LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
https://tinyurl.com/y83ynuzt

WOMEN'S CAUCUS

HYBRID Meeting

(In Person & Virtual)

Monday, October 16, 2023
2:00-4:00pm (PST)

Agenda and meeting materials will be posted on http://hiv.lacounty.gov/Meetings *Other Meetings

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK HERE FOR MORE INFO.

To Attend In-Person:

510 S. Vermont Ave, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Pl, LA 90020
**Please inform building security that you are attending a Commission on HIV meeting*

To Join Virtually:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=me330710be83f7a25ad550a9006f1365f
Password: WOMEN
To Join by Phone Dial +1-213-306-3065 Access Code: 2532 691 2224

LIKE WHAT WE DO?

Apply to become a Commissioner at: https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication
For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Avenue, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

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WOMEN'S CAUCUS

HYBRID Meeting Agenda

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Password: WOMEN
To Join by Phone Dial +1-213-306-3065 Access Code: 2532 691 2224

1. WELCOME + INTRODUCTIONS + CHECK-IN — 2:00 PM – 2:15 PM
2. EXECUTIVE DIRECTOR/STAFF REPORT — 2:15 PM – 2:20 PM
   - Operational and Programmatic Updates
3. CO-CHAIR'S REPORT — 2:20 PM – 2:25 PM
   - October 18th Dinner & Conversation w/ Dr. Opara & October 19th Lecture @ UCLA
   - Cross Collaboration with the Aging Caucus
   - 2024 Co-Chairs Open Nominations & Elections
4. PRESENTATION — 2:25 PM – 3:10 PM
   "Confessions: HIV+ Women Podcast" presented by UCLA Los Angeles Family AIDS Network (LAFAN)
5. DISCUSSION — 3:10 PM – 3:45 PM
   - 2019 Women's Caucus Recommendations & Program Directives | REVIEW
   - 2024 Workplan | PLANNING
6. MEETING RECAP + NEXT MEETING AGENDA — 3:45 PM – 3:50 PM
7. PUBLIC COMMENT + ANNOUNCEMENTS — 3:50 PM – 4:00 PM
8. ADJOURNMENT — 4:00 PM

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

SAVE THE DATE

Annual Conference

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

LOS ANGELES COUNTY COMMISSION ON HIV

Vermont Corridor @ 510 S. Vermont Ave, Los Angeles, CA 90020

NOV | 9th | 2023

Free Validated Parking | 523 Shatto Pl
https://hiv.lacounty.gov/

LOS ANGELES COUNTY
COMMISSION ON HIV

JOIN THE BLACK CAUCUS AT THE 17TH ANNUAL TASTE OF SOUL!

https://www.tasteofsoulla.com/

BAKEWELL MEDIA PRESENTS 18th Annual Taste of Soul 2023 Family Festival

📅 **DATE**: October 21 🕒 **TIME**: 10 AM - 7 PM
📍 **BOOTH**: P20 (Locate us with the QR code at the event)
📍 **LOCATION**: Historic Crenshaw Blvd, between Barack Obama Blvd & Stocker Ave

The BLACK CAUCUS is excited to be part of this incredible community event. Come meet us at booth P20 to 🎁 Win cool raffle prizes 🎁 Grab some awesome swag 🎁 Get your passport stamped as you embark on a mission to learn more about uS 🎁Test your luck with the spin-the-wheel game 🎁 Challenge your wits with our super fun trivia game show all while learning more about our mission & the work we do.

#COH_2023TOS #2023TOS_COH #2023TOS

**Images reflect actual members of the Black Caucus*

The BLACK CAUCUS focuses on addressing the unique HIV needs of Black and African-American individuals and communities across LA County. We welcome anyone committed to the fight against HIV, working to stop its spread, and increasing access and education for LA's Black communities.

FOR MORE INFORMATION OR TO GET INVOLVED

WEB: https://hiv.lacounty.gov **EML**: hivcomm@lachiv.org **TEL**: 213.738.2816

Save The Date

November 2, 2023

8 AM - 4 PM

TGI HEALTH SUMMIT

Increasing awareness of the health disparities and strategies surrounding Transgender, Gender-Nonconforming, and Intersex (TGI) communities. This Summit will support to mobilize information about community resources available, improving knowledge and awareness of HIV care and prevention services in LA, and offer community building initiatives centering healing for TGI Populations.

Village At Ed Gould Plaza

1125 N McCadden Pl, Los Angeles, CA 90038

REGISTRATION COMING SOON

REACH LA · LOS ANGELES LGBT CENTER · LOS ANGELES COUNTY COMMISSION ON HIV · trans* lounge · Keck School of Medicine of USC

AGN. NO.

REVISED MOTION BY SUPERVISORS LINDSEY P. HORVATH AND KATHRYN BARGER October 3, 2023

Los Angeles County's Response to the Sexually Transmitted Infection (STI) Crisis

Los Angeles County is in the midst of an ongoing STI crisis that has seen case rates skyrocket over the past decade, with the highest ever combined annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) showed a 450% increase in syphilis rates among females and a 235% increase in males over the last decade. Congenital syphilis rates have increased by 1260% over the last 12 years, with 136 congenital syphilis cases reported in 2022 compared to just 10 in 2010. STIs disproportionately impact young persons (particularly in communities of color), gay and bisexual men, transgender individuals, and cis-gender men and women experiencing substance use disorder, particularly methamphetamine use disorder.

