LOS ANGELES COUNTY
COMMISSION ON HIV

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HIV PREVENTION PLANNING WORKGROUP
Virtual Meeting

Comprehensive HIV Plan (CHP) 2022-2026 | Prevention-Focused Planning & Community Engagement

Agenda and meeting packet will be available prior to the meeting at http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee

Wednesday, January 26, 2022

5:30PM-7:00PM (PST)

JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

https://tinyurl.com/fbt3uyhx

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Access Code: 2595 597 3147

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

Wednesday, January 26, 2022 @ 5:30 – 7:00pm

To Join by Computer: https://tinyurl.com/fbt3uyhx
To Join by Phone: +213-306-3065| Access code: 2595 597 3147

AGENDA

1. **Welcome and Introductions** 5:30-5:45pm
    a. Co-Chair Nominations and Elections

2. Discussion: Continuing our Planning for the Comprehensive HIV Plan (CHP) 2022-2026 5:45-6:30pm
    a. CHP Updates and Feedback
    b. Review of the Ending the HIV Epidemic (EHE) Plan prevention pillar
    c. Discuss scientific and policy advances in HIV prevention and strategies
        i. The FDA's approval of long-acting injectable biomedical prevention treatments
        ii. The CDC's new PrEP guidelines https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf
        iii. California's expanded requirements to cover the cost of PrEP treatments and at-home STI and HIV test kits
    d. Discuss strategies to expand on safe syringe access and address social determinants of health

3. Next Steps and Agenda Development for Next Meeting 6:30-6:45pm

4. Public Comment + Announcements 6:45-7:00pm

5. Adjournment 7:00pm

VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)
Wednesday, October 27, 2021 | 5:30-7:00PM
MEETING SUMMARY

Miguel Martinez (Co-Chair)	Everardo Alvizo	Kiana Dobson
Kevin Donnelly	Marie Francois	Bridget Gordon
Grissel Granados	Katja Nelson	Greg Wilson
Commission on HIV (COH) Staff: Cheryl Barrit, Jose Rangel-Garibay, Carolyn Echols-Watson		
Division of HIV and STD Programs (DHSP) Staff: Pamela Ogata, Julie Tolentino		

1. Welcome and Introductions

Miguel Martinez, PPW Co-Chair, called the meeting to order at approximately 5:35. Attendees were invited to introduce themselves.

The meeting packet for this meeting can be found on the Commission website at the following link:
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=7SN2NJcUWX4%3D&portalid=22&utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

2. UPDATE: Improving PrEP Referrals for Women: Collaboration with Division of HIV and STD Programs

Cheryl Barrit provided an overview of a previous meeting held with Paulina Zamudio, Division of HIV and STD Programs (DHSP), in which the following items were discussed:

- DHSP staff and a few members of the PPW who volunteered to meet with P. Zamudio, examined the existing HIV counseling and testing forms and discussed how to make these forms more amenable to ensuring that women who are eligible for PrEP referrals are having their needs met.
- P. Zamudio emphasized the importance of using the correct performance metrics, looking at the capacities of agencies to understand these forms, and the need for ongoing reminders for practitioners to conduct motivational interviewing styles when reviewing forms with clients.
- P. Zamudio requested that attendees of the meeting continue to review the various HIV counseling and testing forms and program implementation guides and provide feedback in a collective format to her by November 5, 2021.
- Grissel Granados mentioned that factors that put cisgender women at risk of HIV were also discussed at the meeting.

3. Comprehensive HIV Plan (CHP) 2022-2026 (AJ King, Next Level Consulting)

M. Martinez led a discussion on the Comprehensive HIV Plan (CHP). Main points were as follows:

- Prevention should be the primary focus for the CHP.
- C. Barrit stated that after discussing with Consultant A.J. King and Planning, Priorities, & Allocations (PP&A) Co-Chairs Frankie Darling-Palacios and Kevin Donnelly, CHP workgroup and sub-groups will most likely not be formed; instead, the CHP will be a standing item on the PP&A agenda and reflected as priority for all COH Committee and subgroup workplans.
- C. Barrit discussed a webinar hosted by the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), in which it was stated that local jurisdictions do not need to recreate needs assessments if the information already exists in Ending the Epidemic (EHE) documents and other existing plans.

Bridget Gordon inquired how much work has been accomplished since the last CHP, and how progress will be tracked for the upcoming CHP. C. Barrit recognized the shortcomings in the last CHP and addressed the need to examine the tracker from the previous plan and use this information to guide the tracking of the 2022-2026 CHP.

AJ King presented on the "Development of the LA County Integrated HIV Prevention and Care Plan, 2022-2026." Key points from the presentation are as follows:

- The Integrated HIV Prevention and Care Plan Guidance necessitates engagement from a wide range of stakeholders including people at risk for and living with HIV.
- Section 1: Executive Summary may include submissions of portions and other submitted plans including the EHE plan.
- Section II: Community Engagement and Planning Process must describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements.
- Section III: Contributing Data Sets and Assessments provides data, an epidemiological snapshot of HIV in LA County, and a needs assessment.
- Section IV: Situational Analysis serves as a synthesis of Section II and III.
- Section V: Goals and Objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding.
- Section VI: Integrating Planning Implementation, Monitoring and Jurisdictional Follow Up requires jurisdictions to detail how best to ensure the success of Integrated Plan goals through 1) Implementation; 2) Monitoring; 3) Evaluation; 4) Improvement; and 5) Reporting and Dissemination.

- Section VII: Letters of Concurrence specifies how the planning body was involved in the Integrated Plan development.
- A. King presented a detailed timeline on the development of the CHP.

M. Martinez inquired if the CHP and Ending the Epidemic (EHE) plan timelines will align. AJ King explained that the goals of the CHP should align with the goals of EHE.

AJ King suggested highlighting the strengths and resiliencies of different communities in the needs assessment.

G. Granados mentioned that current HIV interventions are heavily biomedical and suggested including a section on the social determinants of HIV.

Everardo Alvizo emphasized the importance of the status-neutral approach in HIV prevention.

G. Granados suggested engagement from the Black/African American Community Task Force and Women's Caucus in the process of developing the CHP.

Julie Tolentino, DHSP, suggested engagement from stakeholders such as youth and young adults, Connect2Protect LA, the Domestic Violence Council, the Community Prevention and Population Health Task Force, and the Sherriff's Department. She also mentioned collaborating with Dr. Astrid Reina, Department of Mental Health (DMH) and Dr. Rebecca Gitlin, DMH.

Greg Wilson suggested collaboration with the DMH Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Two-Spirit (LGBTQIA2-S) Underserved Cultural Communities (UsCC) subcommittee.

Kevin Donnelly suggested collaboration with the HIV Mental Health Task Force.

4. Public Comment + Announcements

The PPW decided to cancel their November 24th meeting and keep their December 22nd meeting. The December PPW meeting will focus on 1) review of the 2017-2021 outcomes; 2) Review of the EHE Plan prevention pillar and expand on safe syringe access, and social determinants of health.

5. Adjournment

The meeting was adjourned at approximately 6:52 PM.

Development of the Comprehensive HIV Plan, 2022-2026

Prevention Planning Workgroup Meeting

January 26, 2022

Review

- The CHP is due to our federal partners (HRSA and CDC) in December

- Summary of Contents:
  1. Where are we now?
     - EPI Overview; Resources; Needs
     - Strengths and Challenges re: Diagnose/Treat/Prevent/Respond

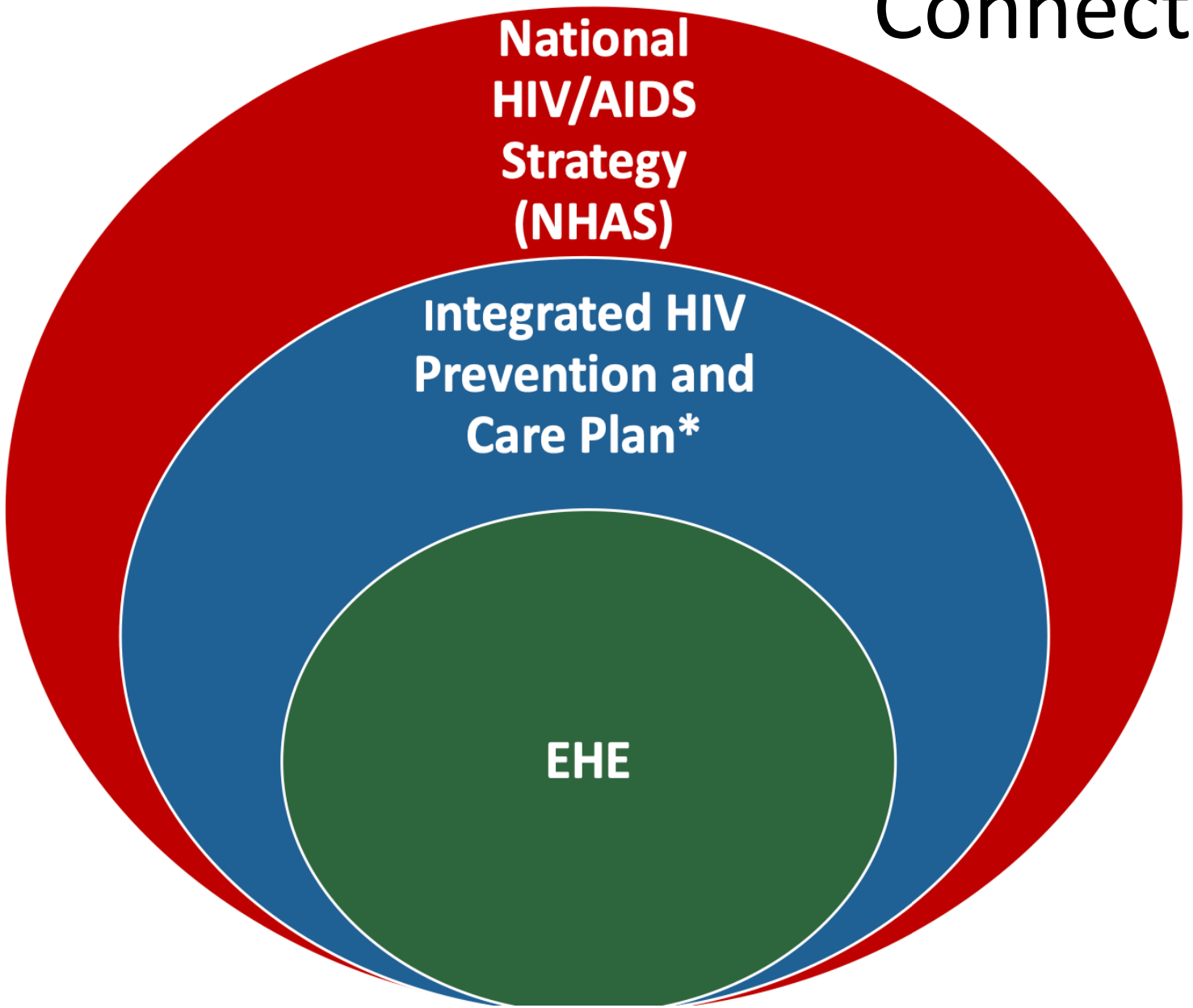
  2. Where do we want to go and how do we get there?
     - Goals and Objectives
     - Implementation, Monitoring and Follow-Up

