



Epidemiology of HIV in Los Angeles County and Efforts to End the HIV Epidemic

Presidential Advisory Council on HIV/AIDS (PACHA)

74th Full Council Meeting

Monday, September 19, 2022

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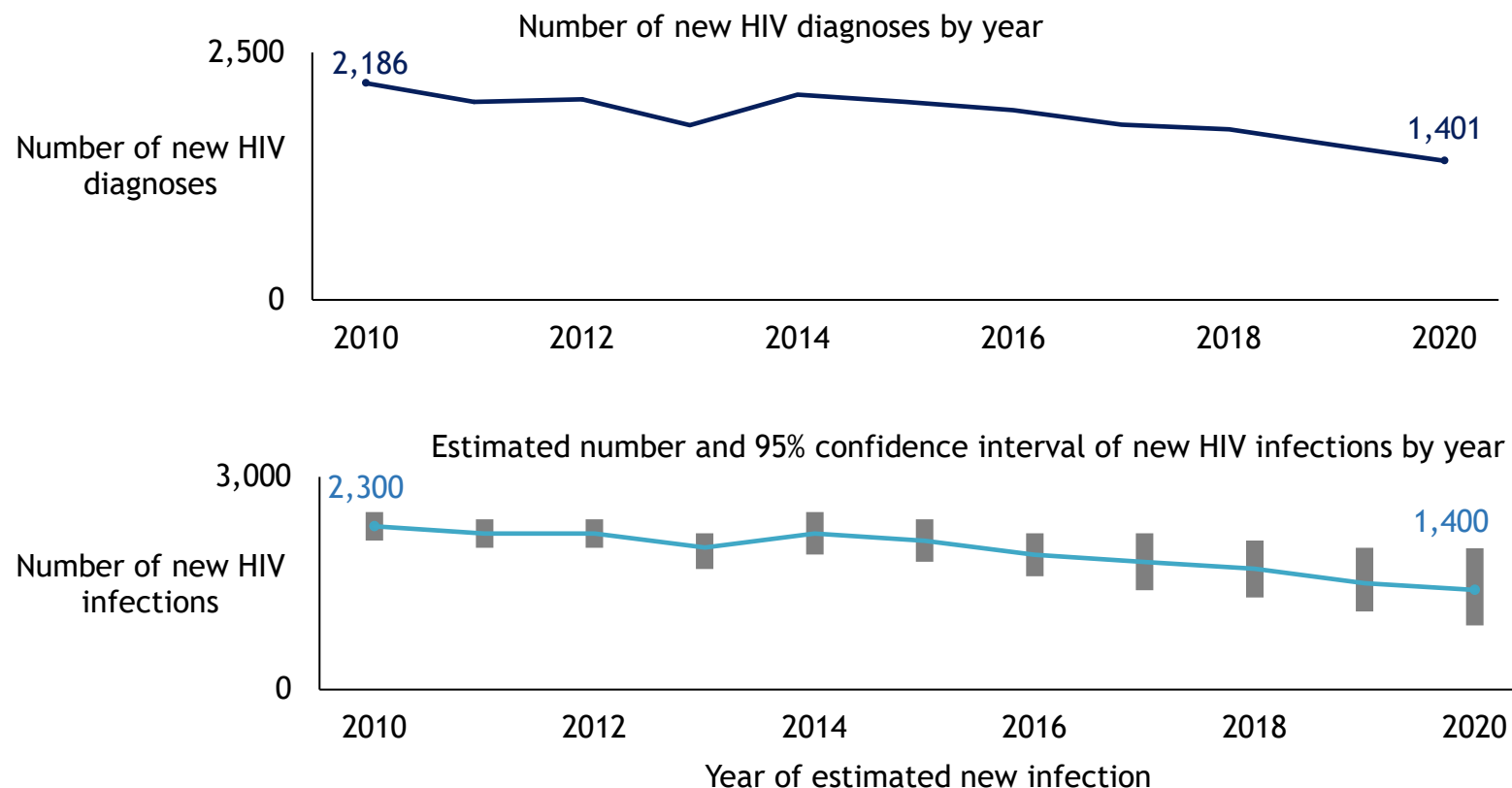
Director

Division of HIV and STD Programs

Los Angeles County Department of Public Health



Number of persons newly diagnosed with HIV compared with the estimated number of persons with new HIV infection among PLWH aged ≥ 13 years, LAC 2010-2020^{1,2}



Abbreviation: PLWH = persons living with HIV

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

²2020 estimates should be interpreted with caution due to potential effects of the COVID-19 pandemic on HIV diagnosis and model accuracy.

Ending the HIV Epidemic Performance Indicators



57,005

people living with HIV
in LA County

5,100

are unaware of their
HIV positive status

76,000

people would benefit
from PrEP

54,500

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

Indicator	LAC current	EHE Targets for 2025
Number of new transmissions ¹	1,200 (2019)	380
Number of new HIV diagnoses ²	1,505 (2019)	450
Knowledge of HIV-status among PLWH ¹	91% (2019)	95%
Linkage to HIV care among PLWDH ²	77% (2019)	95%
Viral Suppression among PLWDH ²	60% (2020)	95%
Percentage of persons in priority populations prescribed PrEP ³	44%	50%

PLWH= People living with HIV (includes those unaware of HIV infection); PLWDH= People living with diagnosed HIV

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.

Ending the HIV Epidemic Performance Indicators



59,400

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Indicator	LAC current	EHE Targets for 2025
Number of new transmissions ¹	1,400 (2020)	380
Number of new HIV diagnoses ²	1,401 (2020)	450
Knowledge of HIV-status among PLWH ¹	89% (2020)	95%
Linkage to HIV care among PLWDH ²	76% (2020)	95%
Viral Suppression among PLWDH ²	61% (2021)	95%
Percentage of persons in priority populations prescribed PrEP ³	39% (2020)	50%

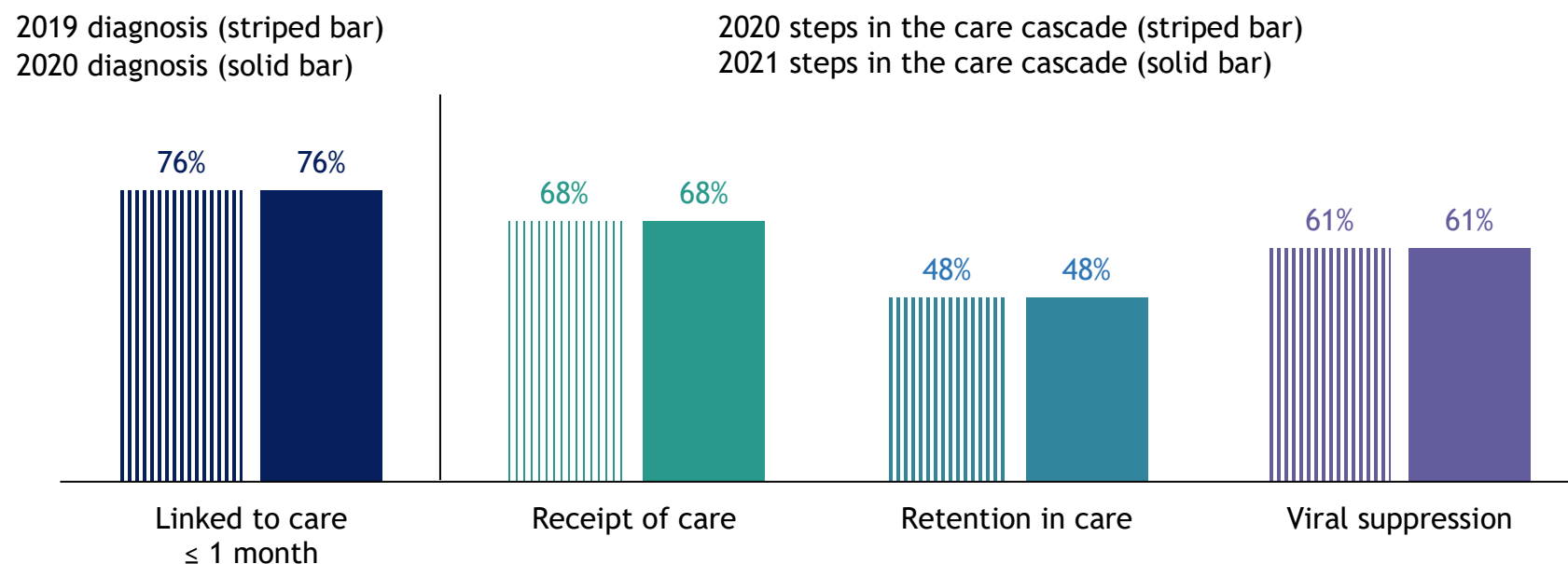
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HIV care continuum¹ among persons aged ≥ 13 years, LAC 2019-2020² and 2020-2021³

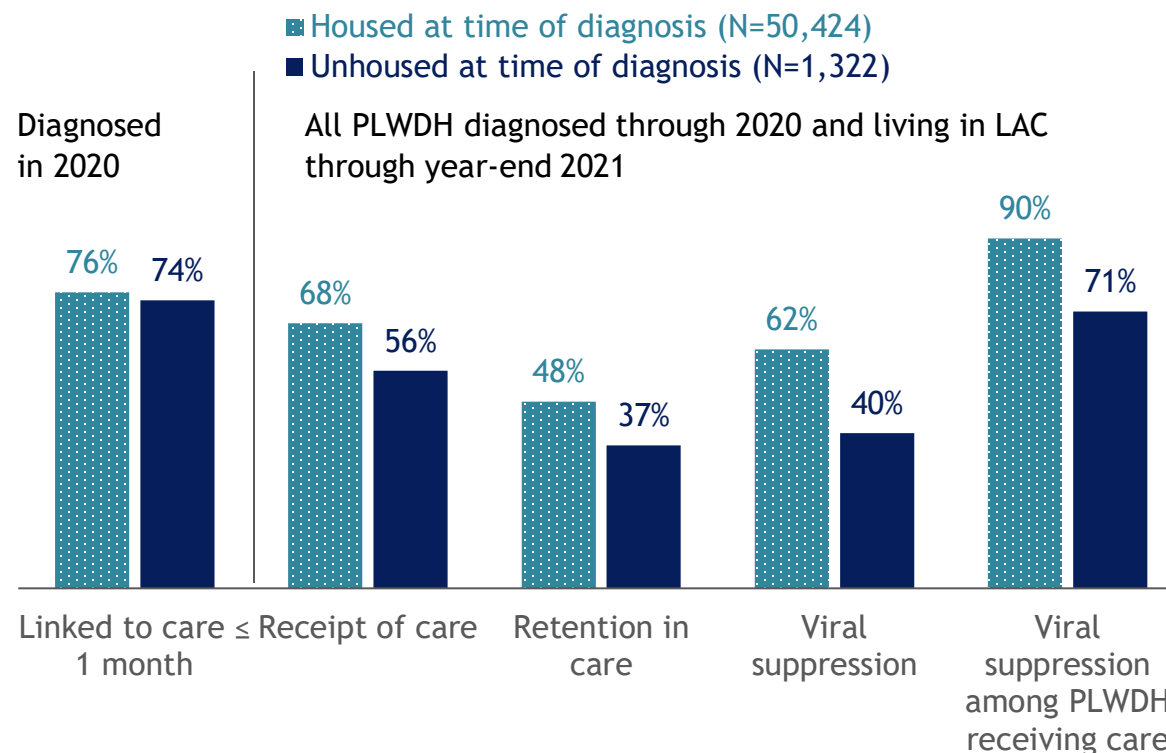


¹The HIV care continuum includes the following steps in the care cascade: 1) the percentage of persons receiving a diagnosis of HIV in a given calendar year who were linked to HIV care within 1 month of diagnosis (defined as ≥ 1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis) ; and the percentage of all persons living with diagnosed HIV who (1) received HIV care (defined as ≥ 1 CD4/VL/Genotype test per year, (2) were retained in HIV care (defined as ≥ 2 CD4/VL/Genotype tests at least three months apart, per year), and (3) were virally suppressed (defined using most recent viral load, per year). PLWDH without a VL test in the measurement year were categorized as having unsuppressed viral load.

²The 2019-2020 HIV care continuum denominator includes persons diagnosed in 2019 to calculate linkage to care ≤ 1 month of diagnosis, and all PLWDH diagnosed through 2019 and living in LAC at year-end 2020 to calculate receipt of care, retention in care, and viral suppression.

³The 2020-2021 HIV care continuum denominator includes persons diagnosed in 2020 to calculate linkage to care ≤ 1 month of diagnosis, and all PLWDH diagnosed through 2020 and living in LAC at year-end 2021 to calculate receipt of care, retention in care, and viral suppression.

HIV care continuum among persons aged ≥ 13 years who were unhoused at the time of HIV diagnosis, LAC 2020-2021¹



Note: Linkage to care levels were similar by housing status. This may be due to robust support services that are in place to facilitate linkage to care after diagnosis. In LAC this is facilitated by HIV testing providers, Partners Services, linkage and retention programs, and community embedded Disease Intervention Specialists. However, the complexities of a person's life circumstances determine the ability to succeed in subsequent steps in the care cascade.

¹Linkage to care: numerator includes persons newly diagnosed with HIV in 2020 with ≥ 1 CD4/VL/Genotype test reported within one month of HIV diagnosis; denominator includes persons who were diagnosed with HIV in 2020.

