



AGENDA FOR THE **VIRTUAL** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV **PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE**

TUESDAY, July 19, 2022, 2022 | 1:00 PM – 3:00 PM

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=eee5f11a4a2c3049af790b54741d3d41b>

**Link is for non-committee members only*

To Join by Phone: 1-415-655-0001

Access code: 2597 716 8018

Planning, Priorities and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Al Ballesteros, MBA, Co-Chair	Frankie Darling Palacios	Felipe Gonzalez
Joseph Green	Karl T. Halfman, MS	William King, MD, JD	Miguel Martinez, MPH, MSW
Anthony M. Mills, MD	Derek Murray	Jesus “Chuy” Orozco	LaShonda Spencer, MD
Michael Green, PhD			
QUORUM:	7		

AGENDA POSTED: July 14, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [here](#).

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. All Public Comments will be made part of the official record.

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 are available free of charge with at least 72 hours’ notice before the meeting date. To arrange for these services, please contact Commission on HIV at (213) 738-2816 or via email at hivcomm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Comisión en HIV al (213) 738-2816 (teléfono), o por correo electrónico a hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Committee leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order | Introductions | Statement – Conflict of Interest 1:00 PM – 1:02 PM

I. ADMINISTRATIVE MATTERS 1:02 PM – 1:04 PM

- 1. Approval of Agenda **MOTION #1**
- 2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 1:04 PM – 1:14 PM

- 3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

III. COMMITTEE NEW BUSINESS 1:14 PM – 1:19 PM

- 4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

- 5. **EXECUTIVE DIRECTOR’S/STAFF REPORT** 1:19 PM – 1:25 PM

a. Operational Update

6. CO-CHAIR REPORT

1:25 PM – 1:30 PM

a. Prevention Planning Workgroup Updates

i. Prevention Knowledge, Attitudes and Beliefs Survey Framework

b. Topics and Discussion Items for Future Meetings

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

1:30 PM – 1:35 PM

a. Fiscal and Program Updates

V. DISCUSSION

8. Comprehensive HIV Plan 2022-2026

1:35 PM – 2:55 PM

a. Epidemiology and Surveillance Data Analysis

b. Description of PLWH and Populations at Risk

c. Syndemic Data Analysis

VI. NEXT STEPS

2:55 PM – 2:58 PM

9. Task/Assignments Recap

10. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS

2:58 P.M. – 3:00 P.M.

11. Opportunity for Members of the Public and the Committee to Make Announcements

VIII. ADJOURNMENT

3:00 P.M.

12. Adjournment for the Meeting of July 19, 2022.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve meeting minutes as presented or revised.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/24/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayshawnda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	Michael	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Mental Health Oral Healthcare Services STD Screening, Diagnosis and Treatment HIV Testing Storefront HIV Testing Social & Sexual Networks Sexual Health Express Clinics (SHEX-C) Transportation Services Medical Subspecialty HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront STD Screening, Diagnosis and Treatment Biomedical HIV Prevention Medical Care Coordination (MCC) Transitional Case Management - Youth Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
NELSON	Katja	APLA Health & Wellness	Oral Healthcare Services
			Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
HIV and STD Prevention Services in Long Beach			
Transportation Services			
Nutrition Support			
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WALKER	Ernest	No Affiliation	No Ryan White or prevention contracts



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

*Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.*

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES

June 21, 2022

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	William King, MD, JD	P
Al Ballesteros, MBA	P	Miguel Martinez, MPH, MSW	P
Frankie Darling Palacios (LOA)	A	Anthony M. Mills, MD	A
Felipe Gonzalez	A	Derek Murray	EA
Joseph Green	P	Jesus “Chuy” Orozco	P
Michael Green, PhD, MHSA	P	LaShonda Spencer, MD	P
Karl T. Halfman, MS	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Catherine Lapointe, Jose Rangel-Garibay, Sonja Wright, AJ King			
DHSP STAFF			
Pamela Ogata, Jane Rohde Bowers, Victor Scott, Sine Y.			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission’s website. Click [HERE](#).

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Kevin Donnelly, Committee Co-Chair, called the meeting to order at approximately 1:05 PM. Members and attendees introduced themselves and declared their conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda

MOTION #1: Approved the Agenda Order. (✓Passed by Consensus)

2. Approval of Meeting Minutes

MOTION #2: The Committee approved the May 17, 2022, meeting minutes. Minutes can be amended up to 1 year after approval. (✓Passed by Consensus)

II. PUBLIC COMMENT

- 3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.** *There were no public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

- 4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to take action arose subsequent to the posting of the agenda.**

There were no new business items.

IV. REPORTS

5. Executive Director/Staff Report

a. Operational Update

- Cheryl Barrit reported that the Comprehensive Program Directives approved by the Commission on HIV (COH) on June 9 have been transmitted to the Division of HIV and STD Programs (DHSP) for review and feedback. C. Barrit will work with DHSP staff to agendize a formal response to the Program Directives at an upcoming PP&A Committee within 60-90 days.
- C. Barrit informed the group that the Presidential Advisory Council on HIV/AIDS (PACHA) will be meeting in-person in Los Angeles on September 19 and 20, 2022. The meeting falls on the PP&A September meeting day. PP&A co-chairs will decide if a September meeting will still be held.
- C. Barrit reported that interviews to fill the vacancy due to staff retirement were conducted last week. The goal is to have the position filled vacated due to staff retirement by the end of the summer.

b. Comprehensive HIV Plan (CHP)

- AJ King, the CHP consultant, provided the report. The coordination of in-person community listening sessions, focused on the priority populations identified in the EHE plan, plus people over 50, is underway. A. King noted that the target completion date for the listening sessions is by the end of July.
- The responses to the HIV workforce capacity surveys (1 for providers and 1 for consumers) are slowly trickling in.
- The project timeline is on target to complete formative data collection by the end of July; possibly present the information at the July PP&A meeting (pending PP&A approval); and use the month of June for writing the report. He hopes to have a solid draft by September.
- Kevin Donnelly asked AJ King to remind the group what the priority populations are for the listening sessions. Key populations include Black/African American MSM, Latinx MSM, women of color, transgender persons, people who inject drugs, people age 30 and under, and people age 50 and older.

- 6. Co-Chair Report** – There was no report provided.

7. Division of HIV and STD Programs (DHSP)

a. Fiscal and Program Updates

- Dr. Michael Green provided the report. He noted that DHSP received notification of their Part A and Minority AIDS Initiative (MAI) funding. DHSP received almost \$2 million dollars more funding, representing the largest funding increase for the County.
- Victor Scott presented the Ryan White Part A, MAI, and Part B Year 31 Expenditures by Ryan White Program (RWP) Service Categories. The document can be found in the meeting packet. There is a carryover of roughly \$1.8 million for MAI funding. DHSP will expend formula and supplemental Part A funding. For Part B, DHSP will fully expend the \$5 million award. Dr. LaShonda Spencer inquired how the housing crisis will be addressed. V. Scott explained that in PY 30, there was no MAI carryover, and therefore no available funding to expend for housing. The housing portfolio is under review and DHSP will provide recommendations on shifting funding and options for housing and other services.
- V. Scott provided an overview of proposed revisions for PY 32 (FY 2022) RW Part A and MAI Allocations, which can be found in the meeting packet. Pamela Ogata thanked the PP&A Committee for their thoughtfulness and deliberation. She informed the group that DHSP received their highest award ever for Health Resources and Services Administration (HRSA) Part A and MAI at almost \$46 million. The award must be met with certain conditions. One of these conditions is that DHSP submits an allocation table by July 25th. Emergency Financial Assistance was added to HRSA Part A on the allocation table.
- Kevin Donnelly noted that the influx in funds must accommodate the current economic state and inflation. The buying power of funds may not translate into increased buying power.
- P. Ogata presented on Medi-Cal Expansion: Preliminary Analysis on the Impact to Los Angeles County's Ryan White Program. Presentation slides can be found in the meeting packet. Key points are as follows:
 - On May 1, 2022, Medi-Cal expanded to cover persons 50 years or older, regardless of their immigration status and with incomes up to 138% of the federal poverty level.
 - The three Ryan White service categories that will be most impacted by the 2022 Medi-Cal expansion are Ambulatory Outpatient Medical (AOM), Oral Health (general), and Mental Health services.
 - The Medi-Cal expansion is estimated to save \$3,978,271; however, there were several limitations to this estimate, described in the presentation slides.

b. Revised PY 32 Ryan White Service Category Funding Allocations

MOTION #3: Approve revised PY 32 Ryan White service category funding allocations as presented or revised. (✓ Passed by Roll Call Vote: Ayes: L. Spencer, C. Orozco, M. Martinez, W. King, J. Green, A. Ballesteros, K. Donnelly; No: 0; Abstain: M. Green, K. Halfman)

8. Prevention Planning Workgroup

a. Meeting Update

- Dr. William King provided the update. The Prevention Planning Workgroup (PPW) is working on their knowledge, attitudes, and beliefs (KAB) survey. Once the survey is complete, it will be sent to PP&A for approval, followed by the Executive Committee. Once approved, the survey will be disseminated to commissioners to assess KAB regarding HIV prevention.
- The PPW will discuss changing their meeting time from 5:30 to 6:30pm to allow for people who work during the current meeting time to attend.

V. DISCUSSION

9. Planning for July Meeting | Comprehensive HIV Plan, Data, and System Changes Affecting Ryan White

a. Develop meeting objectives/desired outcomes

- PP&A traditionally holds a data summit in July to help inform the service category rankings and funding allocations for the annual Part A grant application. This year, PP&A there is no need to hold data summit because HRSA no longer requires an annual application for funding. The data historically provided by DHSP may still be provided to PP&A at a later time. The group discussed several options that can be held in lieu of the data summit. A. King discussed using this meeting to showcase the data that will make up the data section of the CHP. C. Barrit suggested using the July PP&A meeting to assess key areas that support the CHP such as highlighting the data section or providing an update on the progress of the CHP.
- A. King identified presenting the data section of the CHP which includes three parts – epidemiology overview/snapshot, the resources inventory, and the needs assessment, as options for the July meeting.

b. Identify key data requests and speakers

- A. King was identified as a potential speaker.

VI. NEXT STEPS

10. Task/Assignments Recap

- C. Barrit will forward the approved PY 32 revised allocation table to the Executive Committee for approval.
- COH staff will continue working with DHSP to assess additional data points on the impact of Medi-Cal expansions on the Ryan White Program.
- C. Barrit and AJ King will meet with PP&A Co-Chairs to develop the July meeting agenda to focus on the CHP.

11. Agenda Development for the Next Meeting

- Plan for a data presentation for the July meeting.

VII. ANNOUNCEMENTS

12. Opportunity for Members of the Public and the Committee to Make Announcements

There were no announcements.

VIII. ADJOURNMENT

a. Adjournment:

The meeting was adjourned by K. Donnelly.

Overview of Data Used to Inform the LA County Comprehensive HIV Plan, 2022-2026

Los Angeles County Commission on HIV
Priorities, Planning & Allocations Committee

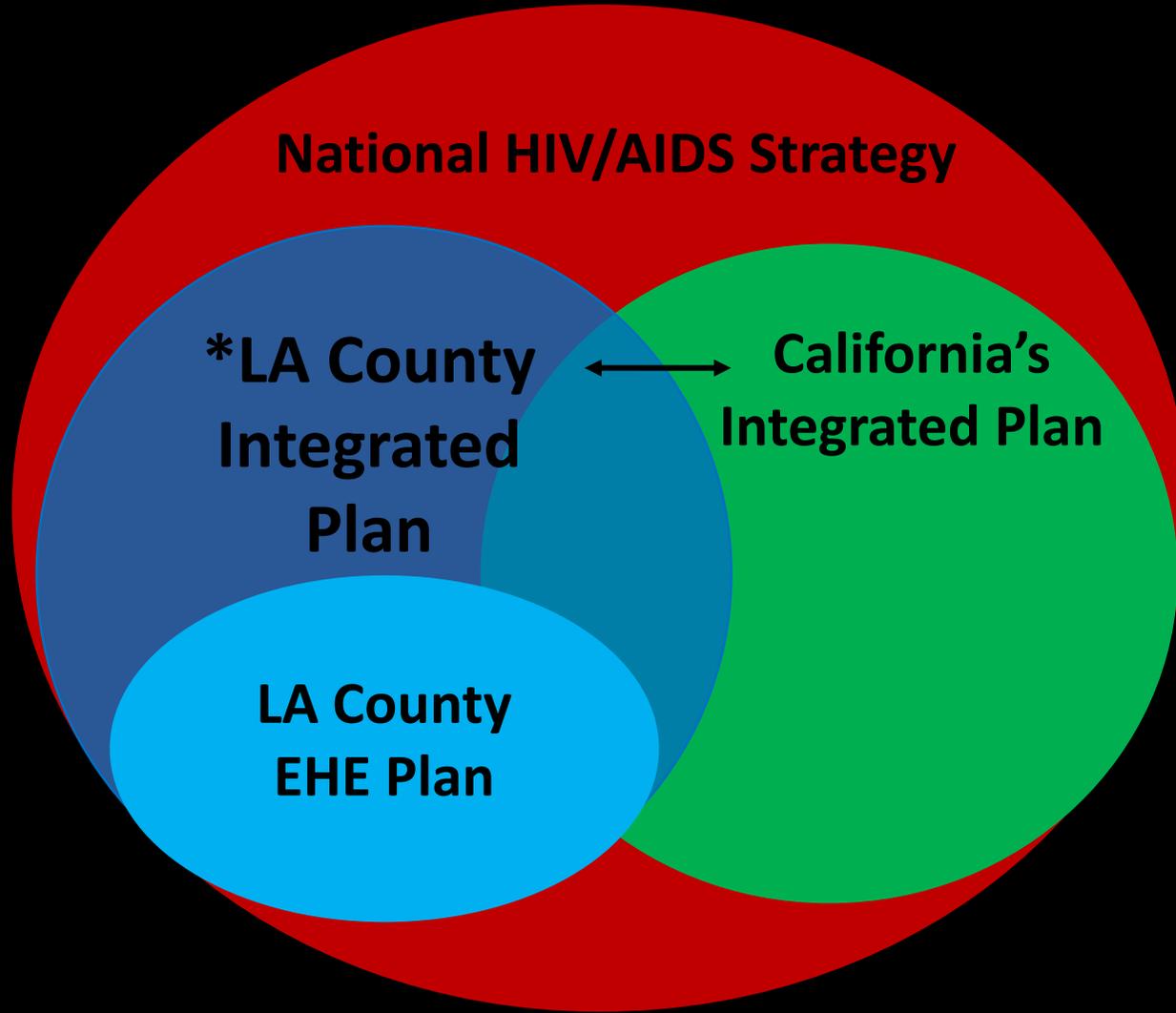
AJ King, Next-Level Consulting, Inc.

July 19, 2022

What we'll Cover

- 1 Use of Data for Planning Purposes
- 2 People Living with HIV
- 3 People Newly Diagnosed with HIV
- 4 HIV Care Continuum
- 5 PrEP Coverage
- 6 STDs
- 7 Priority Populations
- 8 Social Determinants

LA County Integrated HIV Plan, 2022-2026



NHAS Overarching Goal:
Reduce new HIV infections
by 90% by 2030

Integrated Plan Goals and
Objectives Pertaining to:

1. Diagnosing
2. Treating
3. Preventing
4. Responding

Use of Data in Planning

When We Know:

- How many people are living with HIV
- Who is Newly- diagnosed
- Who is not linked to care
- Who is not accessing PrEP
- Who is not virally suppressed
- And why...

Use of Data in Planning

When We Know:

- How many people are living with HIV
- Who is Newly- diagnosed
- Who is not linked to care
- Who is not accessing PrEP
- Who is not virally suppressed
- And why...

We Can:

- Scale services
- Target services
- Change messaging
- Keep what works
- Let go of what doesn't work

Source of Most Data Used in Presentation



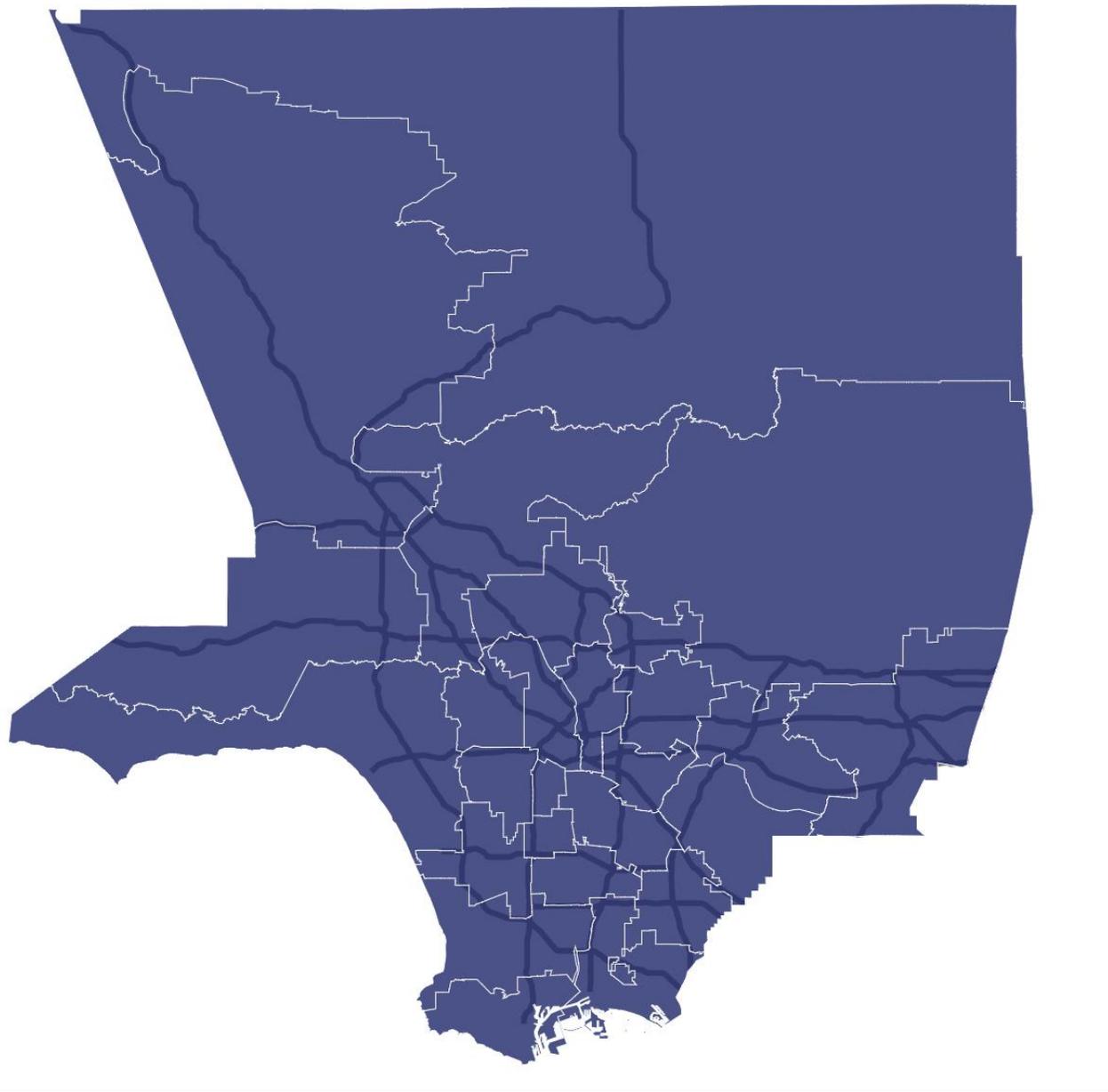
HIV Surveillance Annual Report 2021

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

HIV Surveillance Annual Report 2021, released June 29, 2022

Division of HIV and STD Programs, Department of Public Health,
County of Los Angeles. HIV Surveillance Annual Report, 2021.
Published June 29, 2022.
<http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf>. Accessed 7/8/22.

Required Section	Section Description
1. Executive Summary	Describe <u>approach</u> to preparing the Integrated Plan submission; and list and describe <u>all documents used</u> to meet submission requirements.
2. Community Engagement and Planning Process	Describe how we approached the planning process and <u>engaged</u> community members and stakeholders.
3. Contributing Data Sets and Assessments	Epidemiologic Snapshot HIV Prevention, Care and Treatment Resource Inventory Needs Assessment
4. Situational Analysis	Overview of <u>strengths, challenges, and identified needs</u> with respect to Diagnose; Treat; Prevent; Respond.
5. Goals and Objectives	How we will <u>diagnose, treat, prevent and respond</u> to HIV. Should reflect strategies that ensure a unified, coordinated approach for all HIV funding.
6. Integrated Planning Implementation, Monitoring and Follow Up	Infrastructure, procedures, systems, and/or tools that will be used to support the key phases of planning. How to ensure the success of goals and objectives through Implementation; Monitoring; Evaluation; Improvement; Reporting and Dissemination
7. Letters of Concurrence	Specify how the planning body was involved in the Integrated Plan development.



In Los Angeles County, CA:

- An estimated 59,400 persons aged 13 years and older were living with HIV in 2020
- This includes an estimated 6,800 persons (11%) who were unaware of their infection

Image of LAC depicting SPAs and Health Districts. Source: <https://www.lacounty.hiv/health-districts/>

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf>. Accessed 7/8/22.