Key Tenets

- Content:
  - Status Neutral
  - Address social determinants of health/racial and other inequities
  - Address “syndemics”

- Process:
  - Build upon local EHE Plan and other plans
  - Harness existing and build new partnerships
  - Community engagement runs throughout

Connection to Other Plans



<u>NHAS Overarching Goal</u>:
Reduce new HIV infections by 90% by 2030

<u>CHP Goals and Objectives Pertaining to EHE Strategies</u>:

1. Diagnose
2. Treat
3. Prevent
4. Respond

Source: https://targethiv.org/sites/default/files/media/documents/2021-11/CDC_HRSA_Overview_Integrated_Prevention_Care_Guidance_2021.pdf

Ending the HIV Epidemic in Los Angeles County

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

http://www.publichealth.lacounty.gov/dhsp/EHE/EHE_Strategies_Infographic_English.pdf

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

Division of HIV and STD Programs Report: State of HIV and STDs in Los Angeles County

Commission on HIV, November 18, 2021

Mario J. Pérez, MPH
Director, Division of HIV and STD Programs

Today we will discuss…

Los Angeles County Update on HIV and STDs

EHE Progress to Date

EHE Steering Committee Projects

- Robbie Rodriguez
- Zelenne Cardenas
- Bridget Rogala
- Tyreik Gaffney-Smith

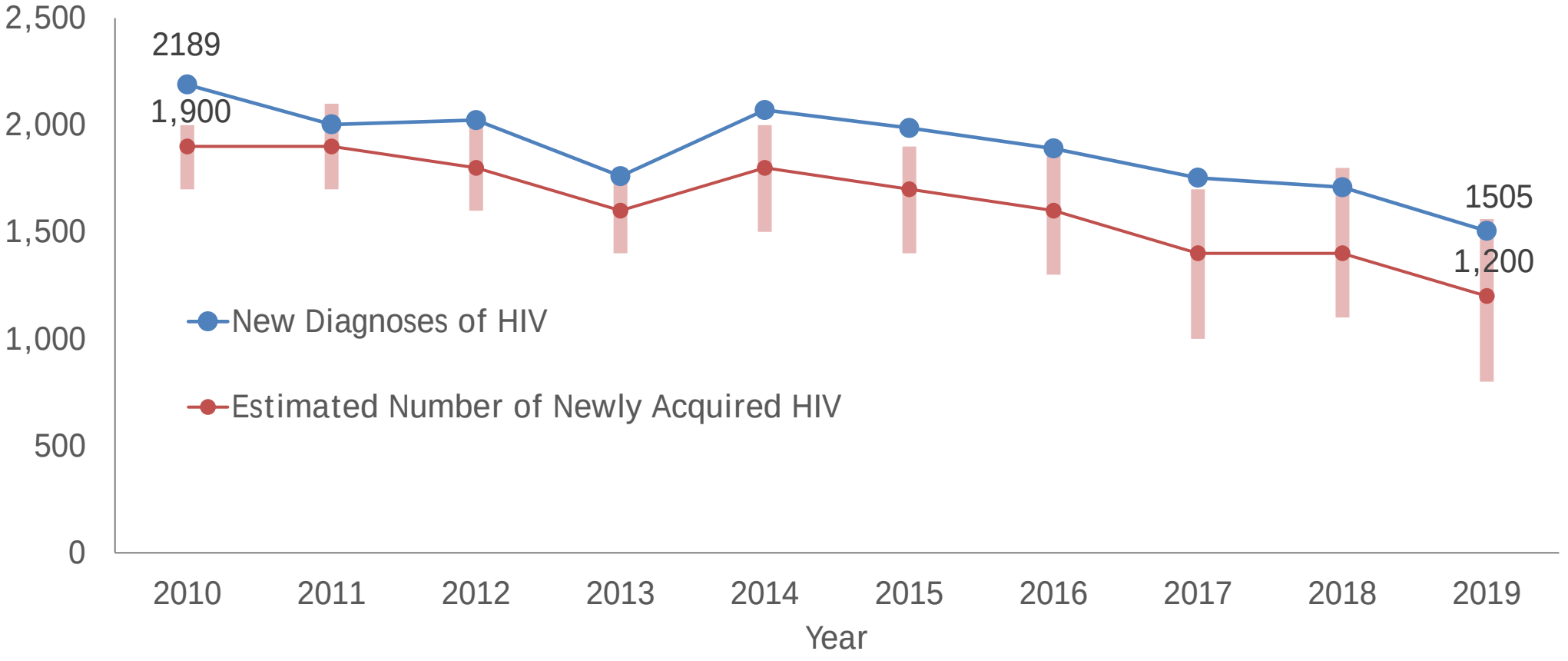
EHE Community Engagement Program

- Gerald Garth & Jamar Moore, Arming Minorities Against Addiction and Disease (AMAAD) Institute

Questions & Discussion

Los Angeles County Update on HIV and STDs

A Declining Epidemic: Trends in the number of new HIV diagnoses[1] and estimated number of newly acquired HIV[2] among persons aged 13+ years, LAC 2010-2019

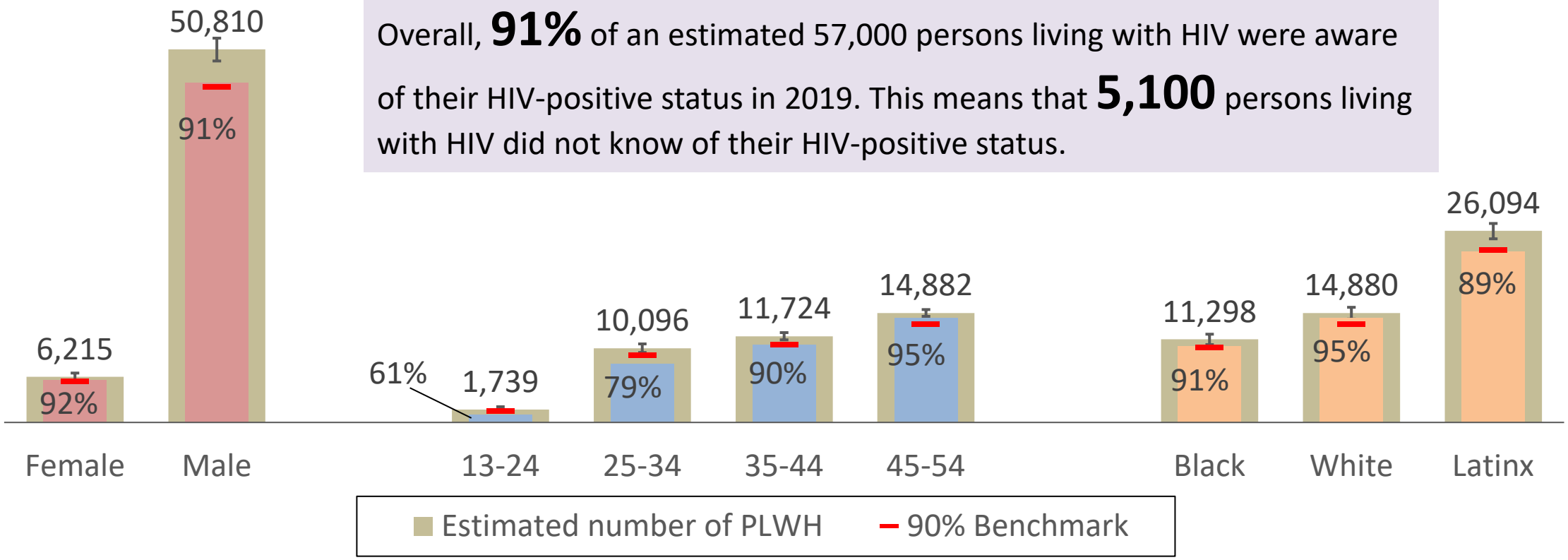


[1]New HIV diagnoses reported to Public Health in the specified year/

[2]Estimated number of persons with newly acquired HIV infection using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.