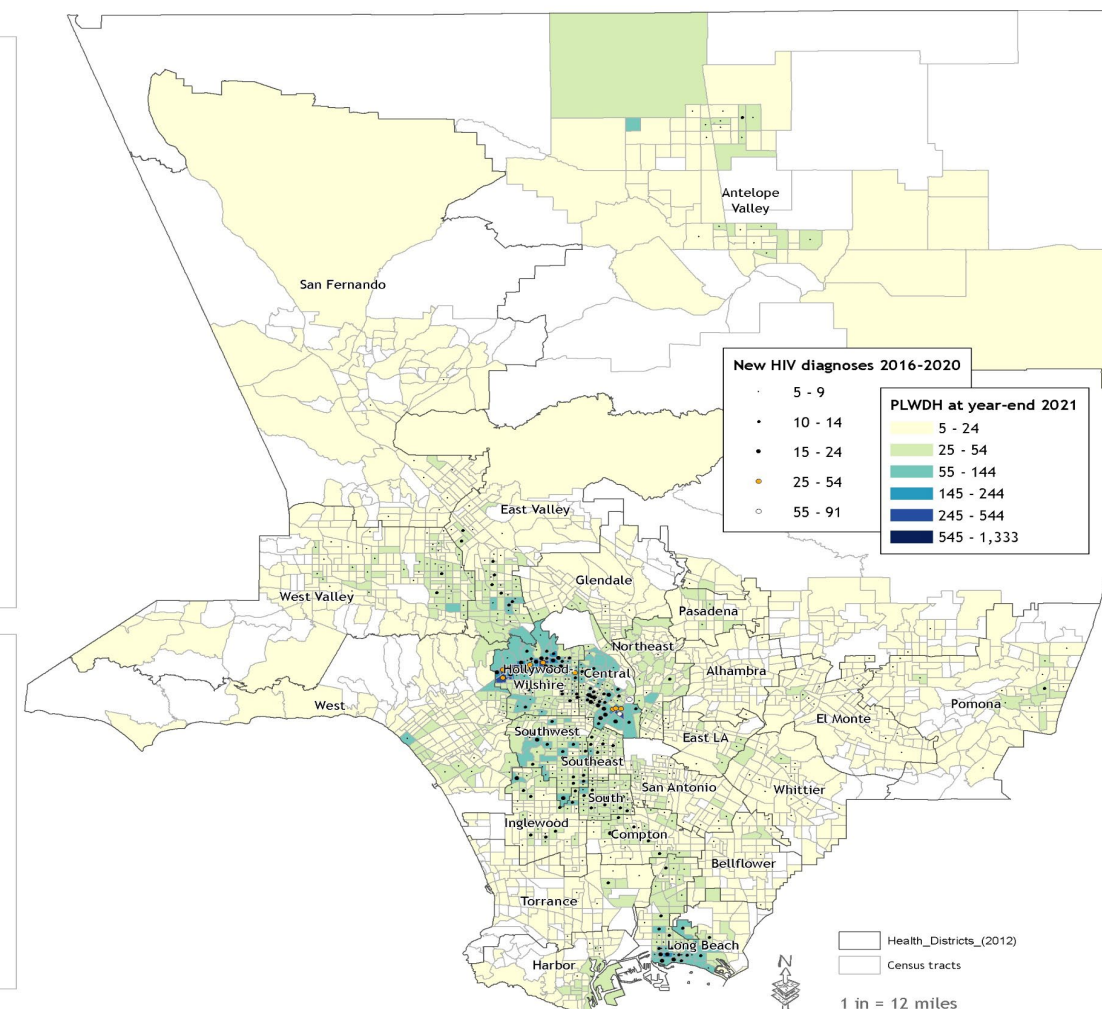
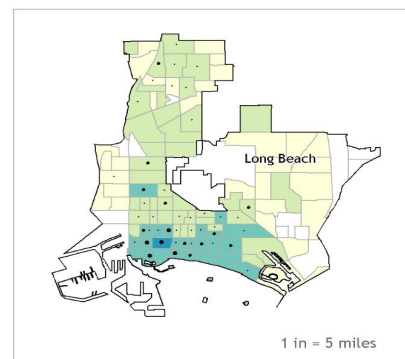
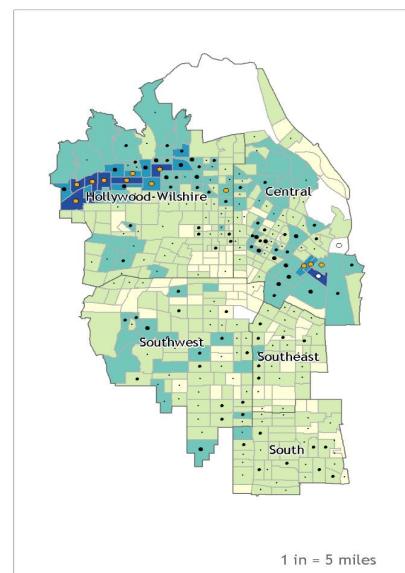
Receipt of care: numerator includes PLWDH with ≥ 1 CD4/VL/Genotype test in 2021; denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence.

Retention in care: numerator includes PLWDH with ≥ 2 CD4/VL/Genotype tests at least three months apart in 2021; denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence.

Viral suppression: numerator includes PLWDH whose last VL test in 2021 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence. PLWDH without a VL test in 2021 were categorized as having unsuppressed viral load.

Where are new HIV diagnoses being identified in Los Angeles County?¹

The 3 HIV epicenters in Los Angeles County are Hollywood-Wilshire Health District, Central Health District, and Long Beach Health District

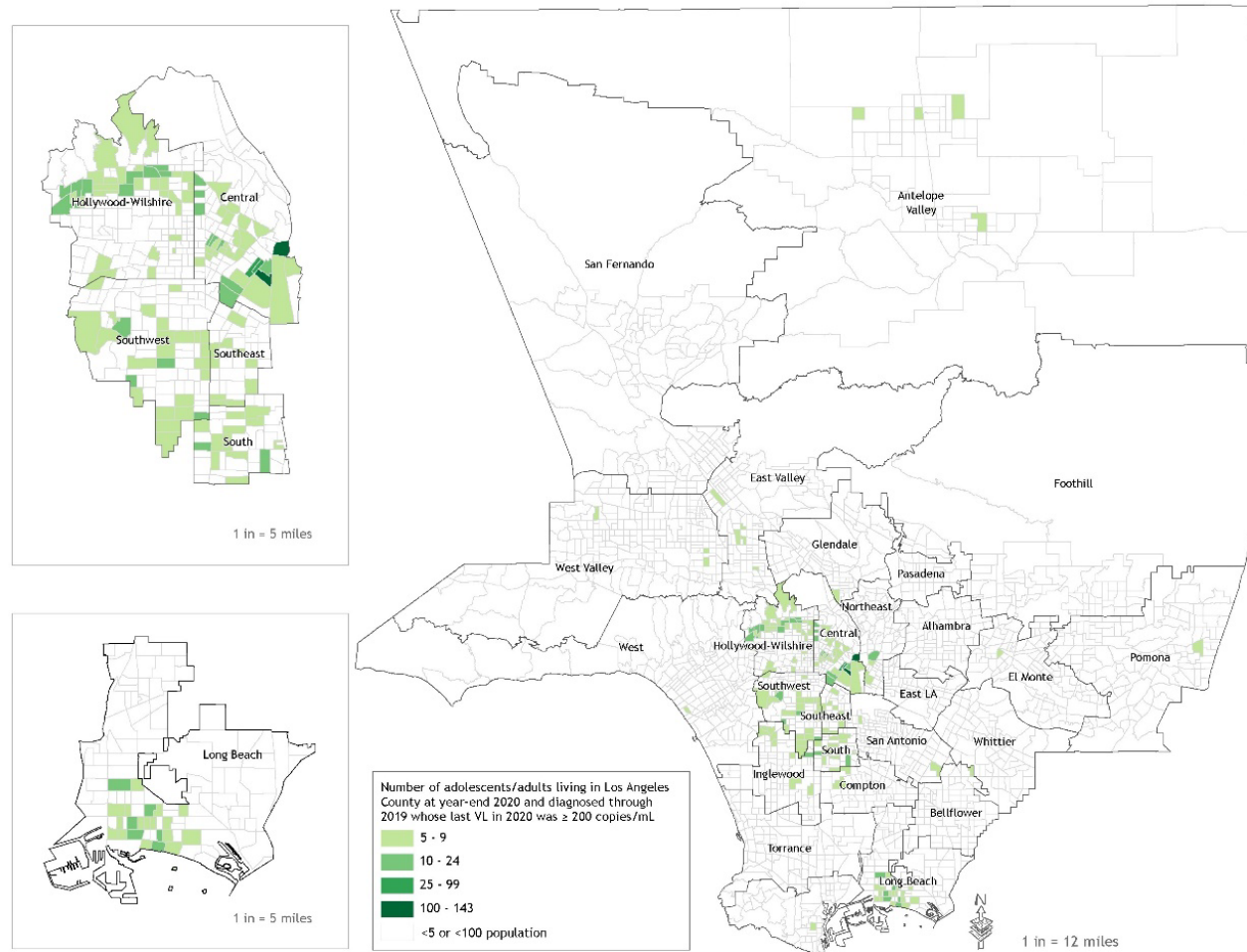


¹ Census tract and health district information was based on most recently reported residential addresses. Persons with no reported street address information were aggregated to the census tract or health district level data based on available ZIP code information. Source: HIV Surveillance data as of December 31, 2021; U.S. Department of Commerce, 2010 U.S. Census Tract; U.S. Department of Housing and Urban Development, HUD USPS ZIP Code - Census Tract Crosswalk Files, 2nd quarter 2018 was used for HIV diagnoses 2016-2020 and 4th quarter 2019 was used for PLWDH at year-end 2021.

Where is HIV transmission occurring?



Unsuppressed viral load¹ among persons living with diagnosed HIV in Los Angeles County, 2021



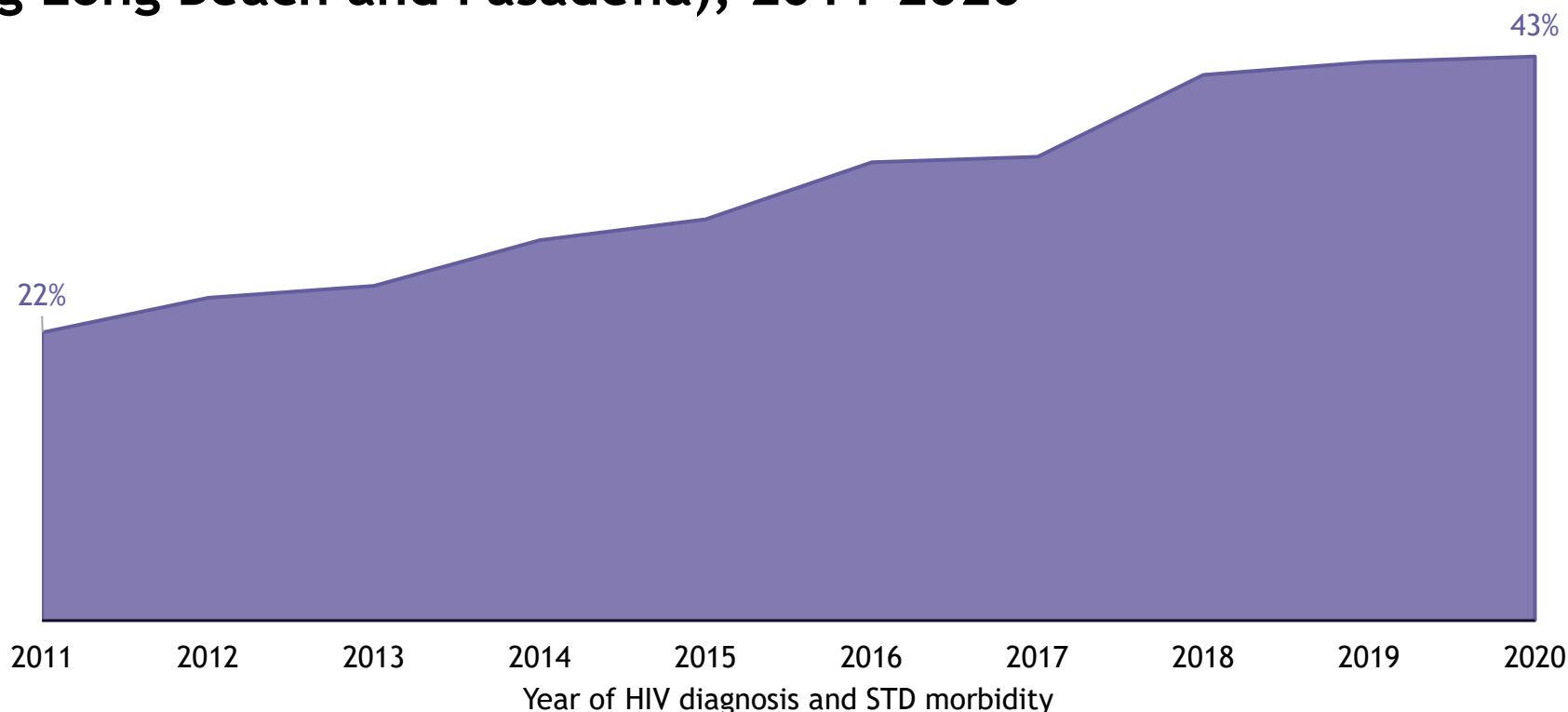
Central, Hollywood-Wilshire, South, Southwest, Southeast, and Long Beach Health Districts have the highest levels of unsuppressed viral load. These areas represent the locations with highest potential for fueling onward HIV transmission.

¹Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2021 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL); denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence. PLWDH without a VL test in 2021 were considered virally unsuppressed. Analysis excludes PLWDH diagnosed through 2020 and living at year-end 2021 who (1) had missing census tract information, (2) were receiving care but never had a viral load test, (3) were not receiving care for >12 months at year-end 2021, or (4) were in census tracts with small sample sizes (<5 persons with unsuppressed viral load or population size <100 persons). Exclusions represented 68% of PLWDH diagnosed through 2020 and living in 2021 whose last viral load was unsuppressed.

STD and HIV co-infection

- HIV and other STDs are syndemic in LAC.
- Persons with syphilis, gonorrhea, and/or chlamydia are at an increased risk of acquiring HIV due to biological and behavioral factors.
- STDs among PLWH can also increase HIV viral load and the risk of forward HIV transmission.
- The percentage for co-occurrence of HIV and STD diagnoses in the same year is estimated among persons with newly diagnosed HIV.
- Note that a person may be living with HIV for months or years before they are diagnosed, and other STDs may remain untreated. The cities of Long Beach and Pasadena are not included in this analysis due to reporting delays (these cities have their own health departments and report STD cases directly to the State, who then shares the data with LAC).

