,172,138	\$ 3,659,279	\$ 6,831,417	\$ 7,397,513	\$ 566,096
OUTREACH (Linkage and Re-engagement Program and Partner Services)	\$ 751,855	\$ -	\$ 751,855	\$ 1,959,762	\$ 1,207,907
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ 1,013,850	\$ 1,013,850	\$ 785,200	\$ (228,650)
MEDICAL TRANSPORTATION	\$ 503,260	\$ -	\$ 503,260	\$ 664,982	\$ 161,722
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 3,026,341	\$ -	\$ 3,026,341	\$ 2,093,462	\$ (932,879)
LEGAL	\$ 115,197	\$ -	\$ 115,197	\$ 56,295	\$ (58,902)
SUB-TOTAL DIRECT SERVICES	\$ 37,524,085	\$ 4,673,129	\$ 42,197,214	\$ 43,072,036	\$ 874,822
QUALITY MANAGEMENT	767,163	-	767,163	\$ 1,330,192	\$ -
ADMINISTRATIVE SERVICES	4,433,910	500,000	4,933,910	\$ 4,933,971	\$ (61)
GRAND TOTAL	\$ 42,725,158	\$ 5,173,129	\$ 47,898,287	\$ 49,336,199	\$ 1,437,912
GRAND TOTAL PLUS \$285,908 MAI YR 29 Carry over	\$ 42,725,158	\$ 5,173,129	\$ 47,898,287	\$ 49,622,107	\$ 1,723,820

RYAN WHITE PART A SUMMARY
COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
SUMMARY REPORT

DRAFT

GRANT YEAR 30 RYAN WHITE PART A FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of Nov 5, 2020 and invoicing up to September 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART A COH ALLOCATIONS	PART A TOTAL YTD EXPENDITURES	PART A FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	27.24%	4,207,919	7,771,456	\$ 1,812,728
4	MEDICAL CASE MGMT (Medical Care Coordination)	29.88%	6,145,911	12,239,257	\$ (1,726,209)
11	ORAL HEALTH CARE	14.10%	2,402,627	4,864,791	\$ 96,185
3	MENTAL HEALTH	0.60%	206,184	363,459	\$ (152,354)
16	HOME AND COMMUNITY BASED HEALTH SERVICES	6.67%	1,398,938	2,799,923	\$ (453,135)
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.59%	0	0	\$ 207,587
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services)	5.92%	759,535	1,280,587	\$ 802,319
2	HOUSING (RCFCI, TRCF)	1.42%	398,871	468,871	\$ 30,745
5	OUTREACH SERVICES (Linkage and Re-engagement Program and Partner Services)	5.57%	252,870	751,855	\$ 1,207,907
15	SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	0.00%	0	0	\$ -
9	MEDICAL TRANSPORTATION	1.89%	191,382	503,260	\$ 161,722
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	5.95%	1,689,905	3,026,341	\$ (932,879)
21	LEGAL	0.16%	976	115,197	\$ (58,902)
	SUB-TOTAL DIRECT SERVICES	100%	17,655,118	34,184,997	\$ 995,715
	QUALITY MANAGEMENT	1,330,192	275,643	767,163	\$ 563,029
	ADMINISTRATION (Includes COH Budget) (10% of Part A award)	4,057,158	2,787,071	4,057,097	\$ 61
	GRAND TOTAL	\$ 40,571,580	\$ 20,717,832	\$ 39,009,257	\$ 1,562,323

Year 30 Grant funding for Part A is \$40,571,580

* Early Intervention Services - PHI staff salary transfers updated through Sept. 2019

RYAN WHITE MAI SUMMARY

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE MAI FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of Nov 5, 2020 and invoicing up to September 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	TOTAL ALLOCATION MAI FY 30	MAI FISCAL YEAR 30 TOTAL YTD EXPENDITURES	MAI FISCAL YEAR 30 FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	0.00%			\$ -
4	MEDICAL CASE MGMT (Medical Care Coordination)	0.00%			\$ -
11	ORAL HEALTH CARE	0.00%			\$ -
3	MENTAL HEALTH	0.00%			\$ -
16	HOME AND COMMUNITY BASED HEALTH SERVICES	0.00%			\$ -
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.00%			\$ -
10	NON-MEDICAL CASE MANAGEMENT (Transitional Case Management)	6.14%	366,739	635,821	\$ (427,594)
2	HOUSING (Permanent Supportive Housing/Housing for Health Program)	93.86%	1,351,633	2,703,267	\$ 479,830
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)	0.00%			\$ -
15	SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	0.00%			\$ -
9	MEDICAL TRANSPORTATION	0.00%			\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	0.00%			\$ -
21	LEGAL	0.00%			\$ -
	SUB-TOTAL DIRECT SERVICES	100%	1,718,372	3,339,088	\$ 52,236
	ADMINISTRATION (10% of MAI Year 30 award)	376,813	188,629	376,813	\$ -
	GRAND TOTAL	\$ 3,768,137	\$ 1,907,001	\$ 3,715,901	\$ 52,236

The total MAI funding for Year 30 is \$3,768,137 plus \$285,908 from Year 29 approved roll over funding. However, this table only reflects the base award without the carryover funds

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE PART B FUNDING EXPENDITURES THROUGH MARCH 2021 (as of Nov 5, 2020 and invoicing up to September 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART B BUDGET	PART B TOTAL YTD EXPENDITURES	PART B FULL YEAR ESTIMATED EXPENDITURES	VARIANCE TOTAL BUDGET VS. FULL YR. ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE				\$ -
4	MEDICAL CASE MGMT SVCS (Medical Care Coordination)				\$ -
11	ORAL HEALTH CARE				\$ -
3	MENTAL HEALTH				\$ -
16	HOME AND COMMUNITY BASED HEALTH SERVICES				\$ -
7	EARLY INTERVENTION SERVICES (HIV Testing Services)				\$ -
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)				\$ -
2	HOUSING (RCFCI, TRCF)	3,714,800	1,829,640	3,659,279	\$ 55,521
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)				\$ -
15	SUBSTANCE ABUSE TREATMENT-RESIDENTIAL	785,200	506,925	1,013,850	\$ (228,650)
9	MEDICAL TRANSPORTATION				\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT				\$ -
21	LEGAL				\$ -
	SUB-TOTAL DIRECT SERVICES	\$ 4,500,000	\$ 2,336,565	\$ 4,673,129	\$ (173,129)
	QUALITY MANAGEMENT	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION (10% of Part B award)	\$ 500,000	\$ 202,386	\$ 500,000	\$ -
	GRAND TOTAL	\$ 5,000,000	\$ 2,538,951	\$ 5,173,129	\$ (173,129)

Year 2 State allocation for Part B is \$5,000,000.