People Living with HIV in LAC, 2020

Total: 59,400



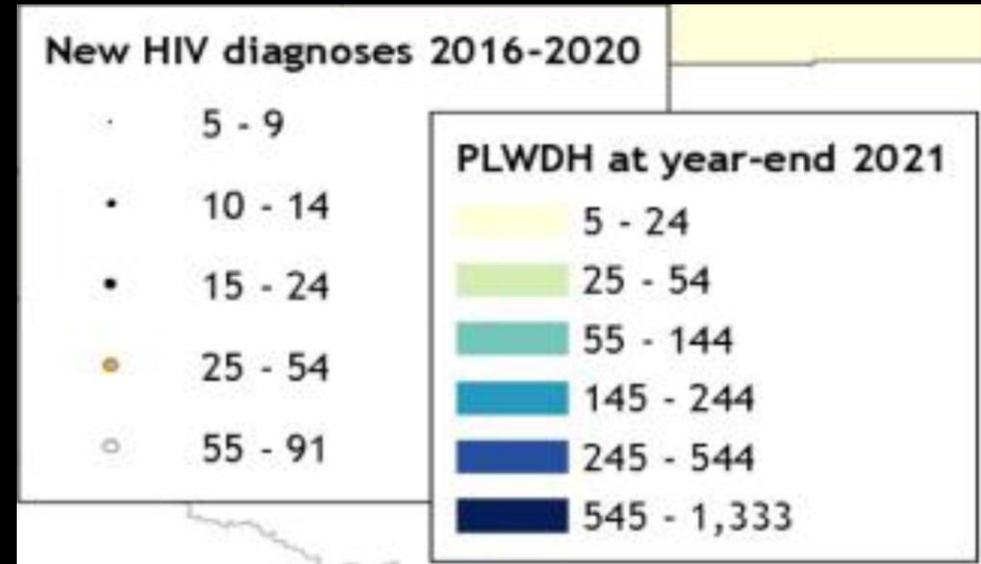
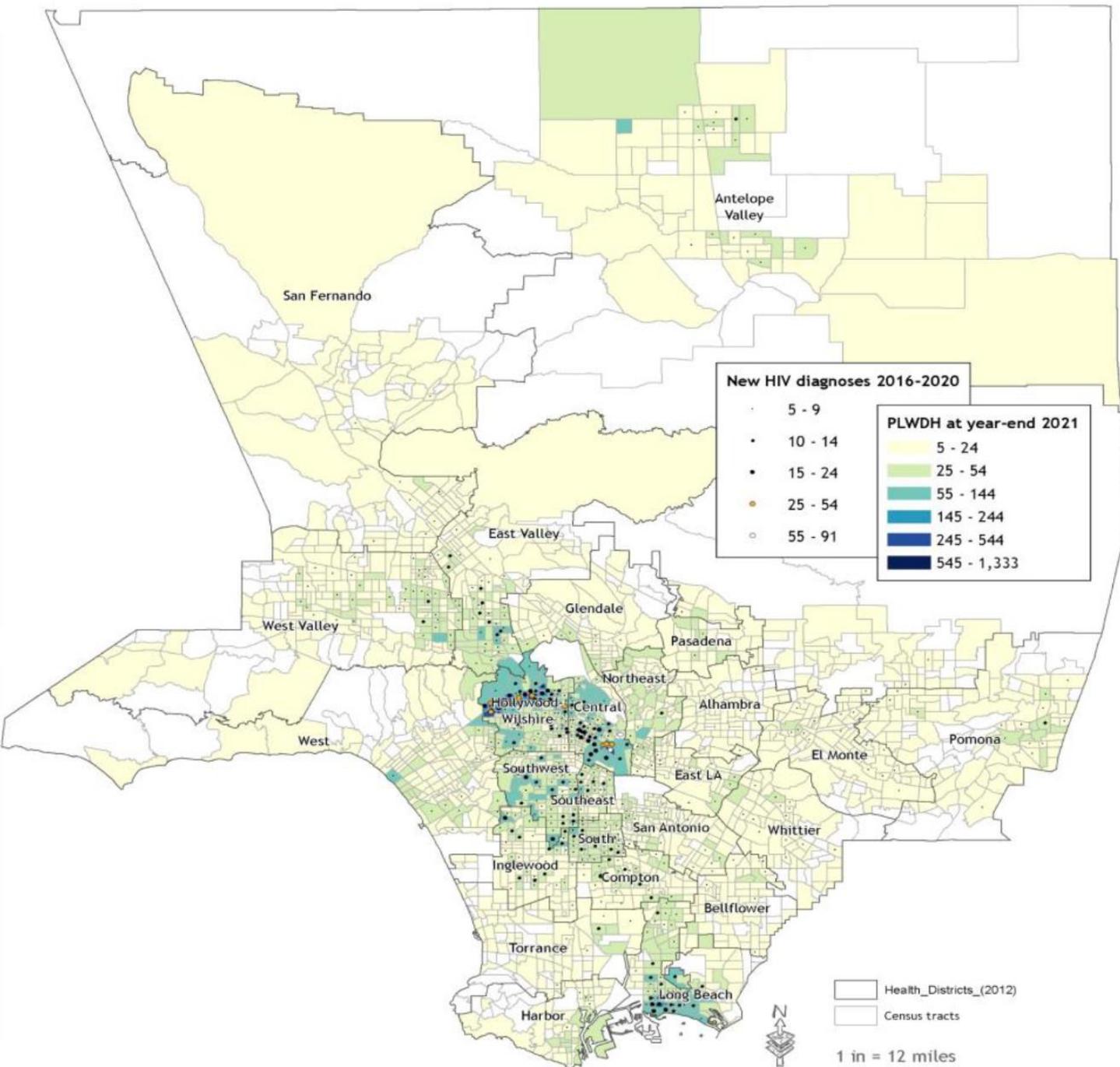
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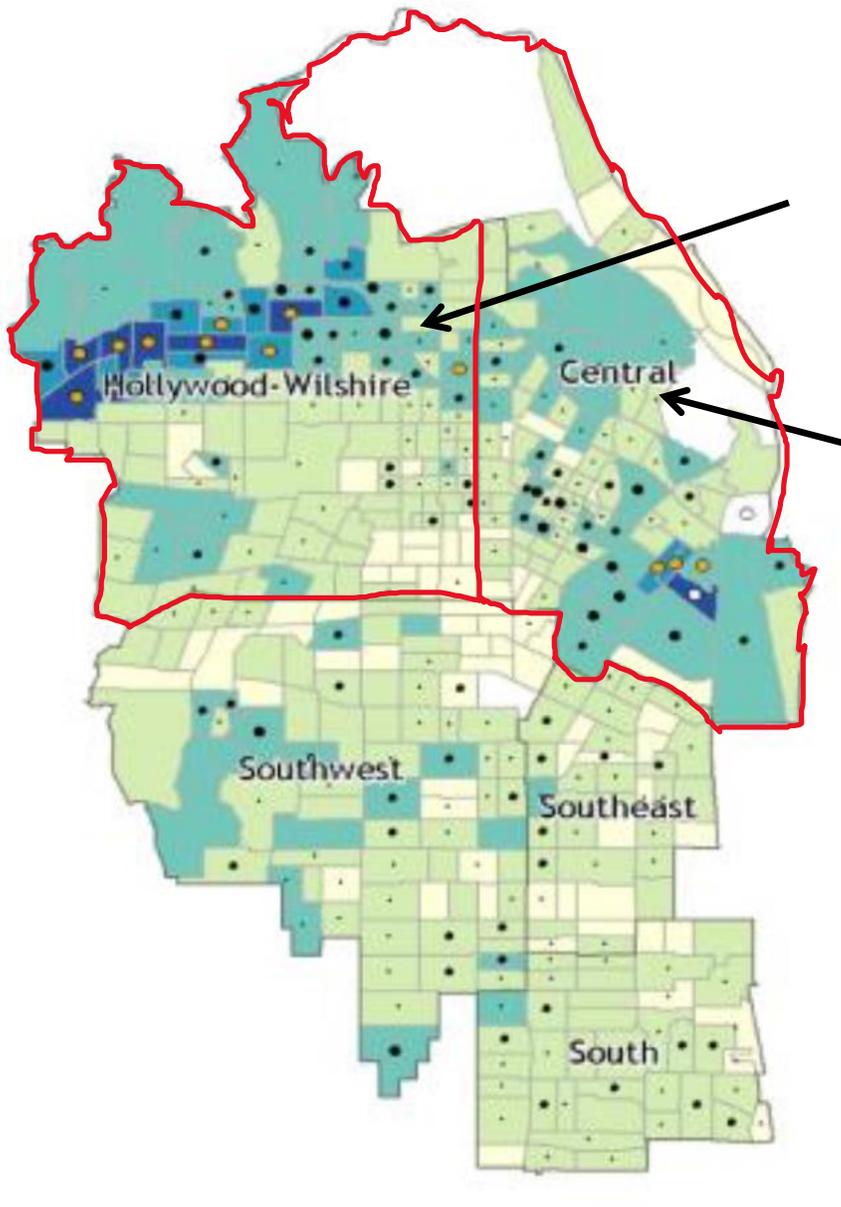
People Living with HIV

■ Diagnosed ■ Undiagnosed

Geographic Distribution of PLWDH in 2021 & Persons Newly Diagnosed with HIV, 2016-2020, LAC



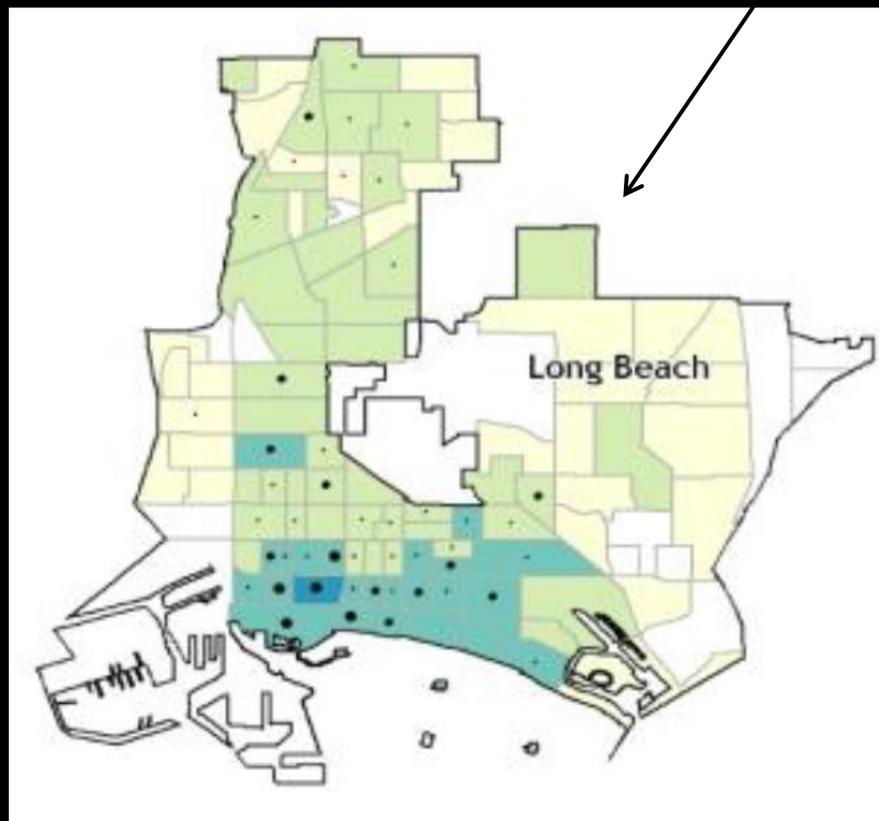
Top Three Epicenters for HIV in LAC



Hollywood
-Wilshire

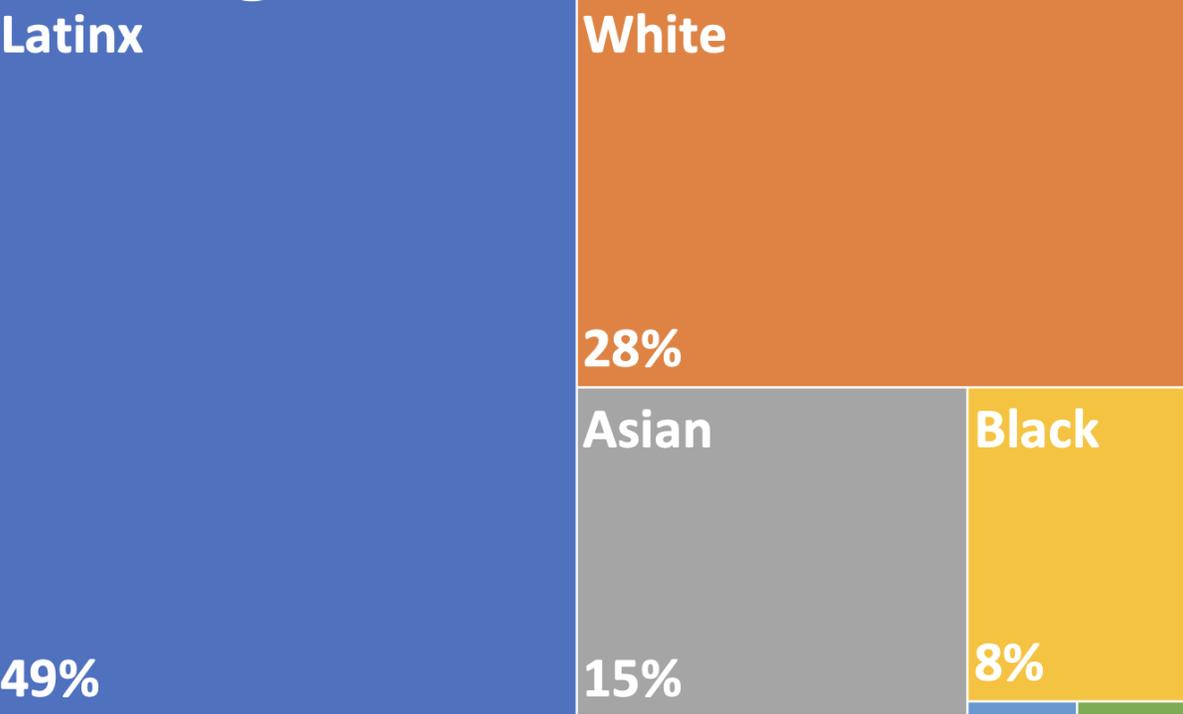
Central

Long Beach

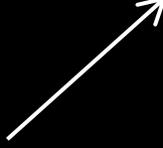


Distribution of Race/Ethnicity...

Among LAC Residents in 2020:



AIAN
0.2%



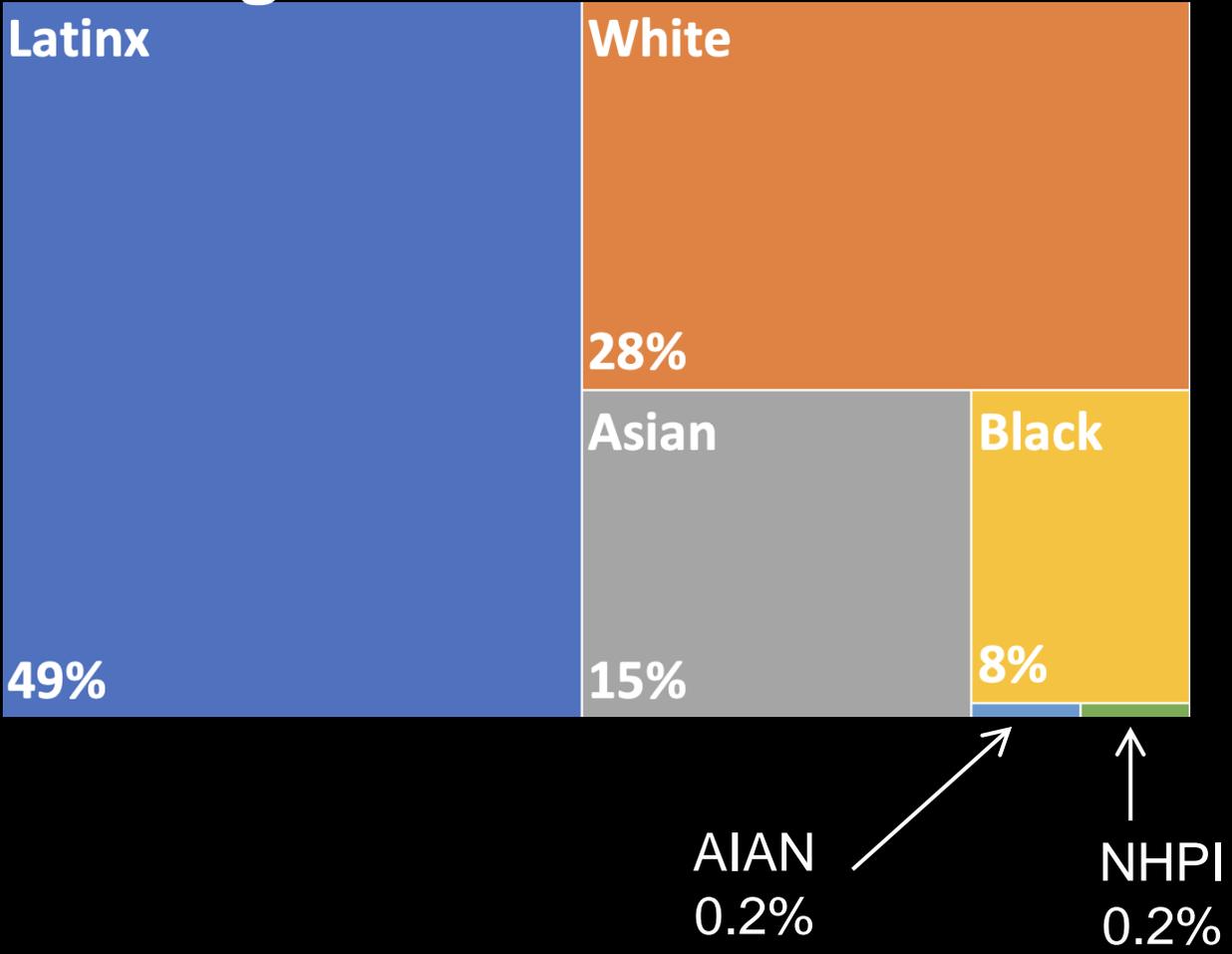
NHPI
0.2%



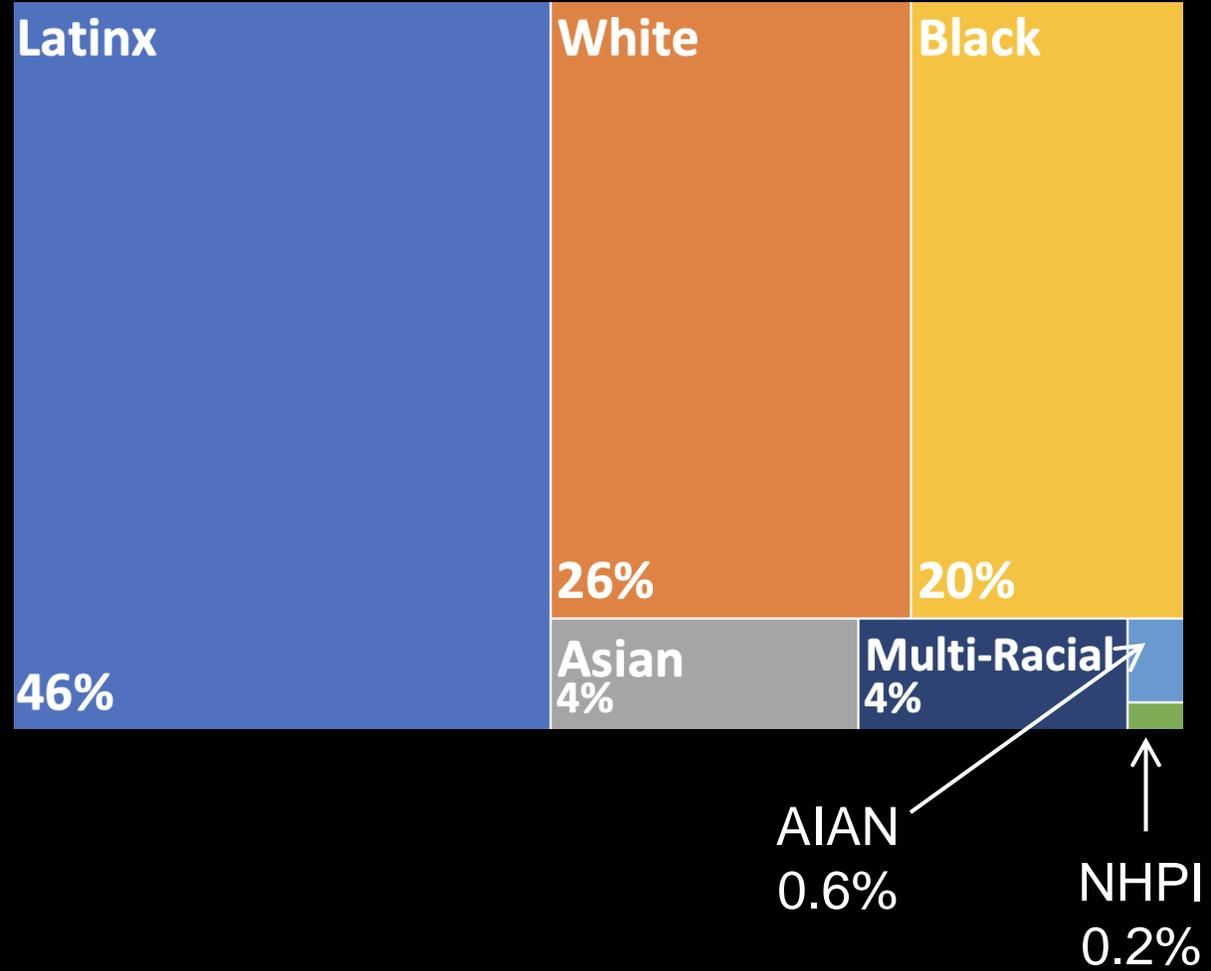
AIAN: American Indian and Alaska Natives NHPI: Native Hawaiian and Pacific Islanders

Distribution of Race/Ethnicity...

Among LAC Residents in 2020:

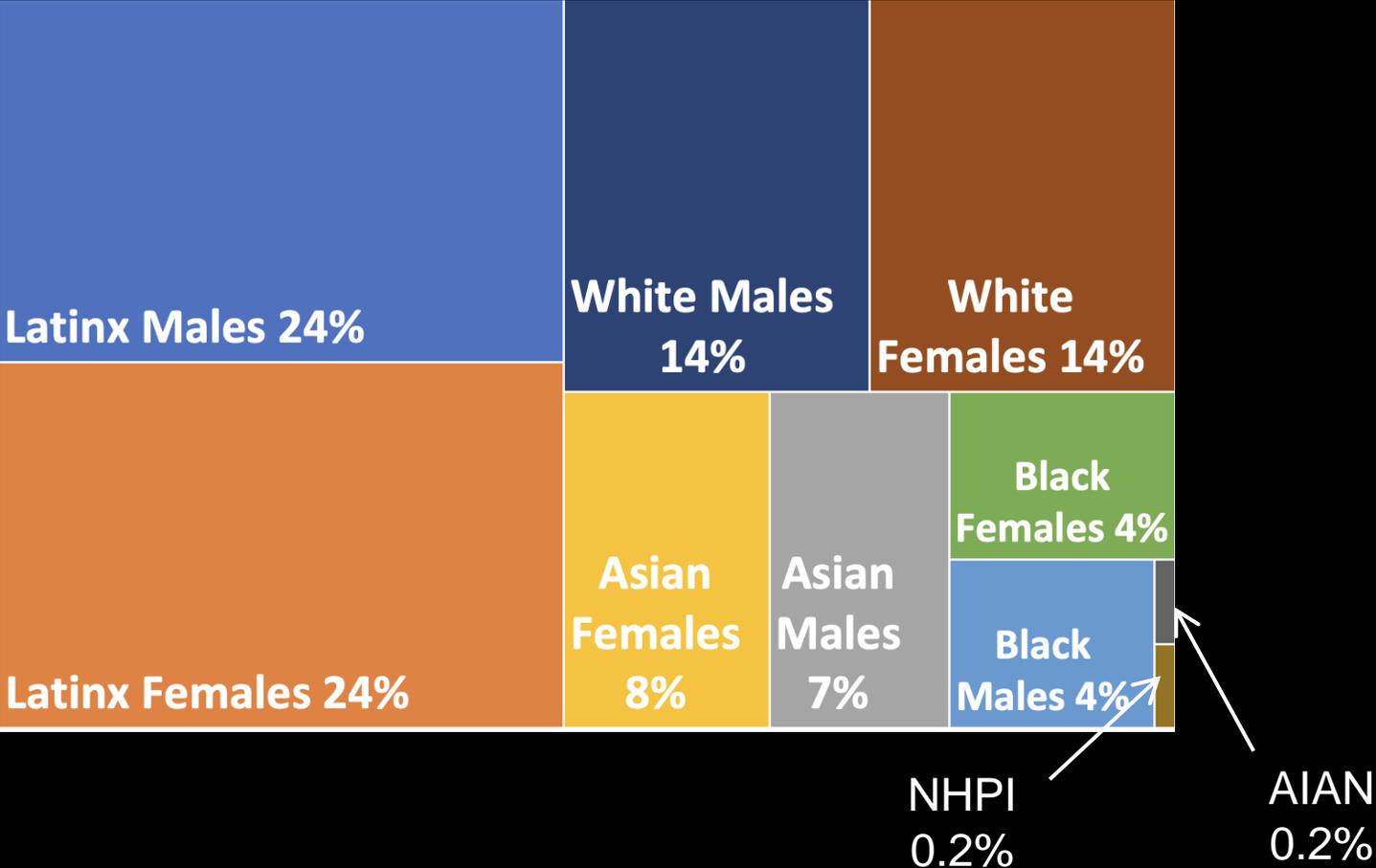


Among LAC PLWDH in 2021:



Distribution of Race/Ethnicity & Sex at Birth*...