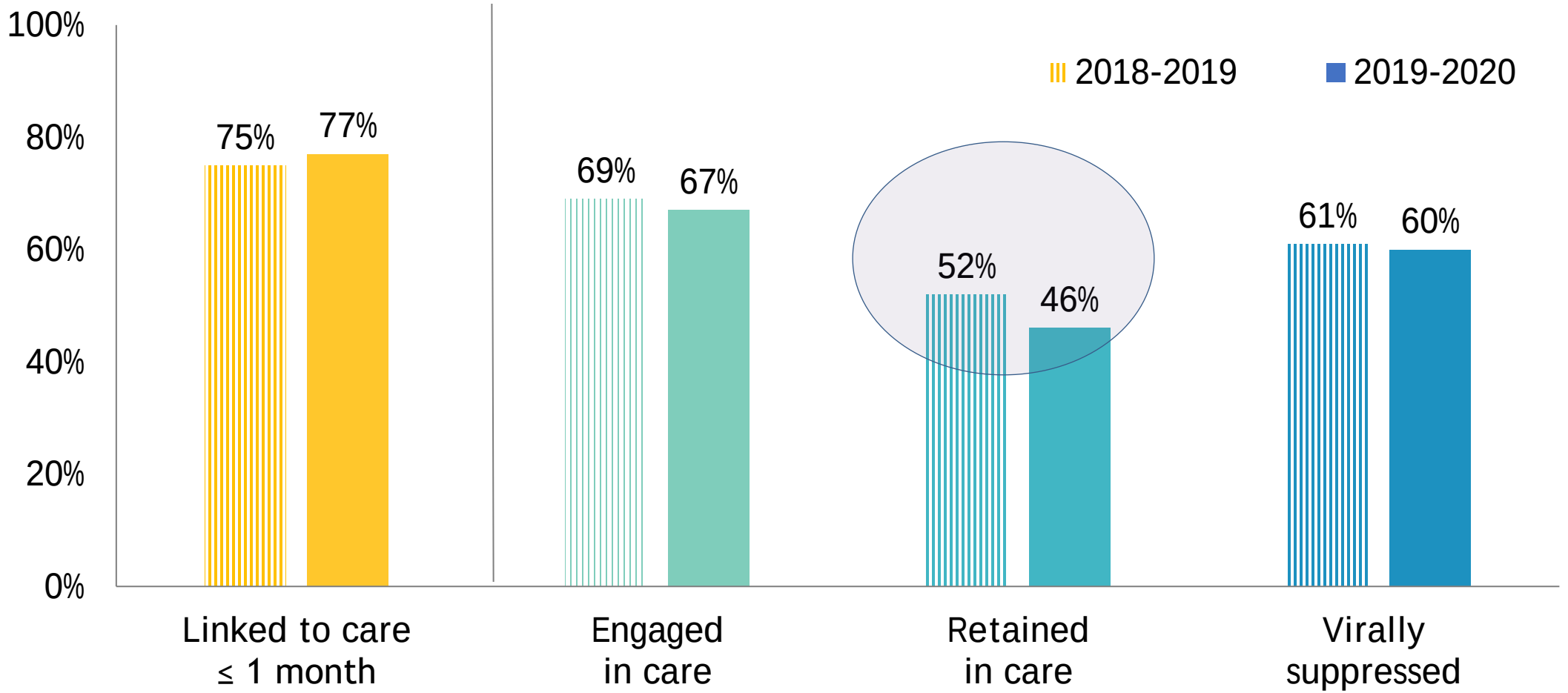
Percentage of PLWH aged 13 years and older who are aware of HIV positive serostatus, by gender, age group, and race/ethnicity, LAC 2019[1]

Overall, **91%** of an estimated 57,000 persons living with HIV were aware of their HIV-positive status in 2019. This means that **5,100** persons living with HIV did not know of their HIV-positive status.



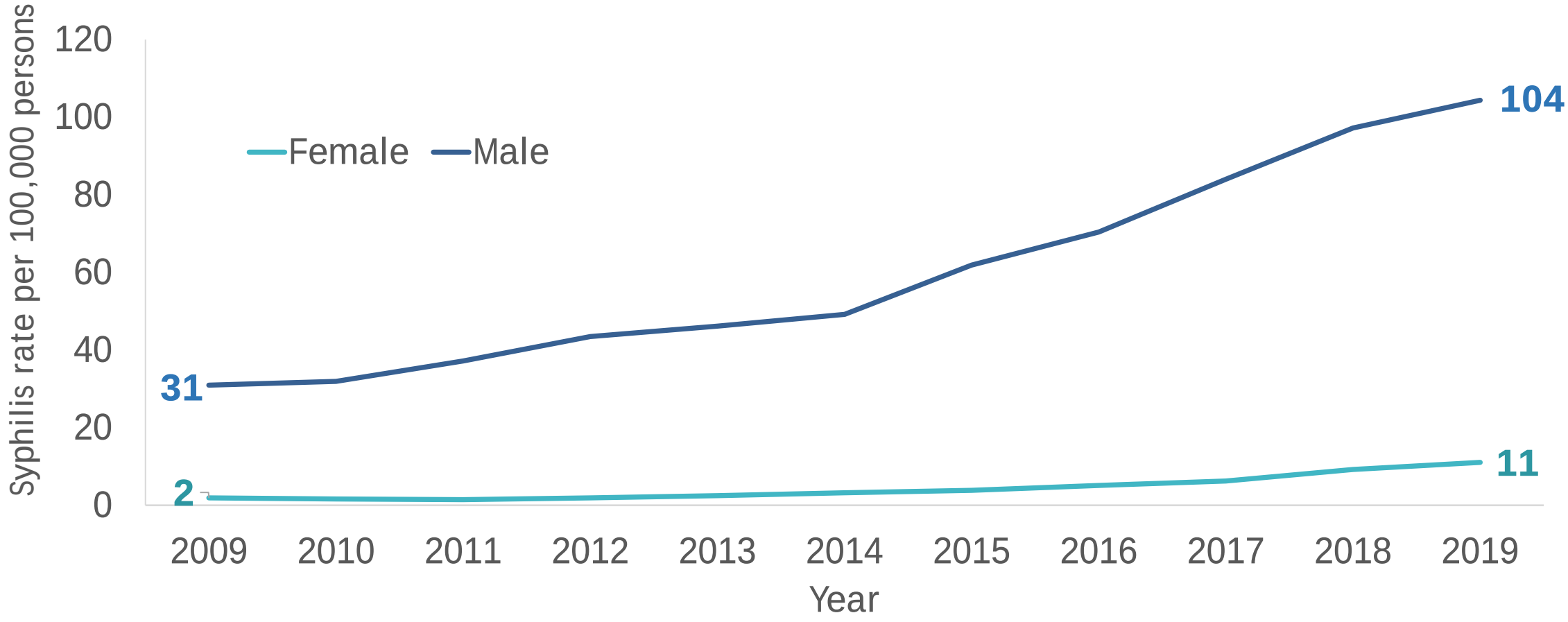
[1]Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County. 2019 incidence estimates are preliminary. Transgender persons, Asian/Pacific Islanders, American Indians, Alaskan Natives and persons of multiple race/ethnicities were not included in the analysis because of unstable results due to small numbers.

HIV care continuum[1] among persons living with diagnosed HIV aged 13+ years, LAC 2018-2020



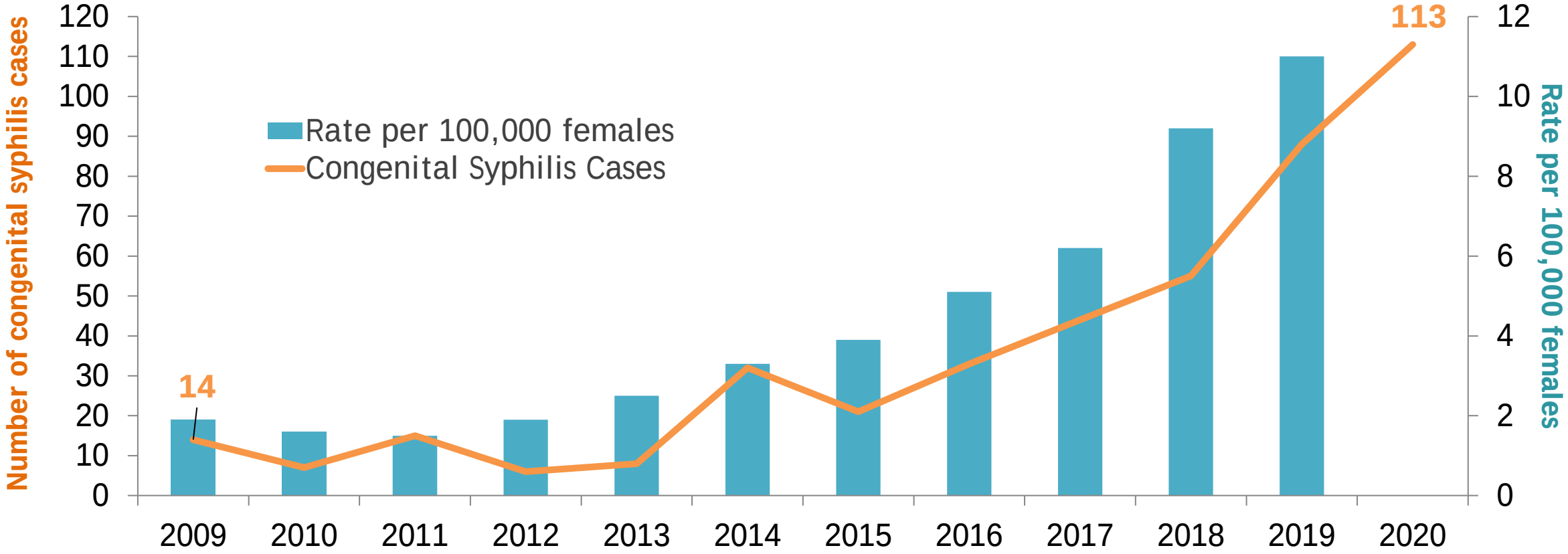
[1]Linkage to care: numerator includes persons newly diagnosed with HIV in 2019 with ≥1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2019.
Engaged in care: numerator includes PLWDH with ≥1 CD4/VL/Genotype test in 2020; denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence.
Retained in care: numerator includes PLWDH with ≥2 CD4/VL/Genotype tests at least 3 months apart in 2020; denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence.
Virally suppressed: numerator includes PLWDH whose last VL test in 2019 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2019 and living in LAC at year-end 2020 based on most recent residence. For the purposes of this analysis, PLWDH without a VL test in 2020 were categorized as having unsuppressed viral load.