Proposed Plan to End the HIV Epidemic in Los Angeles County

Key Themes from the Public Comment Period

Los Angeles County Commission on HIV Annual Meeting
November 12, 2020

Julie Tolentino, MPH
Program Manager, Ending the HIV Epidemic
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



EHE Plan – Key Dates

- September 16 Ending the HIV Epidemic (EHE) Townhall
30-day Public Comment Period
Promoted through multiple listservs, presentations, directly to partners
- October 8 Commission on HIV Discussion
- October 28 EHE Event in Spanish
- October 29 EHE Steering Committee Small Group Discussion
- November EHE Plan revisions
- December 31 EHE Plan due to CDC

Responses

- 26 participants submitted via SurveyMonkey (17 pages)
- 13 pages of input from the Commission
- 6 pages input from subset of EHE Steering Committee members
- 2 pages input from EHE Event in Spanish

Ending the HIV Epidemic in Los Angeles County

DRAFT PLAN

Public comment period: September 16 – October 16, 2020

Submit comments through the online feedback form:
<https://tinyurl.com/EHEfeedback>



General Feedback on Proposed Ending the HIV Epidemic Plan

Focus on highly impacted communities and vulnerable populations (communities of color, youth, transgender population, PWID/SUD, people experiencing homelessness, etc.)

Conduct service provider trainings on implicit bias, trauma informed care, medical mistrust, sexual health and HIV

Offer continuing education in HIV and LGBTQ+ competency for healthcare providers

Increase community education on HIV prevention and treatment

Decrease stigma and fear in accessing services

New partners (colleges, universities, faith-based institutions, medical associations, workforce organizations, etc.)

Hire staff reflective of the population served and increase transparency by sharing staff demographics

Ensure language is inclusive and client-centered

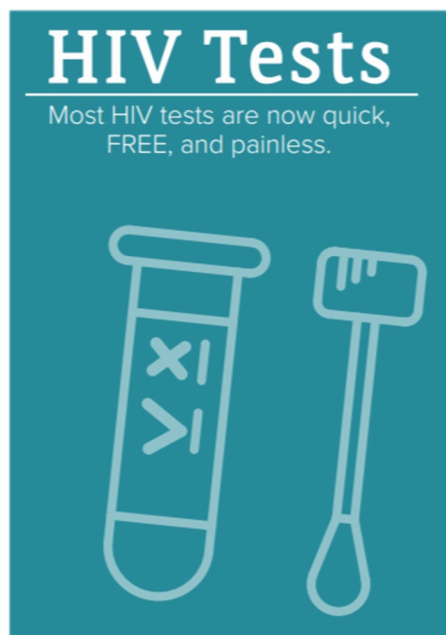
Rethink plan structure and develop a shorter resource/summary for the community

Support alternatives to incarceration and clarify partnership with law enforcement

Create overarching strategy or goal specific to anti-racism, supporting communities of color, racial justice

Feedback on Pillar 1: Diagnose

- Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other institutional settings in high prevalence communities.
- Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home testing.
- Strategy 1C: Increase at least yearly re-screening of persons at elevated risk for HIV infection in healthcare and non-healthcare settings.



Key Themes

- Increase testing access points with the highest impact (street outreach, low threshold rapid testing opportunities, non-traditional/alternative testing sites)
- Create processes and systems to ensure clients using home test kits are linked to care
- Train providers across all sectors on routine testing
- Increase focus on testing

Proposed Strategies for Pillar 2: Treat

- 2A: Rapid linkage to HIV care and ART initiation
- 2B: Address unmet mental health and substance use disorder (SUD) treatment needs to support re-engagement and retention
- 2C: Promote Ryan White services
- 2D: Develop emergency financial assistance program
- 2E: Improve delivery of client care and customer satisfaction by addressing staff capacity and burnout
- 2F: Develop new housing service to provide rental subsidies to prevent homelessness among PLWH.
- 2G: Explore conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH.



Feedback on Pillar 2: Treat

Key Themes

- Expand care to include both HIV treatment and prevention services
- Rapid ART (making it a priority, training staff adequately, developing a standard of care through the Commission, encouraging same day ART, providing TA to providers/clinics on implementation)
- Increase knowledge of and access to supportive services for both providers and clients
- Address staff burnout and focus on linkage to care activities that are specific to populations
- Enhance or expand street medicine opportunities



Feedback on Pillar 3: Prevent

- Strategy 3A: Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage.
- Strategy 3B: Increase availability, use, and access to and quality of comprehensive syringe services programs (SSPs).

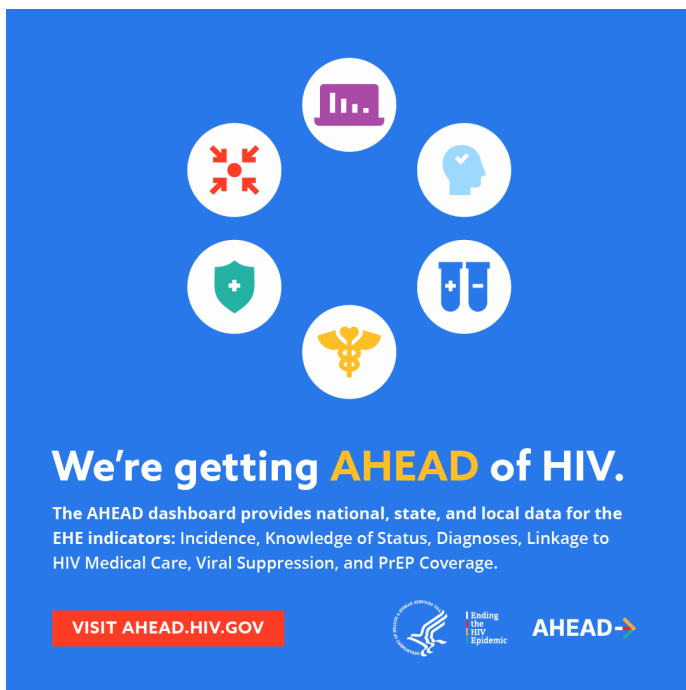
Key Themes

- PrEP education including targeted outreach to specific communities (women, communities of color, transgender community)
- Educate providers on alternatives to daily PrEP including innovations, new technology, etc.
- Promote pharmacy locations as PEP/PrEP access points
- Offer same-day PrEP to clients
- Inform community that PrEP can be accessed for free



Pillar 4 Feedback: Respond

- Strategy 4A: Refine processes, data systems, and policies for robust, real-time cluster detection, time-space analysis, and response
- 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.