Among LAC Residents in 2020:

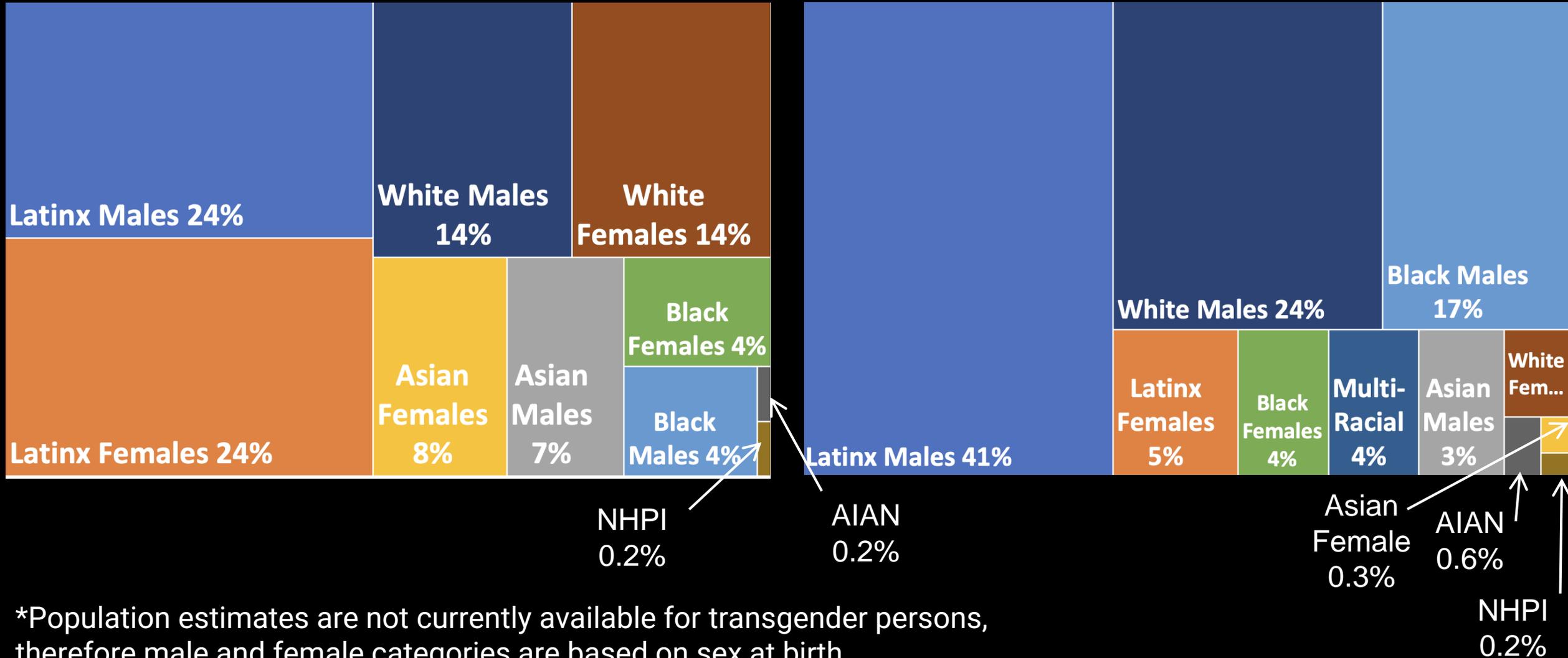


*Population estimates are not currently available for transgender persons, therefore male and female categories are based on sex at birth.

Distribution of Race/Ethnicity & Sex at Birth* ...

Among LAC Residents in 2020:

Among LAC PLWDH in 2021:



*Population estimates are not currently available for transgender persons, therefore male and female categories are based on sex at birth.

Percentage of PLWH, aged ≥ 13 , that are Aware of their HIV-Positive Status, LAC 2010, 2015 & 2020*

■ PLWH, aged 13 and older ■ Percentage of PLWH that are aware of their status

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2010

82%

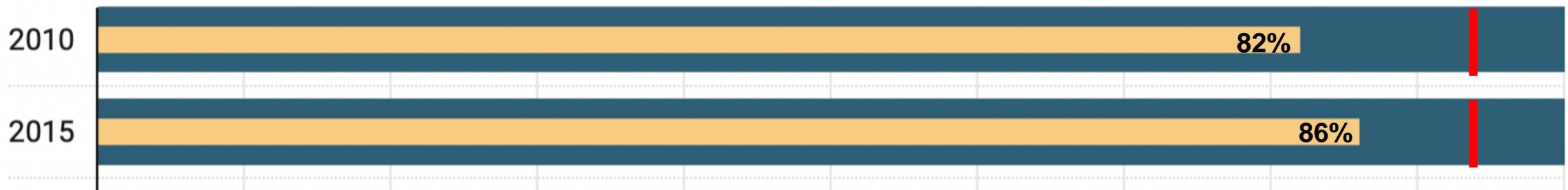
95% Benchmark



Percentage of PLWH, aged ≥ 13 , that are Aware of their HIV-Positive Status, LAC 2010, 2015 & 2020*

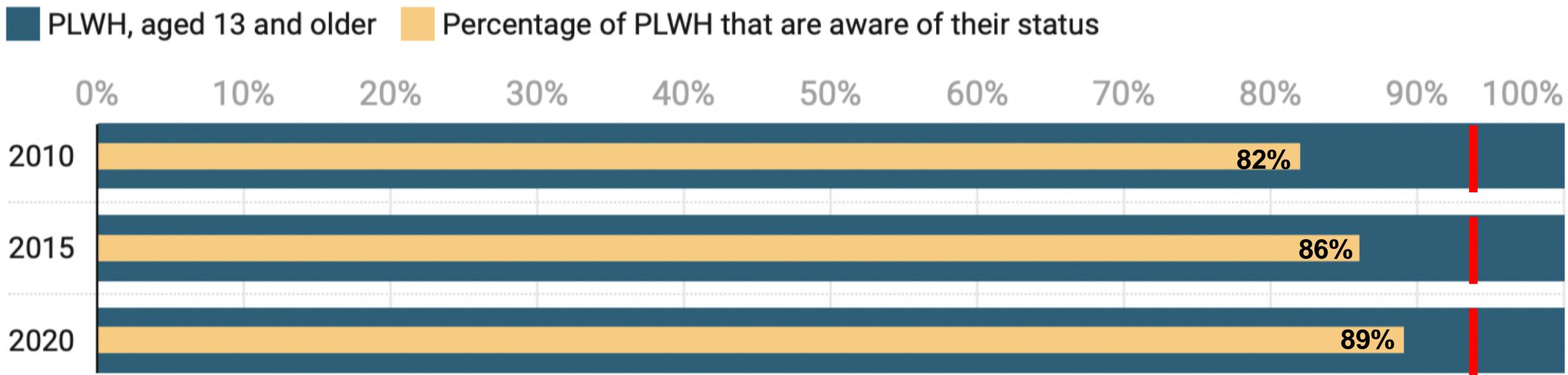
■ PLWH, aged 13 and older ■ Percentage of PLWH that are aware of their status

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

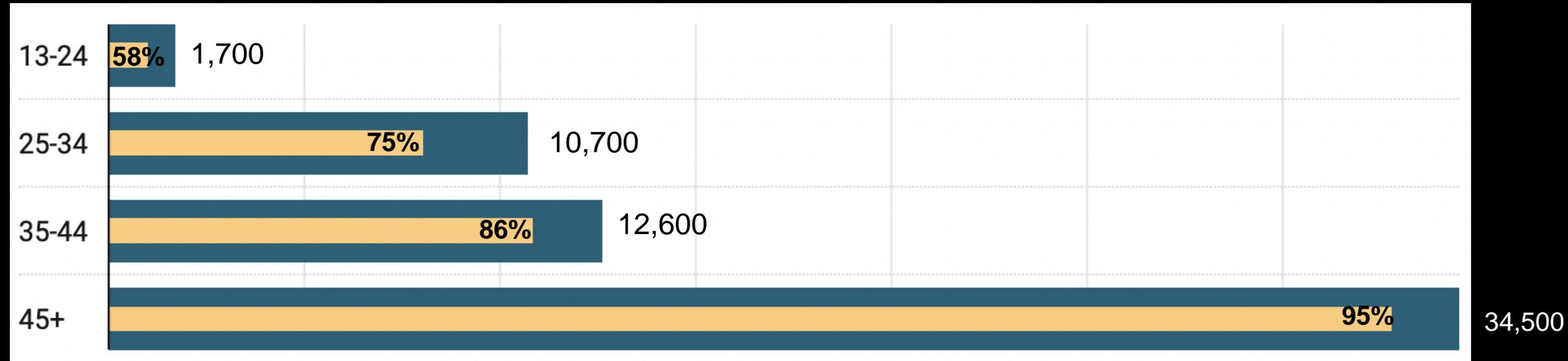


95% Benchmark

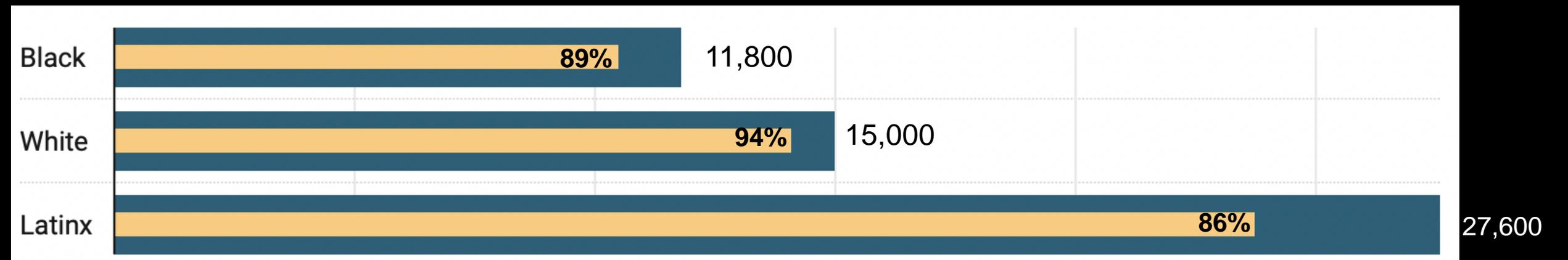
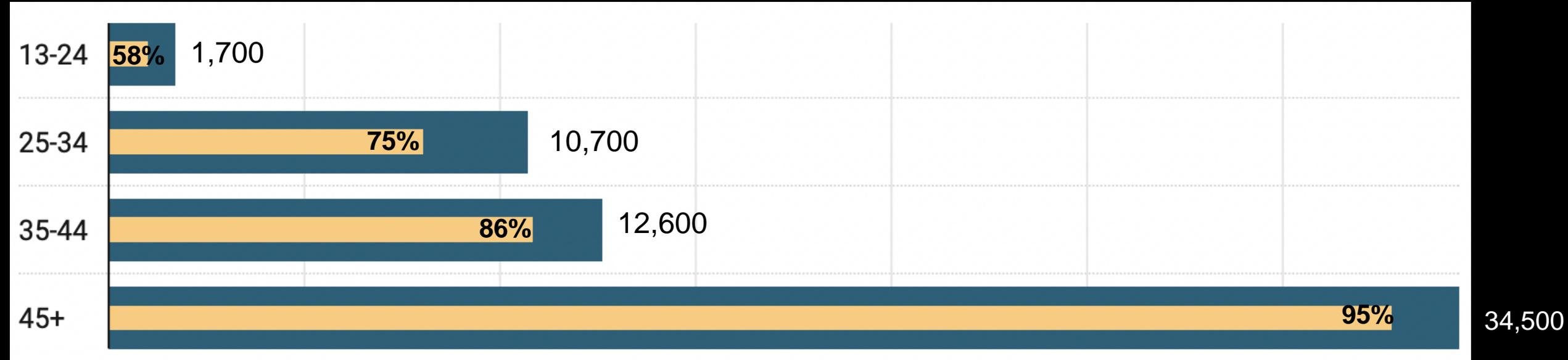
Percentage of PLWH, aged ≥ 13 , that are Aware of their HIV-Positive Status, LAC 2010, 2015 & 2020*



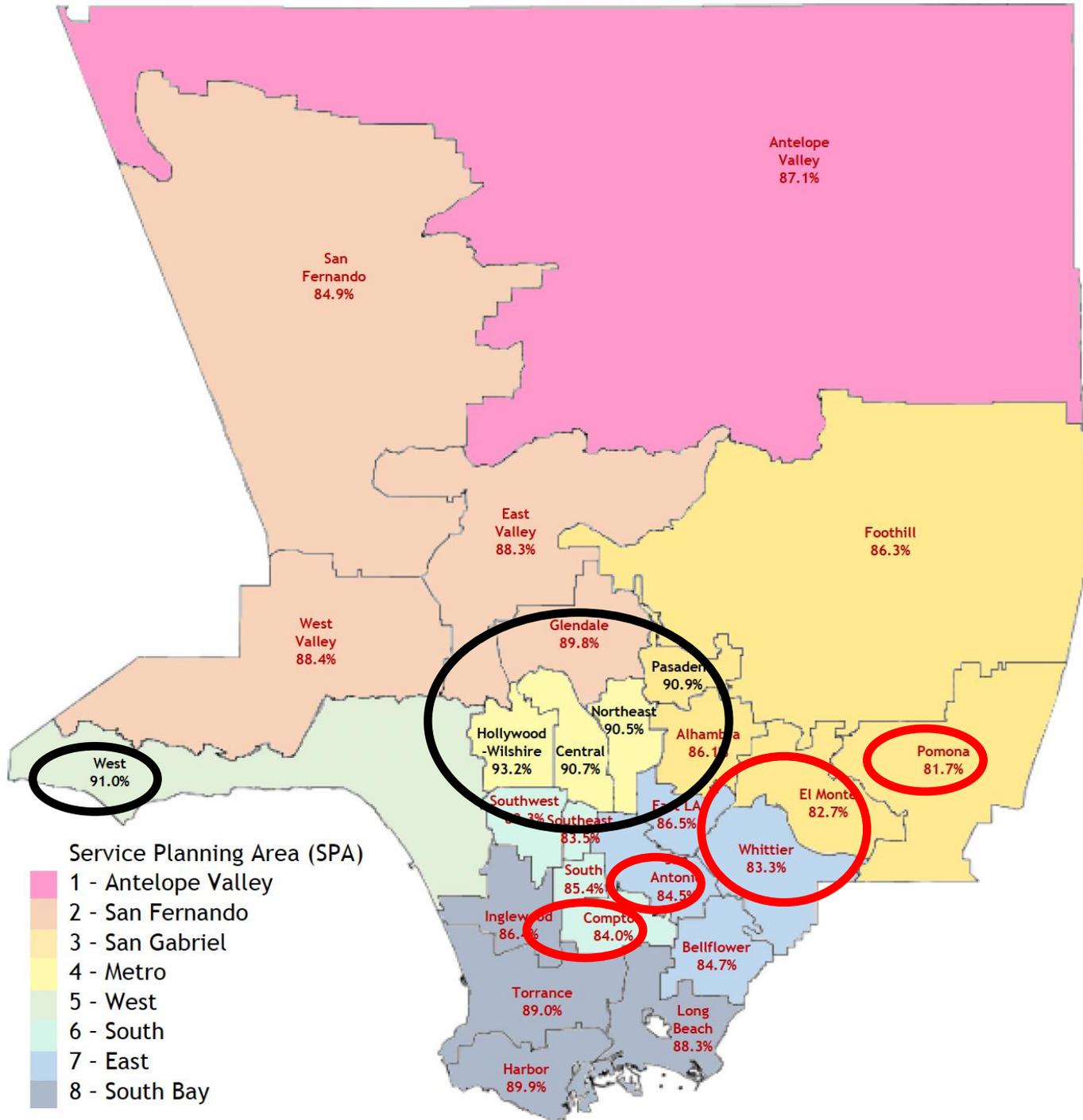
Aware of HIV-Positive Status among PLWH, by Age Group & Race/Ethnicity, LAC 2020*



Aware of HIV-Positive Status among PLWH, by Age Group & Race/Ethnicity, LAC 2020*



Percentage of PLWH aged ≥ 13 years who were aware of their HIV-positive status by Health District, LAC 2020



Health District – Most Aware	% Aware of HIV Status
Hollywood-Wilshire	93.2%
West	91%
Pasadena	90.9%
Central	90.7%
Northeast	90.5%

Health District - Least Aware	% Aware of HIV Status
Compton	84%
Southeast	83.5%
Whittier	83.3%
El Monte	82.7%
Pomona	81.7%

Ending the HIV Epidemic Targets: *Estimated Percentage of PLWH with Knowledge of HIV-Positive Status*

■ Total PLWH ■ Estimated percentage that know their status

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



Poll Question

Approximately how many people are living with HIV in Los Angeles County as of 2020?

1. 65,000
2. 13,000
3. 58,000
4. 25,000
5. 40,000

Poll Question

Which of these priority population makes up the largest proportion of people living with diagnosed HIV in LAC?

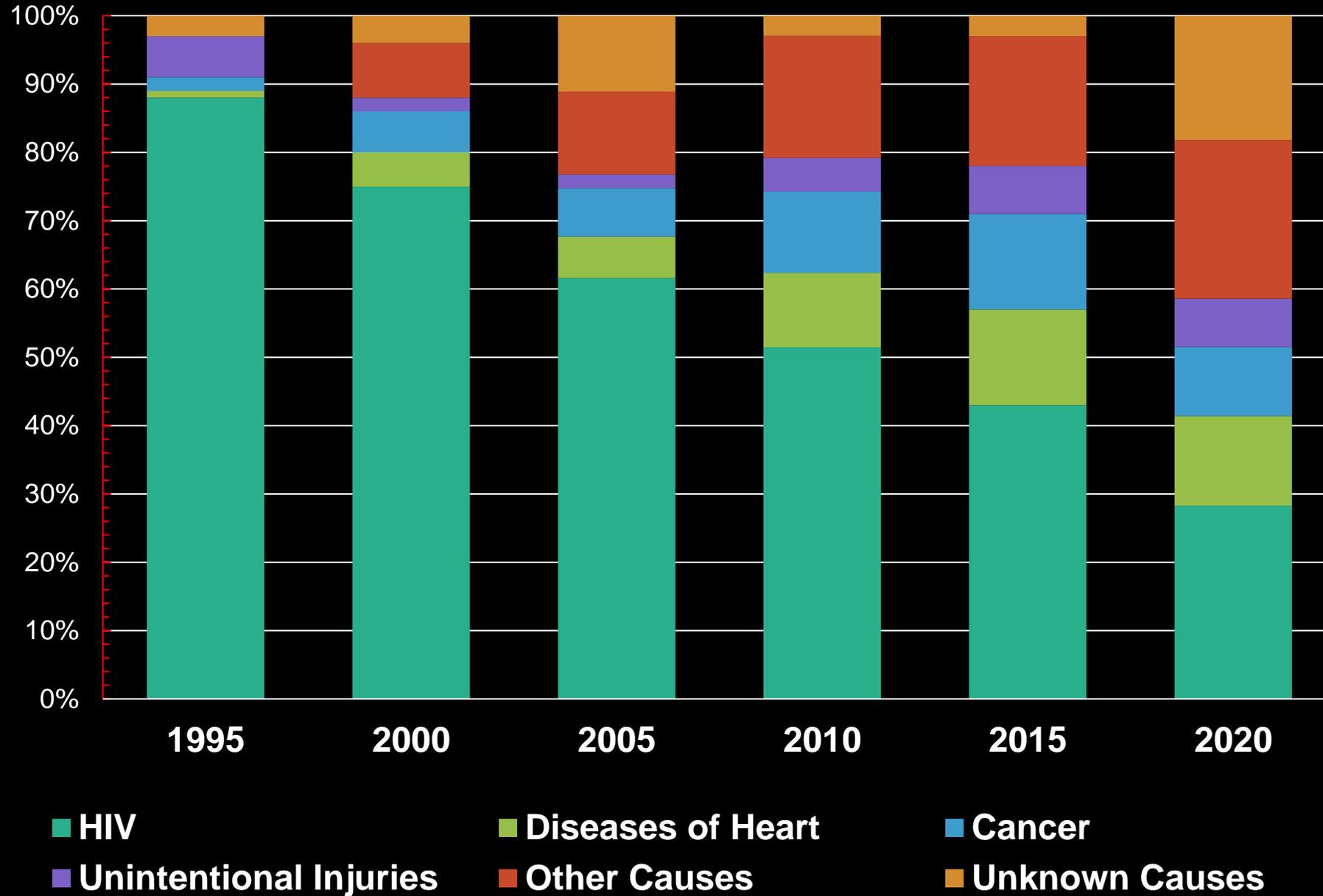
1. Latinx MSM
2. Black/African American MSM
3. Women of Color
4. People Who Inject Drugs

Poll Question

Which of the following is NOT one of the top three epicenters for HIV in LA County?