Percentage of persons newly diagnosed with HIV aged ≥ 13 years who had syphilis, gonorrhea, and/or chlamydia in the same calendar year as HIV diagnosis, LAC (excluding Long Beach and Pasadena), 2011-2020^{1,2,3,4}



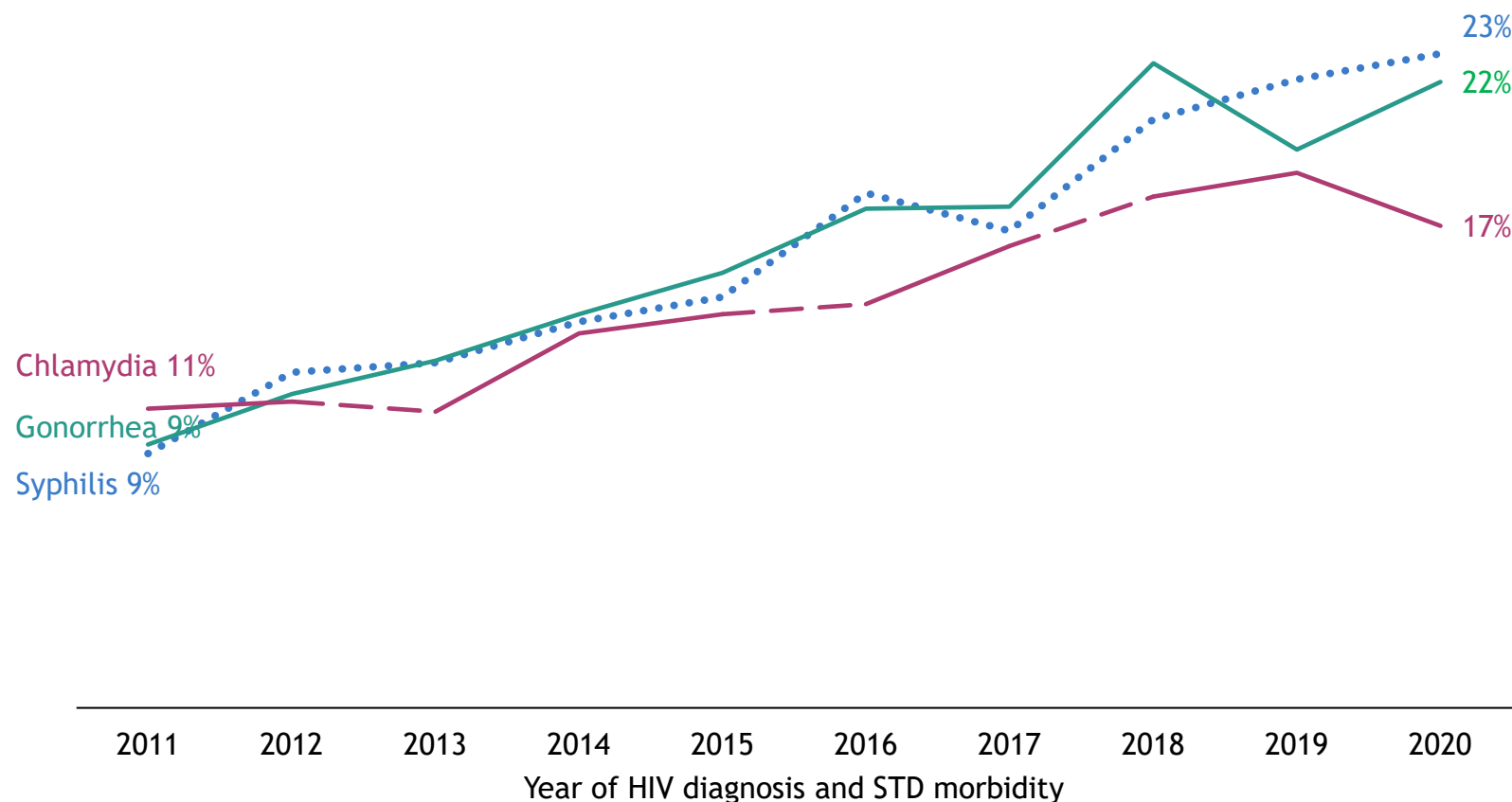
¹PLWDH with more than one STD case per year are counted only once.

²DHSP prioritizes HIV, syphilis, and congenital syphilis cases for investigation.

³STD cases in the cities of Long Beach and Pasadena are reported to their respective health departments.

⁴Due to reporting delay and time needed for case investigations, data are shown through 2020 instead of 2021.

Percentage of persons newly diagnosed with HIV aged ≥ 13 years who had syphilis, gonorrhea, and/or chlamydia in the same calendar year as HIV diagnosis by STD, LAC (excluding Long Beach and Pasadena), 2011-2020^{1,2,3}

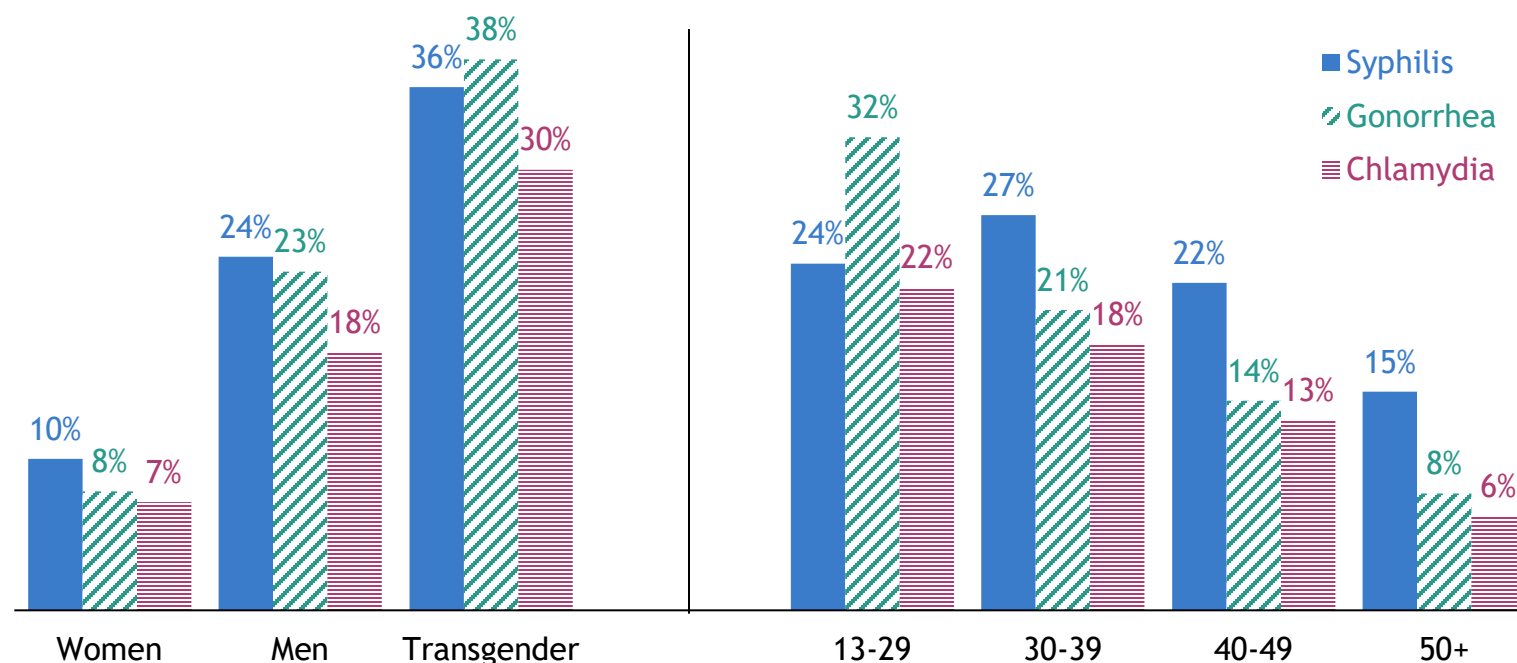


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²STD cases in the cities of Long Beach and Pasadena are reported to their respective health departments.

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Percentage of persons newly diagnosed with HIV aged ≥ 13 years who had syphilis, gonorrhea, and/or chlamydia in the same calendar year as HIV diagnosis by STD, gender, and age group, LAC (excluding Long Beach and Pasadena), 2020^{1,2,3}

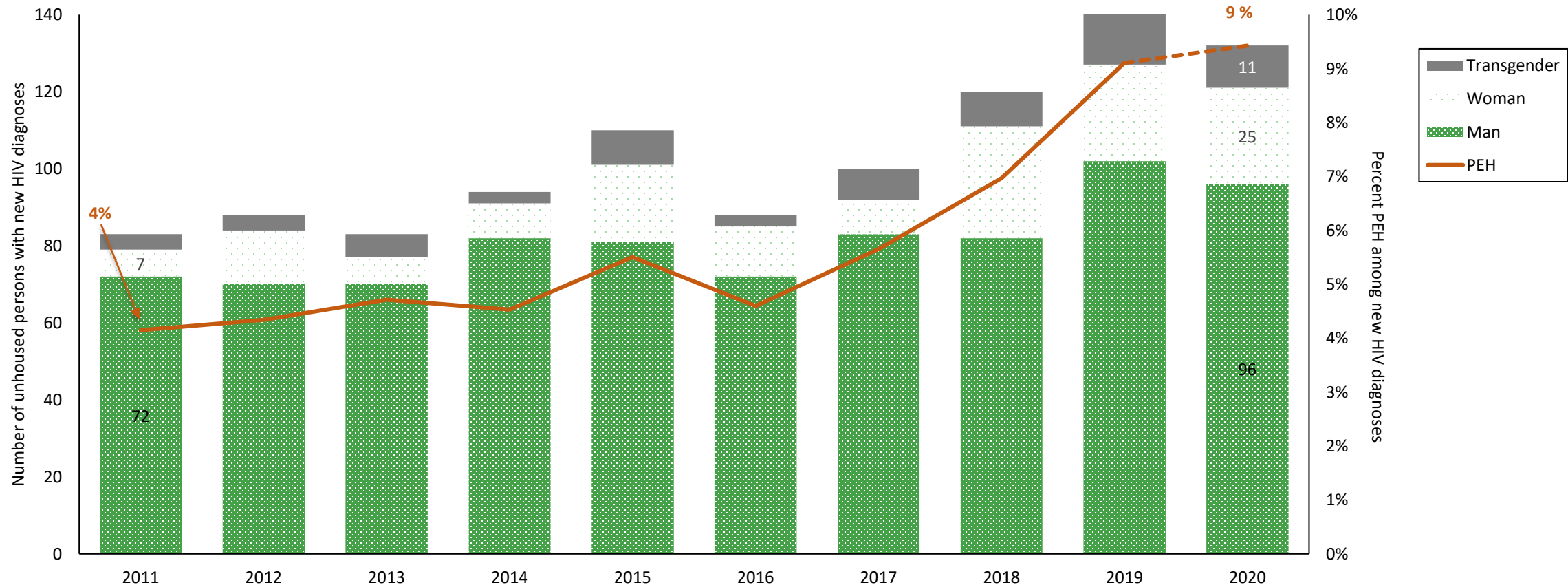


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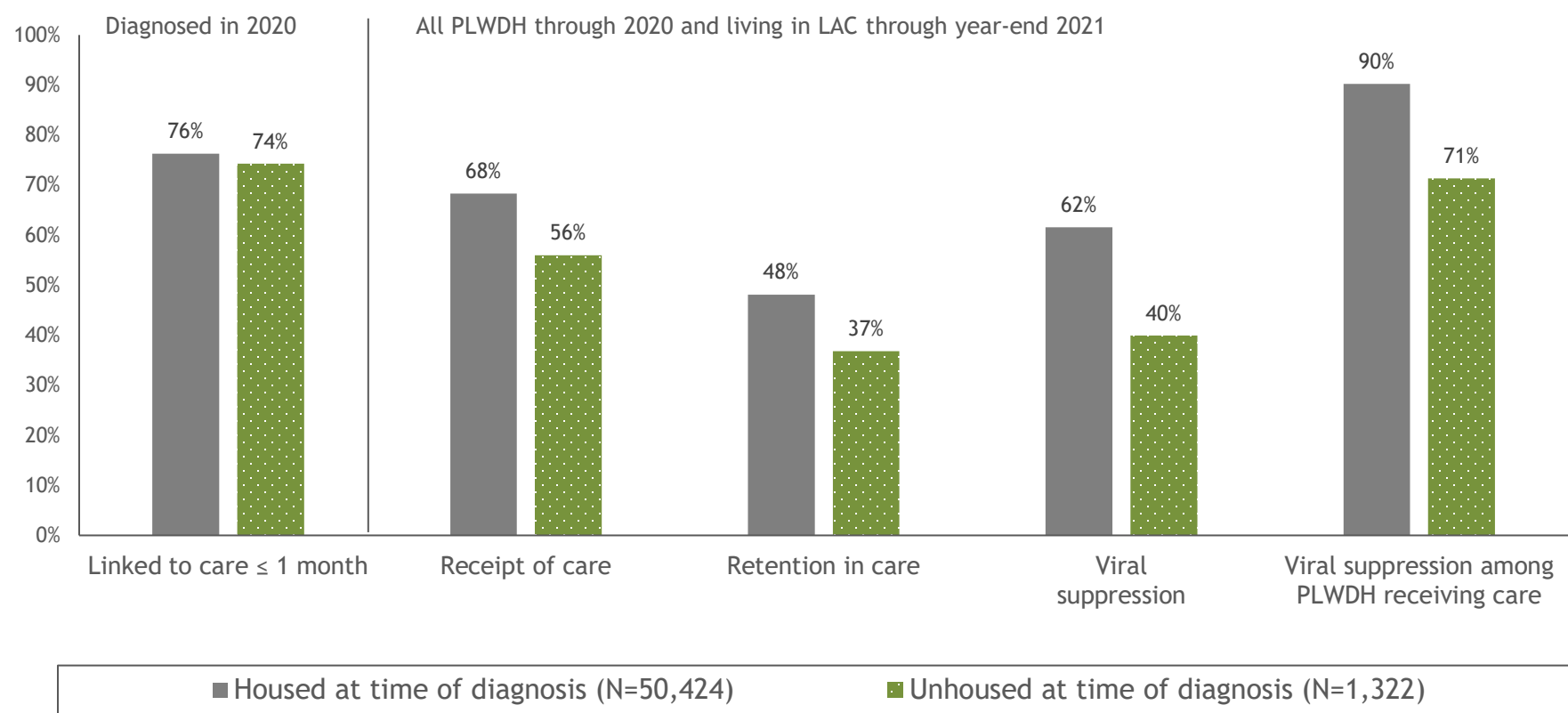
³Due to reporting delay and time needed for case investigations, 2020 is shown as the latest year.