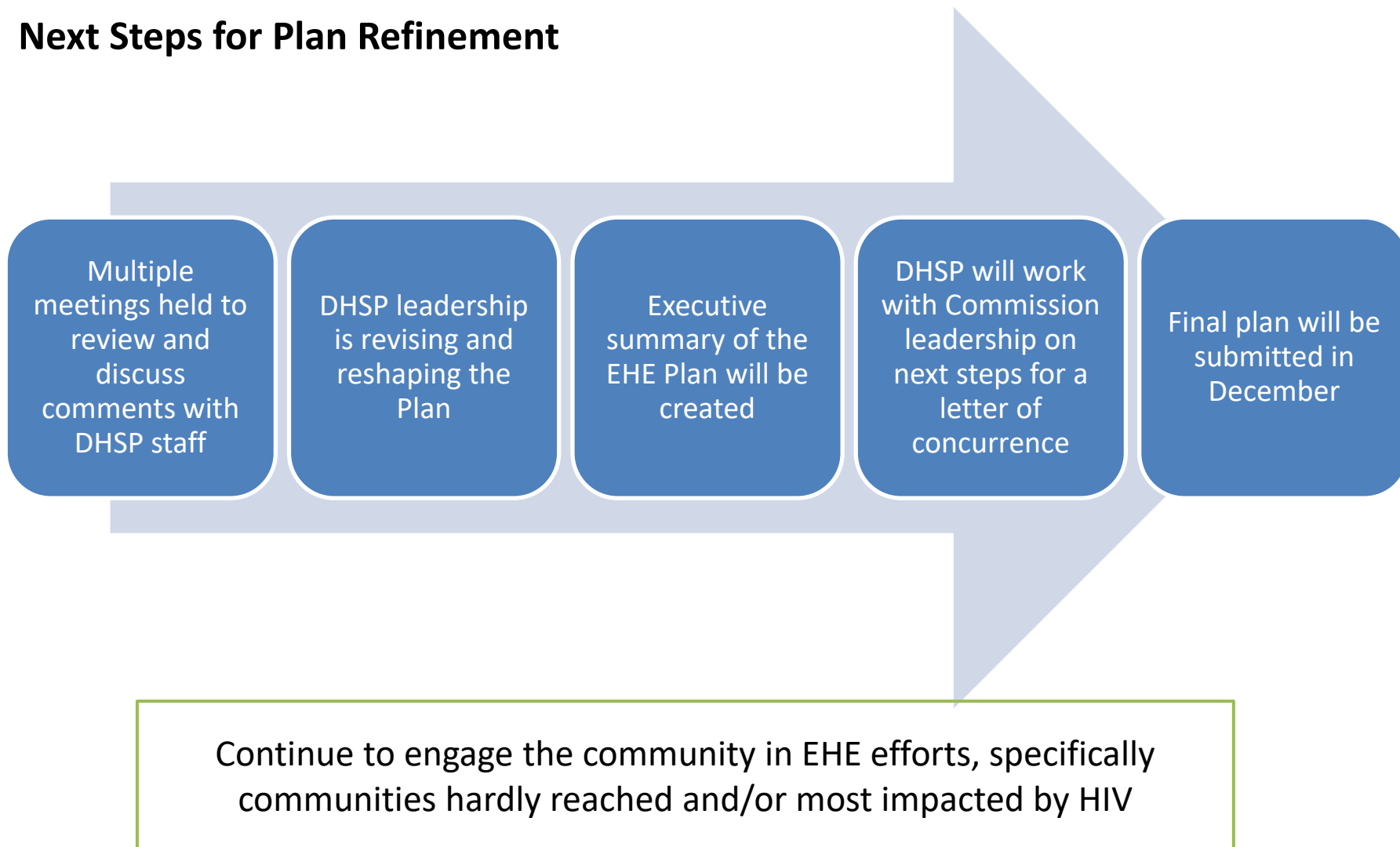


The graphic features a blue background with six white circular icons arranged in a hexagonal pattern. The icons represent: a red cross with arrows pointing outwards, a purple bar chart, a blue head with a checkmark, a green shield with a white cross, a yellow caduceus, and two blue test tubes with plus and minus signs. Below the icons, the text reads: "We're getting **AHEAD** of HIV." followed by a smaller line: "The AHEAD dashboard provides national, state, and local data for the EHE indicators: Incidence, Knowledge of Status, Diagnoses, Linkage to HIV Medical Care, Viral Suppression, and PrEP Coverage." At the bottom, there is a red button with the text "VISIT AHEAD.HIV.GOV", the "Ending the HIV Epidemic" logo, and the "AHEAD" logo with a colorful arrow.

Key Themes

- Build the capacity of Partner Services and adapt the program to respond to new outreach services (social networks, internet services, etc.)
- Ensure non-HIV service providers are aware of Partner Services
- Increase community education on molecular surveillance

Next Steps for Plan Refinement



Get involved!

- Spread the word about the Ending the HIV Epidemic initiative and continue to educate yourself and others about HIV, PrEP, and U=U
- Stay tuned for LA County EHE updates on www.LACounty.HIV
- Visit AHEAD dashboard for data across all EHE jurisdictions
<https://ahead.hiv.gov/>
- For HIV, STD, and sexual health info and resources in LA County visit and share www.GetProtectedLA.com
- Attend Los Angeles County Commission on HIV meetings and/or apply to be a Commissioner
<http://hiv.lacounty.gov/>





Thank you!

Julie Tolentino, MPH

jtolenino@ph.lacounty.gov

www.LACounty.HIV

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

The time is
Now.

#EndHIVEpidemic

Launch of the “Take Me Home” Self-Testing Program in Los Angeles County

Los Angeles County Commission on HIV Annual Meeting
November 12, 2020

Wendy Garland, MPH, Division of HIV and STD Programs



Ending the HIV Epidemic in Los Angeles County

By utilizing the right data, right tools & right leadership

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

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



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



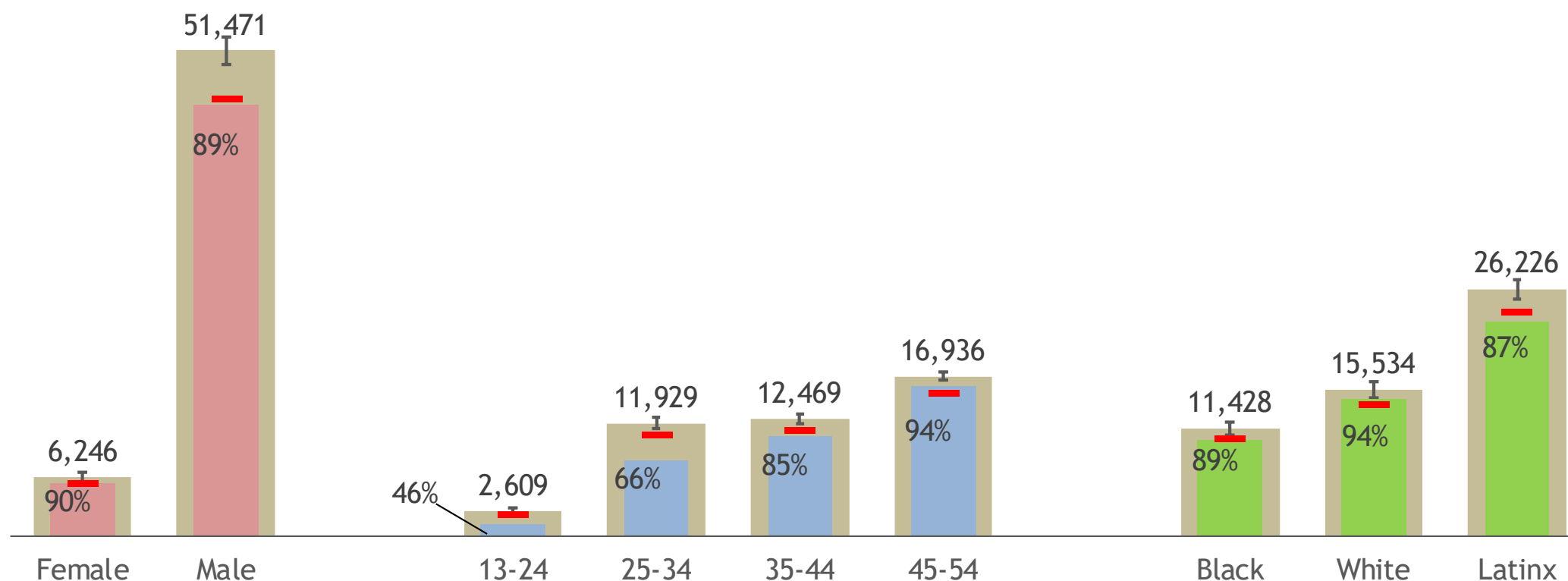
Respond

- 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

Key indicators being tracked:

- Annual number of new infections
- Annual number of reported HIV diagnoses
- Estimated percentage of persons living with HIV and aware of HIV-positive status
- Percentage of persons diagnosed with HIV and linked to care within 1 month
- Percentage of persons diagnosed with HIV and virally suppressed
- Percentage of persons in priority populations prescribed PrEP

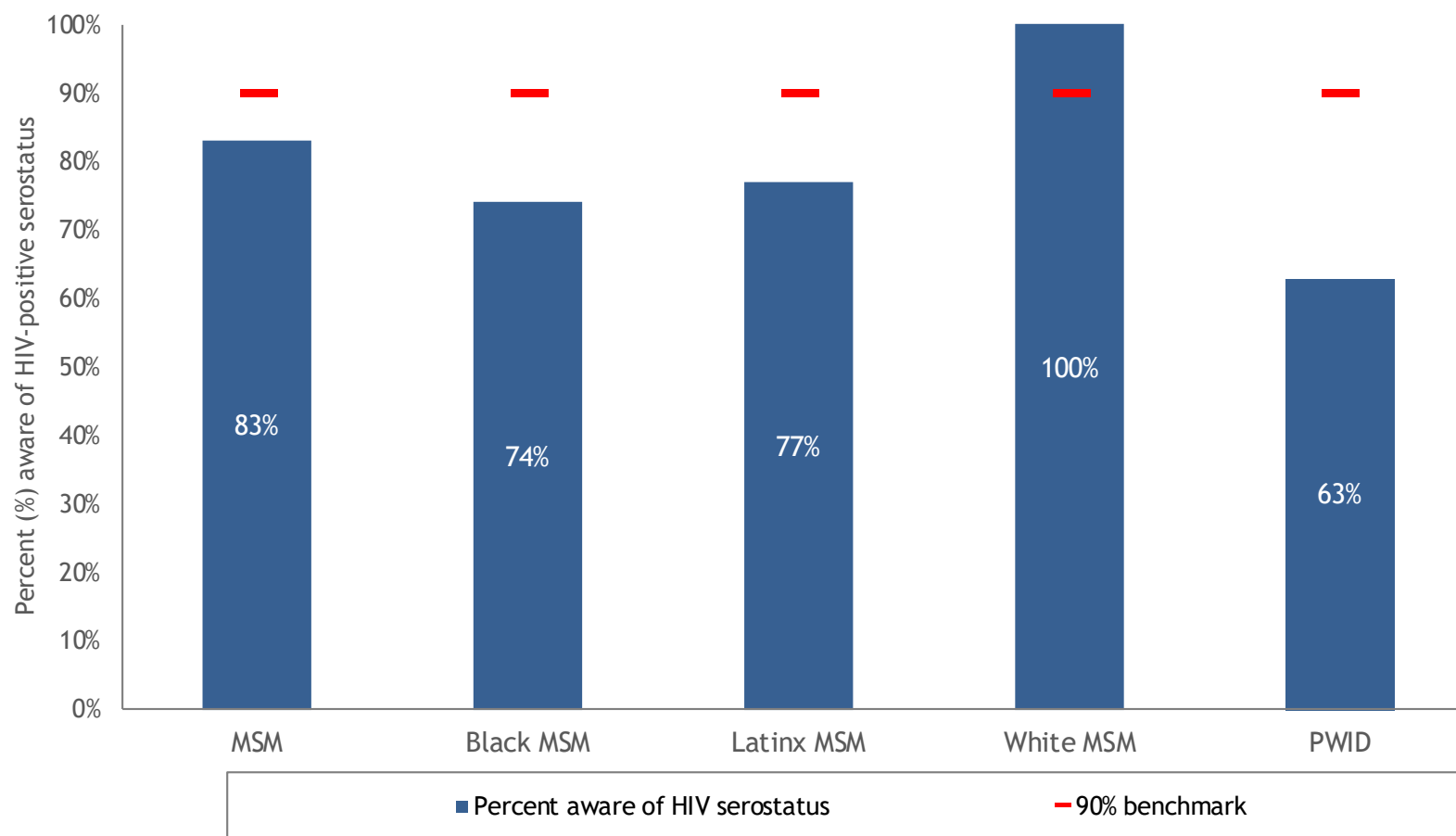
Awareness of HIV serostatus¹ among PLWH aged ≥ 13 years by gender, age group, and race/ethnicity, LAC 2017



¹ Transgender persons, Asian/Pacific Islanders, American Indians, Alaskan Natives and persons of multiple race/ethnicities were not included in the analysis because of unstable results due to small numbers.

■ Estimated number of PLWH — 90% Benchmark

Awareness of HIV-positive serostatus among participants aged ≥ 18 years by risk group and race/ethnicity, National HIV Behavioral Surveillance¹, LAC 2017-2018



¹National HIV Behavioral Surveillance (NHBS) is a national behavioral surveillance system designed to generate nationally representative estimates of HIV prevalence and behaviors among groups at highest risk for HIV infection. NHBS has been implemented in 20 local health jurisdictions, including LAC, since 2004. In LAC, the last cycle of NHBS was conducted in 2017 for MSM and 2018 for PWID. Data presented in this figure are not weighted and therefore should not be considered generalizable to all MSM and PWID in LAC. Due to small numbers of HIV-positive PWID, data were not stratified by race/ethnicity for this population. Data on HIV testing in past 12 months excludes participants diagnosed with HIV >12 months prior to the survey interview.

What is “TakeMeHome”?

TakeMeHome is a national platform for ordering home HIV test kits that helps public health departments to expand testing access to community members who might hesitate about walking into a clinic.

TakeMeHome is available to community members for free in participating health jurisdictions at TakeMeHome.co and promoted through its dating app partners, CDC and local resources.