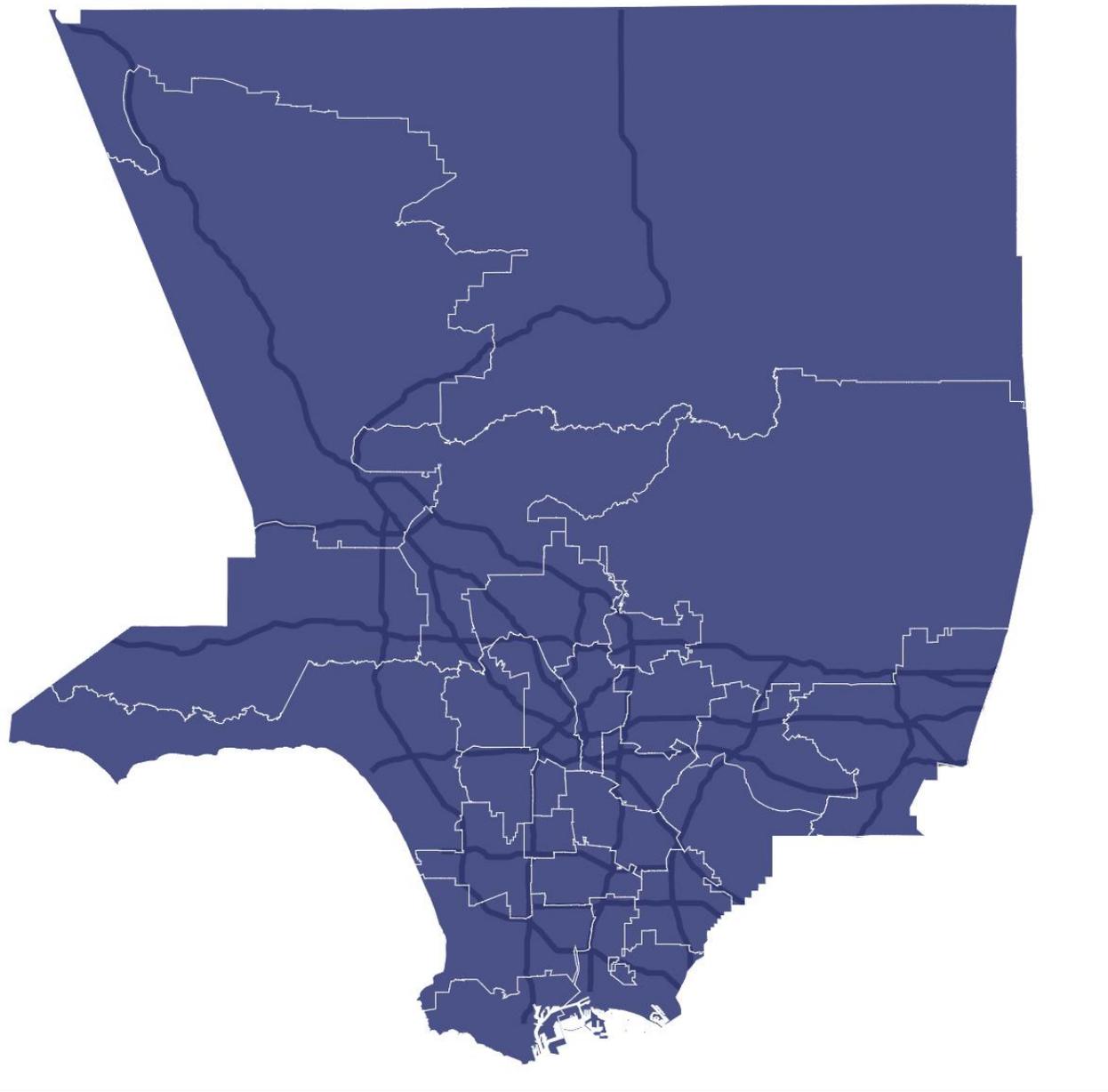
1. Hollywood-Wilshire
2. Central
3. Long Beach
4. South LA

Main Causes of Death among PLWDH aged ≥ 13 , LAC



Trends in Main Causes of Death among PLWDH

- The number of deaths has decreased sharply since 1996 and remains approximately 500-600 per year
- HIV as the leading of death declined from 88% of deaths in 1995 to 28% of deaths in 2020
- Diseases of the heart as the cause of death increased from 1% in 1995 to 13% in 2020



In Los Angeles County, CA:

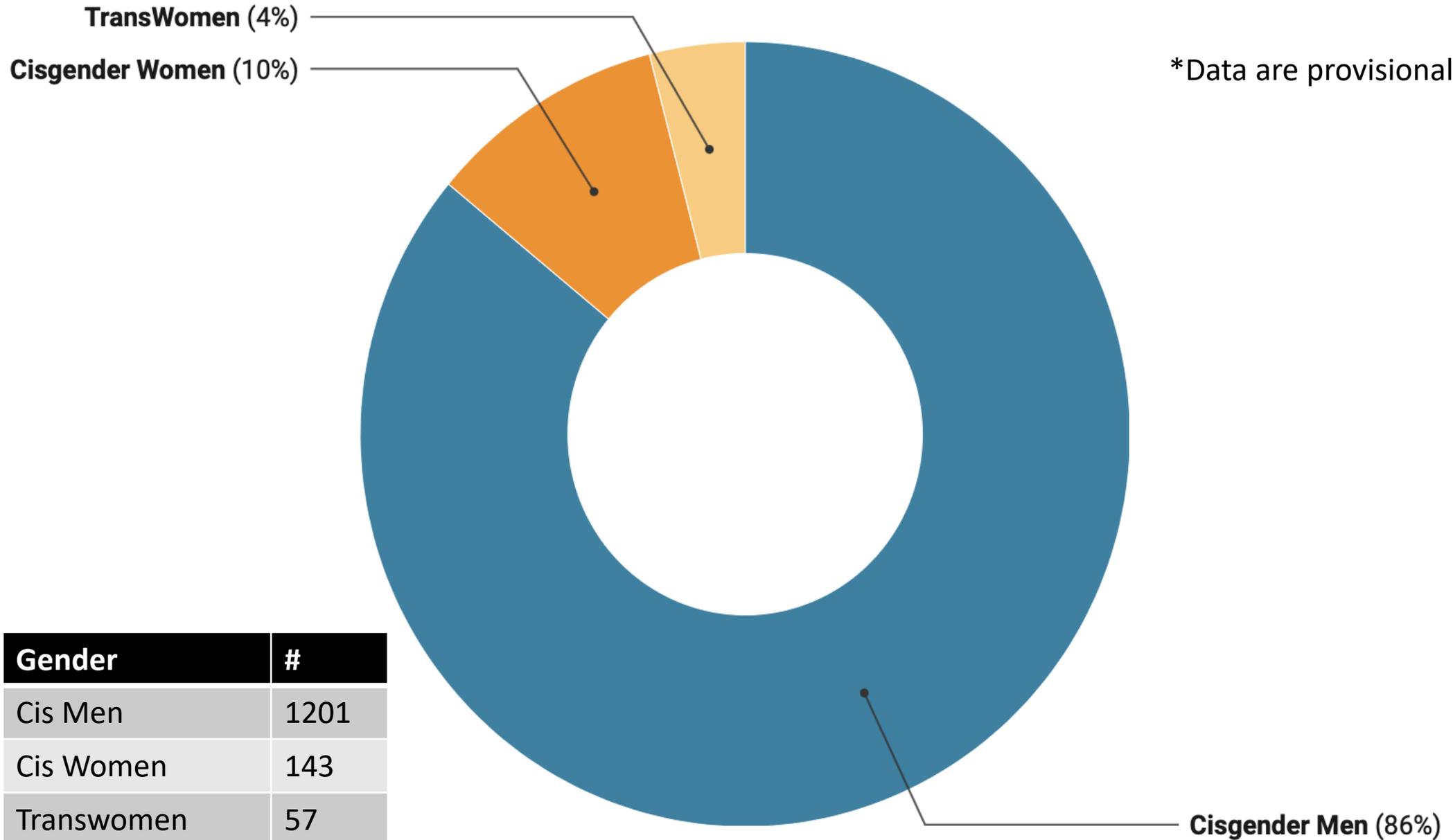
- 1,401 persons aged 13 years and older were newly diagnosed with HIV in 2020, a 10% decrease from 2019
- 20% of newly diagnosed were classified as stage 3 at the time of diagnosis

Image of LAC depicting SPAs and Health Districts. Source: <https://www.lacounty.hiv/health-districts/>

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf>. Accessed 7/8/22.

New HIV Diagnoses by Gender among Persons Aged ≥ 13 , LAC 2020*

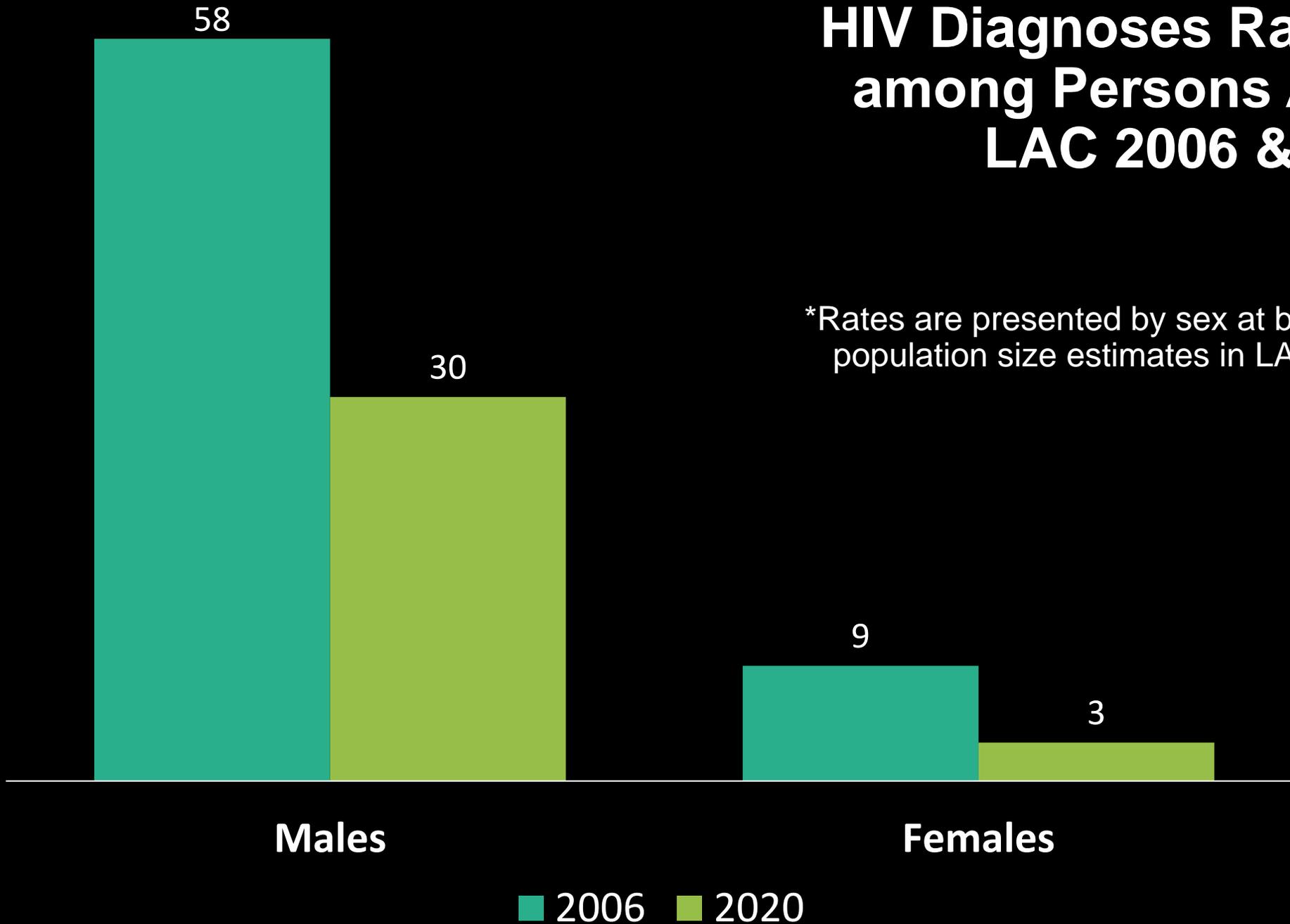
*Data are provisional



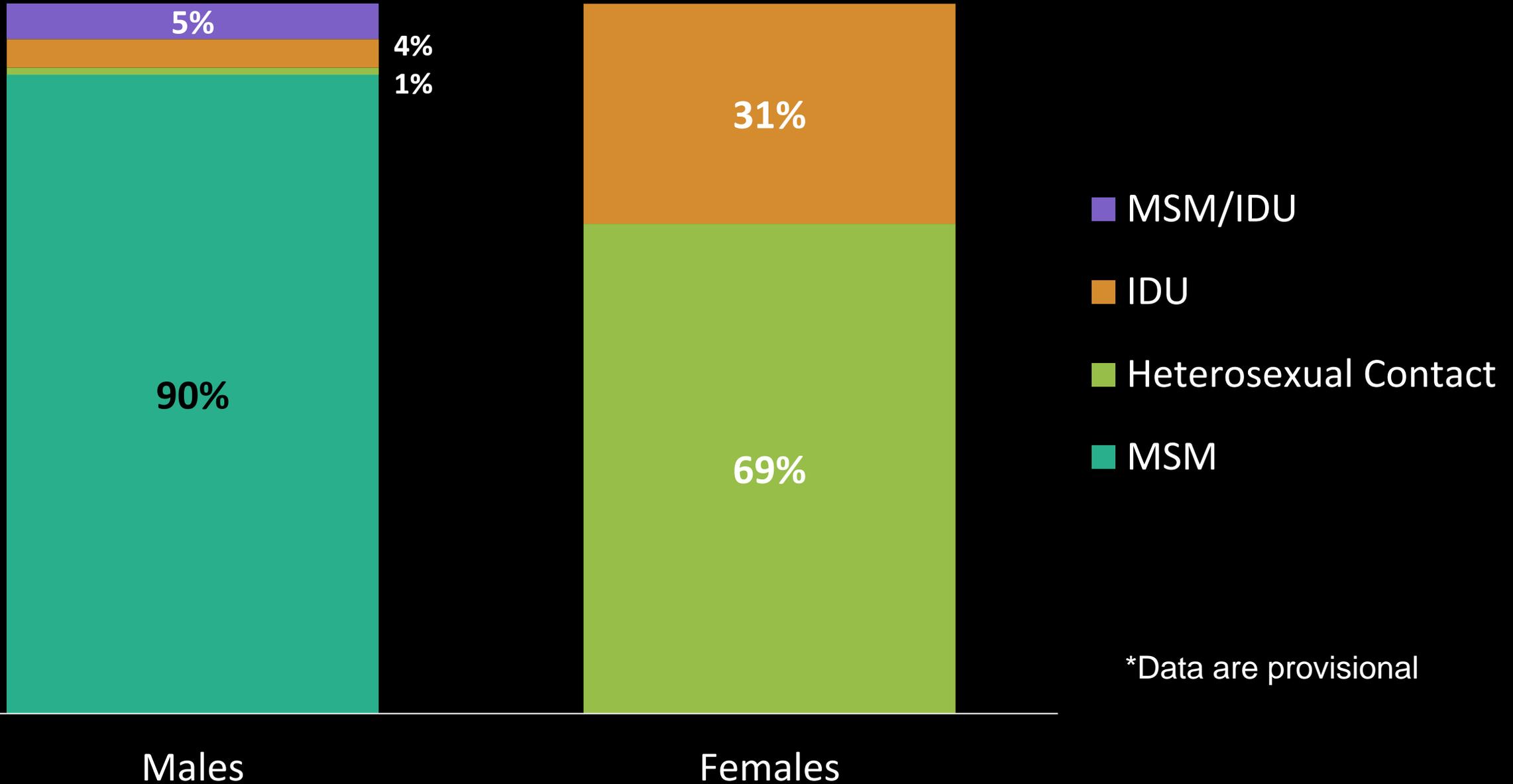
Gender	#
Cis Men	1201
Cis Women	143
Transwomen	57

HIV Diagnoses Rates by Sex* among Persons Aged ≥ 13 , LAC 2006 & 2020

*Rates are presented by sex at birth due to unavailability of population size estimates in LAC by gender categories.



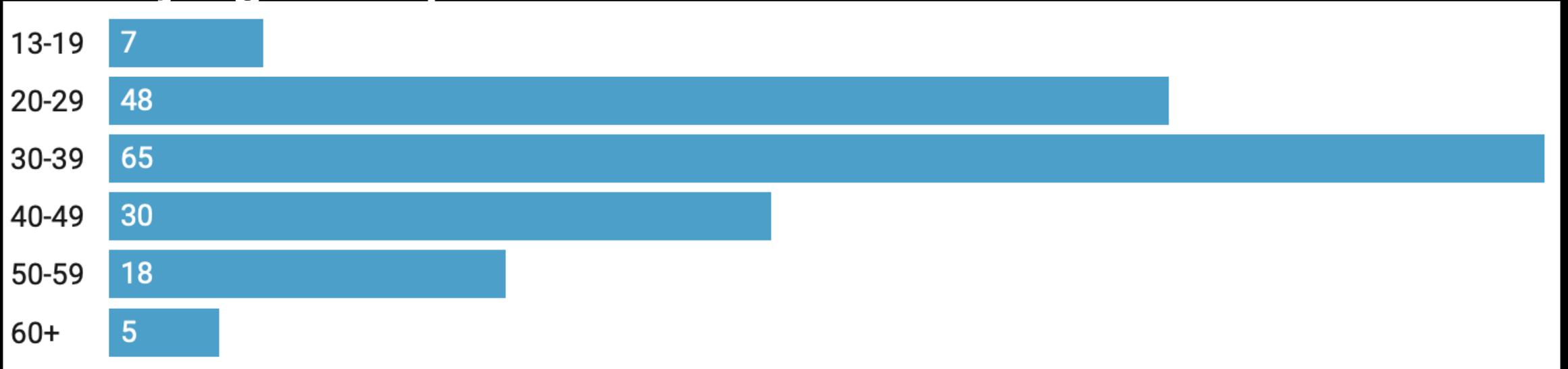
Transmission Risk Among Males & Females Newly Diagnosed with HIV, 2020*



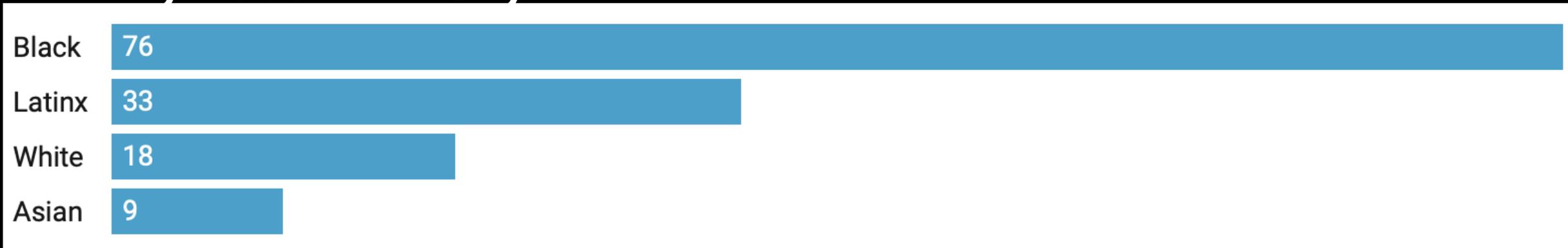
*Data are provisional

HIV Diagnoses Rates among Males, aged ≥ 13 , LAC 2020*

By Age Group:



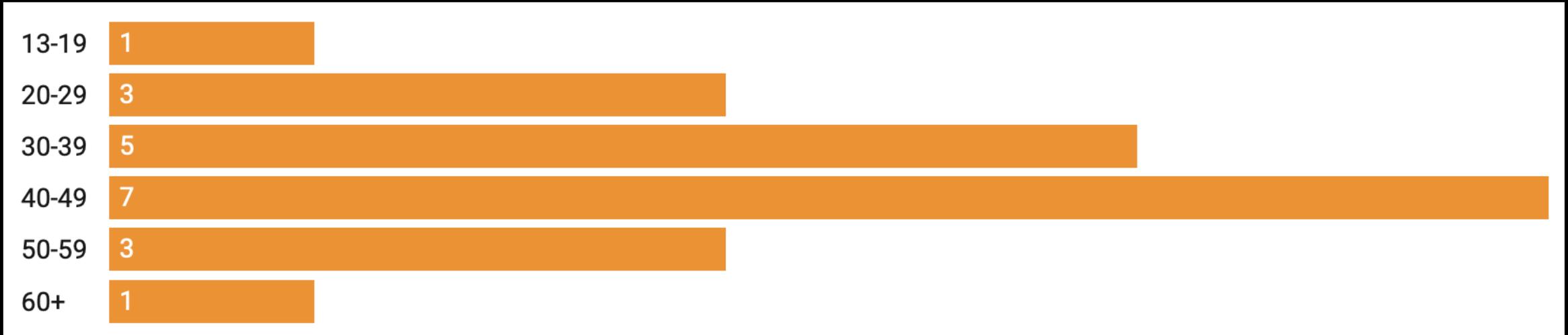
By Race/Ethnicity:



*Data are provisional

HIV Diagnoses Rates among Females, aged ≥ 13 , LAC 2020*

By Age Group:

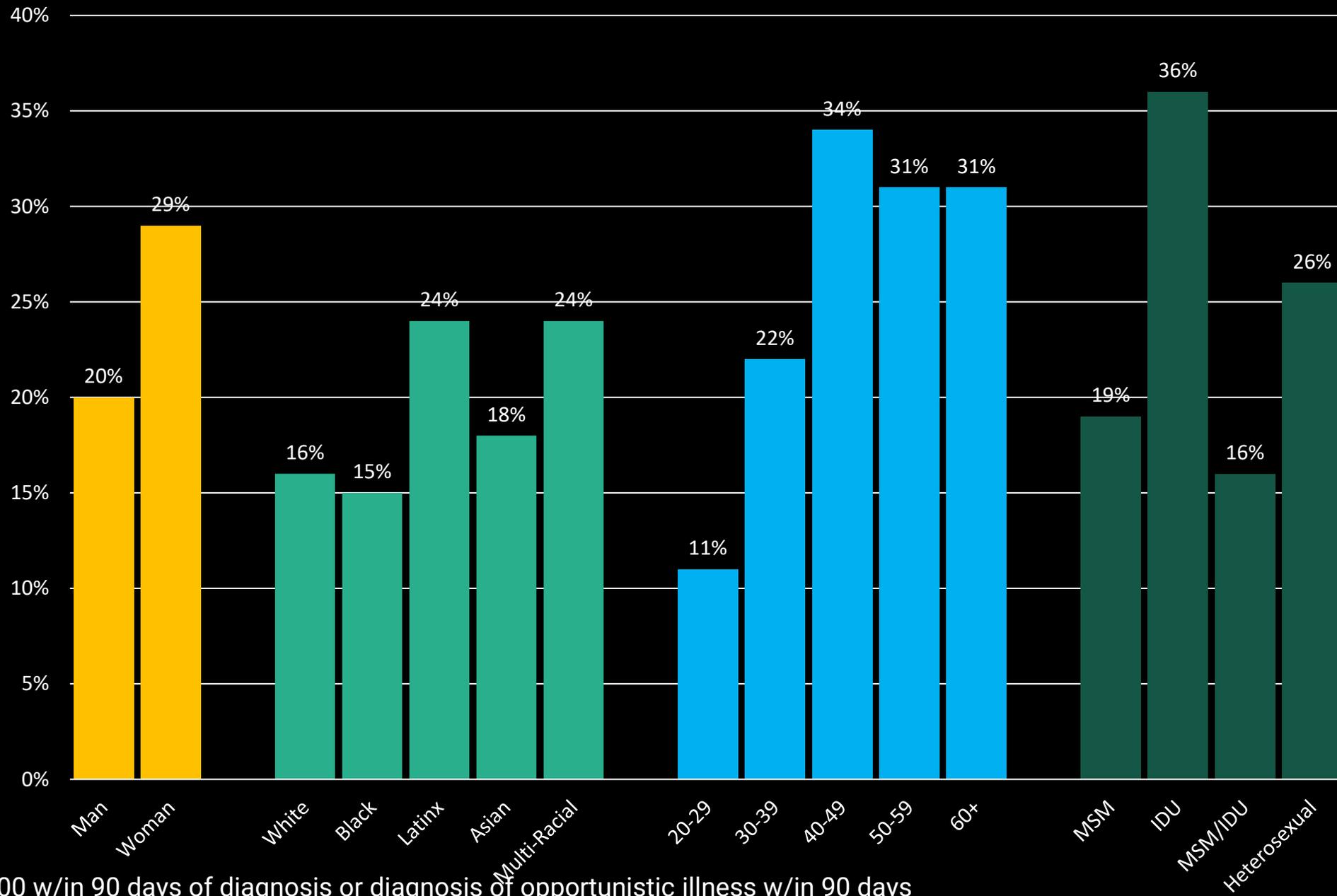


By Race/Ethnicity:

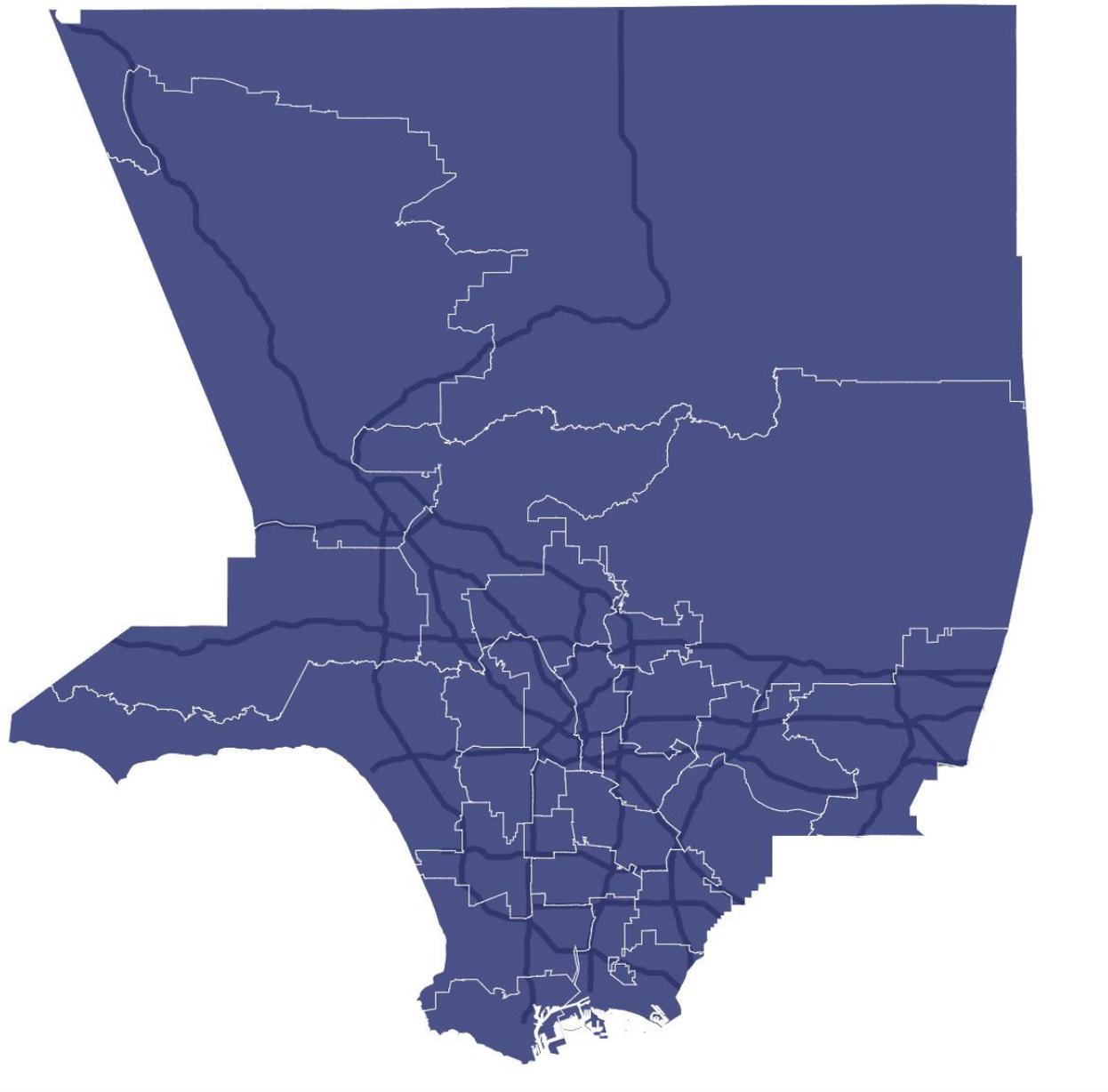


*Data are provisional

Stage 3* at New Diagnoses among Persons Aged ≥13, LAC 2020



Either CD-4 <200 w/in 90 days of diagnosis or diagnosis of opportunistic illness w/in 90 days



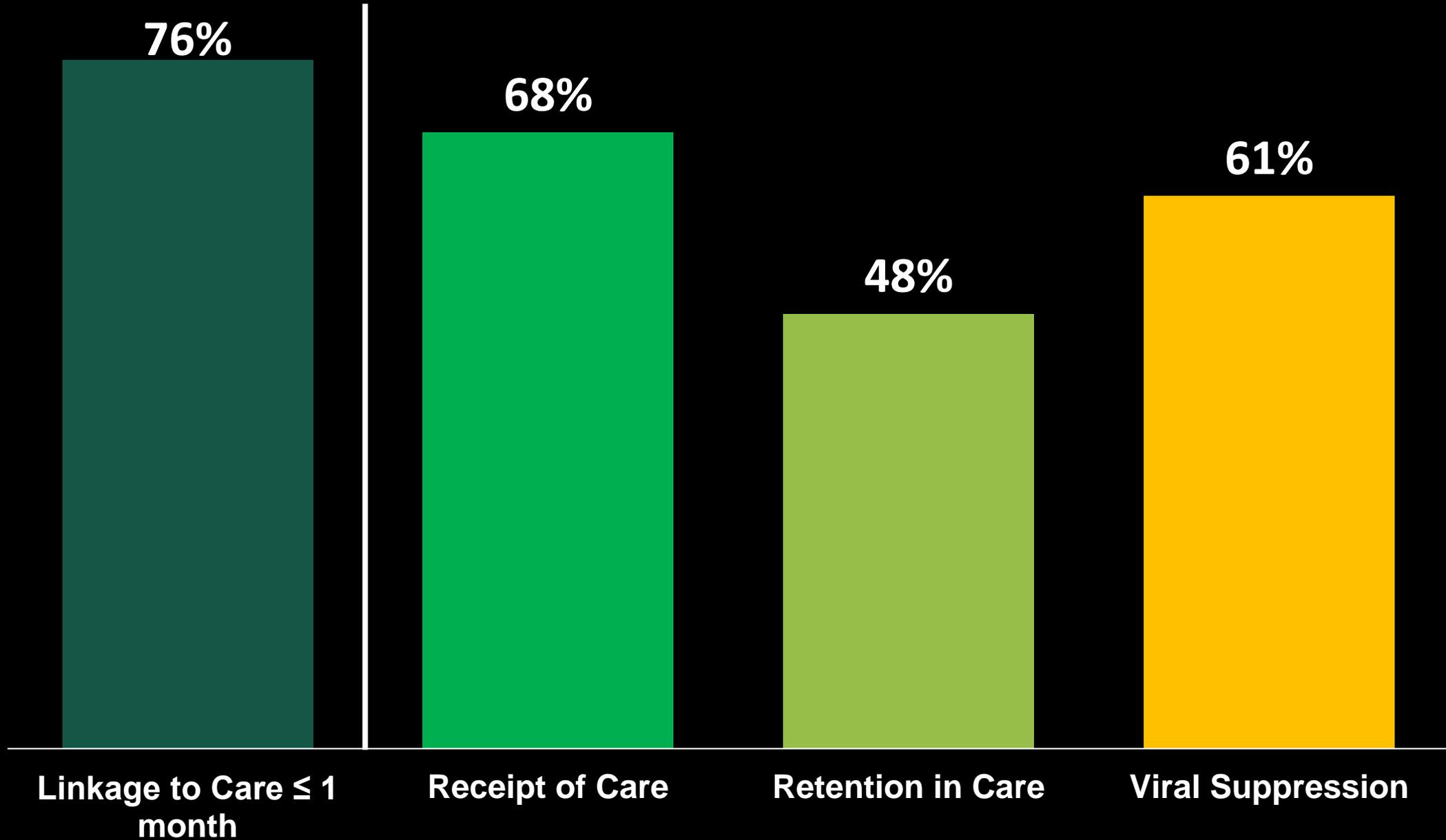
In Los Angeles County, CA:

- 76% of PLWDH were linked to care within 1 month of diagnosis
- 61% (2021) of PLWDH were virally suppressed

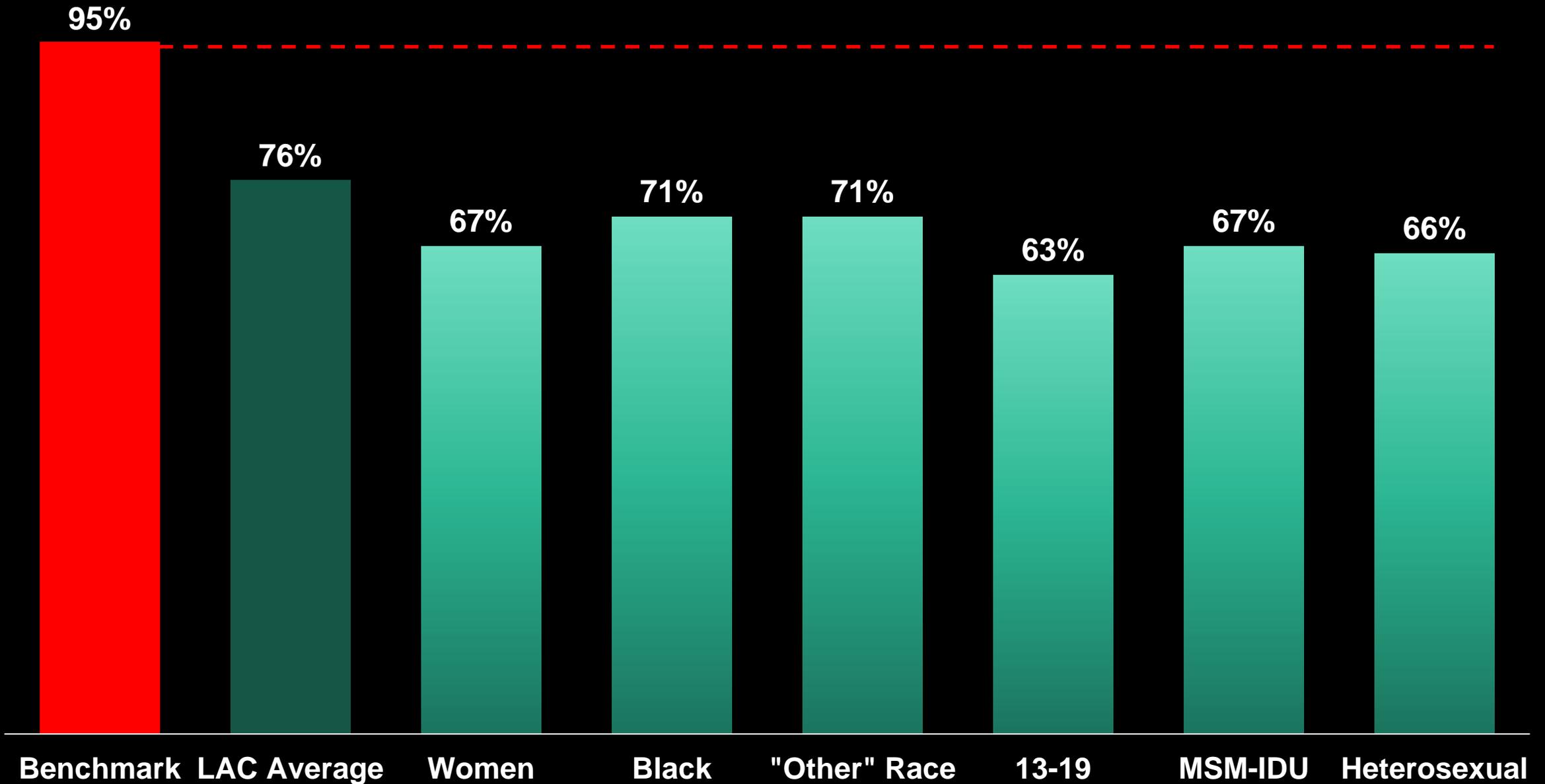
Image of LAC depicting SPAs and Health Districts. Source: <https://www.lacounty.hiv/health-districts/>

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf>. Accessed 7/8/22.

HIV Care Continuum among Persons aged ≥ 13 , LAC 2020 and 2021

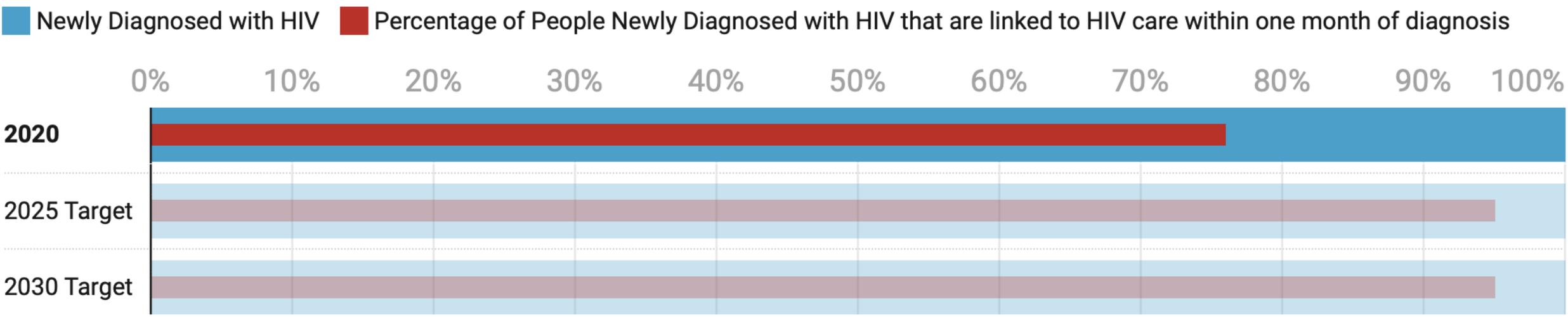


Linkage to Care among Persons aged ≥ 13 , LAC 2020

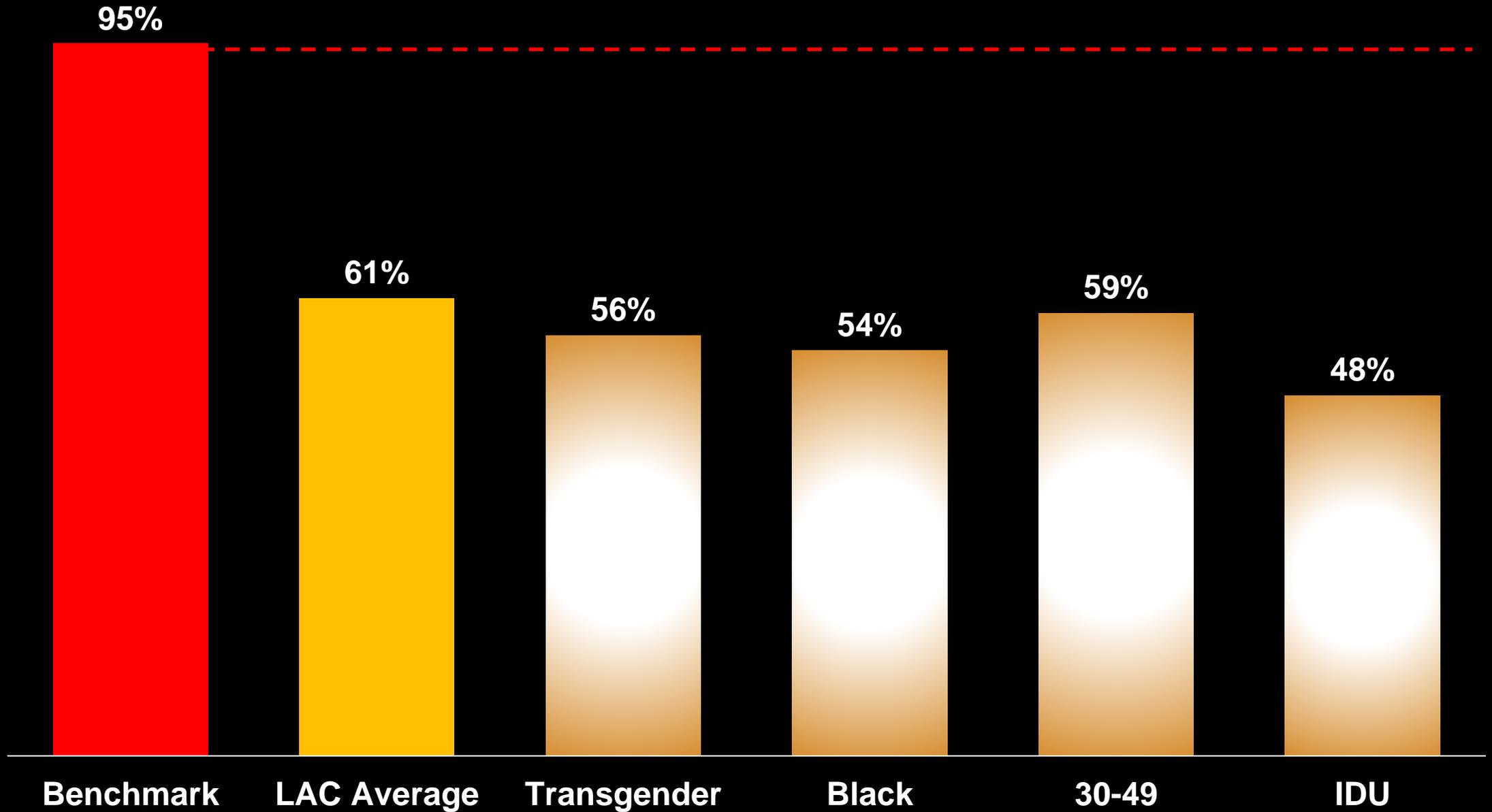


Ending the HIV Epidemic Targets: *Percentage of PLWH Linked to HIV Care within One Month of Diagnosis*

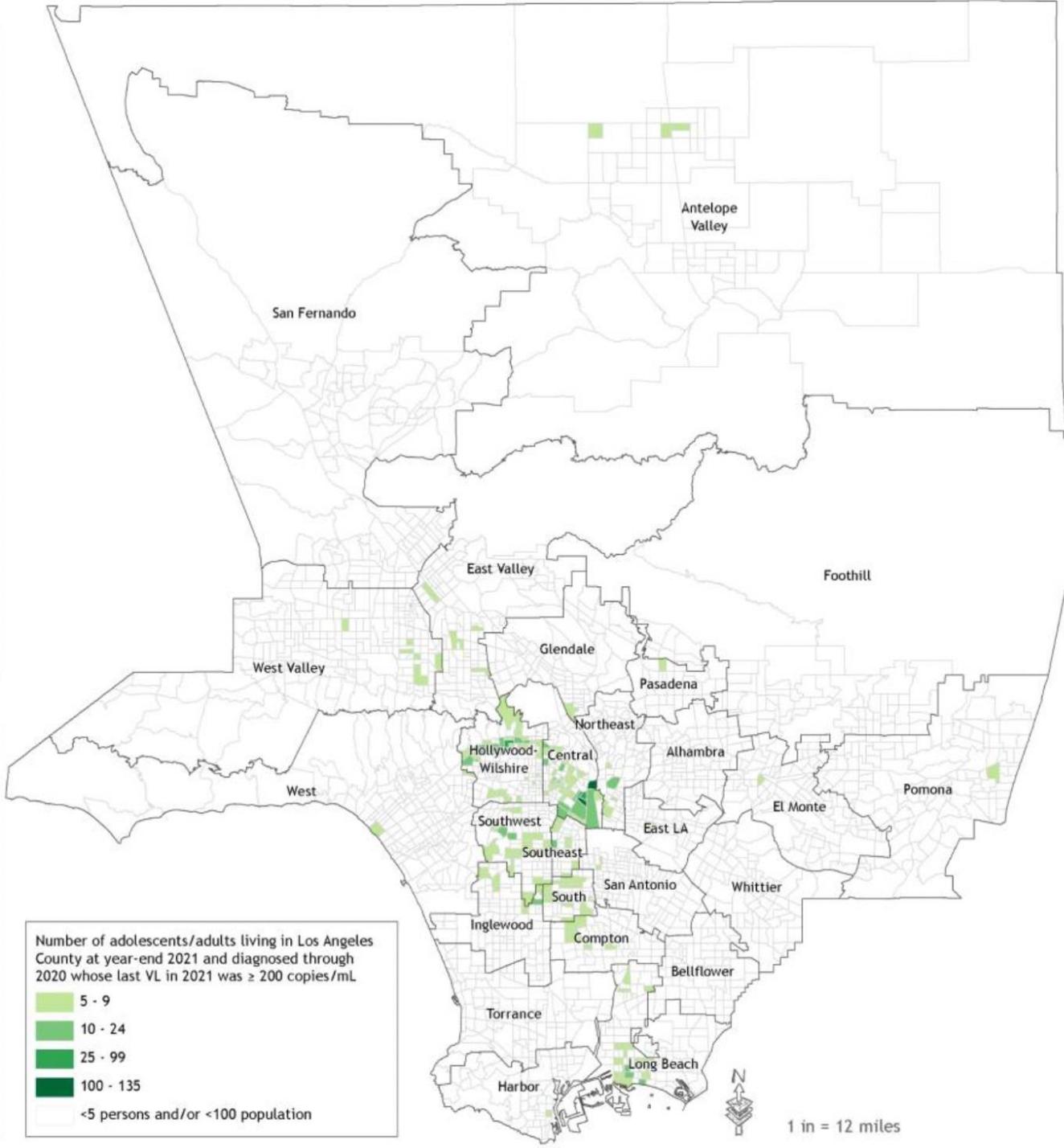
Percentage of PLWH linked to HIV Care Within One Month of Diagnosis

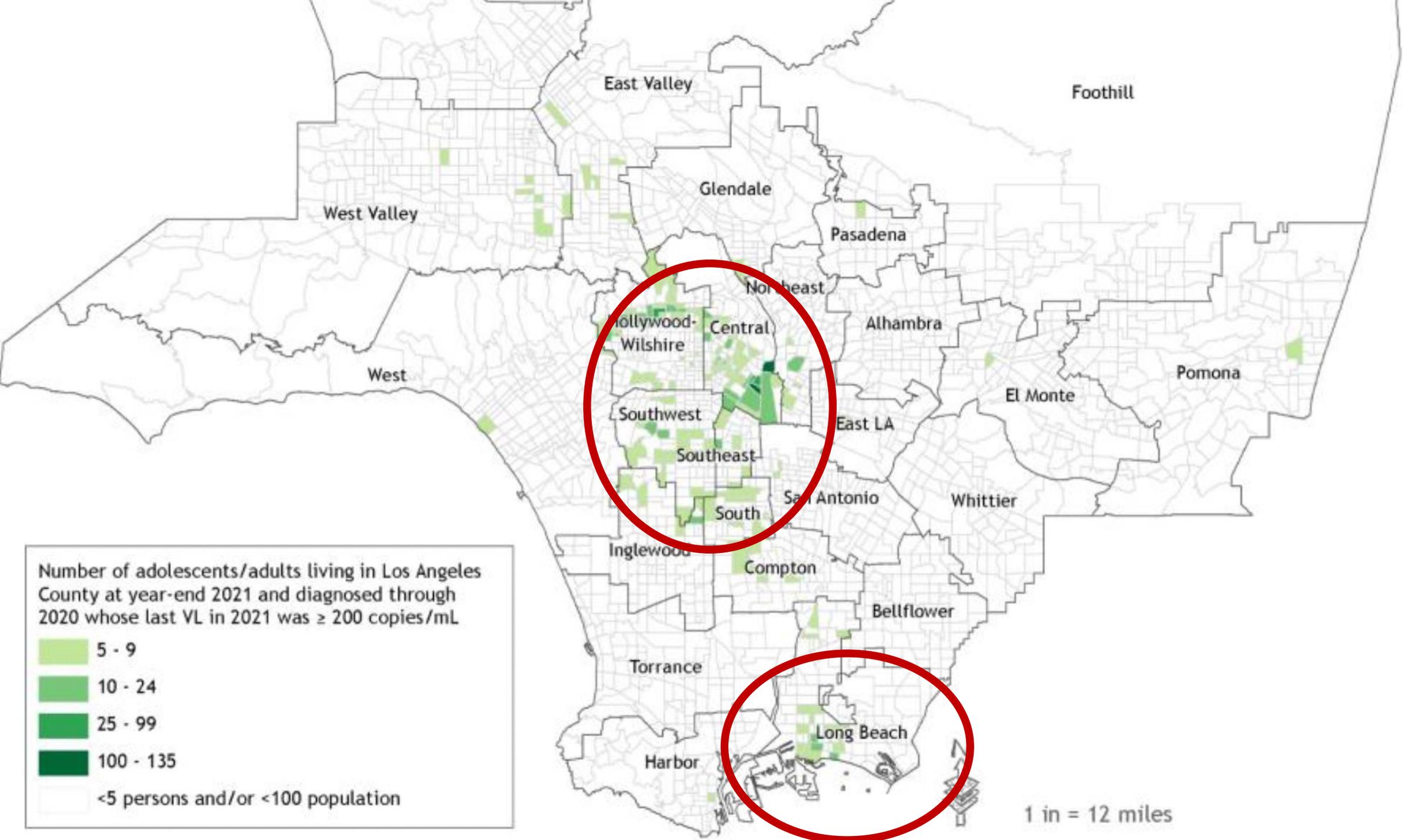


Viral Suppression among Persons aged ≥ 13 , LAC 2021



Unsuppressed Viral Load by Census Tract among persons aged ≥ 13 years diagnosed through 2020 and living in LAC at year-end 2021 (N=1,687)