Since 2009, early syphilis rates have increased 450% among females and 235% among males[1]



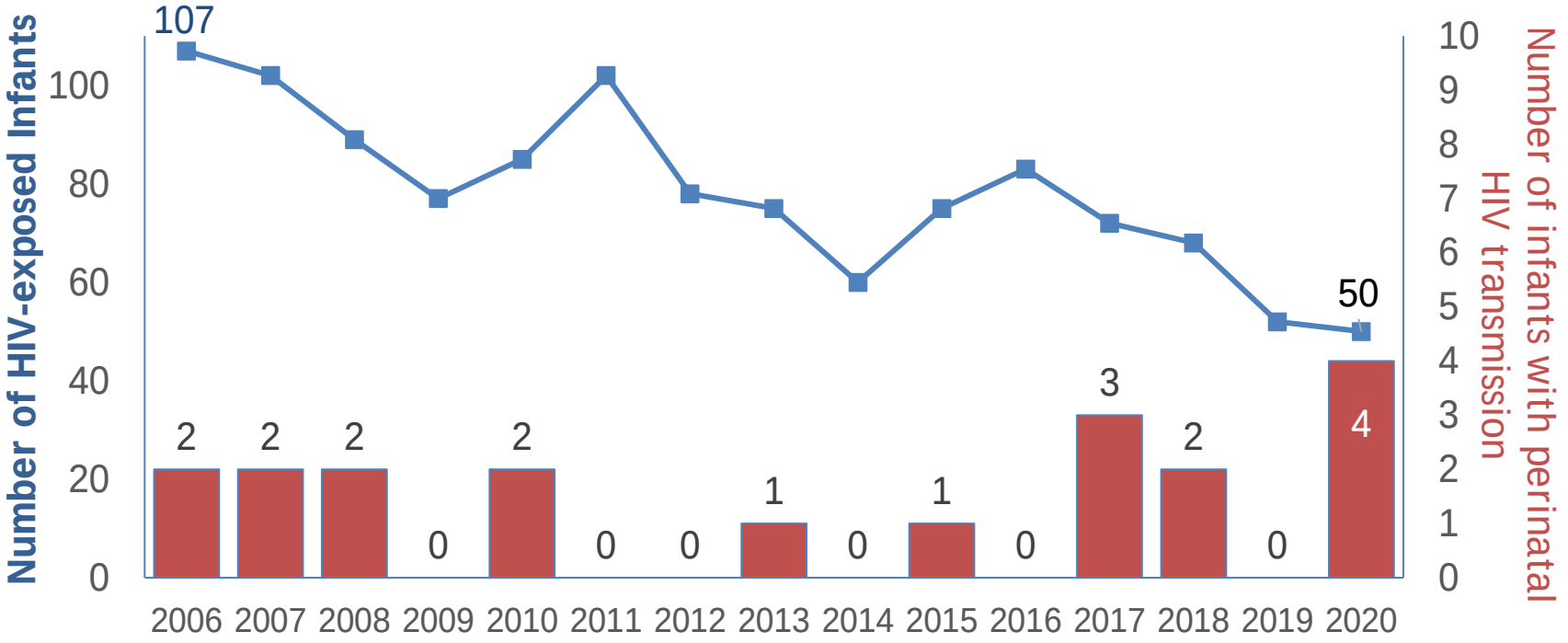
[1] Data as of 03/14/2021. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent);. cases from Long Beach and Pasadena are excluded. 2018 and 2019 data are provisional due to reporting delay

Number of congenital syphilis cases and rate of early syphilis in females, LAC 2009-2019[1]



1 Data as of 03/14/2021. Congenital syphilis is a disease that occurs when a mother with syphilis passes the infection to her baby during pregnancy. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2018, 2019, and 2020 data are provisional due to reporting delay

Trends in HIV-exposed infants and perinatal HIV transmission, 2006 to 2020[1]



In 2020, LAC had 4 perinatal HIV transmissions

Common maternal risk factors

- Meth use (N=3)
- Unhoused (N=3)
- Mental illness (N=3)
- STDs (N=4)
  - Syphilis (N=3), GC (N=1)
- History of incarceration (N=2) and partner incarceration (N=1)

Neonate information

Congenital syphilis (N=3)

[1]The number of infants with perinatal HIV transmission (Red bars) includes perinatal transmissions that occurred in LAC for a given birth year. The number of HIV-exposed infants was derived from 7 pediatric HIV-specialty sites which serve over 90% of HIV-positive pregnant women who seek care in Los Angeles County and is an underestimate of the total number of HIV-exposed infants in the County. Data for 2019 and 2020 are provisional due to reporting delay.

Intersecting epidemics and opportunities

HIV

Substance abuse

Mental illness

Unstable housing

Low access to care

Lack of integrated services

Syphilis

California Advancing and Innovating Medi-Cal (Cal-AIM)

What is CalAIM?

CalAIM is a far-reaching, multiyear plan to transform California's Medi-Cal program to make it integrate more seamlessly with other social services.

Led by California's Department of Health Care Services, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs.

Timeline:

The first reforms will be implemented in January 2022, and additional reforms will be phased in through 2027.

Target Populations:

1. Children or youth with complex physical, behavioral, or developmental health needs.
2. People experiencing homelessness.
3. Frequently hospitalized patients, including those who regularly use emergency rooms as source of care.
4. Seniors and people living with disabilities, including those eligible for long-term care.
5. Nursing facility residents who want to transition to the community.
6. People at risk for institutionalization with co-occurring chronic health conditions.
7. People transitioning from incarceration with complex physical or behavioral health needs.

https://www.chcf.org/publication/calaim-explained-five-year-plan-transform-medi-cal/
https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx

Critical EHE Partners and Revenue Streams

	Partner Types	Partner Organizations/Groups
	Frontline Service Providers	1) Ryan White Program Network 2) CHCs/FQHCs (CCALAC) 3) County Partners (DHS, DMH, SAPC)
	Academic Partners	1) CHIPTS/CFAR 2) PAETC
	Planning/Funding Partners	1) Commission on HIV (Committees, Caucuses, Task Forces,Work Groups) 2) City of LA: HOPWA, AIDS Coordinator's Office
	Policy Partners	1) CHRP Policy Research Centers 2) Agency Based Policy Experts 3) COH Public Policy Committee
	Community Mobilizers, Advocates and Stakeholders	1) AMAAD/LAC+USC Foundation 2) Commission on HIV Consumer Caucus
	Advisory and Operational Groups	1) EHE Steering Committee
	Revenue Streams	
	HRSA: RWP Part A (14), Part B, Part C (8), Part D (1), MAI, BPHC (I and II), EHE (16)	
	CDC: IHSPP, EHE, DIS Infrastructure, 21-2102 (HTS/LTC) (4),	
	Others: Medicaid, HOPWA, CA PrEP AP, SAMHSA, NIH, Gilead FOCUS, Commercial Health Plans	

Ryan White Part C: EHE Commitments

	Agency	EHE Selected Activities
1	AltaMed	1) Routine testing 2) Increased linkage and adherence to PrEP
2	Charles Drew University	1) Expanded mental health services 2) Increased focus on PWID/SUD
3	LGBT Center	1) Routine HIV testing 2) Same day linkage to care and rapid ART
4	Northeast Valley Health Corporation	1) Routine HIV testing 2) Linkage and adherence to PrEP/TelePrEP 3) Same day linkage to care appts and rapid ART 4) Continues to expand mental health services for PLWH
5	St. Mary Medical Center	1) Routine HIV testing in CARE clinic and ED 2) Same day linkage to care and rapid ART 3) Continue to offer mental health services 4) Increased linkage and adherence via TelePrEP 5) Increased focus on PWID/SUD
6	Tarzana Treatment Center	1) Expanded mental health services 2) Increased linkage and adherence to PrEP/telePrEP
7	Watts Healthcare	1) Routine testing for HIV and STDs 2) Increased linkage and adherence to PrEP/PEP
8	Wesley Health Centers	1) Same day linkage to care and rapid ART 2) Expanded mental health services