MANHUNT



dudesnude



Partnership Model

To make mailed HIV testing most efficient for public health, Building Healthy Online Communities (BHOC) created a partnership model with NASTAD and Emory University that includes:

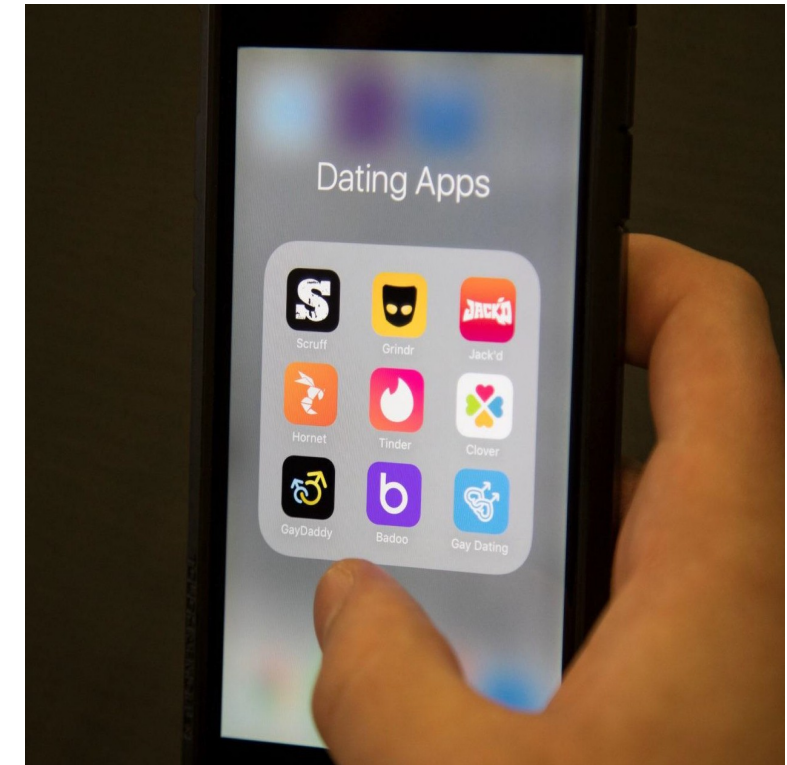
1. Centralized system for HIV test kit ordering, distribution and results
2. Partnerships with public health agencies to fund HIV test kits and system infrastructure and provide client-level data
3. Partnerships with apps, who engage with higher-risk persons, and can promote HIV testing to their users

Started with 4 health departments in late March, currently have 5 states and 19 counties participating

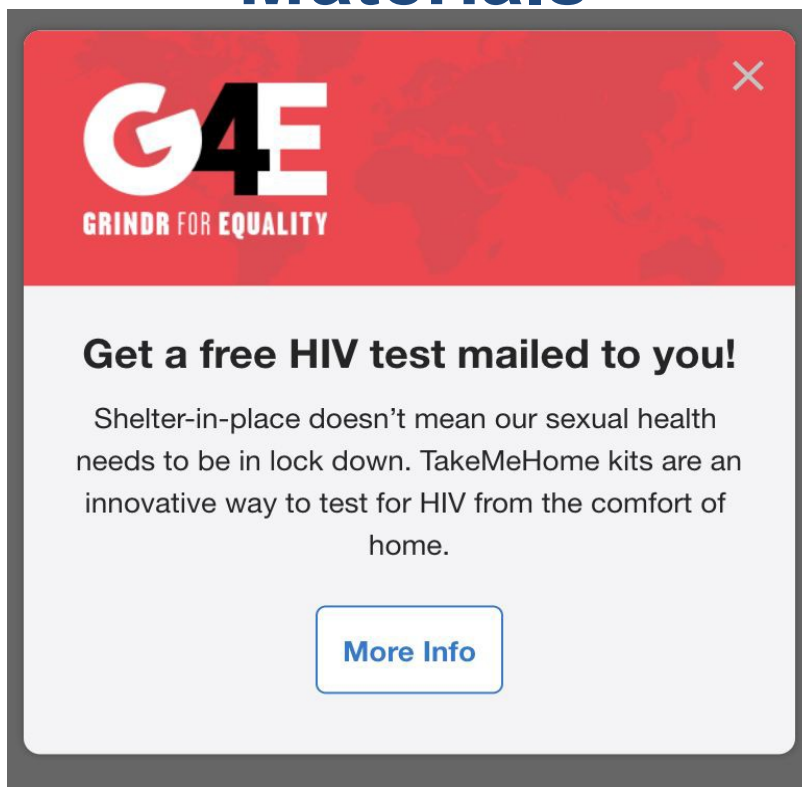


Why focus on apps?

- Nearly **75% of MSM** reported using dating apps in the past year to meet a partner.
(Emory University AMIS survey, 2019)
- Grindr users reported more: higher-risk sex acts, male partners, condomless sex in the past year, and higher rates of gonorrhea and chlamydia. (Hoenigl, 2019)
- **22% of MSM who use dating apps reported that they had NEVER tested for HIV.**
- 77% of app users reported that they wanted to be able to order a home HIV test through a dating app.



Promotional Materials

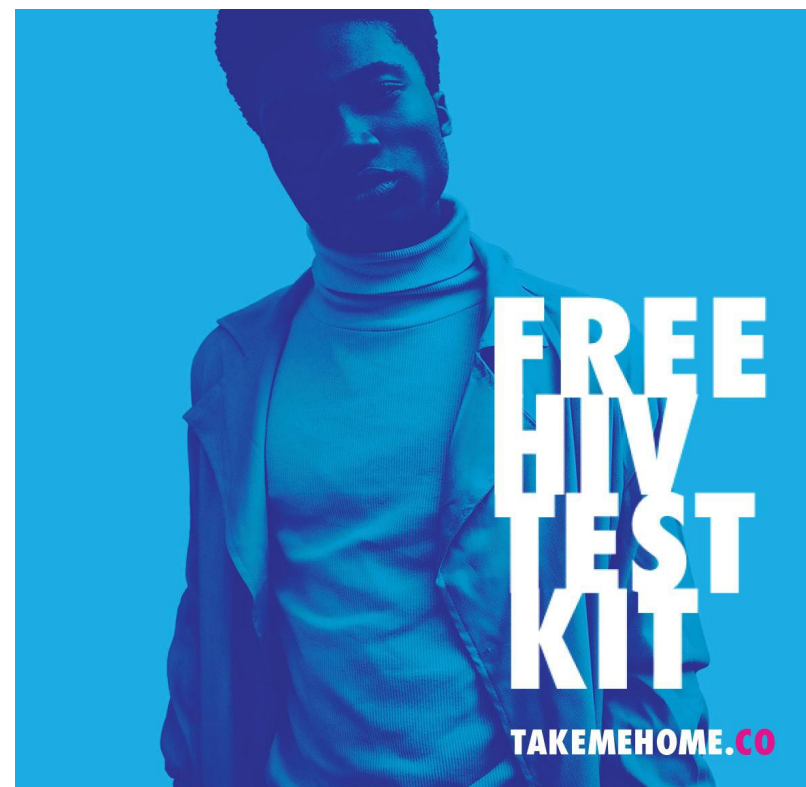


G4E
GRINDR FOR EQUALITY

Get a free HIV test mailed to you!

Shelter-in-place doesn't mean our sexual health needs to be in lock down. TakeMeHome kits are an innovative way to test for HIV from the comfort of home.

[More Info](#)



**FREE
HIV
TEST
KIT**

TAKEMEHOME.CO

GET PROTECTED LA

MY SEXUAL HEALTH

GET TESTED & TREATED

U=U

PREP/PEP

STD FACTS

PROVIDERS

CONTACT US

 EN

 ES



Get STD and HIV Testing

IMPORTANT NOTICE:

Due to COVID-19, some services listed below may be temporarily closed or have different service hours so please call ahead to confirm.