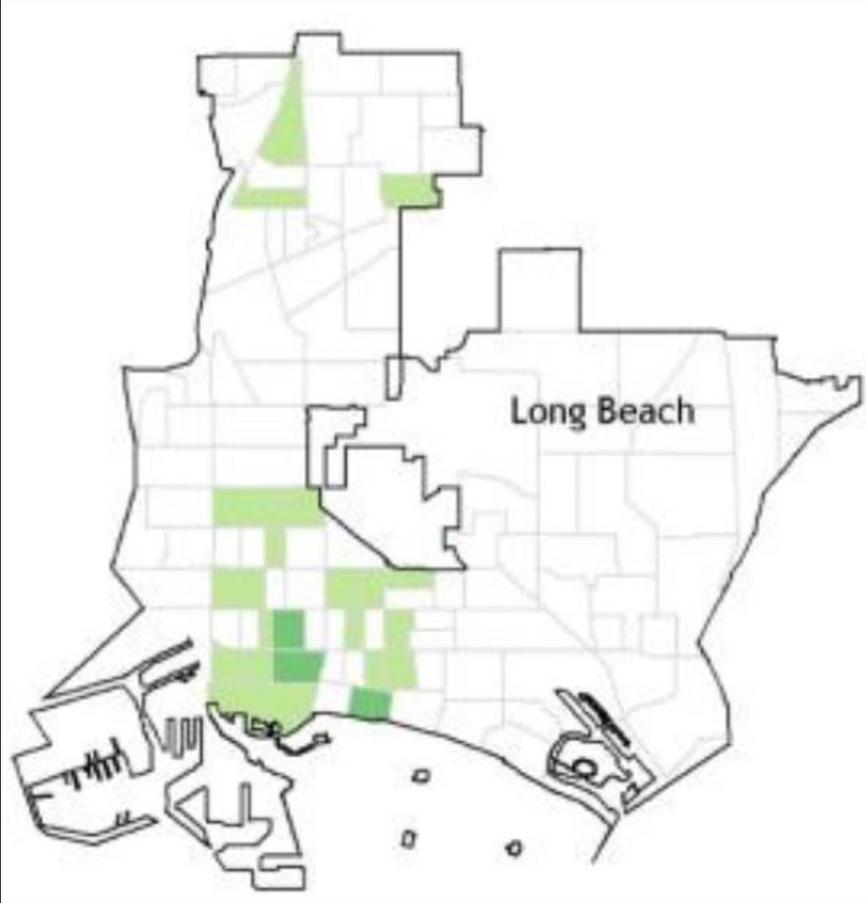
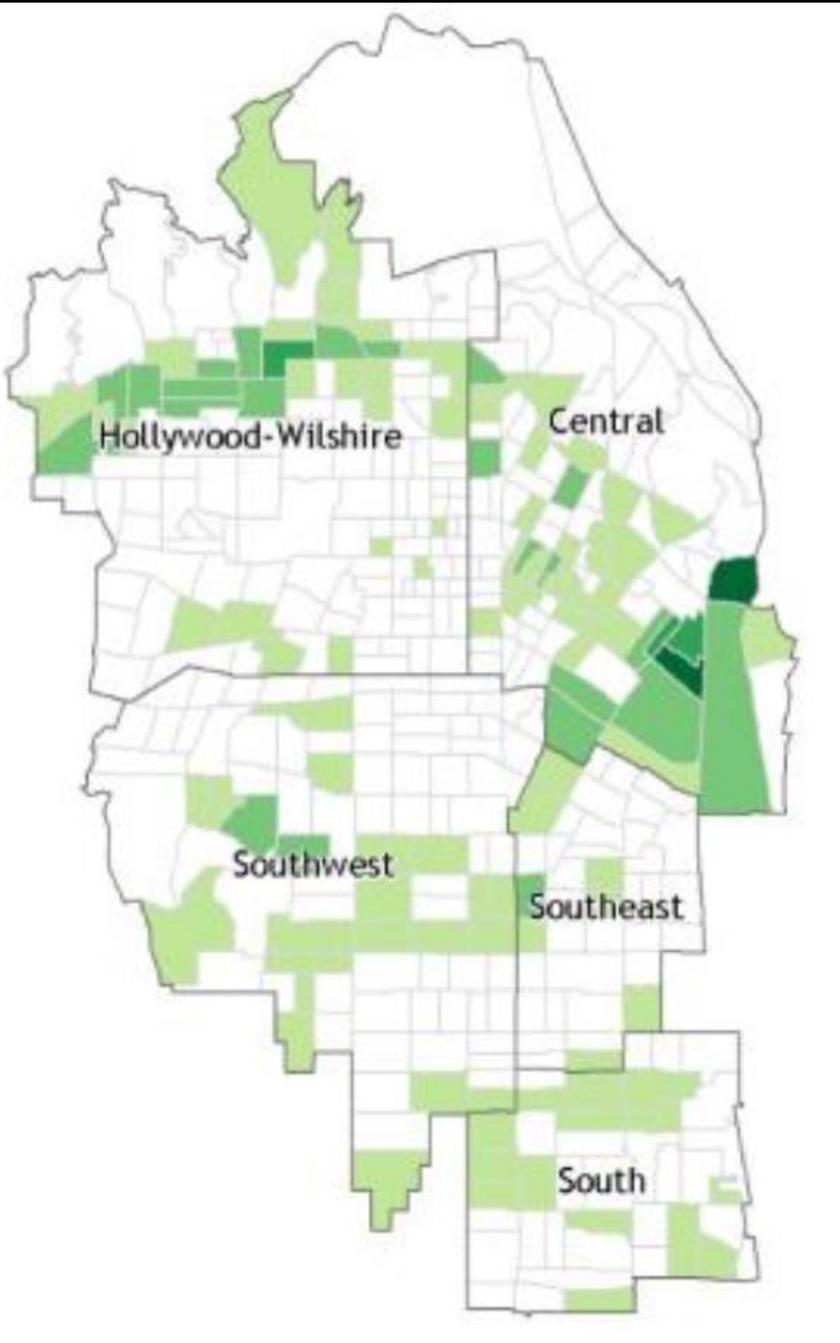




Number of adolescents/adults living in Los Angeles County at year-end 2021 and diagnosed through 2020 whose last VL in 2021 was ≥ 200 copies/mL

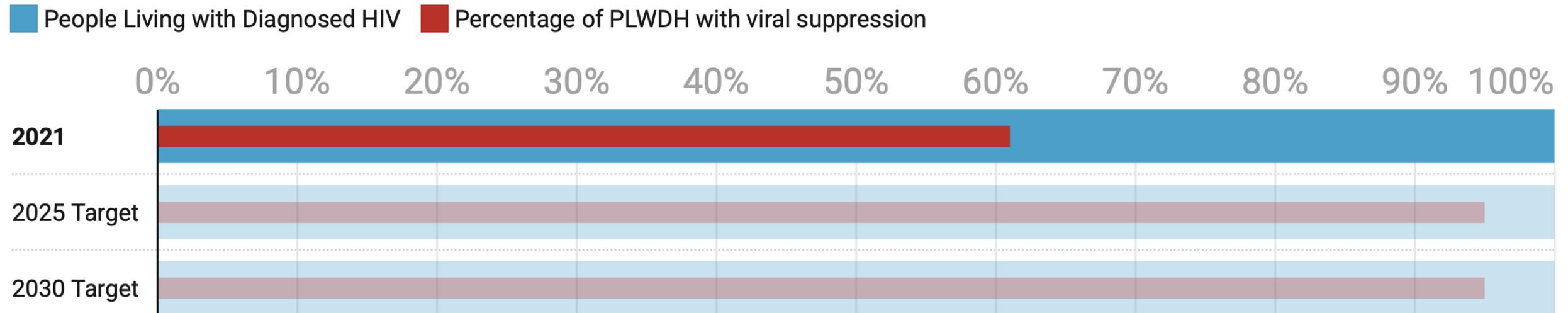
- 5 - 9
- 10 - 24
- 25 - 99
- 100 - 135
- <5 persons and/or <100 population

1 in = 12 miles

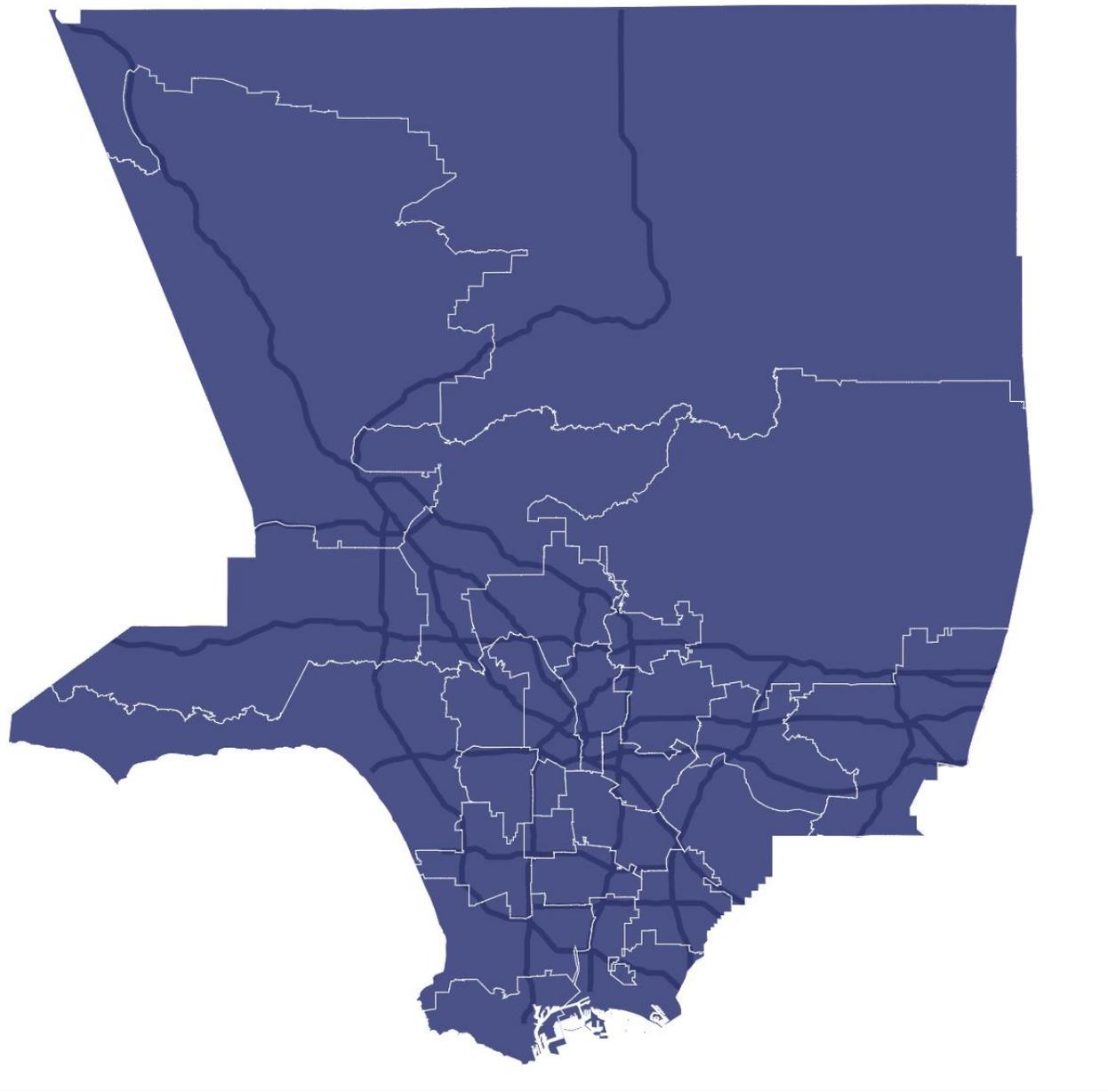


Ending the HIV Epidemic Targets: *Percentage of PLWDH with Viral Suppression*

Percentage of PLWDH with Viral Suppression



Estimated Number of New Infections in 2020
Compared to 2025 and 2030 Targets



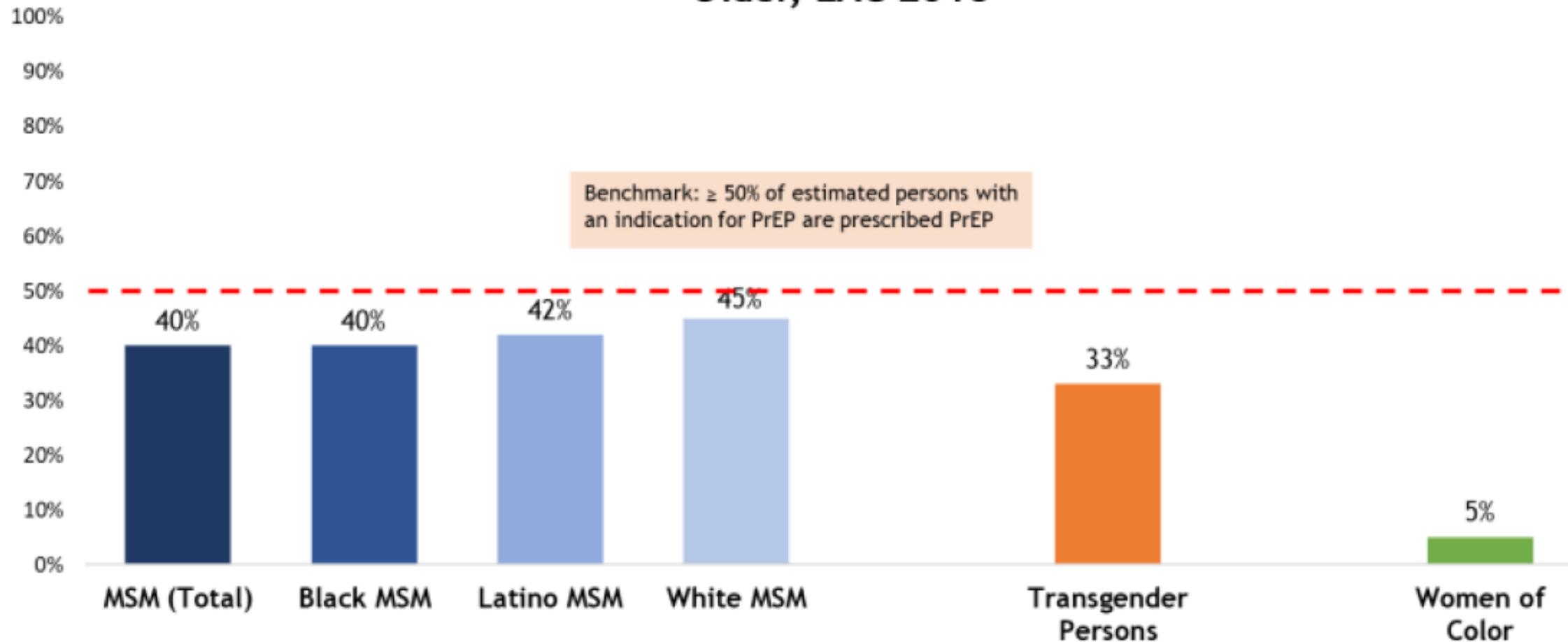
In Los Angeles County, CA:

- 39% of HIV-Negative Persons with Indications for PrEP had been prescribed PrEP in 2020

Image of LAC depicting SPAs and Health Districts. Source: <https://www.lacounty.hiv/health-districts/>

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf>. Accessed 7/8/22.

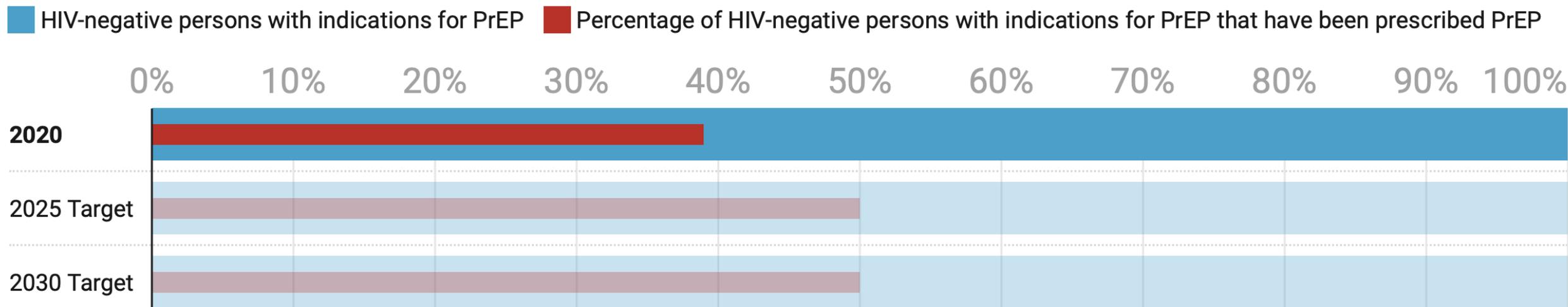
Estimated PrEP Coverage among Priority Populations Aged 18 Years and Older, LAC 2018



Main Sources: LAC Health Survey 2018 (MSM), NHBS (MSM, WoC), CDC PrEP Indication Calculator, DPH STD Clinics (WoC), DHSP PrEP Survey (MSM, TGP), and DHSP Partner Services (MSM, TGP, WoC)

Ending the HIV Epidemic Targets: *Percentage of HIV-Negative Persons with Indications for PrEP that have been Prescribed PrEP*

Percentage of HIV-Negative Persons with Indications for PrEP that have been Prescribed PrEP



Poll Question

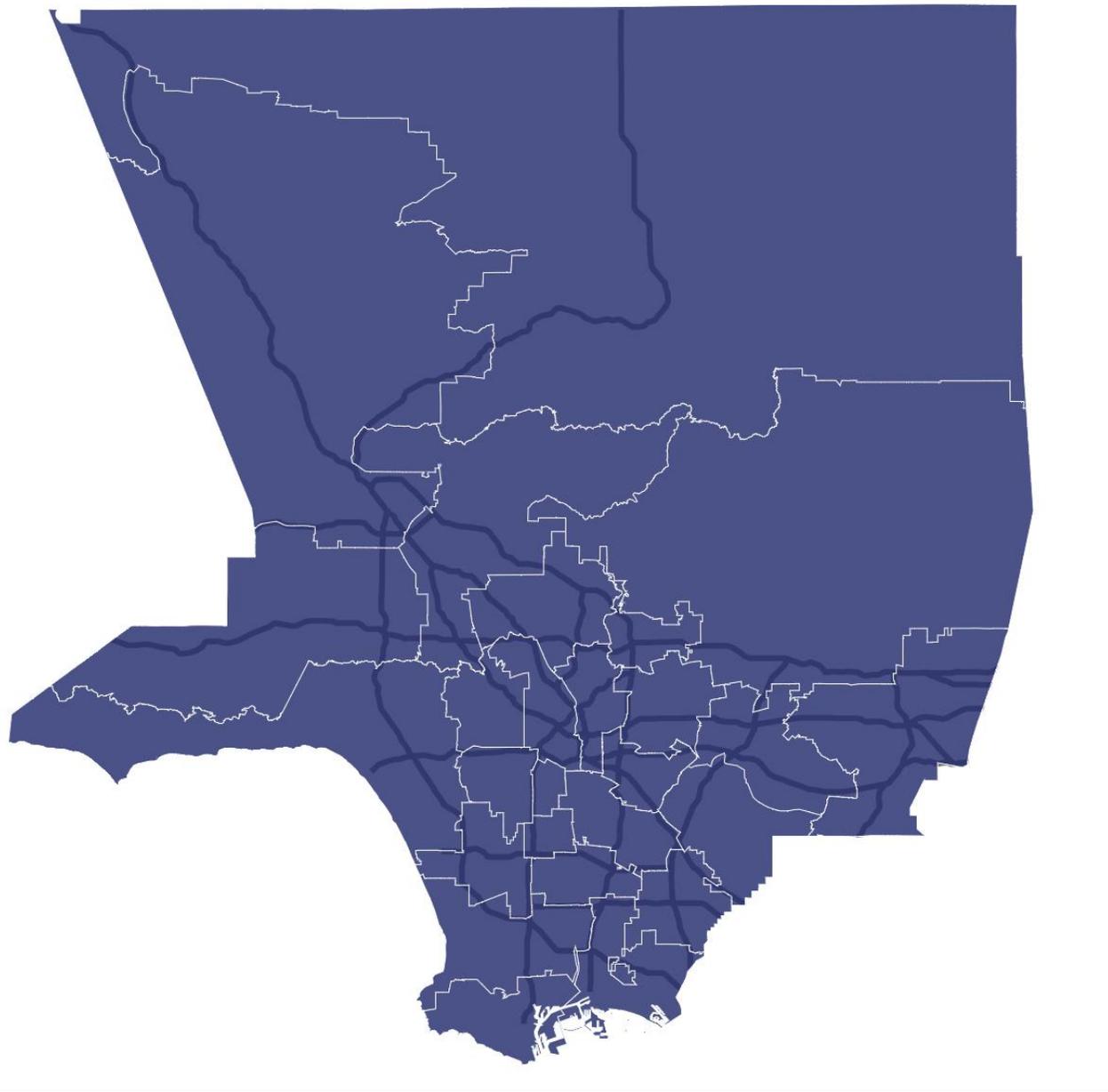
As of 2021, what percentage of people living with diagnosed HIV are virally suppressed in LAC?

1. 50%
2. 61%
3. 80%
4. 28%
5. 90%?

Poll Question

What is the estimated "PrEP Coverage" in LA County?