Planning for 2022 and beyond

Right Data

- Ability to gather information related to geographic locations and populations affected by HIV

Right Tools

- Advances in biomedical and scientific research
- Evidence based models of HIV care and prevention

Right Leadership

- Revitalized energy from federal and local partners

https://www.hrsa.gov/ending-hiv-epidemic

Ending the HIV Epidemic Initiative:
Los Angeles County Updates

Commission on HIV, November 18, 2021

Julie Tolentino, MPH
Ending the HIV Epidemic Program Manager
Division of HIV and STD Programs

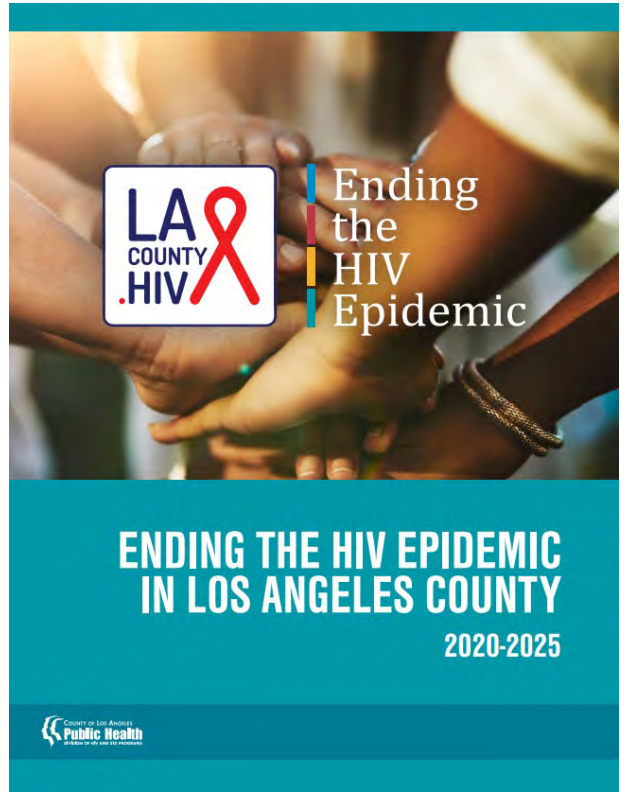
How will we end the HIV epidemic in Los Angeles County?

57,005	1,200	5,100	72,200	50,280
people living with HIV in LA County	new transmissions per year	are unaware of their HIV positive status	people would benefit from PrEP	of the 72,200 are Black & Latinx people who would benefit from PrEP

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.



Get the Executive Summary here:
https://www.lacounty.hiv/resources/

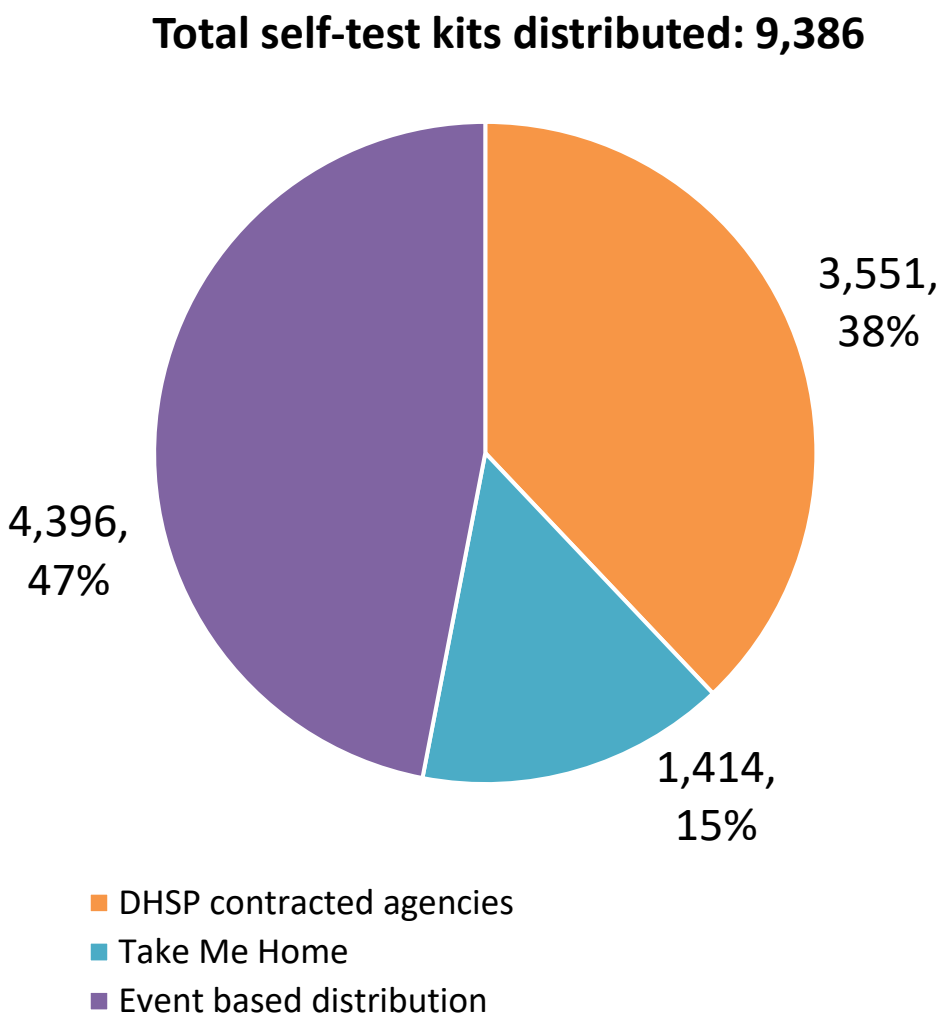
Full EHE Plan can be accessed here:
www.LACounty.HIV

Ending the HIV Epidemic Indicators

	EHE Targets for 2025	EHE Targets for 2030	LAC current
Number of new transmissions[1]	380	150	1,200 (2019)
Number of new HIV diagnoses[2]	450	180	1,505 (2019)
Knowledge of HIV-status among PLWH[1]	95%	95%	91% (2019)
Linkage to HIV care among PLWDH[2]	95%	95%	77% (2019)
Viral Suppression among PLWDH[2]	95%	95%	60% (2020)
Percentage of persons in priority populations prescribed PrEP[3]	50%	50%	39%

1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).
2. Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.
3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

HIV Testing in Non-Traditional Settings (Diagnose Pillar)



HIV Self-Testing initiative expanded through (1) a partnership with Take Me Home and (2) DHSP distribution of self-test kits to partners via contracted agencies and community events.

Take Me Home: 1,414 tests ordered via https://takemehome.org/

- **63%** reported they haven't been tested in over a year
- **36%** reported never tested
- **53.2%** of participants were under 30 years
- **85.6%** reported sex as Male
- **43.6%** reported race as Latinx, followed by White (20.4%), Black (12.6%)

Rapid & Ready Program (Treatment Pillar)

Developed and launched to link clients to care and treatment as quickly as possible

(i.e. Rapid Linkage to Care and Rapid ART Program)

Partners:

Wesley Health Centers (JWCH),

REACH LA, LA CADA

Progress to Date:

- **19** clients served thus far
- **68%** Black/African American
- **21%** Hispanic/Latinx
- **79%** male, 11% female, 11% transgender female
- **53%** experiencing homelessness
- **79%** linked to care within 6 days (with majority of clients linked same day or next day 1 client already in care, 3 clients lost to follow up)

Emergency Financial Assistance for PLWH (Treatment Pillar)

Developed and launched for clients at risk of losing housing or in need of one-time or short-term financial assistance.

EFA Administrators	Total Applications Received	Total Pending	Total Approved
Housing for Health	134	12	102
Alliance for Housing & Healing	367	121	237
Total	501	133	339

- APLA Health 169
- AHF 67
- Men's Health Foundation 48
- LGBT Center 37
- UCLA Care 25
- Northeast Valley Healthcare 22
- Venice Family Clinic 20
- AltaMed 18
- St. Mary's 17
- DHS MLK 14
- El Proyecto Del Barrio 11
- City of Long Beach 10
- JWCH 9
- Saban Clinic 6
- LAC USC MCA 6
- Tarzana Treatment Centers 5

<u>Less than 5 applications</u> submitted from:

DHS High Desert, DHS Hubert Humphreys, LAC USC Rand Schrader, LB Comprehensive, St. John's, T.H.E. Clinic, UCLA LAFAN, East Valley Community Health Center

<u>0 applications</u> submitted from:

Watts Healthcare Corporation, DHS Olive View, Minority AIDS Project, Children's Hospital of Los Angeles, DHS Harbor UCLA

EFA data as of end of September 2021.

PrEP Projects (Prevent Pillar)

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

TelePrEP capacity increased for 3 PrEP Centers of Excellence + 1 pending

- Partners: ViaCare, St. Mary's, Wesley Health Centers

PrEP Provider Surveys in District 2

- Partner: Essential Access Health
- 30 interviews completed. Preliminary data show that of those, 66% offer PrEP to patients, 1 provider was not aware of PrEP, 56% unaware of CA law allowing PrEP insurance coverage, 41% respondents identified a training need.

PrEP follow up calls to clients diagnosed with syphilis

- 83 interviews completed. Preliminary data show that 23 cases were taking PrEP; 29 cases were interested in PrEP, 21 of which were referred to PrEP Centers of Excellence.