If you are having sex, getting tested regularly for HIV and other STDs is an important way to protect your health. Talk to your provider as most can offer you testing.

Need help finding a provider? Please visit:

Tell Me About...

[STD and HIV Testing](#)

[HIV Treatment](#)

[PrEP & PEP](#)

[Free Condoms](#)

[HIV Info](#)

[Sexually Transmitted Diseases \(STDs\)](#)

[How to use a Condom](#)

[CWF Sexual Health Toolkit](#)

[Royal Tea Toolkit](#)

[Home HIV Testing Kit](#)



FREE CONDOMS

Click to get 10 free by mail

Key Steps TakeMeHome



Eligibility

- Age 18 and older AND
- Have not had an HIV test the past year AND
- Live in Los Angeles County

Ordering

- Complete online order form for test kit
- Delivery in approximately three days

Testing

- Perform OraQuick test (3rd generation rapid antibody test)
- Clients with a preliminary positive test result are encouraged to access confirmatory testing

Accessing Services

- All clients receive information about STD testing, condoms, PrEP and U=U
- Local HIV testing and care resources are provided through TMH website including direct number to DHSP

Follow-Up

- Post-test information collected from participants

Local Resources for LAC clients

RESOURCES / 92404

If you have tested positive for HIV, we are here to help you and your partners connect to care and answer any questions you may have. Call us at (213) 639-4277 and leave a confidential message so we can call you back and get you the care you need.

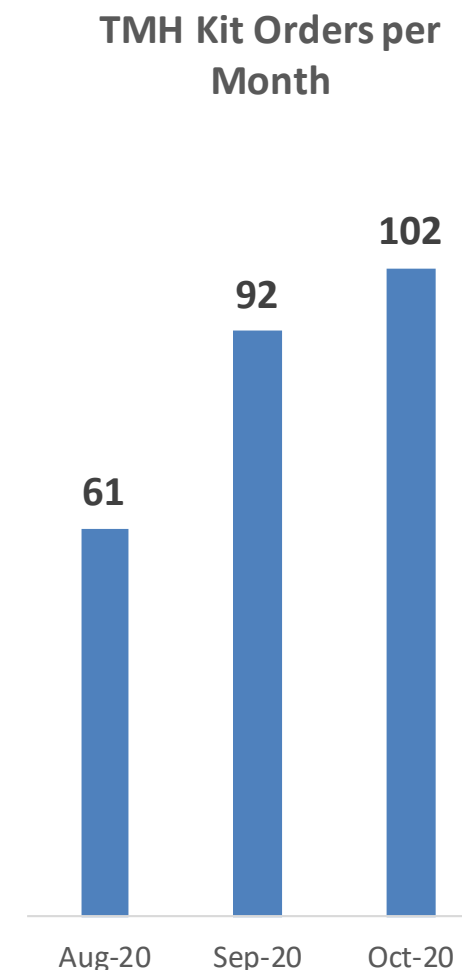
Interested in getting tested for other STDs? Please visit our website for a list of places in Los Angeles County that offer low or no cost STD testing and treatment services.

<https://getprotectedla.com/my-sexual-health/get-std-and-hiv-testing/>



TMH Progress to Date

- April 2020: Started discussions with BHOC
- July 2020: First purchase 2,086 test kits through NASTAD
- August 2020: Launched LAC TMH using targeted approach
 - Hollywood-Wilshire and Long Beach HD zip codes
- September 2020: Expanded LAC TMH to all zip codes
- Pending: Purchase of 6,613 additional TMH test kits

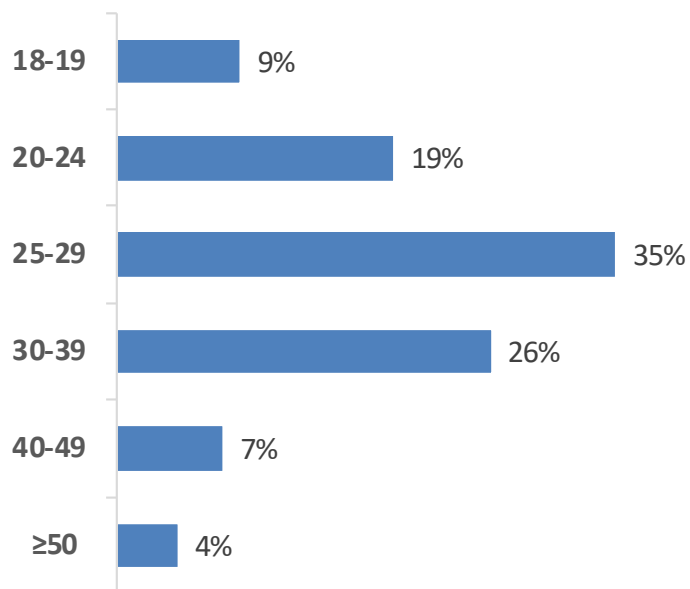


A total of 255 kits ordered to date

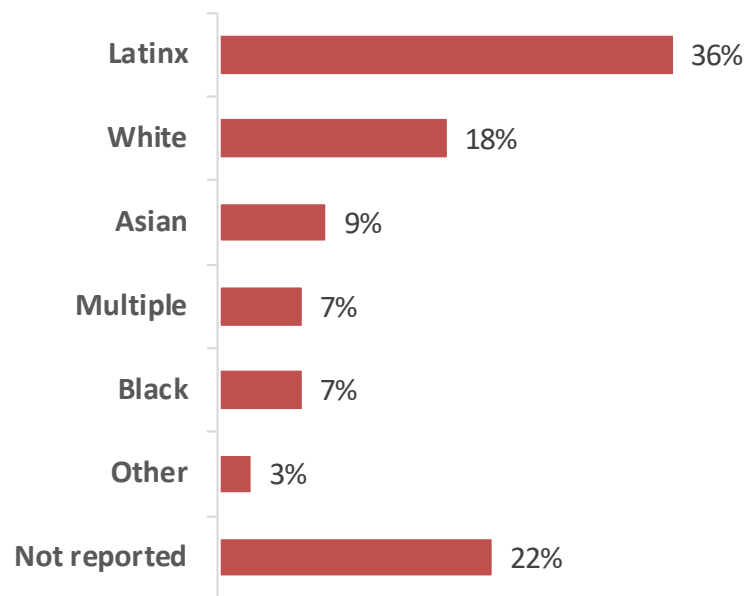
A total of 255 clients have ordered test kits

- 93% reported male sex at birth
- 1 out of 3 reported never having tested for HIV