1. 39%
2. 17%
3. 50%
4. 62%



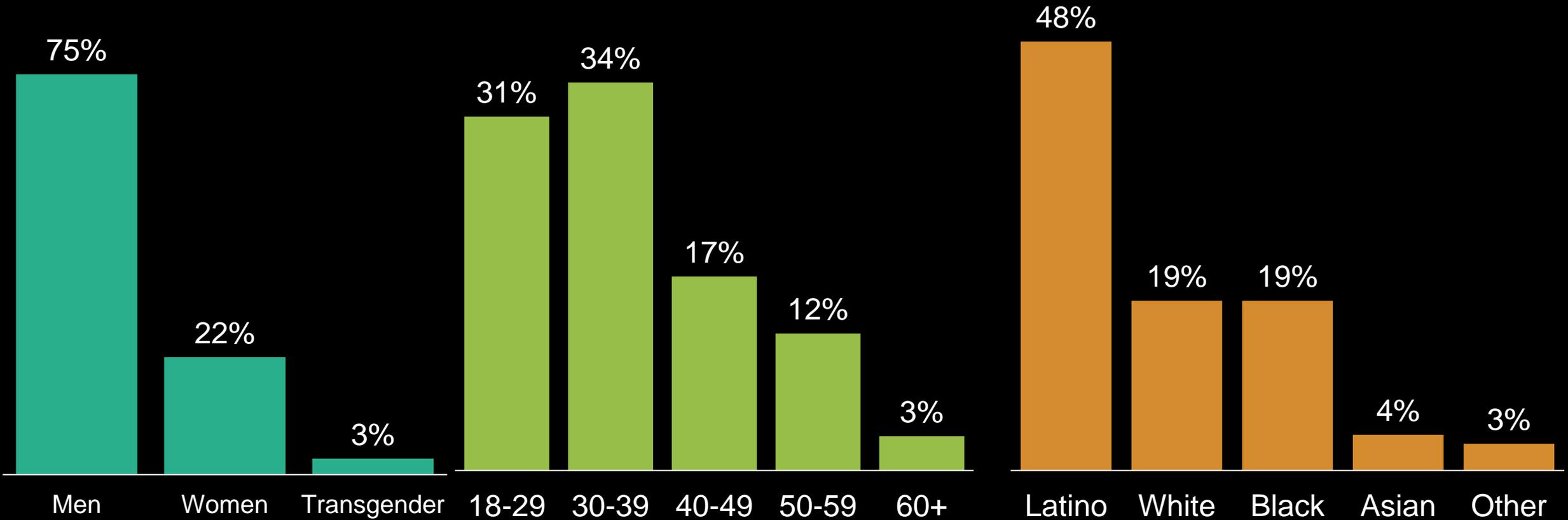
In Los Angeles County, CA:

- In 2019, 65,431 chlamydia cases, 24,342 gonorrhea cases, and 5,643 early syphilis cases were reported to LAC.
- The number of reported congenital syphilis cases increased over 1,300% between 2012 and 2019.
- Between 2011-2020, the percentage of persons newly-diagnosed with HIV aged ≥ 13 , who had syphilis, gonorrhea and/or chlamydia in the same calendar year as their HIV diagnosis has nearly doubled.

Image of LAC depicting SPAs and Health Districts. Source: <https://www.lacounty.hiv/health-districts/>

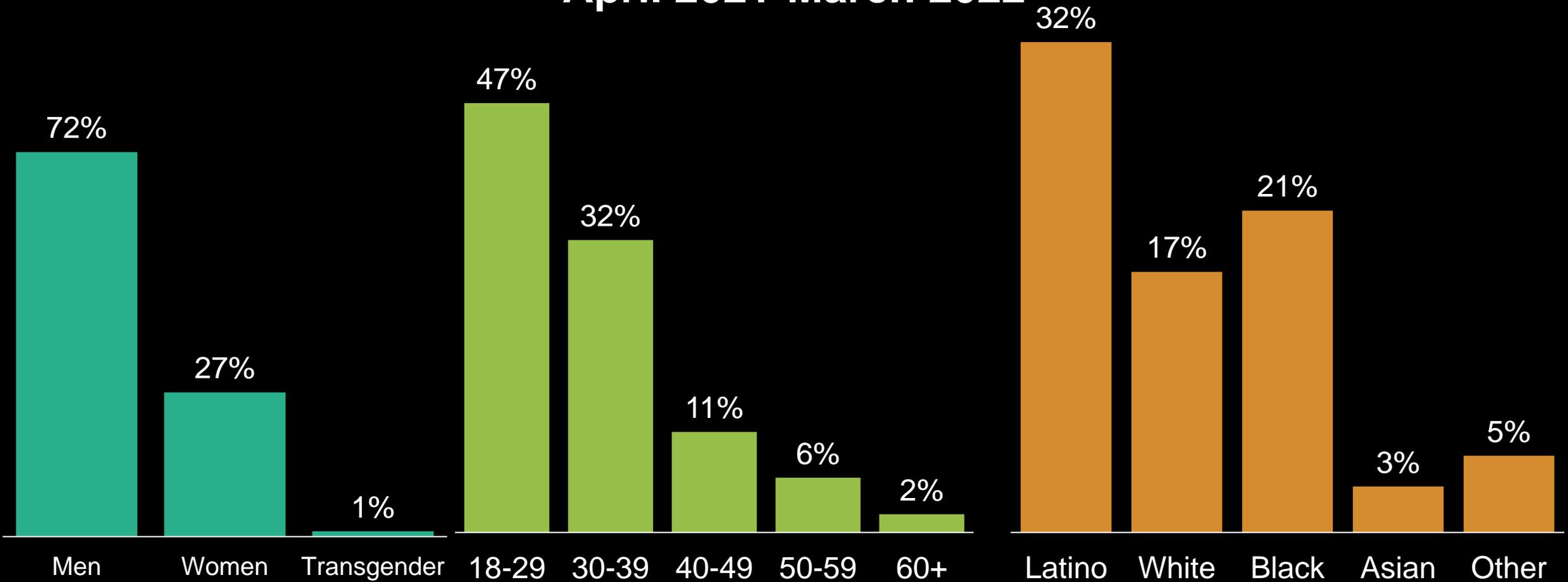
*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf>. Accessed 7/8/22.

Percentage of Syphilis Cases by Gender, Age & Race/Ethnicity, April 2021-March 2022



Source: <http://publichealth.lacounty.gov/dhsp/Dashboard.htm>

Percentage of Gonorrhea Cases by Gender, Age & Race/Ethnicity, April 2021-March 2022

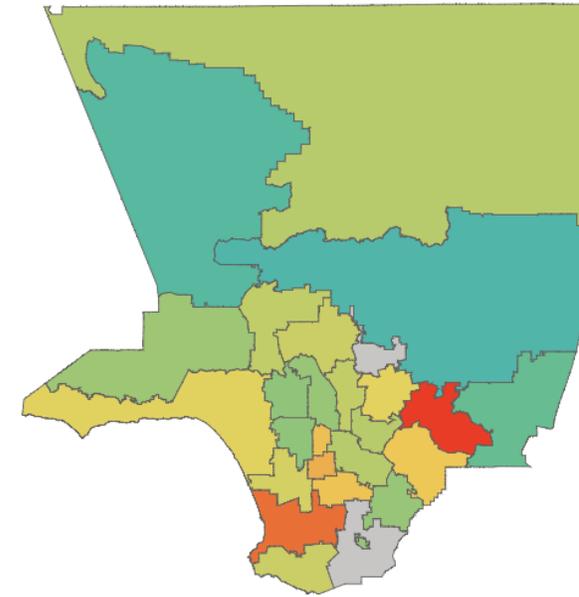


Source: <http://publichealth.lacounty.gov/dhsp/Dashboard.htm>

Syphilis Cases and Percent Change by Health District

SPA	HD	% Change	2021 YTD	Jan-Mar 2021	2022 YTD	Jan-Mar 2022
9. Unknown	Unknown	355%	22		100	
3. San Gabriel	El Monte	93%	46		89	
8. South Bay	Torrance	73%	30		52	
6. South	South	54%	57		88	
6. South	Southeast	49%	53		79	
6. South	Compton	48%	62		92	
7. East	Whittier	47%	47		69	
3. San Gabriel	Alhambra	40%	25		35	
5. West	West	39%	79		110	
8. South Bay	Inglewood	36%	78		106	
2. San Fernando	Glendale	33%	36		48	
8. South Bay	Harbor	33%	30		40	
4. Metro	Northeast	31%	74		97	
2. San Fernando	East Valley	30%	89		116	
1. Antelope Valley	Antelope Valley	28%	68		87	
7. East	East Los Angeles	28%	43		55	
7. East	San Antonio	28%	79		101	
2. San Fernando	West Valley	20%	137		165	
4. Metro	Central	19%	242		288	
7. East	Bellflower	19%	54		64	
4. Metro	Hollywood-Wilshire	17%	332		387	
6. South	Southwest	16%	116		135	
3. San Gabriel	Pomona	1%	82		83	
2. San Fernando	San Fernando	-8%	52		48	
3. San Gabriel	Foothill	-14%	37		32	
Total		30%	1,970		2,566	

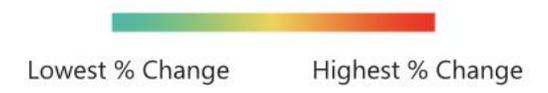
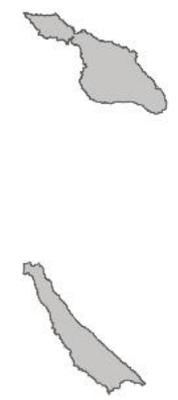
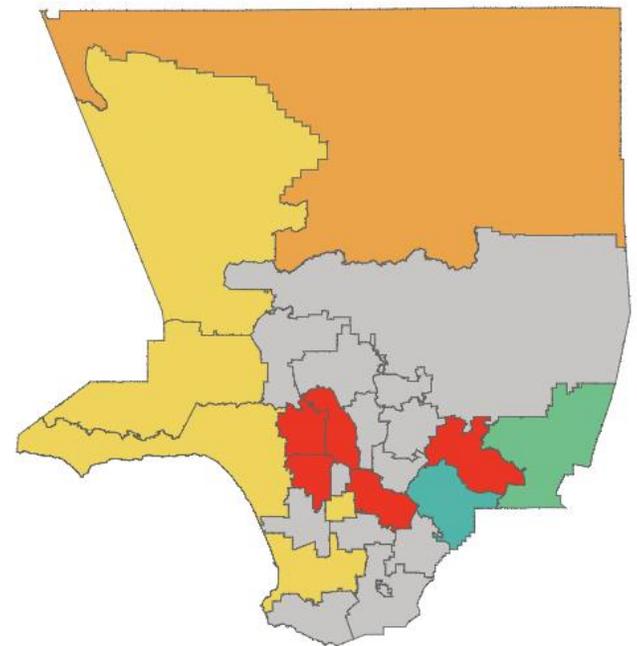
Men Women



Lowest % Change Highest % Change

Congenital Syphilis Cases and Percent Change by Health District

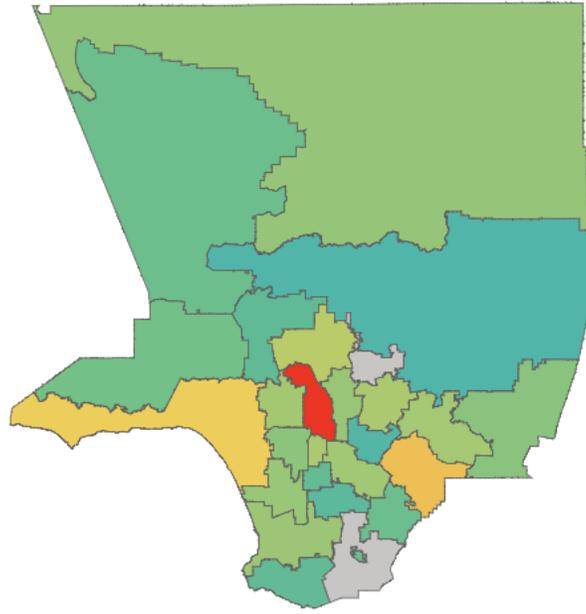
SPA	HD	% Change	2021 YTD	Jan-Mar 2021	2022 YTD	Jan-Mar 2022
4. Metro	Central	250%	2	•	7	•
4. Metro	Hollywood-Wilshire	200%	1	•	3	•
6. South	Southwest	200%	1	•	3	•
3. San Gabriel	El Monte	100%	1	•	2	•
7. East	San Antonio	100%	1	•	2	•
1. Antelope Valley	Antelope Valley	25%	4	•	5	•
2. San Fernando	San Fernando	0%	1	•	1	•
2. San Fernando	West Valley	0%	3	•	3	•
5. West	West	0%	1	•	1	•
6. South	South	0%	2	•	2	•
8. South Bay	Torrance	0%	1	•	1	•
3. San Gabriel	Alhambra				1	•
4. Metro	Northeast				1	•
6. South	Compton				1	•
6. South	Southeast				1	•
7. East	East Los				5	•
8. South Bay	Harbor				1	•
8. South Bay	Inglewood				5	•
3. San Gabriel	Pomona	-67%	3	•	1	•
7. East	Whittier	-100%	1	•		
Total		109%	22		46	



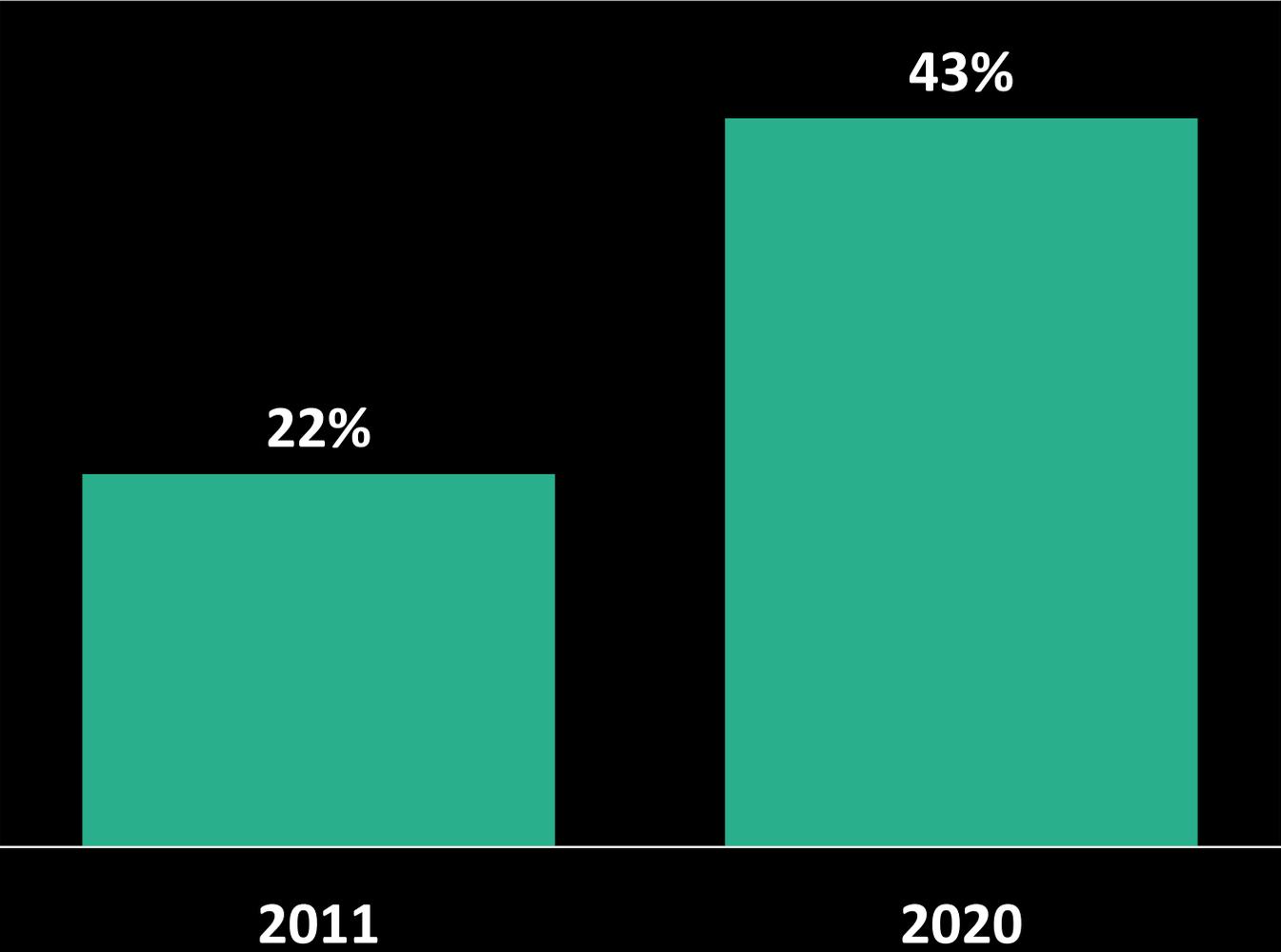
Gonorrhea Case Counts & Percent Change by Health District

SPA	HD	% Change	2021 YTD	Jan-Mar 2021	2022 YTD	Jan-Mar 2022
4. Metro	Central	52%	138		210	
7. East	Whittier	10%	40		44	
5. West	West	7%	74		79	
9. Unknown	Unknown	0%	10		10	
2. San Fernando	Glendale	-7%	29		27	
3. San Gabriel	Alhambra	-11%	38		34	
6. South	Southeast	-11%	65		58	
4. Metro	Hollywood-Wilshire	-12%	124		109	
3. San Gabriel	El Monte	-12%	73		64	
7. East	San Antonio	-13%	77		67	
8. South Bay	Torrance	-14%	56		48	
8. South Bay	Inglewood	-15%	130		111	
4. Metro	Northeast	-15%	73		62	
1. Antelope Valley	Antelope Valley	-16%	126		106	
6. South	Southwest	-18%	181		148	
3. San Gabriel	Pomona	-19%	94		76	
2. San Fernando	West Valley	-25%	151		113	
2. San Fernando	San Fernando	-27%	51		37	
7. East	Bellflower	-28%	72		52	
6. South	South	-30%	125		87	
8. South Bay	Harbor	-32%	38		26	
2. San Fernando	East Valley	-32%	65		44	
6. South	Compton	-34%	114		75	
7. East	East Los	-39%	56		34	
3. San Gabriel	Foothill	-42%	43		25	
Total		-15%	2,043		1,746	

Men Women

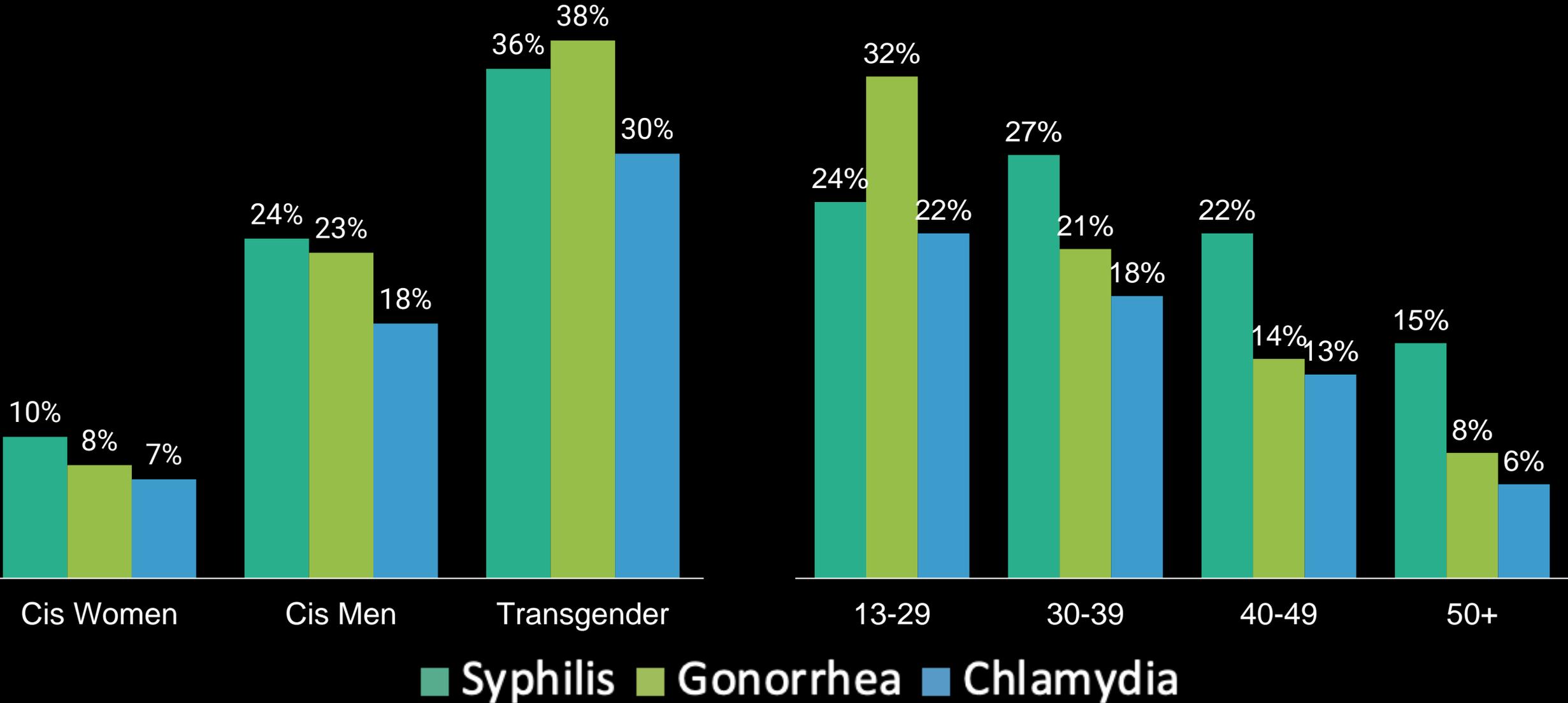


Percentage of Persons Newly-Diagnosed with HIV aged ≥ 13 , who had Syphilis, Gonorrhea and/or Chlamydia in the same calendar year as HIV diagnosis, LAC (excluding Long Beach and Pasadena)



	2011	2020
Syphilis	9%	23%
Gonorrhea	9%	22%
Chlamydia	11%	17%

Percentage of Persons Newly-Diagnosed with HIV aged ≥ 13 , who had Syphilis, Gonorrhea and/or Chlamydia in the same calendar year as HIV diagnosis, by Gender and Age Group, LAC 2020 (excluding Long Beach and Pasadena)



Priority Populations

**Black/AA
Men who
have Sex
with Men
(MSM)**

**Latinx
MSM**

**Women
of Color**

**Transgender
Persons**

**Persons 50
Years Old
and Older**

**Persons Under
30 Years of Age**

**People who
Inject Drugs**

**Black/AA
Men who
have Sex
with Men
(MSM)**

- Black males represent 4% of LAC population, but 17% of PLWDH
- Black males had highest rates of new HIV diagnoses among all males
- Black PLWDH were less likely to be prescribed ART, adhere to ART, and have sustained viral suppression compared to other race/ethnicities (MMP, LAC, 2015-2019)
- Black PLWDH have lowest viral suppression rate (54%) across all races/ethnicities
- Lowest awareness of HIV-positive status among NHBS MSM groups (74%)
- Least likely to have heard of PrEP and used PrEP or PEP compared to other MSM groups in NHBS, 2017
- African-Americans have highest rates of gonorrhea (3.9x higher than whites) and second highest rates of early syphilis cases (2019).
- Males have 9.5x higher rates of ES vs females, and 2.5x higher rates of gonorrhea (2018)



**Latinx
MSM**

- Latinx males represent 24% of LAC population, but 41% of PLWDH – the largest proportion of PLWDH in LAC
- Latinx PLWDH were less likely to be prescribed ART, adhere to ART, and have sustained viral suppression compared to white counterparts (MMP, LAC, 2015-2019)
- Second lowest awareness of HIV-positive status among NHBS MSM groups (77%)
- Less likely to have heard of PrEP and used PrEP compared to White MSMs in NHBS, 2017
- Latinx and MSM groups were more likely to be found in high priority clusters



Women
of Color

- Black and Latinx PLWDH were less likely to be prescribed ART, adhere to ART, and have sustained viral suppression compared to their white counterparts (MMP, LAC, 2015-2019)
- Black PLWDH lowest viral suppression rates (54%) across all races/ethnicities
- Women with diagnosed HIV were less likely to adhere to ART and have sustained viral suppression compared to men (MMP, LAC, 2015-2019)
- Latinx females represented majority (57%) of mothers with infants with congenital syphilis in 2019
- African-Americans had highest rates of gonorrhea (3.9x higher than Whites)
- Black women had highest rates of new HIV diagnoses among women