Landscape analysis of pharmacies delivering PrEP (after passage of SB 159)

PrEP marketing/campaign

Partner Services & HIV Surveillance (Respond Pillar)

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

Partners Services capacity increased, hiring 7 Public Health Investigator (PHI) Trainees, all of whom are still in the training and evaluation phase, for DHSP's Direct Community Services Unit.

Surveillance Data-to-Action team formed

- Meeting to develop baselines for current Partner Services processes and cascades.
- Monitoring outcomes that will lead to improvements in response (e.g. number of interviews within 7 days, partners elicited, number of partners contacted/tested/linked to prevention/care services).

Disease Investigation Services (DIS) collaboration from a regional, cooperative perspective with Long Beach Health and Human Services Department and other adjacent health jurisdictions.

Cluster Detection and Response Plan developed and submitted to CDC.

Additional EHE Activities in Development

***Addressing Implicit Bias and Medical Mistrust, and Cultural Humility* Training:**

- **95** individuals trained
- **88** of the 95 individuals received 80% or higher on posttest
- **28** agencies represented

Ending the HIV Epidemic Steering Committee Updates

EHE Steering Committee Members

Luis S. Garcia, Ed.D, MSW

Javontae Wilson

Astrid Reina, PhD

Bridget Rogala, MPH, MCHES

Raniyah Copeland, MPH

Erin Jackson-Ward, MPH

Robbie Rodriguez

Lindsey P. Horvath

Barbara L. Roberts

Mariana Marroquin

Charles W. Robbins, MBA

Jerry Abraham, MD, MPH, CMQ

Zelenne L. Cárdenas

Matthew Gray Brush, MPH

Ty Gaffney-Smith

Louise McCarthy, MPP

Biographical Sketches available here:

https://www.lacounty.hiv/wp-content/uploads/2021/04/Biosketches_EHE_SteeringCommittee_040521.pdf

Robbie Rodriguez
Managing Director of Operations, Equality California

Treatment Pillar Focus

- Specifically focused efforts around increasing awareness of U=U

Background

- For over six years, Equality California has been providing LGBTQ+ Diversity, Equity and Inclusion trainings to healthcare providers and as of 2021, expanded the training offerings to reach homeless service providers.
- Trainings are focused on LGBTQ+ cultural competency, health disparities, intersectionality, and creating a welcoming environment.
- HIV/PrEP/PEP was embedded in the health disparities section.

EQUALITY CALIFORNIA

Provider Trainings on HIV and Undetectable = Untransmittable (U=U)

- In support of the EHE Steering Committee, Equality California significantly expanded the HIV section of the training by developing its own dedicated course, which includes the following: Treatment, Prevention, PrEP/PEP, and U=U
- Healthcare provider training goals – 7 clinics across CA and at least 300 individual staff members trained.
- Developed and launched a self-paced training with a goal of training 80 healthcare providers in 2021.
- We exceeded our goal and trained 118 from 17 clinics through our online, self-paced training platform.

For more info visit: https://www.eqca.org/lgbtq-diversity-equity-inclusion-training/

Zelenne Cardenas
Senior Director, Prevention & Community Initiatives

Diagnose Pillar Focus

- HIV testing

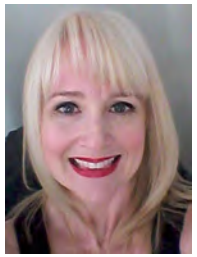
Background

- Social Model Recovery Systems serves individuals suffering from the co-occurring disorders of substance abuse and mental illness (at 11 locations in Los Angeles County) and helps communities prevent and reduce alcohol and other drug-related problems through community organizing and advocacy.

SOCIAL MODEL RECOVERY SYSTEMS

HIV Self-Test Kit Distribution on Skid Row

- Serves people experiencing homelessness and partnered with DHSP to distribute HIV self-test kits at a Skid Row Community Health Fair on May 21, 2021.
- Disseminated 44 HIV rapid self-test kits, 25 HIV rapid tests and 6 rapid syphilis tests (conducted on site), 250 healthy meals, 120 overdose kits (which contained 240 doses of 4 mg naloxone), 4 COVID-19 tests, and 36 COVID-19 vaccines.
- Also partnering with DHSP via a MOU to distribute HIV self-test kits through programs at the organization in an effort to expand HIV self-test kit delivery.



Bridget Rogala, MPH, MCHES
Lecturer, California State University, Long Beach (CSULB)

Diagnose, Treat, and Prevent Pillar Focus

- Context of risk; linkage to care; initiation; adherence; retention

Department of Health Science, CSULB

- Created 2 new courses: HIV Policy and Advocacy and Advanced Substance Use Policy and Advocacy
- Laura D'Anna, Director, Center for Health Equity Research:
  - SAMHSA-funded project that developed and pilot tested an intervention to increase HIV testing among young Black MSM (~250 YBMSM)
  - Paper under review looking at the relationship between social discrimination, HIV stigma, racism, and HIV testing.

Collaboration with Long Beach Department of Health and Human Services (LBDHHS) & HIV Planning Group

- Everardo Alvizo, HIV/STD Strategic Implementation Specialist, LBDHHS
- California Prevention Training Center
- PrEP Working Group, LB Comprehensive HIV Planning Group
- Provider data collection around three indicators (LBDHHS, St Mary's CARE Center, APLA Long Beach, AHF Long Beach):
  - Newly prescribed PrEP at location
  - Received referral for PrEP
  - Received counseling/benefits of PrEP
  - Future data collection hopes to include community clinics and primary care doctors in Long Beach.

Ty Gaffney-Smith
Program Coordinator, Outreach

APLA Health

Diagnose and Treat Pillars –
The Crucial Moments of a Life Changing Experience

Background

- I chose the Diagnose and Treat Pillars because in my experience those are the two most crucial in one's HIV journey.
- How you are treated at the moment of Diagnosis, followed by ensuring the client of their medication options really does make a difference.
- The outcomes lead to better adherence and a healthier mindset when one is diagnosed and given options and support.

Efforts thus far…

- Led meeting with medical providers to discuss the challenges and benefits about same day Rapid ART becoming a part of the linkage to care process.
- Held a roundtable discussion with young men of color between the ages of 18-29, to gauge the challenges of accessing care within my organization at APLA Health and others. Posed the question of an "ideal diagnosis experience "to the group of young men.
- Created an online data base for HIV 101 advancement articles and facts for newly diagnosed individuals that can be accessed even after clinical business hours.
- Implemented a mental health intake for newly diagnosed patients to be done same day as diagnoses at our GCHC clinic.
- Key stakeholder for home/self-testing noting that people seem more comfortable when they are receiving guidance from a testing specialist through a video call.
- Bi-monthly presentations on the advancements of the EHE Committee to the Prevention Division at APLA Health.

The HIV.E (HIV Education & Empowerment): Ending the HIV Epidemic's Community Engagement Program

Gerald Garth and Jamar Moore
Arming Minorities Against Addiction and Disease Institute (AMAAD)

Presenters:

Jamar Moore
EHE Senior
Project Manager

Gerald Garth
Chief Operations Officer

10221 S. Compton Ave.,
Los Angeles, CA 90002

Near Watts Towers in South L.A.

The AMAAD Institute
Arming Minorities Against Addiction & Disease

Objectives

- About AMAAD
- AMAAD Programs & Services
- EHE Partnership
- Ending HIV Initiative
- Project Design
- Introduction of HIV.E Project in LA County
- How to get involved
- Question & Answer