Since 2011, the percentage of persons newly diagnosed with HIV who were experiencing homelessness increased from **4% to 9%**. In 2020, among 132 PEH with a new HIV diagnosis, 96 (73%) were male, 25 (19%) were female, and 11 (8%) were transgender.

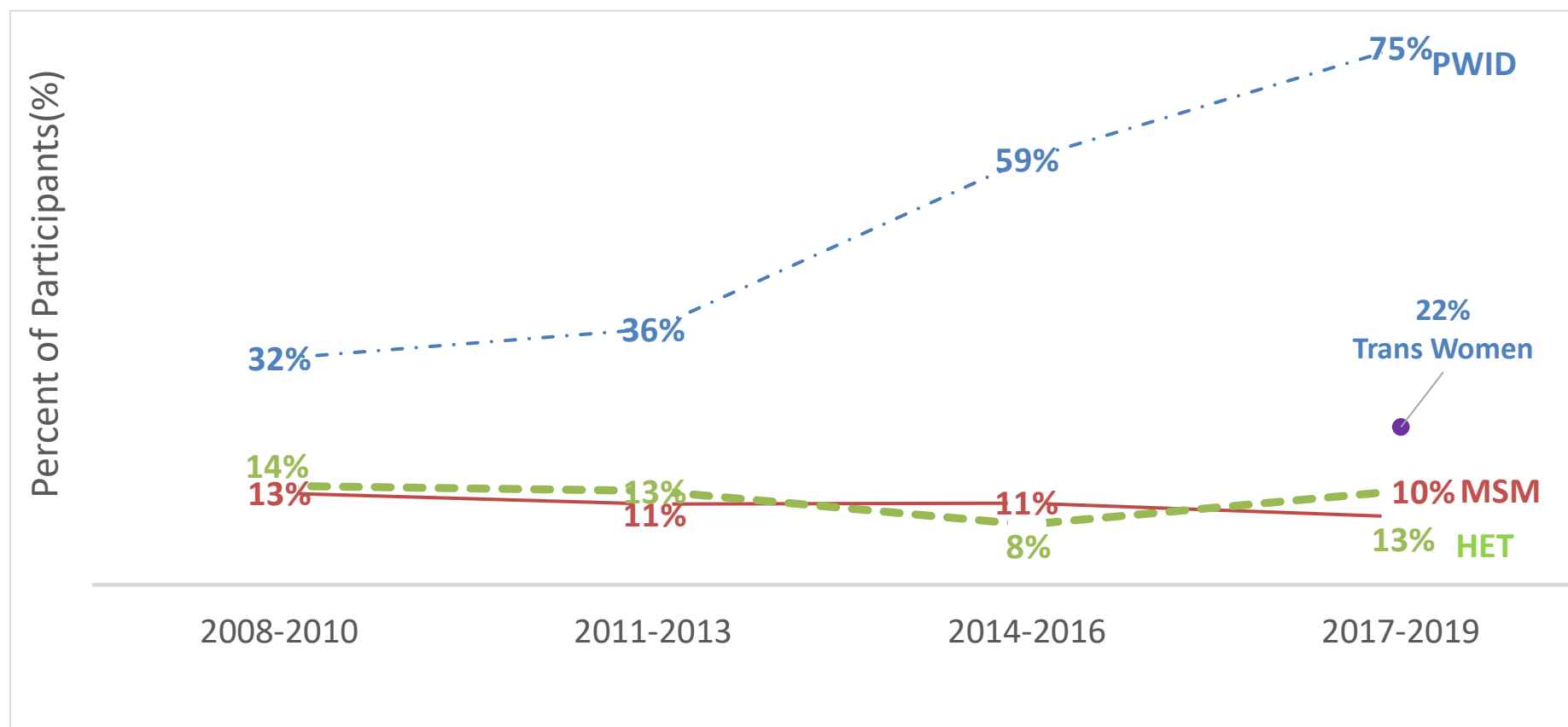


¹ 2020 HIV data are provisional as indicated by the patterned bar and dashed line.

PEH have poorer outcomes in the HIV care continuum compared with stably housed persons, with greatest disparities observed in viral suppression

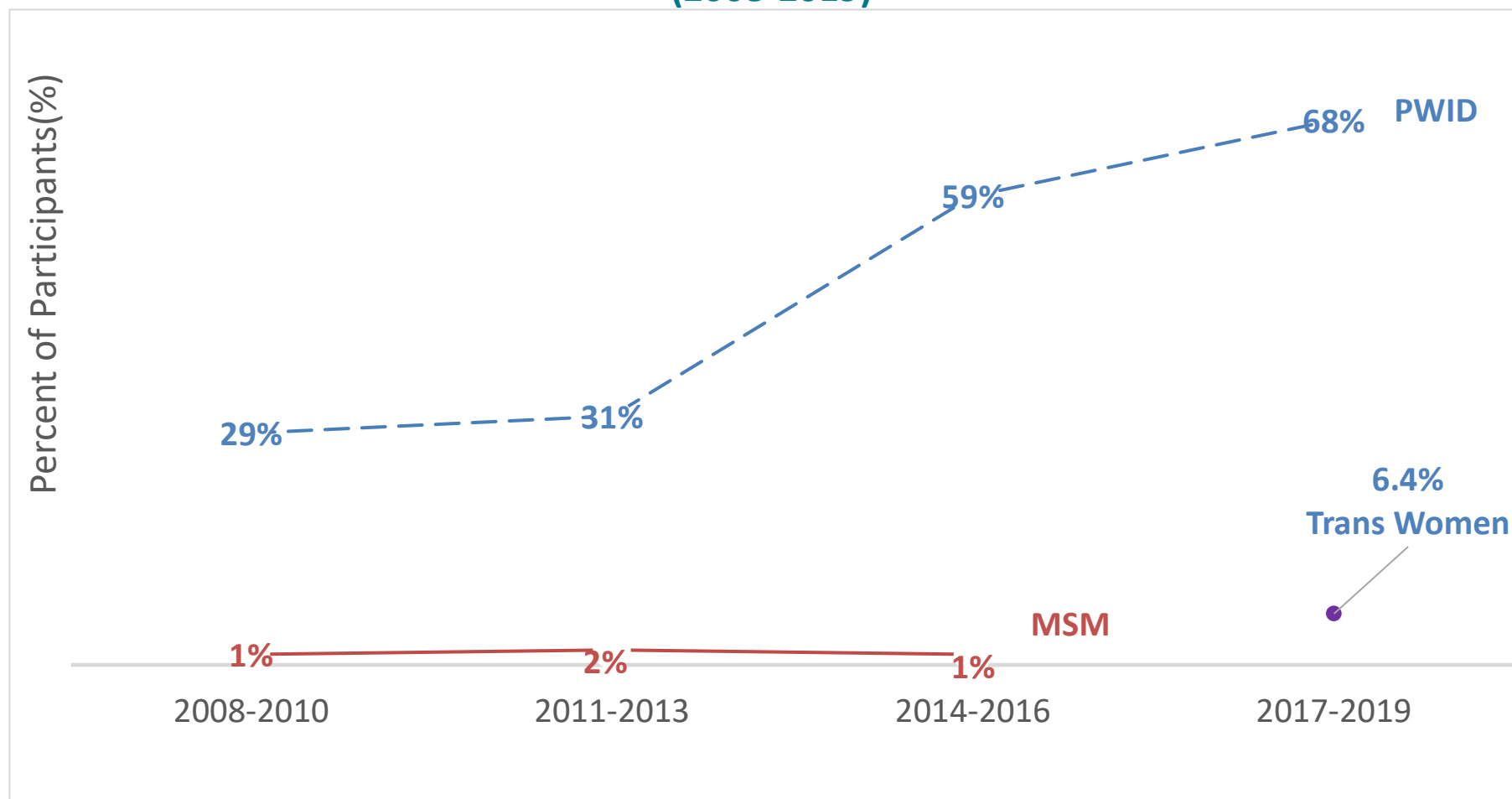


Non-Injection Methamphetamine Use among NHBS Participants, Los Angeles County, (2009-2019)



Non-Injection use of methamphetamine **increased significantly** among PWID from 2009-2018 ($p < .0001$)

Injection Methamphetamine Use among NHBS Participants, Los Angeles County (2008-2019)

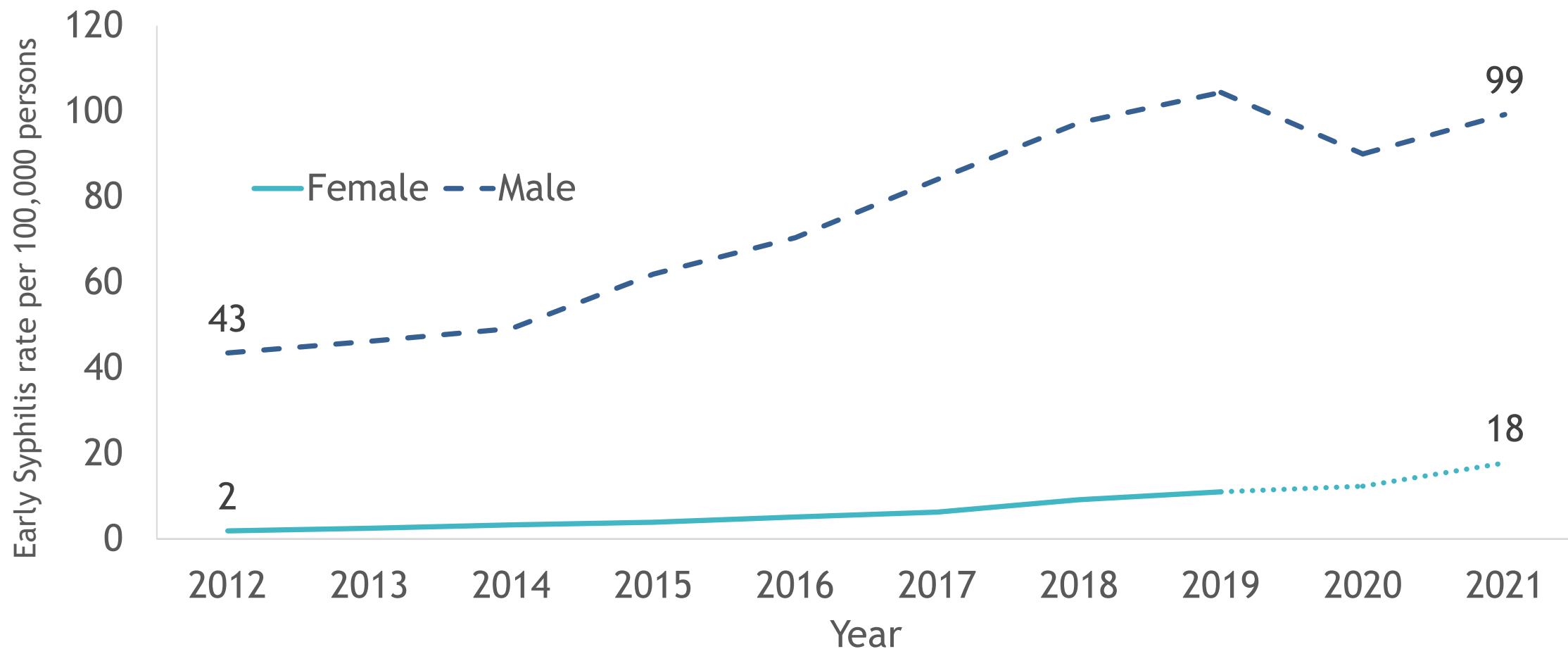


Injection methamphetamine use **increased significantly** among PWID from 2009-2018

Injection Meth use was not assessed in the HET cycles
Injection Meth use was not assessed in Round 5 of the MSM cycle

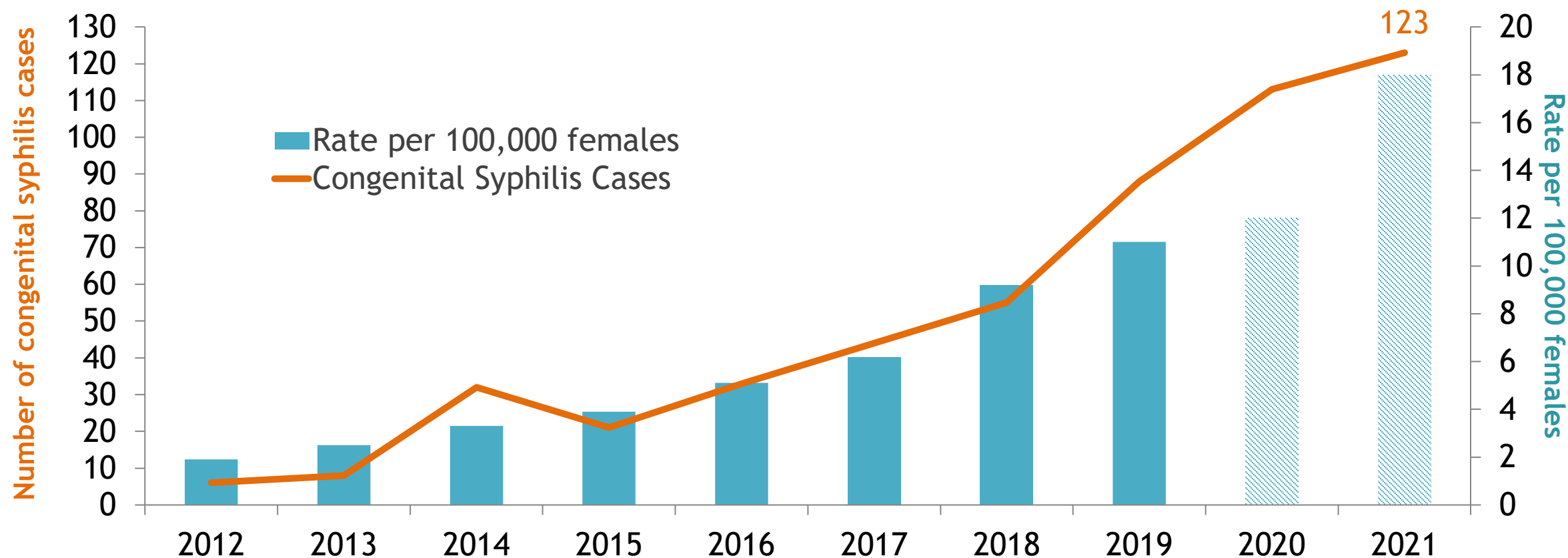


Since 2012, ES rates have increased **800%** among females and **130%** among males¹