Transgender Persons

- Transwomen had highest HIV positive rate among NHBS surveyed populations (1 in 3); with Black transwomen: 52% poz rate, Latinx 30%, white 9%.
- Trans PLWDH had lowest viral suppression rate (56%) across all gender categories (2021)
- Only 27% of HIV-negative transwomen in NHBS had taken PrEP
- Black transwomen were more likely to practice condomless anal sex and exchange sex for money but less likely to test recently for HIV compared to Latinx and white transwomen (NHBS)
- Represented 2.5% of early syphilis cases in 2019



**Persons 50
Years Old
and Older**

- Have highest proportion of PLWHD with Stage 3 disease at time of diagnosis (e.g., late stage): 34% of those 50-59 and 31% of those 60 or older
- Represent 16% of new HIV Cases in LAC
- Represent 56% of women and 52% of men who are living with diagnosed HIV in LAC
- By 2030, an estimated 70% of people with HIV will be over the age of 50 (Gilead)



**Persons Under
30 Years of Age**

- Largest gaps in knowledge re HIV-positive status (42% of those 13-24 and 25% of those 25-34 were unaware).
- Young males (20-29) had highest rates of new HIV diagnoses
- PLWDH 18-29 were less likely to be prescribed ART, adhere to ART, and have sustained viral suppression compared to other age groups (MMP, LAC, 2015-2019)
- More likely to be found in high priority clusters (20-29)
- Among PWID, more likely to share syringes and injection equipment compared to those 30+ (NHBS)
- Highest rates of early syphilis cases in 2019 (25-29).
- Highest rates of gonorrhea among males (25-29) and females (20-24)
- Highest rates of chlamydia (15-29)



**People who
Inject Drugs**

- Lowest levels of receipt of HIV care, retention in care, and viral suppression compared to MSM and heterosexual transmission categories.
- Lowest viral suppression rate (48%) across all categories of PLWDH
- Lowest awareness of HIV-positive status among all NHBS surveyed groups (63%)

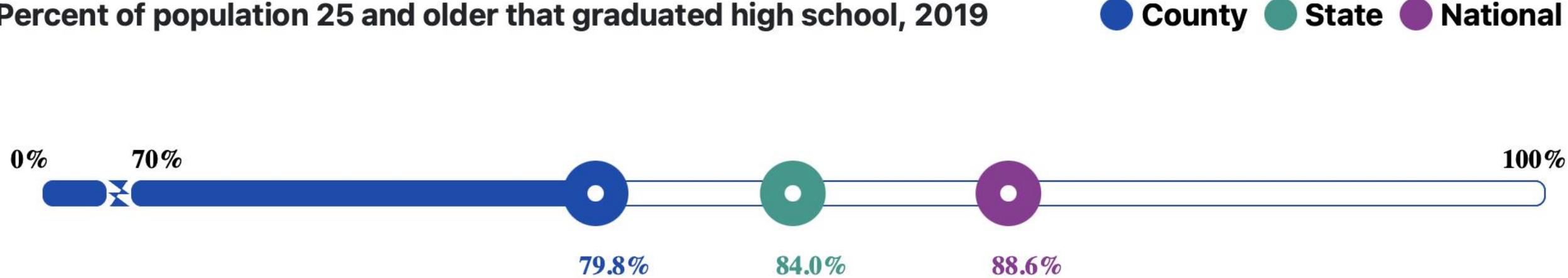
Social Determinants of Health

America's HIV Epidemic Analysis Dashboard (AHEAD): <https://ahead.hiv.gov/about>

Unemployment rate, 2019



Percent of population 25 and older that graduated high school, 2019

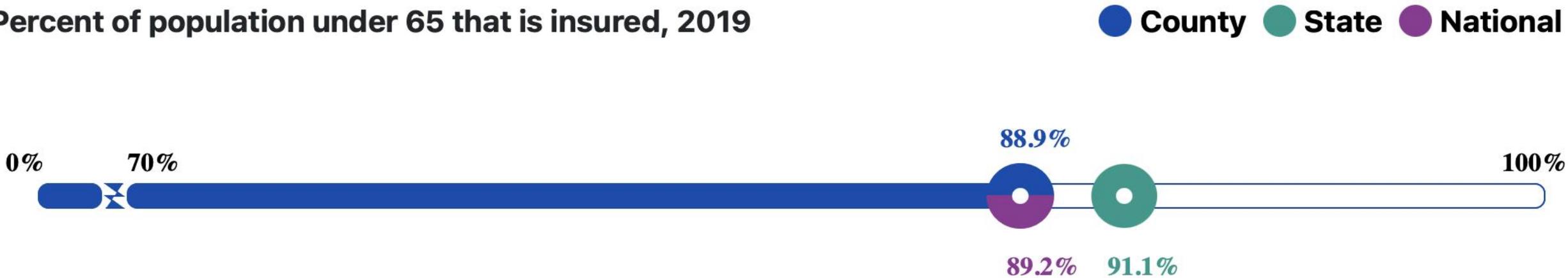


Social Determinants of Health

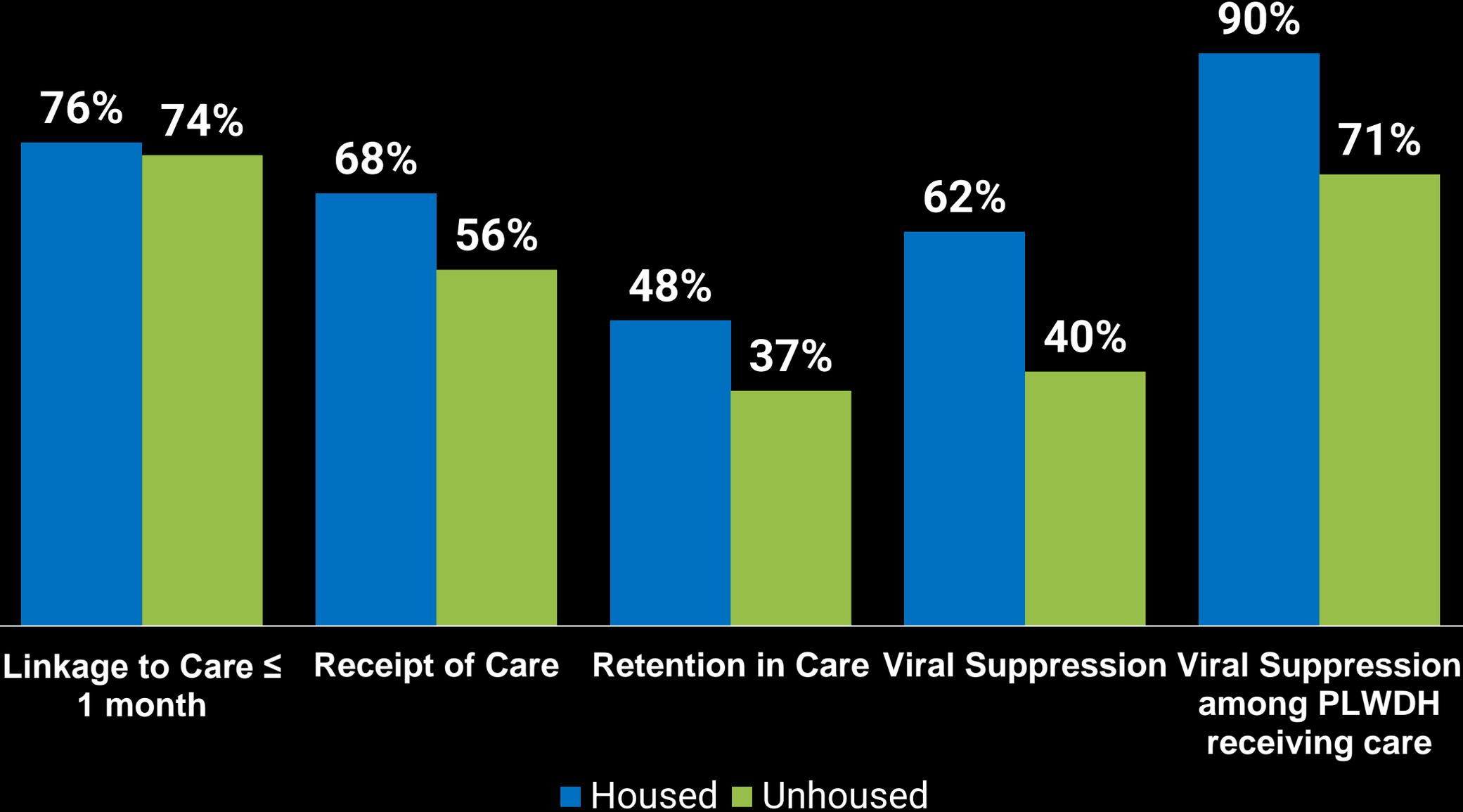
Percent of civilian labor force, 16 years and over, that is below the poverty level, 2019



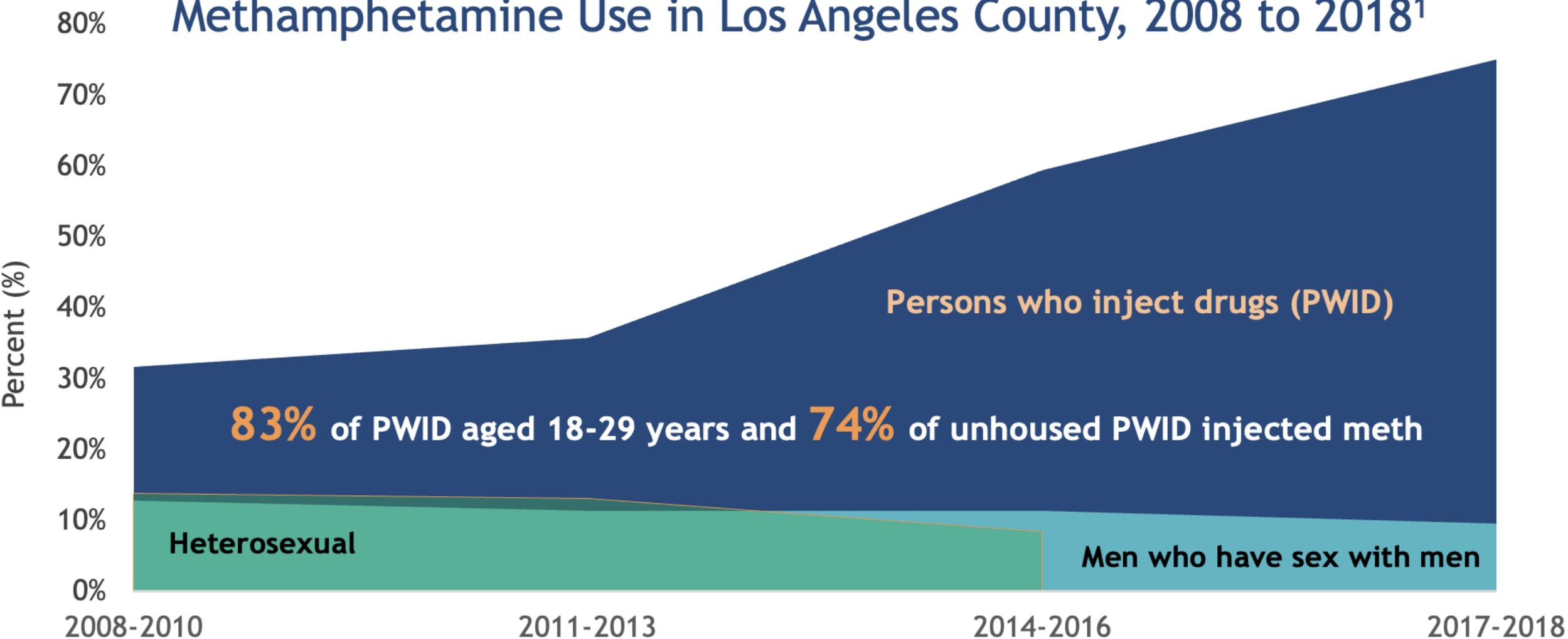
Percent of population under 65 that is insured, 2019



HIV Care Continuum among Persons Unhoused at Time of Diagnosis, LAC, 2020-2021

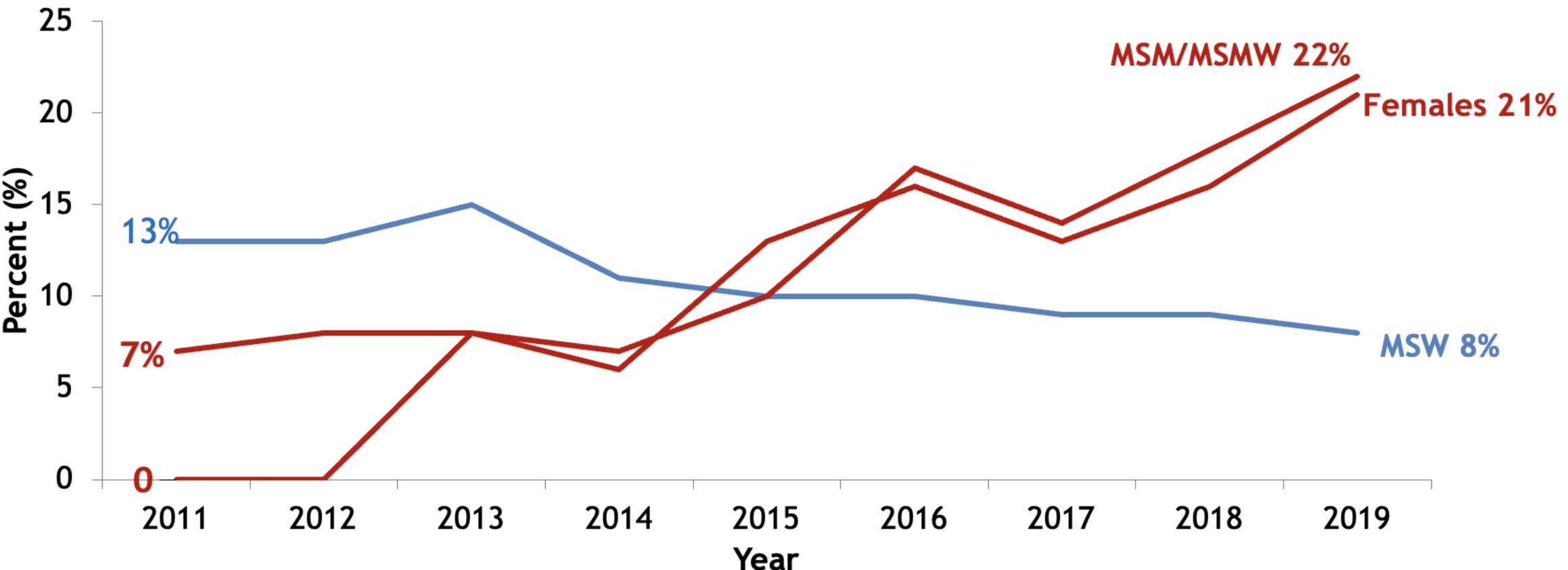


Methamphetamine Use in Los Angeles County, 2008 to 2018¹



¹Data abstracted from the National HIV Behavioral Surveillance (NHBS). 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 most recent cycles of NHBS was conducted in 2016 for heterosexuals, 2017 for MSM and 2018 for PWID.

Methamphetamine Use among Persons with Early Syphilis by Gender of Sex Partners, Los Angeles County, 2011-2019^{1,2,3}



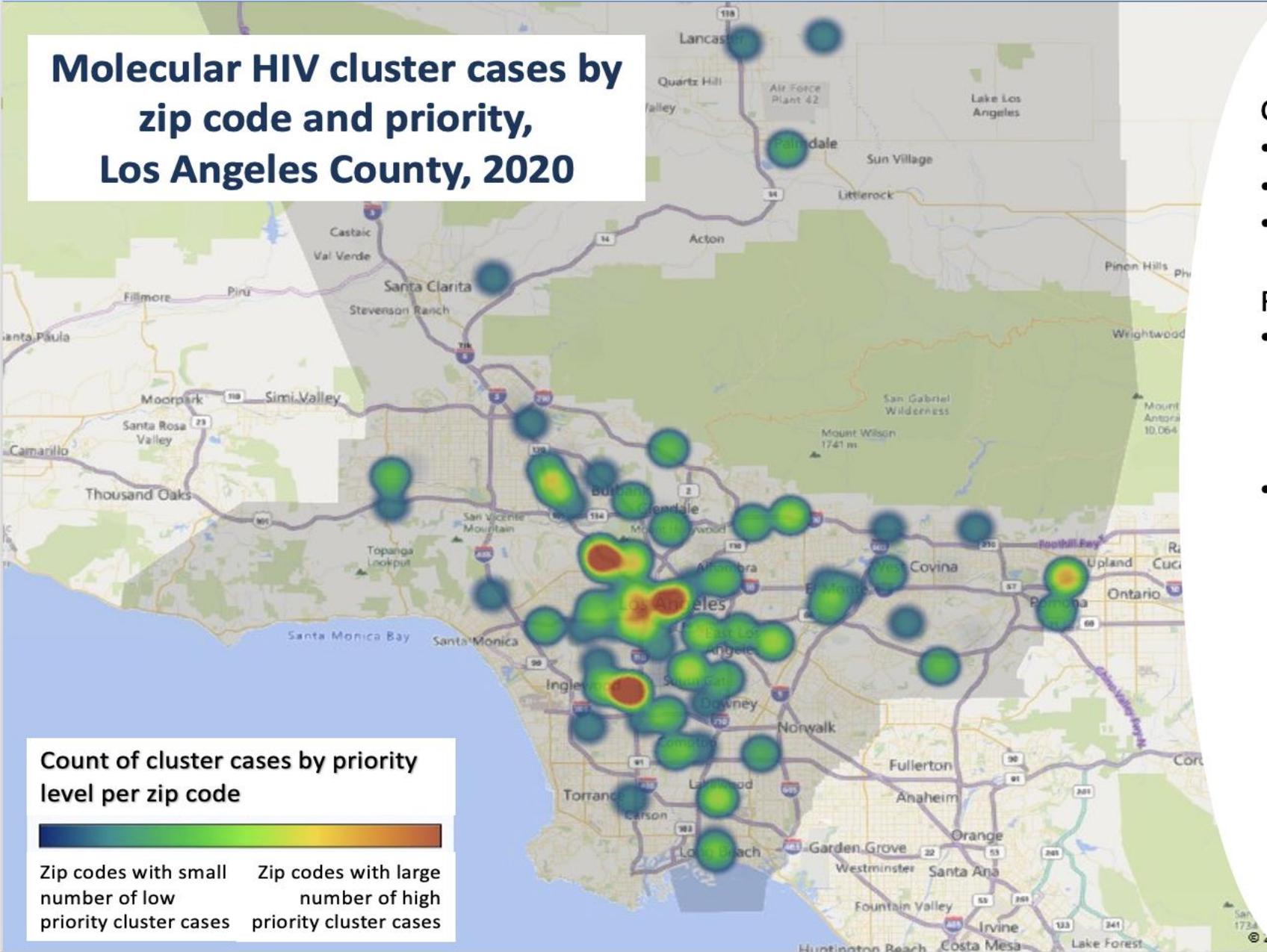
¹ Early Syphilis includes Primary, Secondary and Early Latent Syphilis. Data as of 3/12/2021.

² MSM = men who have sex with men; MSMW = men who have sex with men and women; MSW = men who have sex with women only. Men who have sex with transgendered are included in the MSM/MSMSW category.

³ Data based on syphilis cases who received partner services (N=25,937). Methamphetamine use reflects the number of individuals reporting methamphetamine use in the past 12 months.

Source: Update on HIV and STD Surveillance in Los Angeles County, Intersections and Opportunities. Andrea Kim, PhD, MPH Chief, HIV and STD Surveillance, Division of HIV and STD Programs, 5/21

Molecular HIV cluster cases by zip code and priority, Los Angeles County, 2020



Categorized HIV cluster priority as:

- Low <5 cases (**blue**)
- Medium ≥ 5 cases (**green**)
- High ≥ 5 cases (**orange/red**)

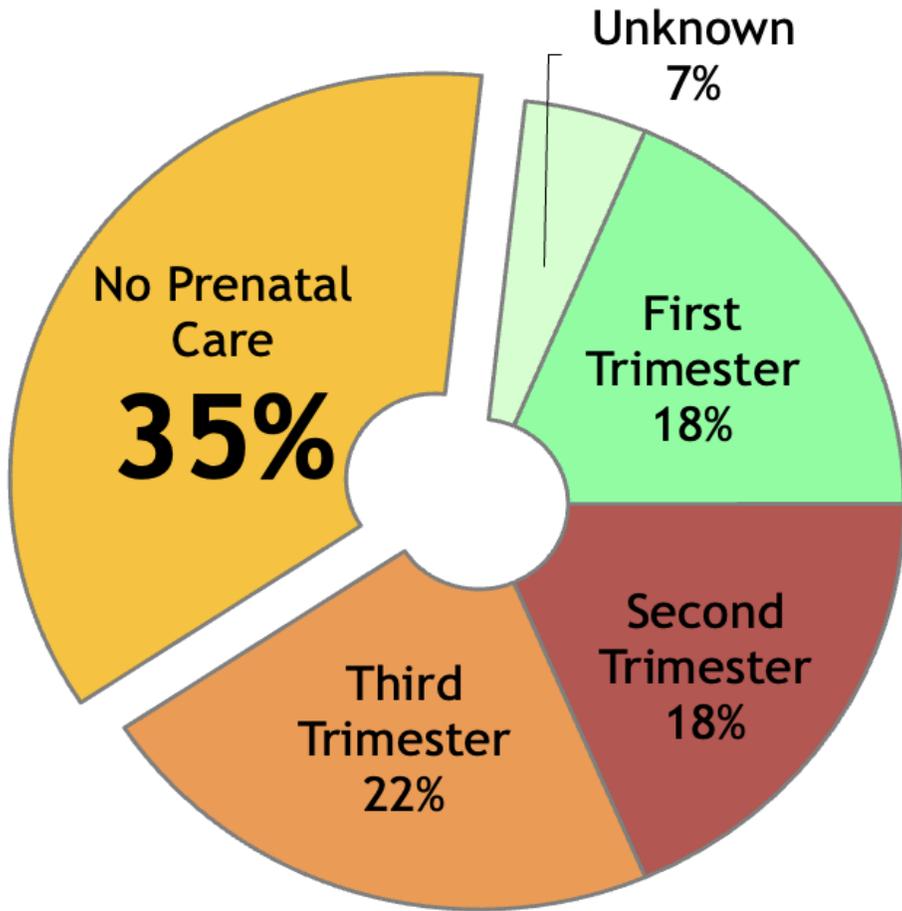
Findings:

- Highest number of high priority cluster cases in **West Hollywood, Downtown, and South LA**
- Risk profiles of persons in high priority cluster:
 - ~One in five have a history of meth use
 - ~10% have a history of homelessness
 - ~70% had anonymous sex partners
 - Nearly half have co-infection with syphilis

Source: Update on HIV and STD Surveillance in Los Angeles County, Intersections and Opportunities. Andrea Kim, PhD, MPH Chief, HIV and STD Surveillance, Division of HIV and STD Programs, 5/21

Maternal Characteristics of 88 Congenital Syphilis Cases, Los Angeles County, 2019

Entry into Prenatal Care



36% had a history of incarceration

40% had unstable housing

68% had a substance use disorder

49% were using meth or some drug combination with meth

80% of deliveries resulted in DCFS/Foster Care Referral

Next Steps:

- Continue to compile other data that will inform the Comprehensive Plan, including:
 - Data from listening sessions of priority populations
 - Data from workforce capacity surveys
- Based on data, update goals and objectives
- Complete other sections of plan