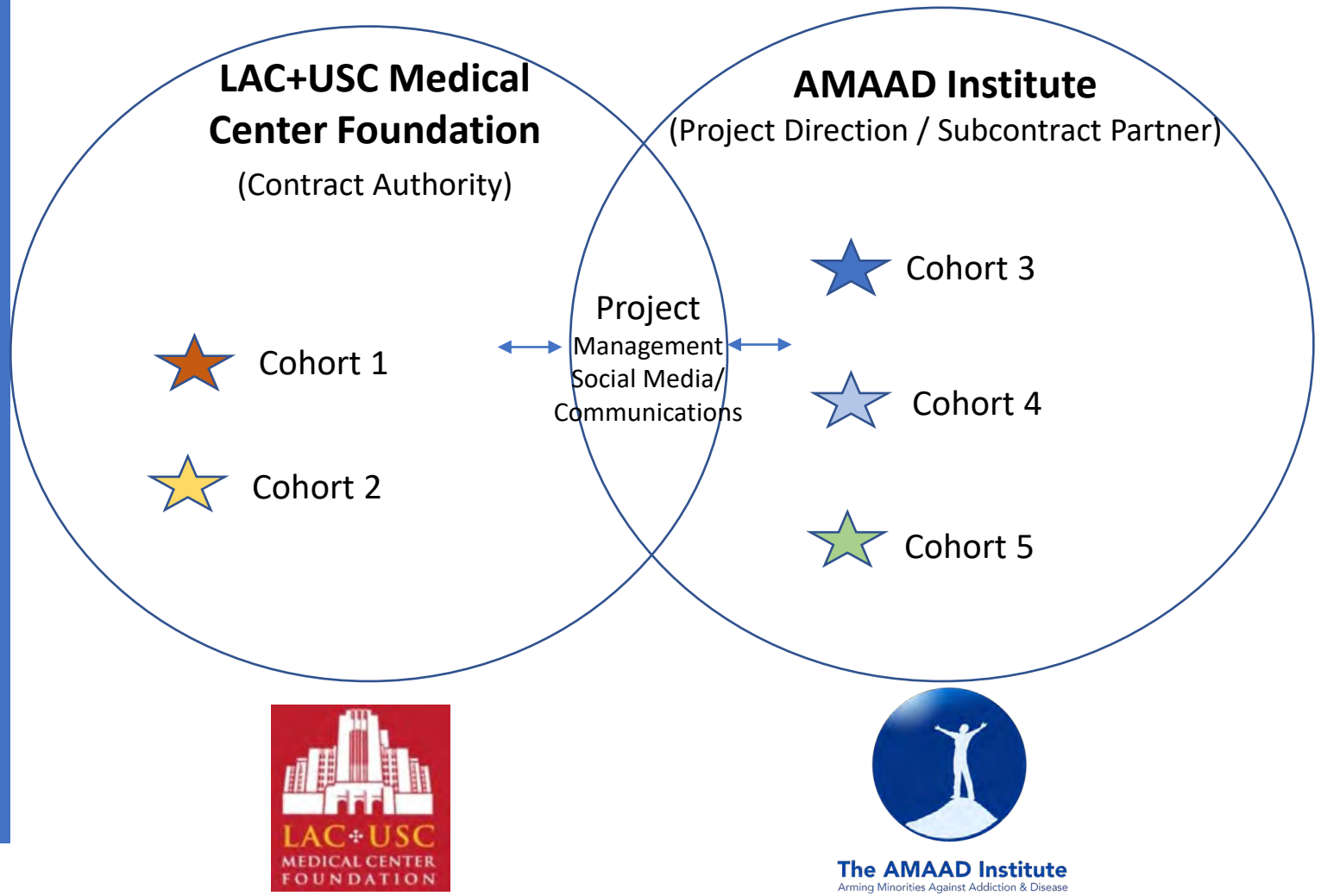
Mission

- AMAAD facilitates personalized individual access to programs and services that foster safe and supportive healthy environments for people to live, learn, and develop to their fullest potential.

The AMAAD Institute

Arming Minorities Against Addiction & Disease

Collaborative Partnership For Community Engagement



Partnership Team

Rosa Soto
Executive Director
LAC+USC

Carl Highshaw
Project Director
AMAAD

Project Manager / DHSP Liaison:
Jamar Moore
Cohort 1 Coordinator:
LAC+USC (Ismael Castro-Team Lead)
Cohort 2 Coordinator:
LAC+USC (Elizabeth Negrete)
Cohort 3 Coordinator:
AMAAD (Nina Barkers-Team Lead)
Cohort 4 – Coordinator:
AMAAD (William Buckhalter)
Cohort 5 Coordinator:
AMAAD - (vacancy)
Social Media/Communications:
LAC+USC (Sofia Alvarez) &
AMAAD (Chris Webb)

Heather Hays
Associate Director
LAC+USC

Gerald Garth
Chief
Operations
Officer
AMAAD

LAC+USC MEDICAL CENTER FOUNDATION

The AMAAD Institute
Arming Minorities Against Addiction & Disease

Ending the HIV Epidemic Initiative

The AMAAD Institute

Arming Minorities Against Addiction & Disease

What is the EHE Community Engagement Program?

Ending the HIV Epidemic (EHE) in Los Angeles County by:

- *Empowering community members to advance HIV-related projects utilizing a community-led approach.*
- *Increasing knowledge and awareness among LAC communities of HIV and HIV-related issues, including populations disproportionately affected by HIV/AIDS.*
- *Developing partnerships with organizations and businesses to support EHE efforts.*
- *Reducing HIV-stigma among LAC residents.*

LAC+USC MEDICAL CENTER FOUNDATION

The AMAAD Institute
Arming Minorities Against Addiction & Disease

Community Engagement Program Design

- Federal partners emphasizing importance of new voices and non-traditional partnerships
- Intended to build community knowledge and power on HIV-related issues.
- 10 cohorts/teams of community advocates will be action oriented and tasked to advance an EHE-related project of the team's choice.
- For projects to be community-designed and led, utilize the Community Based Participatory Research (CBPR) approach or Youth Participatory Action Research (YPAR) Framework

Israel, Eng, Schulz, & Parker (2005). Introduction to Methods in Community-Based Participatory Research for Health. In Methods in Community-Based Participatory Research for Health.

What is community-based participatory research (CBPR)?

"A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings."

- W.K. Kellogg Foundation (2001)

- Collaborative, equitable partnership in all phases of research
- Community is the unit of identity
- Builds on strengths and resources of community
- Fosters co-learning and capacity building
- Balance between knowledge generation and benefit for community partners

- Focuses on problems of local relevance
- Disseminates results to all partners & involves all partners in wider dissemination
- Involves a long-term process and commitment to sustainability

THE EHE Project

The HIV.E (HIV Empowerment and Education) Project

- The core structure of the HIV.E program is the creation of 10 subcommunity cohort groups across Los Angeles County each with a minimum of 6 participants and up to 4 alternate members, who will lead a system/institutional-change project of choice while utilizing community-based participatory research (CBPR)/ youth-led participatory research (YPAR) framework models.
- The cohorts will also co-create outreach and engagement strategies to reduce HIV transmission and acquisition in Los Angeles County. The Project Team will engage in a process to recruit participants who live in LA County, belong to priority populations, or have expressed and/or proven advocacy for communities most impacted by HIV

EHE Priority Populations

Prioritized Community Stakeholder Groups

- Youth & Young Adults (12-29 years old)
- Black/African American
- Latinx
- Transgender persons
- Gay and Bisexual men
- Substance abusers/users
- People Living with HIV (PLHW)

LAC+USC MEDICAL CENTER FOUNDATION

The AMAAD Institute

Cohort Design

The 10 subcommittee Cohort Group participants will be recruited from communities across Los Angeles County most impacted and/or at risk of HIV and placed in categorized cohorts based on their level of comfort and expertise in one of the following areas of focus:

1. People of Trans Experience (prioritized community specific cohort)
2. Black/Latinx MSM (prioritized community specific cohort)
3. Women of Color (prioritized community specific cohort)
4. Youth (12-18) (prioritized community/age specific cohort)
5. South LA (geographic cohort)
6. East LA (geographic cohort)
7. Long Beach (geographic cohort)
8. Antelope Valley (geographic cohort)
9. Young Adult (18-30) (prioritized community/age specific cohort
10. LA County Queer-identified individuals (LGBTQIA+) (prioritized community specific cohort)

Recruitment Timeline

October 18: Application released via listservs and to identified CBO partners to disseminate through their own respective channels.

November 19: Application closes.

(Selection Committee/Review Team (AMAAD & Wellness Center staff) splits up applications among Selection Committee/Review Team and reviews on their own using a standardized scoring tool.)

November 23: Selection Committee discusses applications with the entire committee and provides justification on scores.

Proposed process:

- Candidates who have a strong application are automatically placed onto a cohort team to expedite formation of at least a few cohorts. A strong application is based on the highest scores of the scoring/evaluation tool.
- Candidates scoring between a certain range will be interviewed to determine participation and identify which cohort to be placed in.

November 26: Finalists selected for interviews

November 29-30: Interviews scheduled. Candidates scored.

December 1: Final candidates selected and notified.

Early December (before the holidays): Each Project Coordinator holds a first meeting with their own respective cohort to introduce cohort members and facilitate team building and relationship building. Aim to have a minimum of 2 cohorts formed by this date.

Early January: Remaining Project Coordinators have their first meeting with their cohort.

AMAAD's Evaluation Measures & Outcomes

- AMAAD's programs, services, and events are designed to capture and measure one or more of the following measures:
  - Increase in education
  - Shift in attitudes and beliefs
  - Address barriers
  - Change in behaviors
  - Participant experience

HOW TO GET INVOLVED

Please apply here:
https://form.jotform.com/212795027782059
Applications are due by Friday November 19.

Ending the HIV Epidemic requires strong collaboration from all community voices. All community members interested in making a difference in their communities are encouraged to apply. Stipends for participation may be available based on eligibility requirements.

If you have any questions, please connect with our team at EHE-AMAAD@amaad.org.

For more info on Ending the HIV Epidemic in Los Angeles County, visit www.LACounty.HIV.

Thank You!

Gerald Garth
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- IG: @amaad_institute

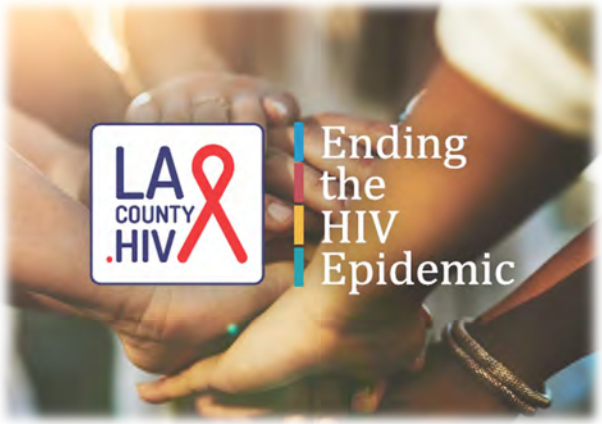
www.amaad.org

The AMAAD Institute

Arming Minorities Against Addiction & Disease

Ending the HIV Epidemic Resources

- **FREE HIV self-test kits** available. https://takemehome.org/. For bulk orders of HIV self-test kits, contact Saron Selassie at SSelassie@ph.lacounty.gov.
- Undetectable =Untransmittable resources
- Ryan White Fact Sheets for Mental Health and Oral Health services in English and Spanish.
- Emergency Financial Assistance Program: Email EHEInitiative@ph.laounty.gov for flyer.
- Get Protected LA for HIV and STD information.
- AHEAD dashboard for data across all EHE jurisdictions.
- Sign up for the EHE newsletter by emailing EHEInitiative@ph.lacounty.gov
- EHE website: www.LACounty.HIV



FDA NEWS RELEASE

FDA Approves First Injectable Treatment for HIV Pre-Exposure Prevention

Drug Given Every Two Months Rather Than Daily Pill is Important Tool in Effort to End the HIV Epidemic

For Immediate Release:

December 20, 2021

Today, the U.S. Food and Drug Administration approved Apretude (cabotegravir extended-release injectable suspension) for use in at-risk adults and adolescents weighing at least 35 kilograms (77 pounds) for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV. Apretude is given first as two initiation injections administered one month apart, and then every two months thereafter. Patients can either start their treatment with Apretude or take oral cabotegravir (Vocabria) for four weeks to assess how well they tolerate the drug.