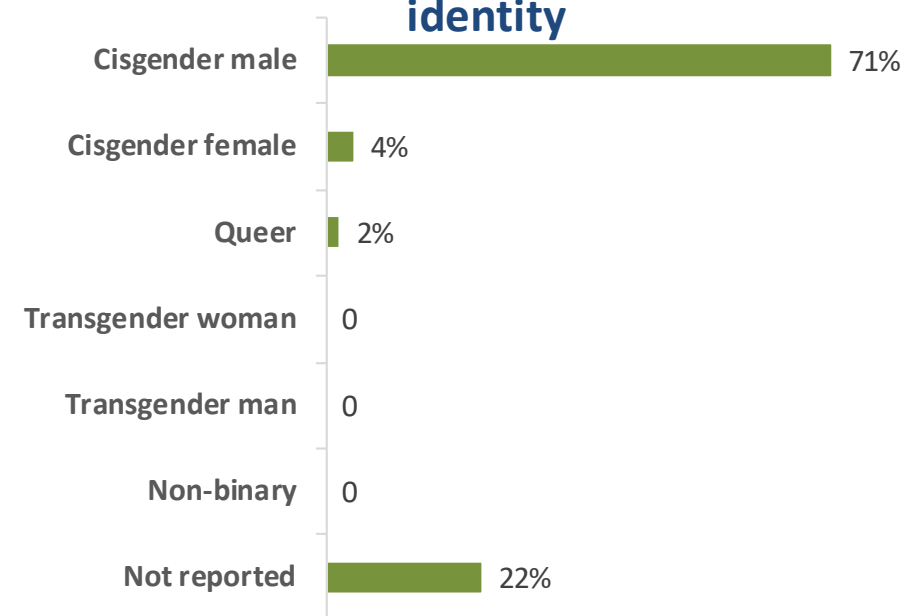
63% of clients were aged 18-29



Majority were Latinx but 1 in 5 did not report race/ethnicity



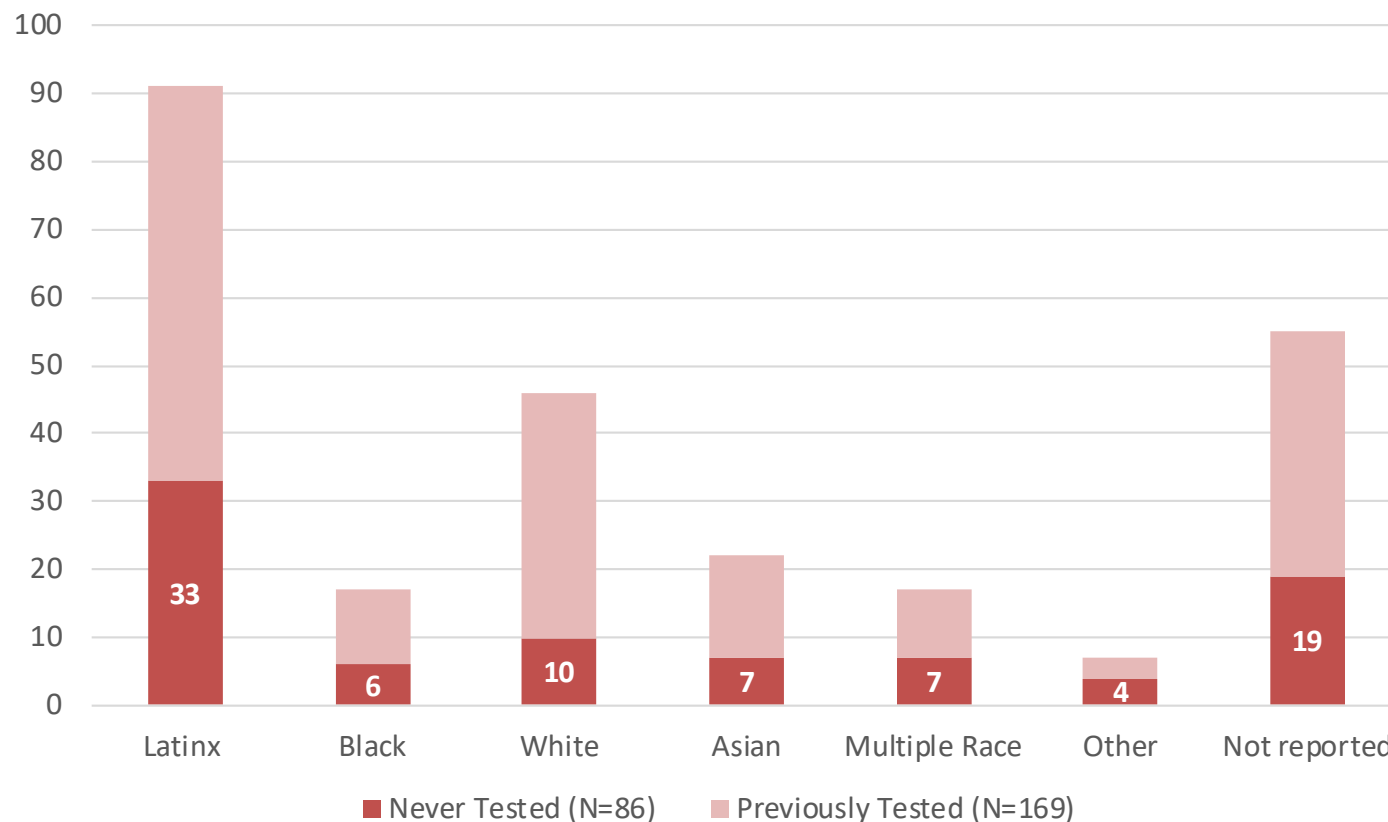
While most clients were cisgender males, 1 in 5 did not report gender identity



The highest number of clients with a reported race/ethnicity were Latinx

Approximately 1 out of 3 Latinx TMH clients had not previously been tested for HIV

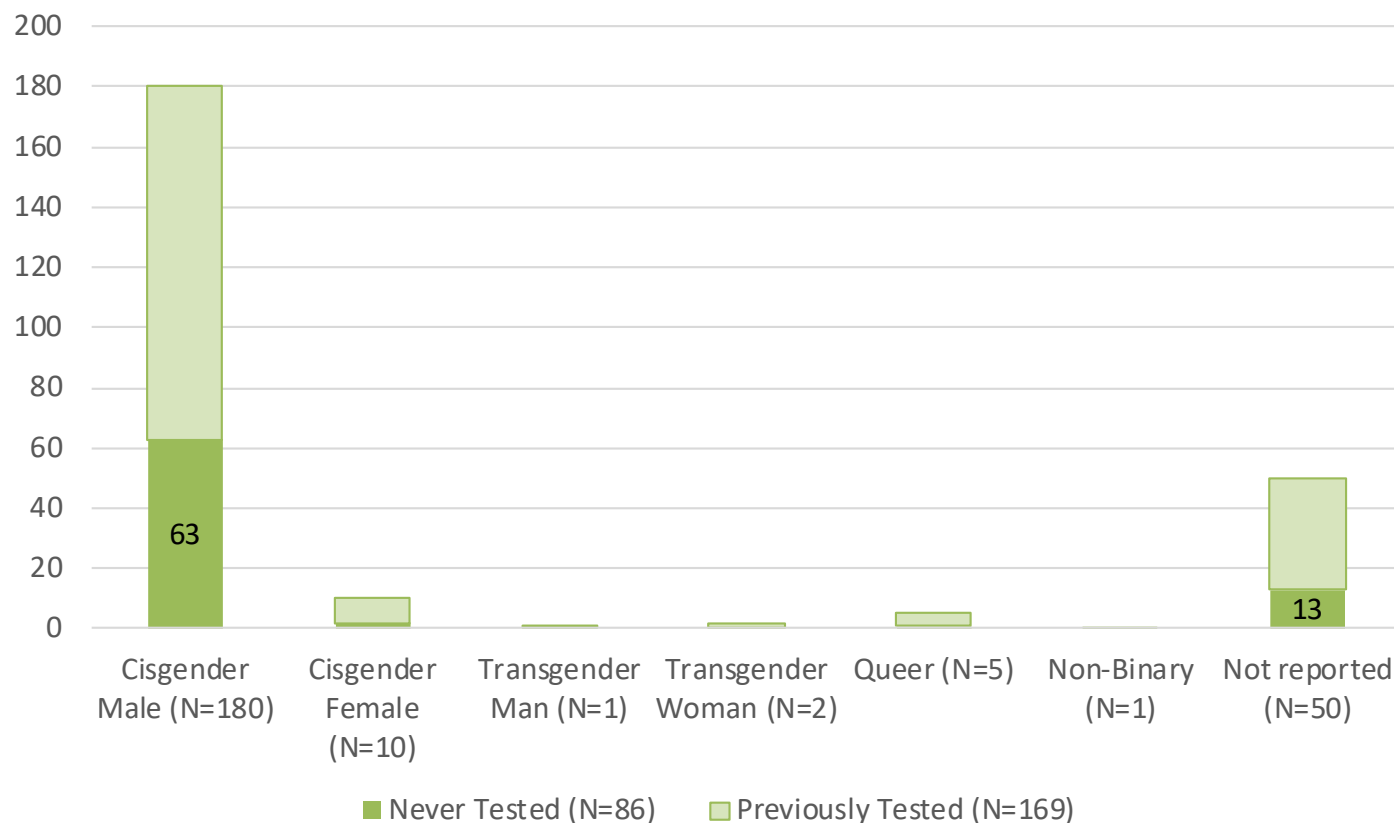
HIV Testing History among TMH Clients by Race/Ethnicity (N=255)