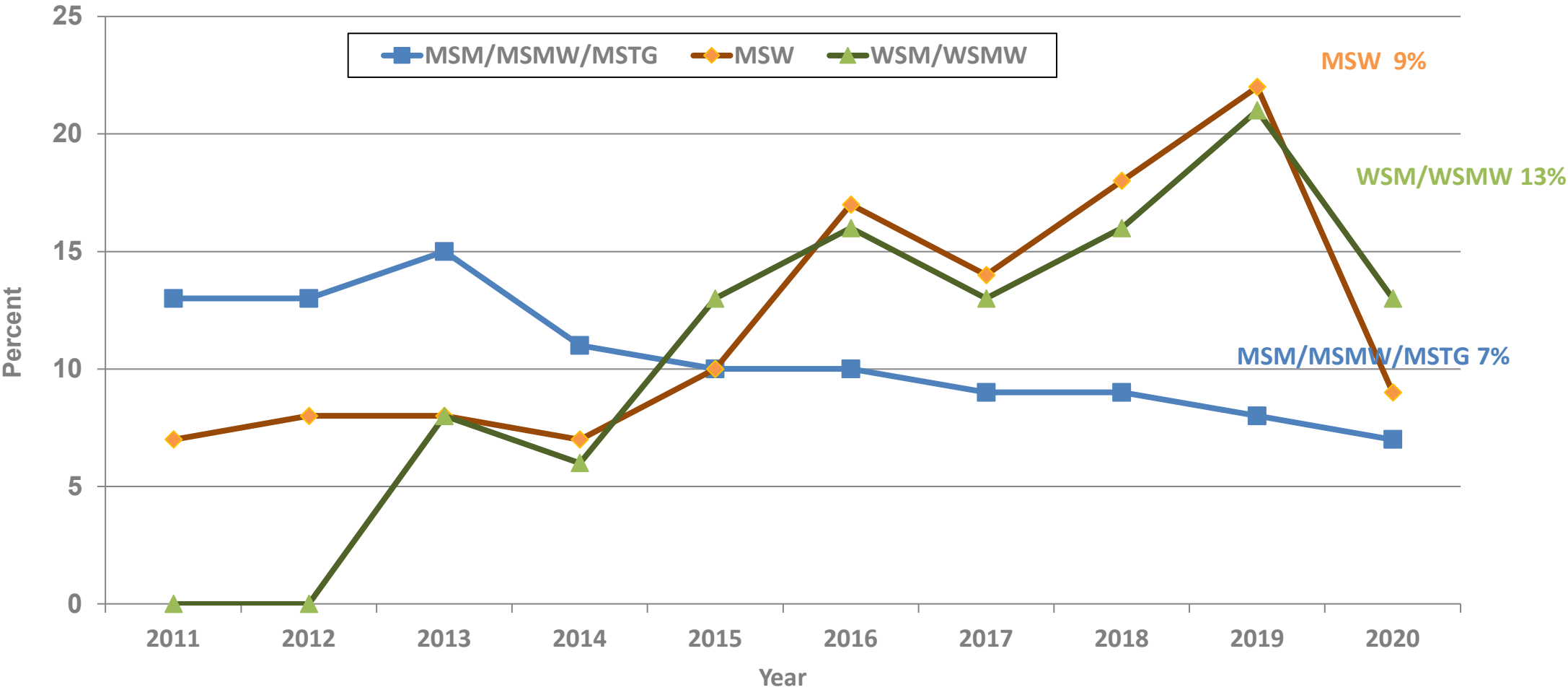
¹ Data as of 06/05/2022. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent);. cases from Long Beach and Pasadena are excluded. 2020 and 2021 data are provisional due to reporting delay. 2021 rates are calculated using 2020 population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

Early syphilis in females and babies, Los Angeles County, 2012-2021¹



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

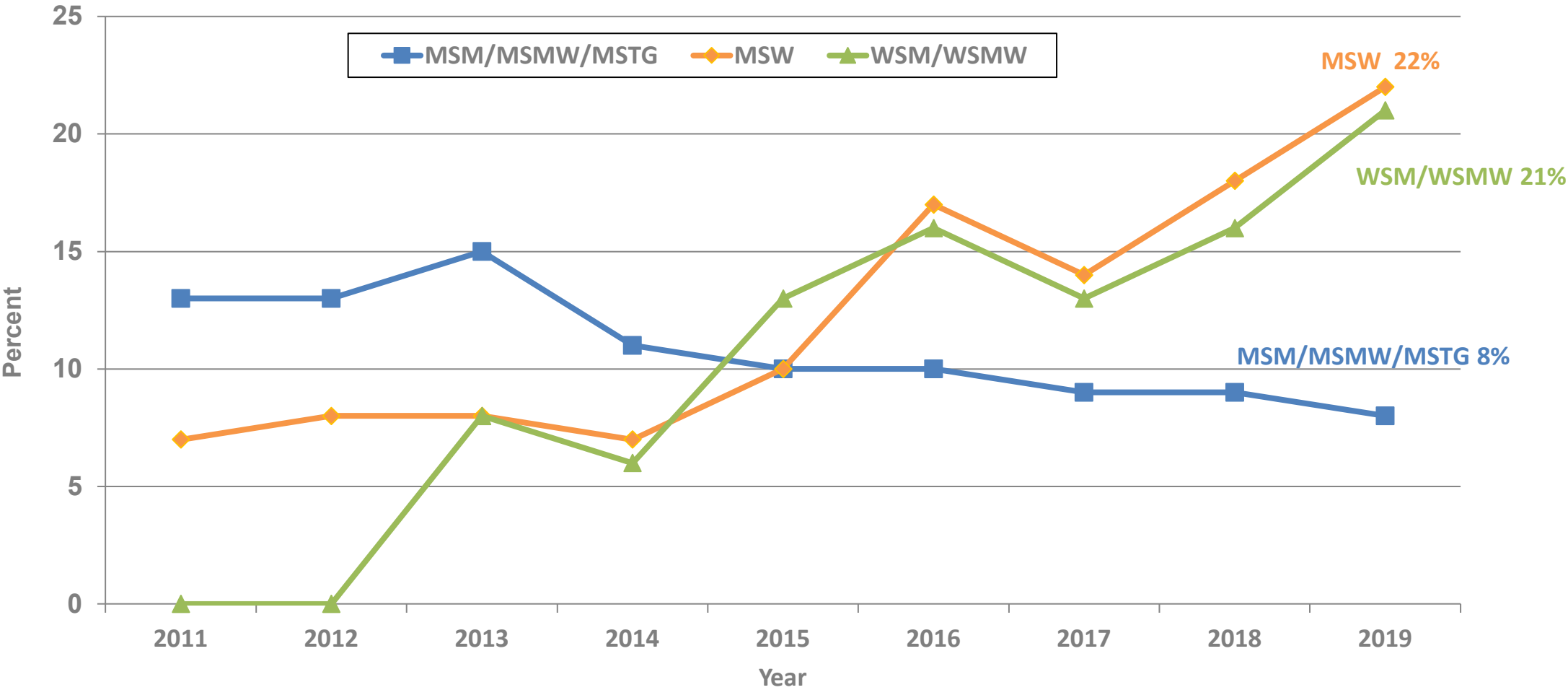
% Methamphetamine Use among Early Syphilis Cases Receiving Partner Services by MSM, MSMW and Women, Los Angeles County, 2011-2020¹



¹ Early Syphilis includes Primary, Secondary and Early Latent Syphilis. Data as of 1/2/2022.
² Of 25,986 Early Syphilis incidents with a qualifying interview, 23,839 (91.7%) responded with yes/no to methamphetamine use during the past 12 months and are included in the analysis. Percent missing ranged from 6.2%-11.0%.
³ Percentage reflects the number of individuals reporting methamphetamine use in the past 12 months among those who answered yes/no to the methamphetamine question in the disease investigation interview. Other listed responses (e.g. Refused, Unknown) are excluded from the denominator.

Source: Division of HIV and STD Programs

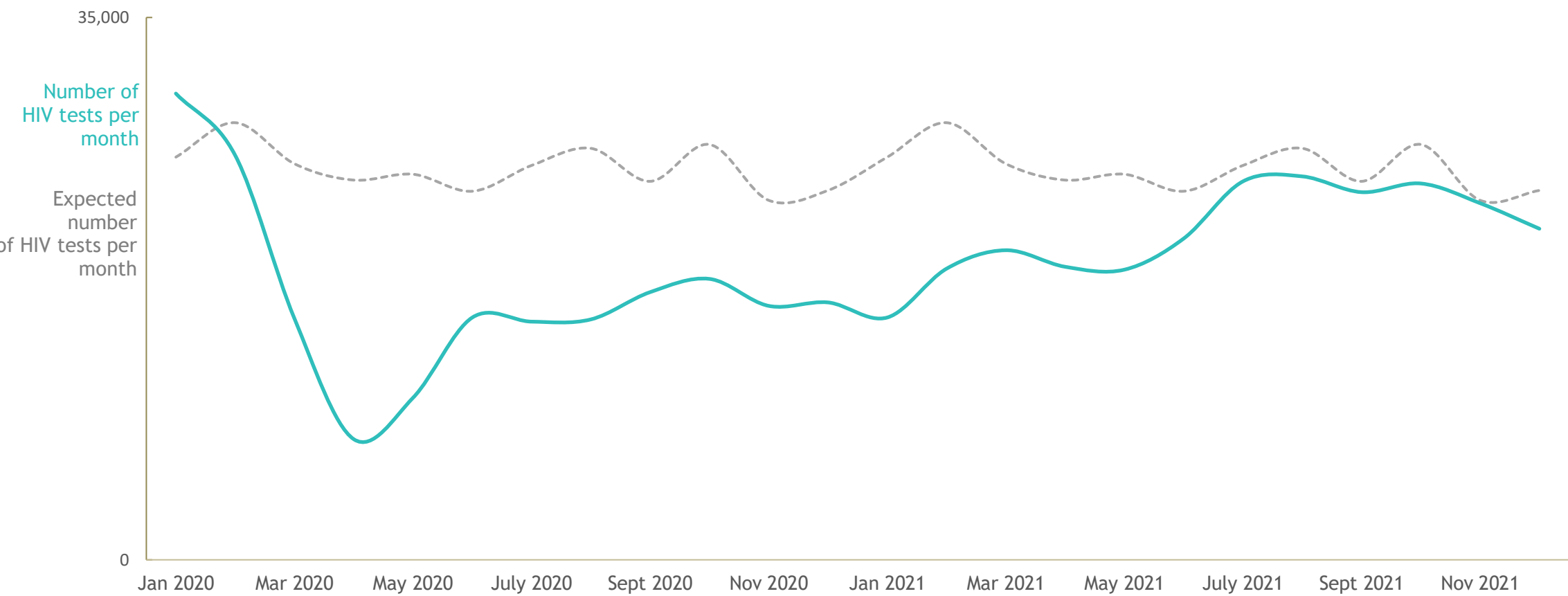
% Methamphetamine Use among Early Syphilis Cases Receiving Partner Services by MSM, MSMW and Women, Los Angeles County, 2011-2019¹



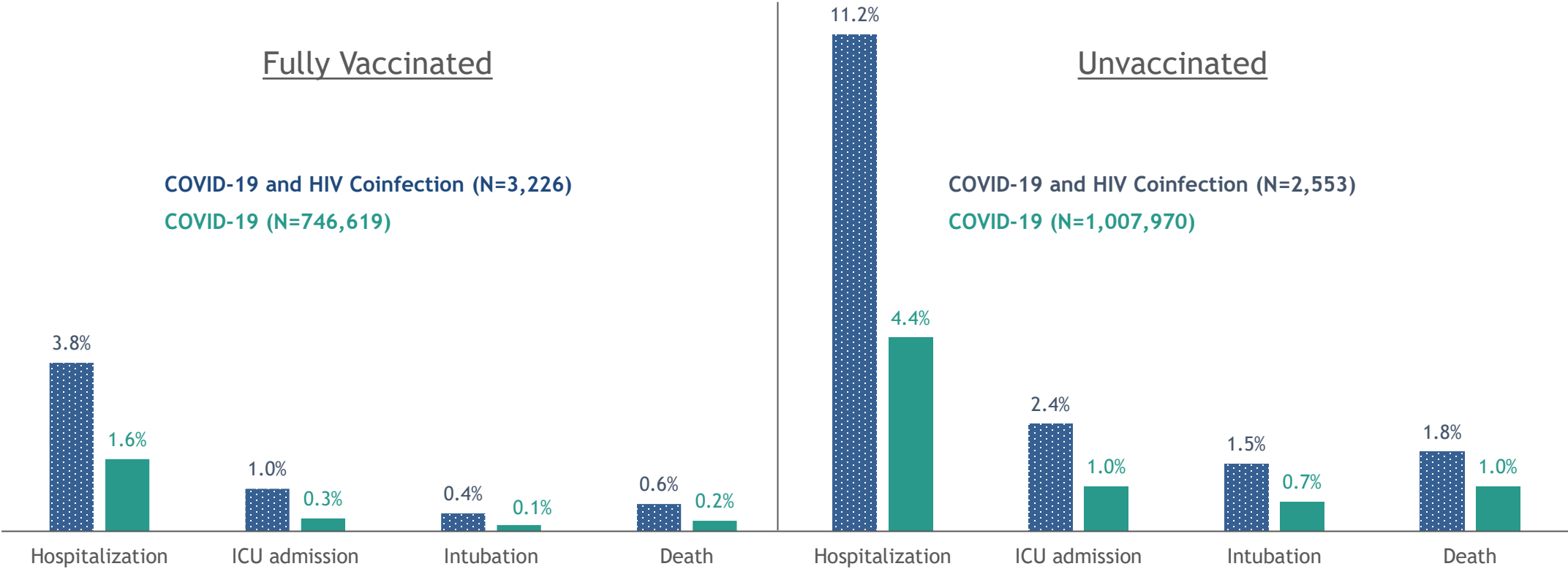
¹ Early Syphilis includes Primary, Secondary and Early Latent Syphilis. Data as of 3/12/2021.
² Of 25,937 Early Syphilis incidents with a qualifying interview, 23,804 (91.8%) responded with yes/no to methamphetamine use during the past 12 months and are included in the analysis. Percent missing ranged from 6.2%-10.3%.
³ Percentage reflects the number of individuals reporting methamphetamine use in the past 12 months among those who answered yes/no to the methamphetamine question in the disease investigation interview. Other listed responses (e.g. Refused, Unknown) are excluded from the denominator.