"Today's approval adds an important tool in the effort to end the HIV epidemic by providing the first option to prevent HIV that does not involve taking a daily pill," said Debra Birnkrant, M.D., director of the Division of Antivirals in the FDA's Center for Drug Evaluation and Research. "This injection, given every two months, will be critical to addressing the HIV epidemic in the U.S., including helping high-risk individuals and certain groups where adherence to daily medication has been a major challenge or not a realistic option."

According to the U.S. Centers for Disease Control and Prevention, notable gains have been made (https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html#anchor_1637678358) in increasing PrEP use for HIV prevention in the U.S. and preliminary data show that in 2020, about 25% of the 1.2 million people for whom PrEP is recommended were prescribed it, compared to only about 3% in 2015. However, there remains significant room for improvement. PrEP requires high levels of adherence (https://www.cdc.gov/hiv/clinicians/prevention/prep.html) to be effective and certain high-risk individuals and groups, such as young men who have sex with men, are less likely to adhere to daily medication. Other interpersonal factors, such as substance use disorders, depression, poverty and efforts to conceal medication also can impact adherence. It is hoped that the availability of a long-acting injectable PrEP option will increase PrEP uptake and adherence in these groups.

The safety and efficacy of Apretude to reduce the risk of acquiring HIV were evaluated in two randomized, double-blind trials that compared Apretude to Truvada, a once daily oral medication for HIV PrEP. Trial 1 included HIV-uninfected men and transgender women who have sex with men and have high-risk behavior for HIV infection. Trial 2 included uninfected cisgender women at risk of acquiring HIV.

Participants who took Apretude started the trial with cabotegravir (oral, 30 mg tablet) and a placebo daily for up to five weeks, followed by Apretude 600mg injection at months one and two, then every two months thereafter and a daily placebo tablet.

Participants who took Truvada started the trial taking oral Truvada and placebo daily for up to five weeks, followed by oral Truvada daily and placebo intramuscular injection at months one and two and every two months thereafter.

In Trial 1, 4,566 cisgender men and transgender women who have sex with men received either Apretude or Truvada. The trial measured the rate of HIV infections among trial participants taking daily cabotegravir followed by Apretude injections every two months compared to daily oral Truvada. The trial showed participants who took Apretude had 69% less risk of getting infected with HIV when compared to participants who took Truvada.

In Trial 2, 3,224 cisgender women received either Apretude or Truvada. The trial measured the rate of HIV infections in participants who took oral cabotegravir and injections of Apretude compared to those who took Truvada orally. The trial showed participants who took Apretude had 90% less risk of getting infected with HIV when compared to participants who took Truvada.

Side effects occurring more frequently in participants who received Apretude compared to participants who received Truvada in either trial include injection site reactions, headache, pyrexia (fever), fatigue, back pain, myalgia and rash.

Apretude includes a boxed warning to not use the drug unless a negative HIV test is confirmed. It must only be prescribed to individuals confirmed to be HIV-negative immediately prior to starting the drug and before each injection to reduce the risk of developing drug resistance. Drug-resistant HIV variants have been identified in people with undiagnosed HIV when they use Apretude for HIV PrEeP. Individuals who become infected with HIV while receiving Apretude for PrEP must transition to a complete HIV treatment regimen. The drug labeling also includes warnings and precautions regarding hypersensitivity reactions, hepatotoxicity (liver damage) and depressive disorders.

Apretude was granted a Priority Review (https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/priority-review) and Breakthrough Therapy (https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-

priority-review/breakthrough-therapy) designation. The FDA granted the approval of Apretude to Viiv.

Related Information

- FDA: Human Immunodeficiency Virus (HIV) (https://www.fda.gov/drugs/information-drug-class/human-immunodeficiency-virus-hiv)
- HIV Treatment (https://www.fda.gov/drugs/human-immunodeficiency-virus-hiv/hiv-treatment)

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The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Inquiries

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202-384-2219

Consumer:

888-INFO-FDA

More Press Announcements (/news-events/newsroom/press-announcements)

California Requires Health Plans to Cover At-Home Tests for HIV and STIs

As sexually transmitted infections surge nationwide, a California law—the first of its kind—requires health insurance to cover at-home tests.

January 4, 2022 By Trenton Straube

With the new year comes a new law. California has become the first state to require health insurance plans to cover at-home testing for sexually transmitted infections (STIs), such as HIV, syphilis, gonorrhea and chlamydia. It's the latest effort to address an ongoing nationwide spike in STIs that has only worsened amid the COVID-19 pandemic.

The law, SB 306, went into effect January 1, but it's so new that billing practices for the tests have yet to be updated. As a result, reports Kaiser Health News in the Los Angeles Times, many providers might not prescribe the tests for another year.

"This is the first law of its kind, and I'd say it's kind of cutting-edge," Stephanie Arnold Pang, senior director of policy and government relations for the National Coalition of STD Directors, told Kaiser Health News. "We want to bring down every single barrier for someone to get STI testing, and out-of-pocket cost is a huge factor."

At-home tests also offer privacy to folks concerned about visiting an STI clinic or speaking with a health care provider about sexual issues. In addition, at-home kits make it easier for residents of rural areas to get tested.

The new law aims to fight the STI crisis in four ways:

- Require health plans to cover at-home test kits for HIV and STIs;
- Increase the number of providers that can offer STI tests;
- Promote expedited partner therapy, meaning that patients can quickly get STI treatment for their partners;

- Require syphilis screening during both the first and third trimester of pregnancy.

STI rates have been soaring nationwide for the past six years, including in California. For example, syphilis spiked nationwide from 74,709 cases in 2015 to 129,818 cases in 2019, according to data from the Centers for Disease Control and Prevention. In California, the numbers rose from 14,449 to 28,812 during the same time span.

Alarmingly, rates of congenital syphilis, which is contracted in the womb and can have devastating effects on children's health, have surged since 2015. California reported 445 cases in 2019—a 232% increase from 2015—including 37 stillbirths.

"We have children born in California with syphilis," Richard Pan (D–Sacramento), a pediatrician and senator who wrote the law, told the news service. "You'd think that went away in the Victorian era."

In a press statement issued when Governor Gavin Newsom signed SB 306, Pan added, "STI rates across the country have reached crisis levels, and it has become worse as an antibiotic-resistant strain of gonorrhea spread across the country."

During the early days of the COVID-19 pandemic, many clinics that offered STI testing shuttered, meaning fewer people got tested. In addition, many health care workers who used to offer STI testing and treatment pivoted in 2020 to devote their time and energy to COVID-19 issues.

The California bill was cosponsored by APLA Health, the Black Women for Wellness Action Project, Essential Access Health, Fresno Barrios Unidos, the Los Angeles LGBT Center and the San Francisco AIDS Foundation. They released the following statement:

> "Rising STI rates have gone largely ignored for far too long. STI prevention is an equity issue. Pre-existing structural barriers to STI treatment and care have only worsened during the COVID-19 pandemic, disproportionately impacting Black, Indigenous and people of color, rural regions, California youth, and LGBTQ+ communities. Factors linked to social determinants of health contribute to STI rate disparities, including inequitable access to safe, culturally competent, quality health, mental health and substance use treatment services, as well as high rates of incarceration, lack of access to economic mobility and education opportunities, adequate housing, racial segregation, and racism.
>
> "SB 306 is the bold action California needs to turn the tide on rising STI rates. The bill seeks to expand the tools and resources that health providers can use to increase access, reduce STI transmission and improve health outcomes across the state in partnership with advocates, local organizations and community members.
>
> "We applaud Dr. Pan for his leadership in introducing this comprehensive and robust approach to STI prevention, and thank Governor Newsom for signing this important measure into state law. California will once again lead with innovation and best practices in STI prevention and

care, and serve as a model for other states to follow."

In related news: Non-California residents seeking at-home tests may be eligible for a free STI and HIV kit from TakeMeHome. To learn more about the STI epidemic, click the hashtag #Sexually Transmitted Infection and you'll find a collection of POZ articles including:

- "The Roaring Twenties Are in Full Swing,"
- "Good and Bad News About Global Rates of HIV, Viral Hepatitis and STIs,"
- "Insurers Must Cover PrEP and Related Services to Prevent HIV,"
- "$4.3M Will Help Integrate HIV Services in STI Clinics,"
- "Which U.S. Region Sees the Highest Rates of HIV Diagnoses and Deaths?" and
- "Sexually Transmitted Infections Reach Record High for 6th Year in a Row."