Cisgender males represented the highest number of clients with a reported gender identity

Approximately 3 out of 10 cisgender males in TMH had never previously tested for HIV

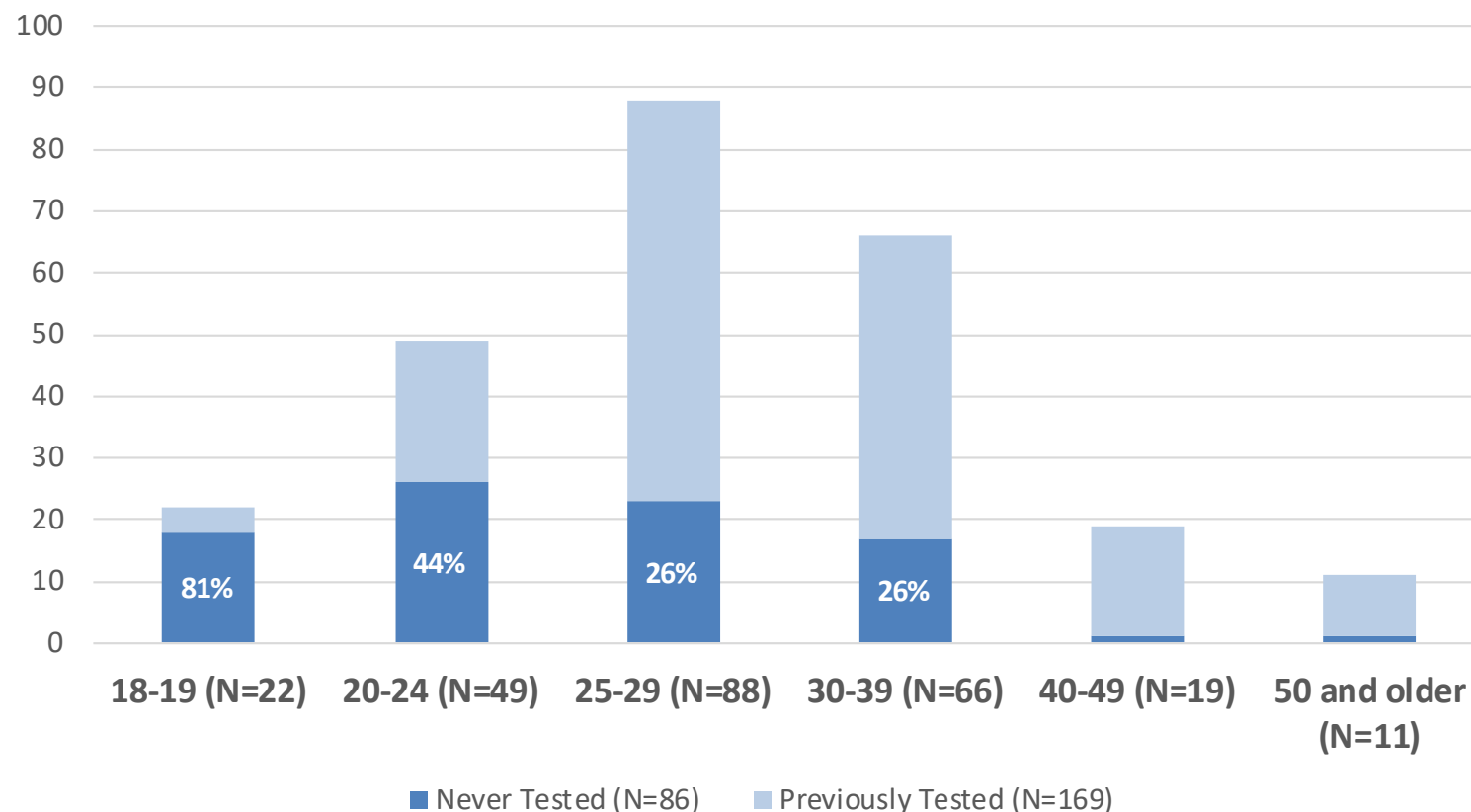
HIV Testing History among TMH Clients by Gender Identity (N=255)



The highest proportions of TMH clients with no history of HIV testing was among those aged 18-24

Approximately 4 out of 5 clients aged 18-19 and 2 out of 5 clients aged 20-24 had never previously tested for HIV

**HIV Testing History among TMH Clients by Age Group
(N=255)**



Summary

- Home HIV testing services have been successfully launched in LAC through the TMH program.
- With 1 out of 3 TMH clients having never been tested for HIV, preliminary data suggest that TMH is reaching LAC residents who are not aware of their HIV status.
- TMH represents an important strategy under the EHE Prevent pillar to increase the number of people who are aware of their HIV status.
- Further evaluation is need to determine how it contributes to increased identification of new HIV diagnoses.

Next Steps for TMH and Home HIV Testing

- Matching TMH with HIV surveillance data to identify newly diagnosed persons and confirm linkage to HIV Care
- Implement client follow-up to offer linkage assistance to PrEP or HIV care
- Increase promotion through partner agencies and existing PrEP and U=U social marketing resources
- Expand self/home HIV testing promotion through contracted HIV testing agencies





To learn more about TakeMeHome visit: <https://takemehome.co/>

Visit Get Protected LA at <https://getprotectedla.com/> for local HIV testing, prevention and treatment resources

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Paulina Zamudio, MPP

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