Source: Division of HIV and STD Programs

COVID-19 stay at home orders and disruptions in HIV testing options due to the COVID pandemic resulted in dramatic declines in HIV testing beginning March 2020 and continuing through mid-2021



Patients with **HIV and COVID-19 coinfection** had higher levels of COVID-related hospitalization, ICU admission, intubation, and death compared with **all COVID-19 cases** regardless of vaccination status. Vaccination¹ for COVID-19 reduced the risk of severe outcomes for both HIV and COVID-19 coinfection patients and COVID-19 patients.

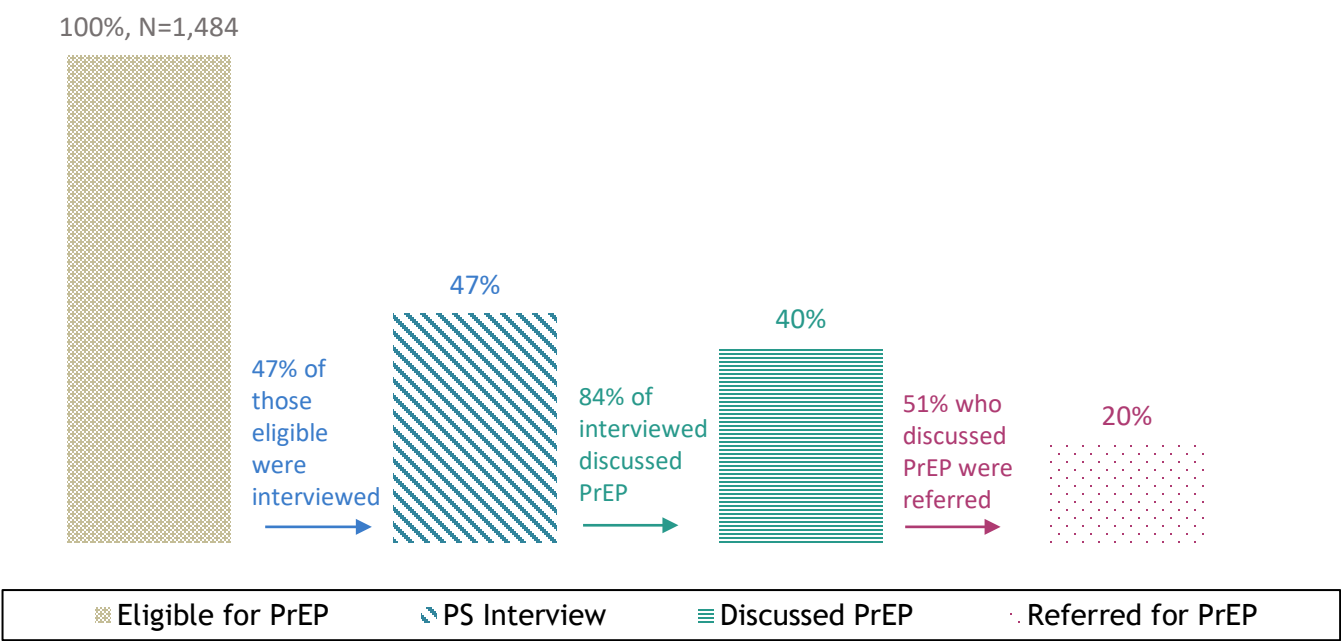


¹COVID-19 clinical characteristics by vaccination status among COVID-19 patients aged ≥ 13 years, L.A., January 2021 to March 2022. COVID-19 vaccination status is the person's vaccination status at time of COVID-19 infection; excludes 269 HIV and COVID-19 co-infected patients and 69,162 COVID-19 patients who were partially/not fully vaccinated.

Data as of September 12, 2022

- Among 1,772 MPX cases in Los Angeles County (excl. Long Beach and Pasadena), HIV prevalence was 45%
- Of the 793 individuals coinfecting with MPX and HIV:
 - 704 (89%) received HIV care in the past 12 months
 - 567 (72%) had a viral load of <200 copies/mL, indicating viral suppression
- Within one year prior to MPX infection:
 - 276 (16%) received a syphilis diagnosis
 - 578 (33%) received a gonorrhea diagnosis
 - 458 (26%) received a chlamydia diagnosis

Of 1,484 individuals who received a syphilis diagnosis in LAC and were eligible for PrEP, 47% had a partner services (PS) interview, 40% discussed PrEP during the interview, and 20% were referred for PrEP in 2021



Syphilis PrEP metics (2021)

among assigned cases¹

2018

2019

2020

2021

Last refreshed: 7/8/2022

Select filters

Clear Filters



9080

Assigned

1484

Eligible

704

Interviewed²

592

Discussed²

304

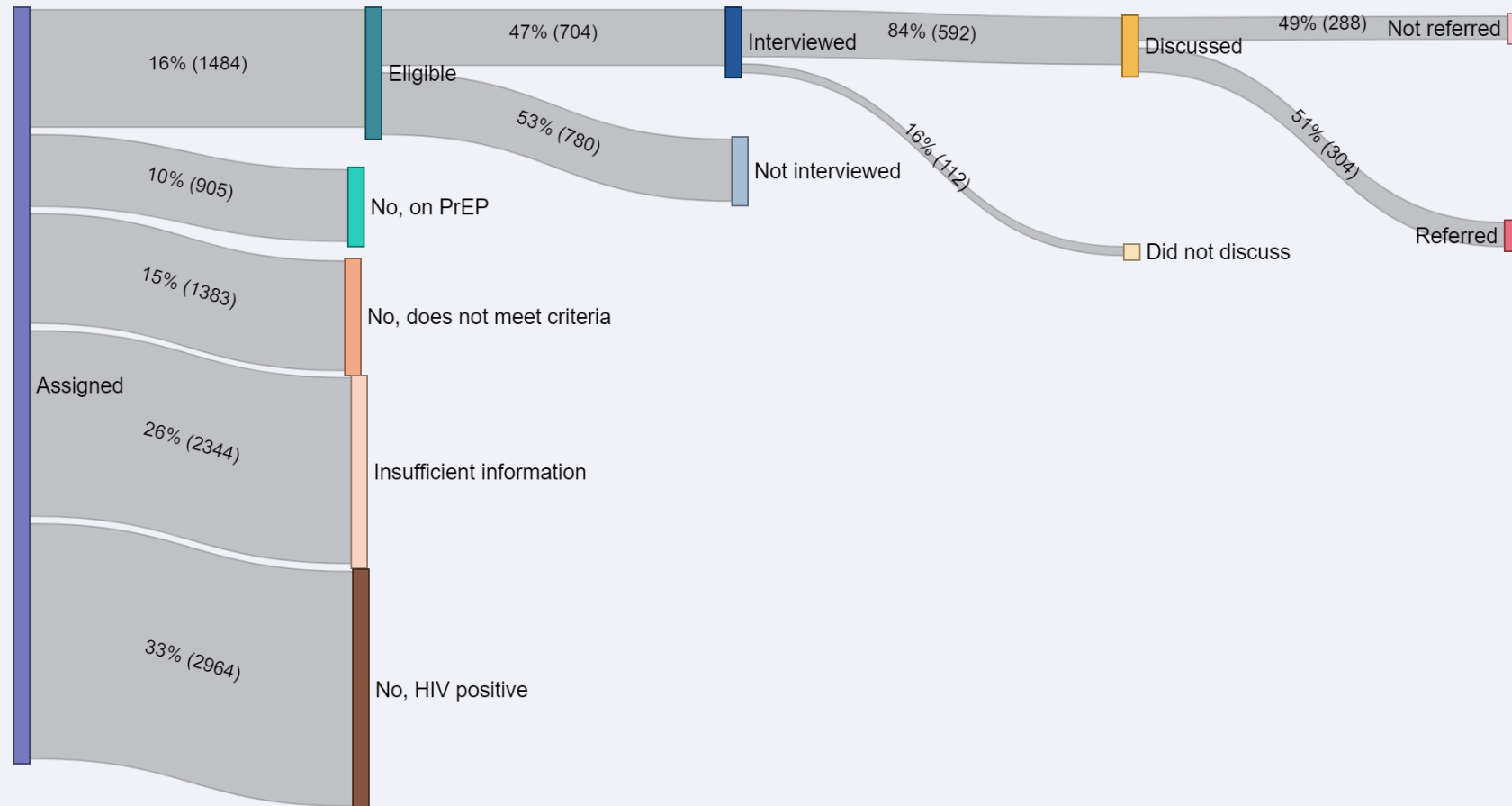
Referred^{2,3}

16% (of assigned)

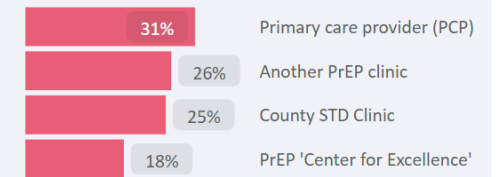
47% (of eligible)

40% (of eligible)

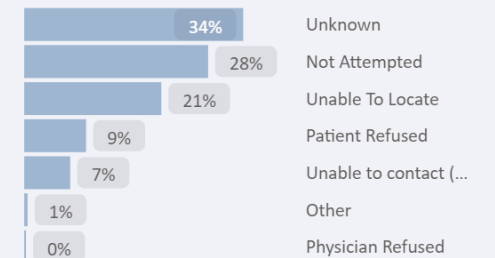
20% (of eligible)



PrEP referral type (among referred)



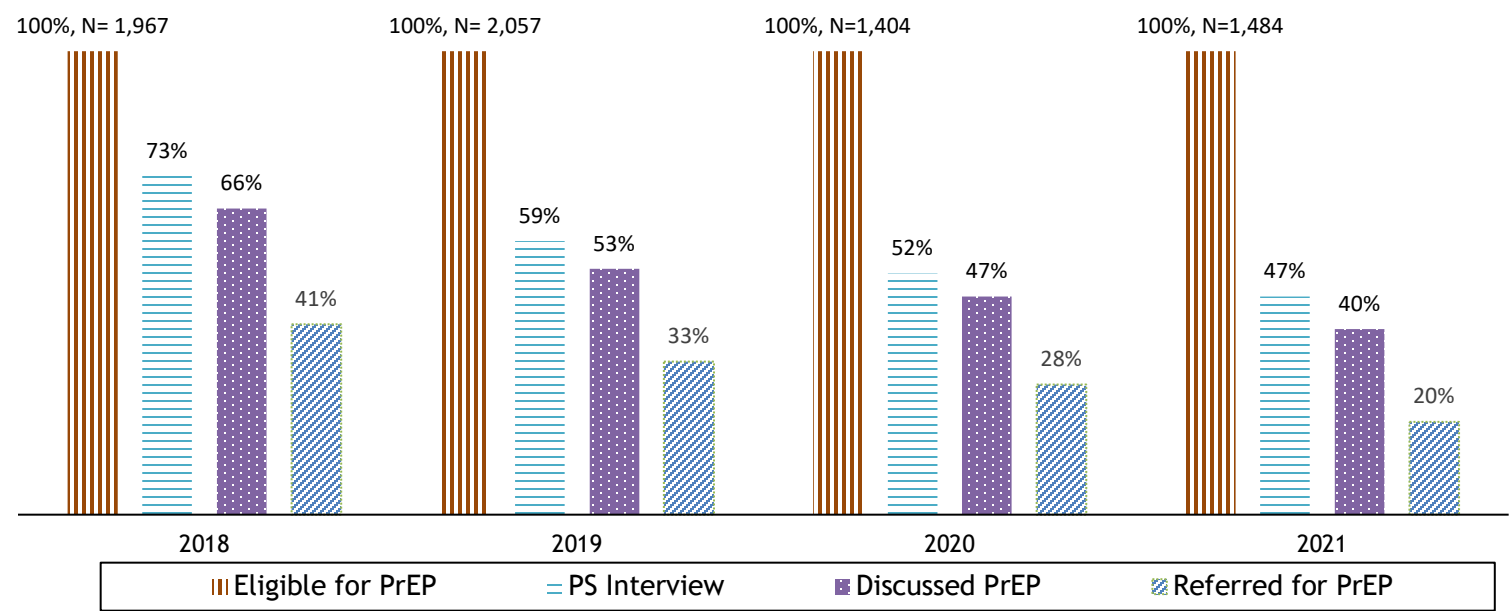
Reasons not interviewed (among not interviewed)



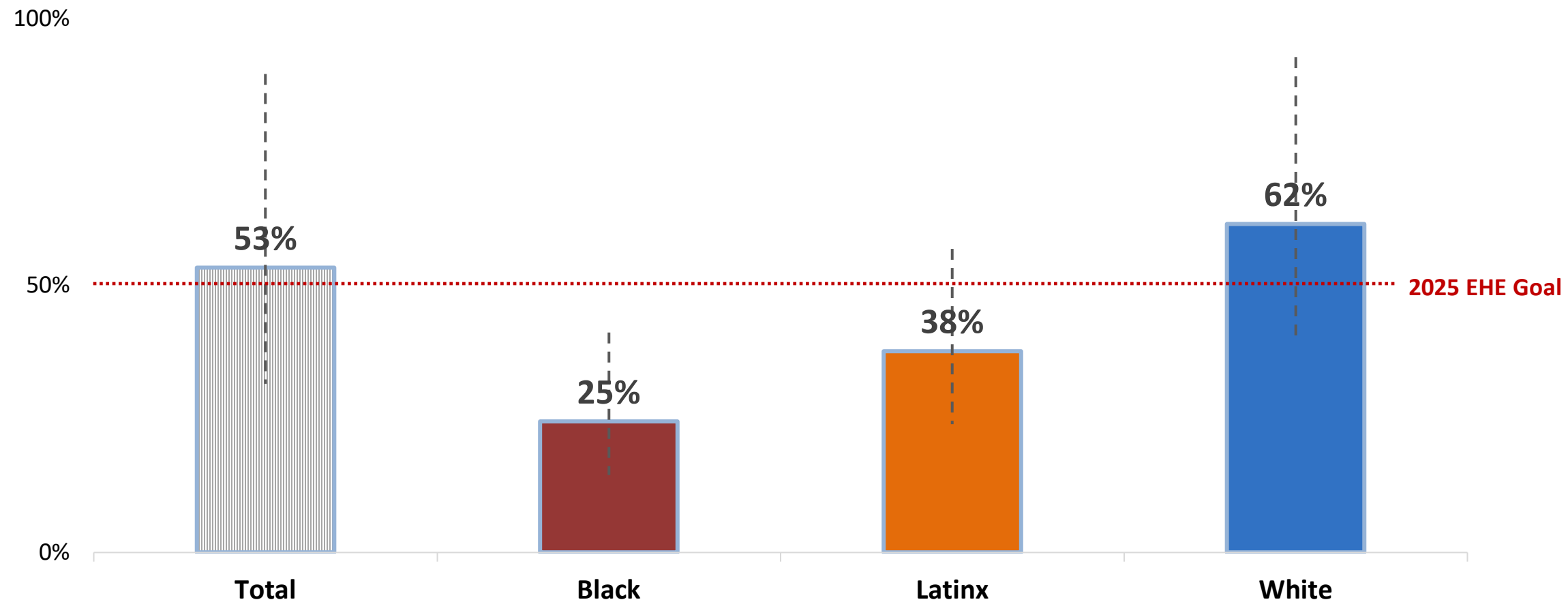
Footnote:

- Persons aged ≥ 13 who were reported with a new syphilis diagnosis in LAC, excluding Long Beach and Pasadena. Excludes subsequent diagnoses if case had multiple diagnoses in a year. See title for additional filters (from STD CW).
- Case is considered interviewed if "patient interviewed" field begins with "Yes,..." Case must be interviewed and PrEP eligible to be considered as discussed or referred to PrEP. Numerators for discussion/referral exclude cases not interviewed. (from STD CW).
- Receiving a PrEP referral does not necessarily indicate that the client was prescribed PrEP. Data for linkage to PrEP clinics is not included in this dashboard.

Of individuals who received a syphilis diagnosis in LAC and were eligible for PrEP, the proportions who complete a partner services (PS) interview, discussed PrEP during the interview, and were referred for PrEP declined from 2018 through 2021



Estimated Pre-Exposure Prophylaxis (PrEP) Use by Race/Ethnicity, Los Angeles County, 2021



Note: PrEP coverage, reported as a percentage, was calculated as the estimated number of persons prescribed PrEP (numerator) divided by the estimated number of persons with an indication for PrEP (denominator). Different data sources were used to estimate values for the numerators (Division of HIV and STD Programs biomedical and sexual health service data [Los Angeles County (LAC) Department of Public Health Division of HIV and STD Programs (DHSP) 2021]; DHSP Online Dating Apps User Survey 2021 ; LAC National HIV Behavioral Surveillance survey data , DHSP, 2016-19]; and the denominators (PrEP Populations Estimation Tool [CDC: shinyapps.io]; 2018 LAC Health Survey); LAC STD Surveillance, 2021, National Health and Nutrition Examination Survey [NHANES] 2021; LAC Census Data 2021)

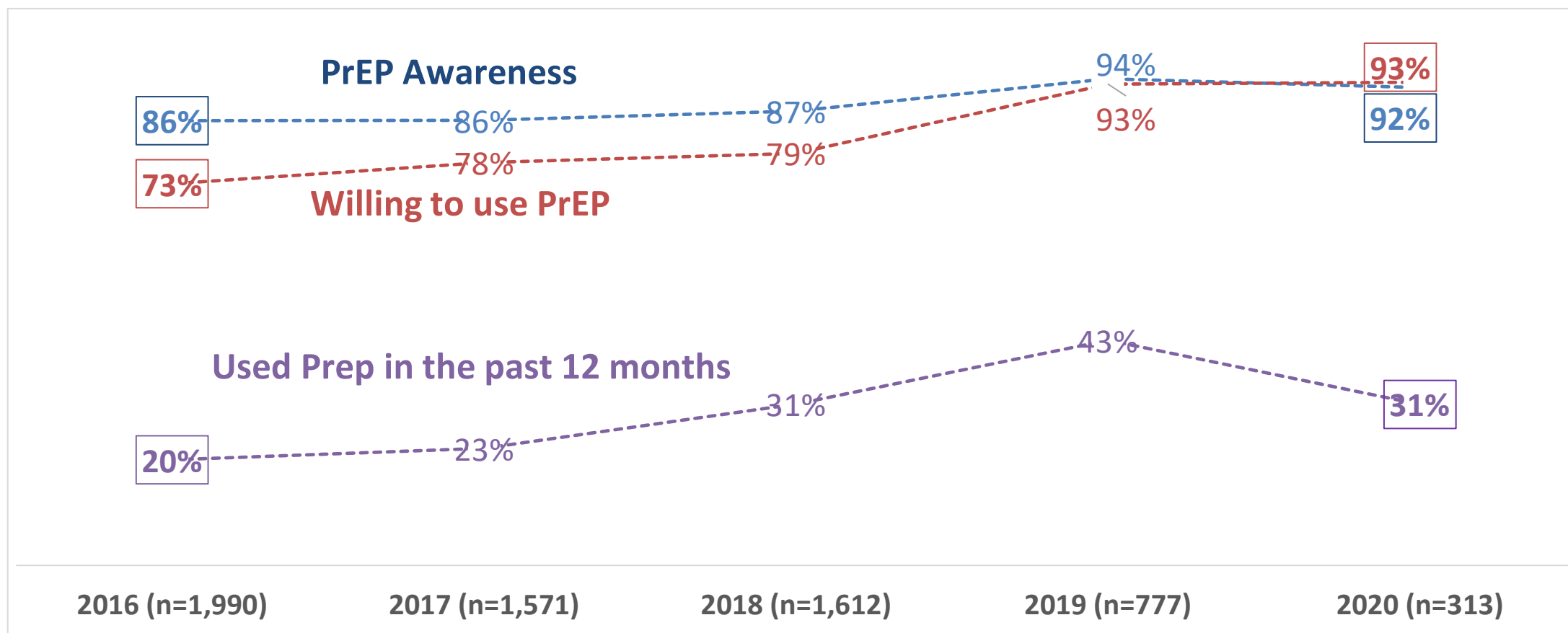
Monitoring PrEP Use: Online Dating Apps Survey

- Purpose: To monitor PrEP knowledge, attitudes and behaviors among priority populations for the CDC PrIDE initiative.
- Sample of Black and Latino MSM and Transgender Persons (TGP) recruited through dating apps
- Conducted annually since 2016
- Key indicators tracked:
 - **PrEP Awareness:** Before today, had you ever heard of PrEP?
 - **Willingness to use PrEP:** If it was available to you, would you be willing to take PrEP daily?
 - **PrEP Use:** In the past 12 months, have you taken PrEP daily for a period of at least one month?



Have Core PrEP Outcomes Changed in LAC?

PrEP awareness, willingness to use PrEP and PrEP use in past 12-months significantly increased from 2016 to 2019*

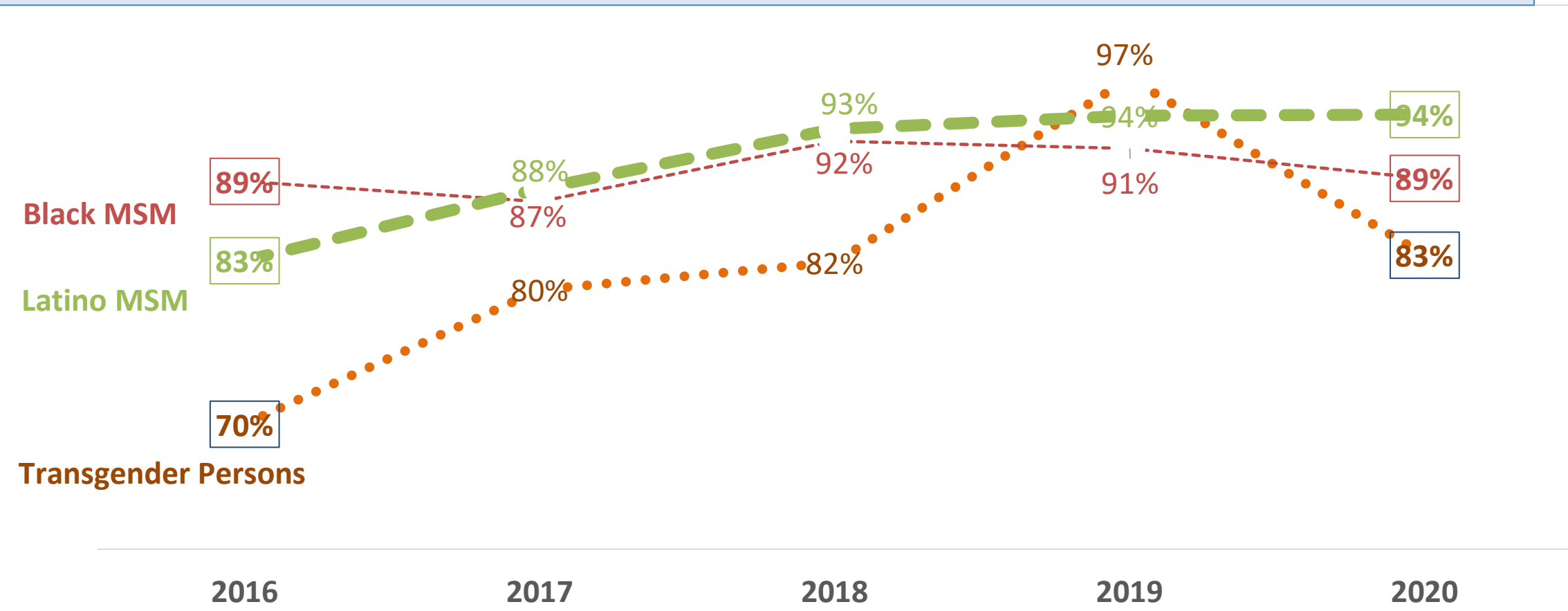


*p<0.001

¹Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources

Which Priority Groups Reported Increased PrEP Awareness?

PrEP awareness significantly increased Latino MSM and TGP through 2020 but remained relatively unchanged among Black MSM

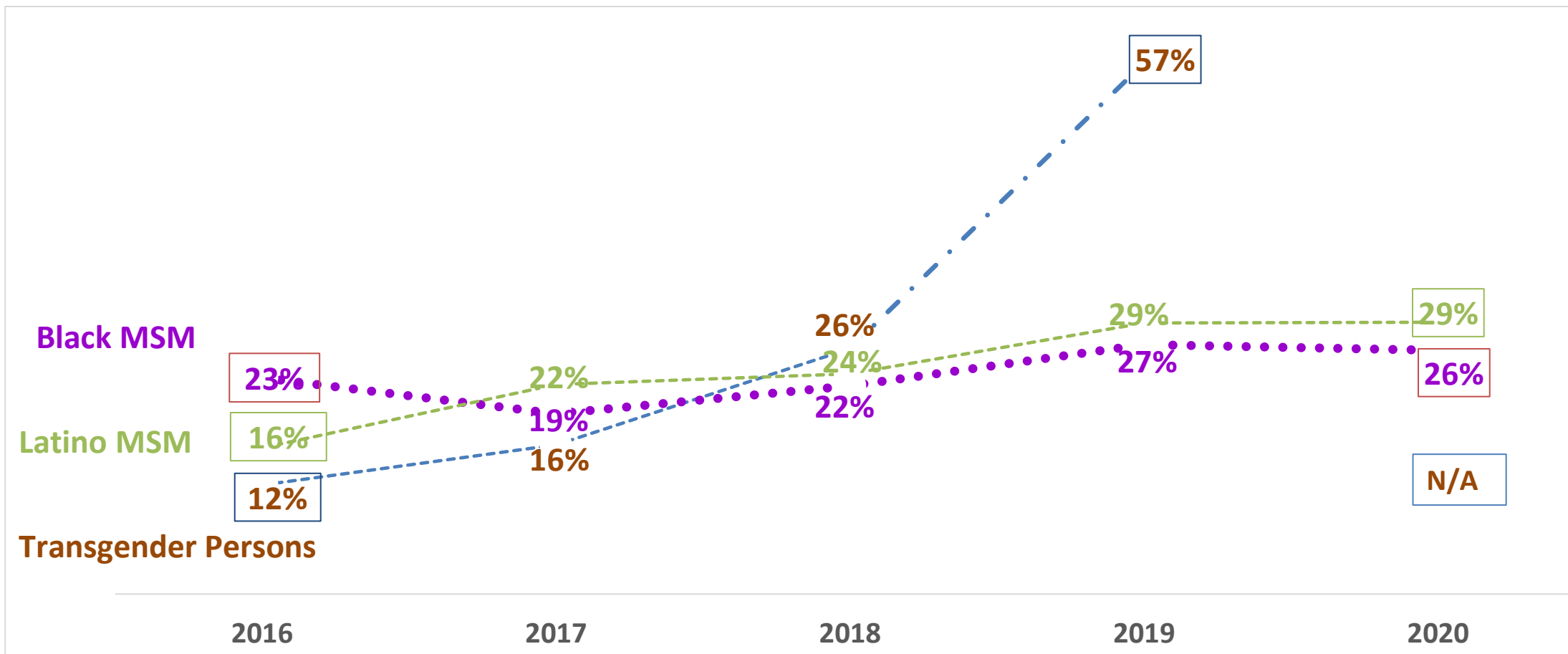


*LMSM and TGP significantly different $p<0.001$
¹Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources

Which Priority Groups Reported Increased PrEP Use?



PrEP use within the past 12-month significantly increased across all groups since 2016*



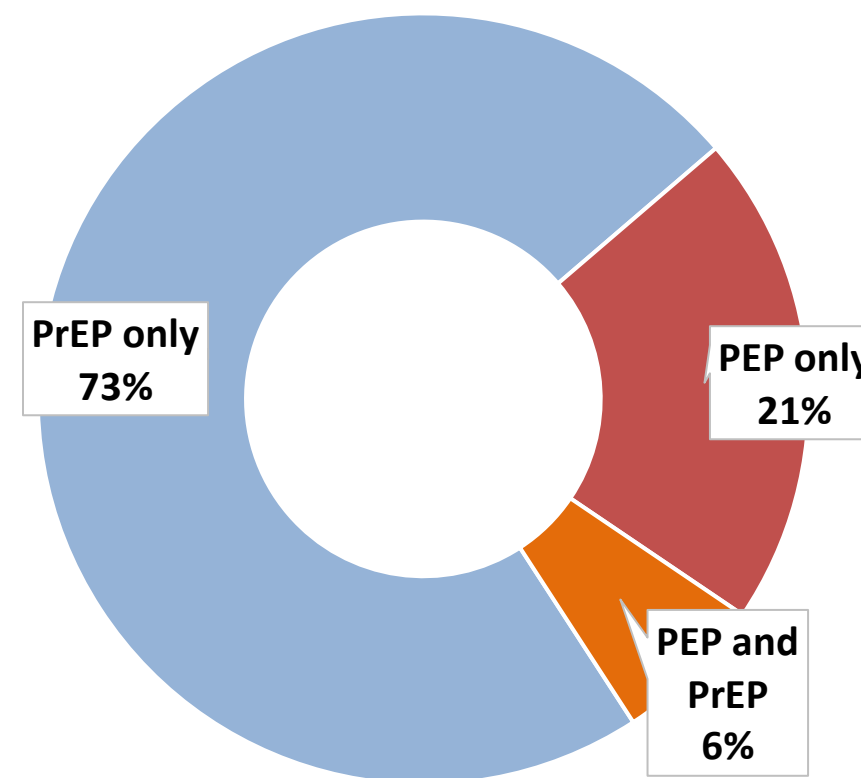
* $p < 0.001$

¹Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all source; TGP data for 2020 not presented due to low sample size

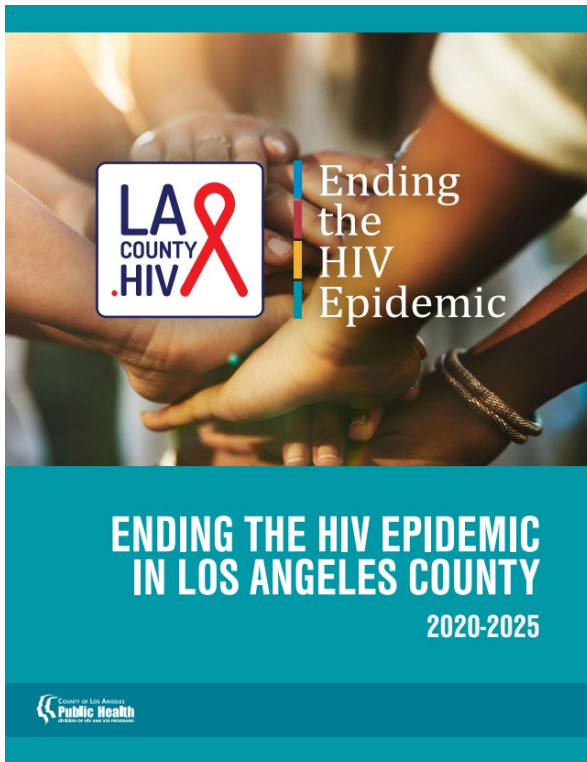
Pre-Exposure Prophylaxis (PrEP) Centers of Excellence (COEs), Los Angeles County

- Launched in mid -2016 with 9 contracted agencies and expanded to 12 in 2019
- Biomedical services provided to a total 9,810 unique clients (July 2016-March 2022)
- Over half of clients were Latinx (46%) and Black (12%)
- Majority were cisgender men (89%) with 6% cisgender women and 5% reporting a transgender identity
- One in three (33%) were age 20-29
- Half (51%) were living at or below the federal poverty level

Biomedical Services Provided at COEs



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:

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

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

Full EHE Plan: www.LACounty.HIV

Partner Types	Organizations/Groups
Frontline Service Providers	<ol style="list-style-type: none"> 1) Ryan White Program Network 2) Community health clinics, FQHCs, Community Clinic Association of Los Angeles County (CCALAC) 3) County partners (DHS, DMH, SAPC)
Academic Partners	<ol style="list-style-type: none"> 1) CHIPTS/CFAR 2) Pacific AIDS Education Training Center (PAETC)
Policy Partners	<ol style="list-style-type: none"> 1) CA HIV Research Program (CHRP) 2) Commission on HIV Public Policy Committee 3) CA Ending the Epidemics Coalition
Community	<ol style="list-style-type: none"> 1) AMAAD, LAC+USC Foundation (The Wellness Center) 2) Commission on HIV Consumer Caucus 3) Community Advisory Boards
Advisory and Operational Groups	<ol style="list-style-type: none"> 1) Commission on HIV 2) EHE Steering Committee

FEDERAL PARTNERS



New Strategies Implemented to Date



Diagnose

- **HIV self test kits** - over 15,000 kits distributed to HIV testing agencies, new partners, and at community events.
- **Increased HIV testing** at Vaccine Plus Clinics and on Skid Row.



Treat

- **Rapid Linkage to Care Program** developed. 79% of clients linked to care within 6 days in pilot.
- **Emergency Financial Assistance Program** (homelessness prevention) launched. Over 500 applications received.
- **Mental Health consultant** to support pregnant persons with HIV.
- **Mental Health Services assessment.**



Prevent

- **Telehealth services for PrEP** implemented at 4 agencies.
- **PrEP provider assessment** conducted in Supervisorial District 2.
- **Technical assistance** to FQHCs and community clinics on PrEP.



Respond

- **Cluster Detection and Response Plan** developed.
- **Disease investigation services (DIS) collaboration** from a regional, cooperative perspective across regions.

Cross Cutting Strategies

- **EHE Steering Committee** formed.
- **Community Engagement Program** developed and launched.
- **Implicit Bias & Medical Mistrust Training** - 236 individuals trained across 35 agencies with newly developed curriculum.
- Temporary staff contract executed for 16 positions; 14 positions hired to date.

Ending the HIV Epidemic (EHE) Steering Committee



Charles W. Robbins,
MBA



Javontae Wilson



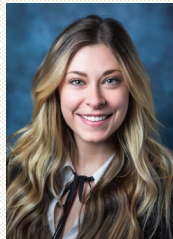
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Biographical Sketches available on EHE website:

www.LACounty.HIV

The HIV.E (HIV Empowerment and Education) Program



Based on Community Based Participatory Research (CBPR) and Youth Participatory Action Research (YPAR) frameworks.

1. Advance structural change projects.
2. Lead educational activities.
3. Social media/marketing campaigns.
4. Host/attend community events.

WHAT'S THE BUZZ ABOUT?

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

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

Ending The HIV Epidemic

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

LACH-USC HIV/AIDS EDUCATION

The AMAAD Institute

The Wellness Center

10 community teams lead an EHE related project of their choice.

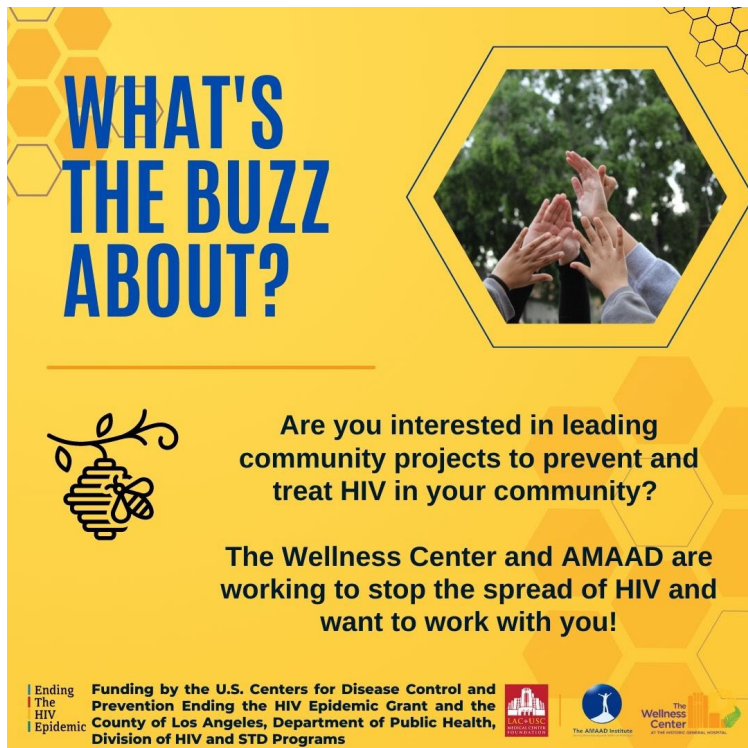
1. Black/African American men who have sex with men (MSM)
2. Latinx MSM
3. People of trans experience
4. Women of color
5. Young adult 19-29 years
6. Youth 12-18 years
7. South LA
8. East LA
9. The Valley
10. Long Beach

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COHORT	DESCRIPTION
Black/African American MSM	Faith-based approach to address stigma of HIV and queer identity in the church
Latinx MSM	Education for primary care providers to support Latinx LGBTQ+ people and reduce stigma
People of trans experience	Partnership to provide mobile health unit services & outreach for trans people
Women of color	Social media campaigns to increase awareness about HIV and women
Young adults 19-29 years	Multifaceted media campaign to address stigma and myths around HIV for youth
South LA	Storytelling to create change and to honor physical HIV/AIDS monuments
East LA	Develop Spanish language resources to support Latinx LGBTQ+ people and PLWH
The Valley	Improve PrEP/PEP knowledge among justice-involved women
Long Beach	Increase awareness and access to services for people living in Long Beach – in development



Diagnose

- HIV testing in DMH Mental Health clinics.
- Emergency Department Testing Initiative.
- Ongoing partner recruitment for **HIV self test kit distribution**.



Treat

- **Contingency Management Pilot** launched September 2022
- Intensive case management for all **pregnant HIV-positive persons** and increased engagement with birthing hospitals.
- **HIV Transition of Care Project** at LAC+USC Medical Center (*pending BOS review*).



Prevent

- Increasing capacity of **syringe services programs** via contract augmentations and re-solicitations (DHSP/SAPC collaboration).
- Increasing provider capacity to prescribe PrEP via public health detailing



Respond

- **Cluster Detection and Response Community Advisory Board**.
- HIV focus for DHSP **Partner Services** staff.
- DHSP **Data to Action Surveillance** team created to better identify high priority cases for enhanced case management.

Cross Cutting Strategies

- **Media solicitation** for 3 campaigns (PrEP, HIV and syphilis, Ryan White promotion)
- **Data to Care** solicitation developed.
- **Health education unit** formed to conduct outreach and education.

Upcoming Programs to be Launched Fall 2022



Activity/Program	Description
Mini-grants to partners	Allow non-traditional HIV partners and smaller CBOs who typically are unable to apply to County RFPs due to eligibility requirements (insurance, MMRs, etc.) to implement innovative projects.
Grants for interventions targeting EHE Priority Populations	Clinics to implement DHSP-selected evidence-based interventions serving people with HIV in EHE priority populations. Interventions range from Seeking Safety, Peer-led approaches, financial incentives for behavior change, among others.
Spanish telehealth mental health service/program	Countywide tele-mental health services for Spanish monolingual people with HIV and clients with co-occurring disorders, specifically substance use disorder. Developed based on community and provider needs.
HIV workforce development	Create opportunities for people living with HIV to be part of the workforce and increase capacity of existing and future HIV staff. Ensure services are culturally sensitive and client-centered.
Ryan White Program centralized eligibility administrator	Facilitate engagement in care by reducing existing barriers and administrative burden for clients across all Ryan White funded HIV treatment and supportive services.
Public health detailing	Provider detailing on topics that may include, but not limited to (1) Testing & PrEP, (2) HIV and Women.

Navigating Competing Priorities

- Clinic response to COVID-19
- Response to MPX
- Community involvement given racial justice movement, political landscape
- Multiple plans for HIV efforts

Support Innovation

- Contingency management
- Flexibility for reloadable cash gift cards
- PrEP marketing paradigm shift
- Leveraging technology to improve care coordination

Align & Increase Funding

- Status neutral approach
- STDs (syphilis, congenital syphilis)

Capacity Building & Workforce Development

- Substance use (meth) & syringe service programs
- Mental health
- Housing and homelessness
- Taxed community-based service network

Address Administrative Barriers

- Federal requirements (e.g. W-9 form for EFA program)
- Local administrative barriers (e.g. timeline for contracting)

Special thanks to the tireless, cause-driven team at DHSP, notably the Senior Management Team, Julie Tolentino, Michael Haymer, Juli Carlos Henderson, Marisa Cohen.

DPH HIV/STD Data Dashboards available at:
<http://publichealth.lacounty.gov/dhsp/dashboard.htm>





Ending the HIV Epidemic

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