In partnership with community-based organizations, the Department of Public Health funds a wide array of programs and projects to address the STI crisis in Los Angeles County.

MOTION	
SOLIS	
MITCHELL	
HORVATH	
BARGER	
HAHN	

~~I~~ **WE, THEREFORE, MOVE** that the Board of Supervisors:

Direct the Department of Public Health to present at the October 17, 2023, Board Meeting on current investments and programs that address the STI crisis. The presentation should include current strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection.

# # #

LPH:af

LOS ANGELES COUNTY
COMMISSION ON HIV

Suggested Talking Points for STD Advocacy/Public Comments

NOTE TO COMMISSIONERS: Prior to responding in your capacity as a Commissioner to any inquiry from television, magazines, newspapers, or any other media outlets, the request should be discussed with the Executive Director to ensure Departmental policy and protocols are followed to respond to media inquiries. When speaking to the media, Commissioners should not imply they are speaking on behalf of the Commission without prior approval from the body. Commissioners affiliated with non-county organizations should proactively clarify with reporters that they do not speak on behalf of the Commission and are only commenting as an individual affiliated with an outside organization. Commissioners comments (verbal or written) as a private citizen solely reflect your personal position and not as a representative of the Commission. (Source: Los Angeles County Commission Manual)

Basic Template for Public Comments:

Hello, my name is {NAME} and I serve on the Commission on HIV and I am providing public comments on the STD crisis in Los Angeles County.

This topic matters to me because { user personal story or agency/community perspectives}.

I urge to {insert/use some of the bullet points under the topics below}. Thank you for your time.

- Los Angeles County is in the midst of an ongoing STD crisis that has seen rates of syphilis and congenital syphilis skyrocketing since 2018. The Commission calls for sustained investments in STD-related public health infrastructure and comprehensive sexualand reproductive health services. We need federal, state and LOCAL resources to stop STDs—we are seeing too many infections and that is unacceptable.
- The Board should use its political clout, just like you did to encourage resolution of the writers' strike, to get private health plans to step up with their efforts to routinely screen, test and treat STDs. We cannot rely on publicly-funded health systems alone to curb the STD epidemic.
- On April 11, 2023, the Centers for Disease Control and Prevention (CDC) released its 2021 STD Surveillance Data showing that sexually transmitted infections (STIs) have reached a new record high for an eighth year in a row. The data show a 74% increase in syphilis over five years, as well as 2,800 congenital syphilis cases in 2021, including 220 that resulted in infant deaths. The data also show chlamydia rates that have risen up to pre-pandemic levels after cases went undetected during the first year of the COVID-19

pandemic. We are seeing the same exponential rise of STDs in Los Angeles County. We are in a deteriorating public health crisis in a dangerous time. STI rates will continue to rise unless we take drastic action. We urge you to declare a public health emergency on STDs.

- We ask the Board to urge the White House Drug Shortage Task Force to prioritize action to end the ongoing shortage of Bicillin L-A. Bicillin L-A is the only approved treatment for syphilis in pregnant women and the preferred treatment for syphilis in adults, infants, and children. Clinics and states have reported being unable to access Bicillin L-A, and Pfizer – the drug's exclusive manufacturer – has reported that they will not resolve the shortage until mid 2024.

- Please use your voices to tell the federal government to scale up the funding for an effective STD response. The rescission of $400 million in STI public health workforce funding as part of the debt ceiling deal is a devastating blow to the fight against rising STI rates. This funding cut at the federal level is backwards and unacceptable.

- Divestment of funds from incarceration-related activities to STD, mental health, substance use and other public health programs would help stem the STD crisis by prioritizing the health of communities and investing in their lives.

- Act on the recommendations from the Alternatives to Incarceration Workgroup and invest in under-resourced communities. Funding that goes towards incarceration are causative and exacerbating the rates of STIs and HIV infection in Los Angeles Count. It is imperative that the BOS actively divest funds away from systems of incarceration and move swiftly on their decision to close Men's Central Jail and divest funds away from sheriffs/jails to systems of care.

- Based on previous 2-3 years, the BOS have not done what they've promised and instead have continued to increase funding for systems of incarceration that are exacerbating the HIV/STI crisis and undermining our efforts to prevent them.

- "The relationship between carceral and community health is bidirectional. High rates of STIs in correctional settings are driven by disparities in social determinants of health among those entering institutions, who are disproportionately black and Indigenous compared with the overall US population. The same populations affected by the incarceration epidemic are disproportionally affected by STIs. In addition to structural racism, social determinants affecting the sexual health of populations moving through the criminal justice system include intergenerational poverty, which is associated with poorer health outcomes." (From Clinical Infectious Diseases August 15, 2022)

- "A study in the Los Angeles County women's jail showed the likelihood of primary, secondary and early latent syphilis rose with increasing age. A second study in California showed that a substantial portion (13%) of pregnant women who gave birth to an infant with congenital syphilis had been incarcerated." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989347/

- "Jail and prison inmates face a high risk of infectious disease. Inmates experience a disproportionate burden of sexually transmitted infections (STIs), including 4 to 5 times the prevalence of HIV than that observed in the general population. HIV infection also is elevated among individuals whose recent sex partners have been incarcerated." (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093283/#:~:text=Inmates%20experience%20a%20disproportionate%20burden,observed%20in%20the%20general%20population.&text=HIV%20infection%20also%20is%20elevated,sex%20partners%20have%20been%20incarcerated; American Journal of Public Health June 2011)

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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

Division of HIV and STD Programs
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005

Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County. If you need assistance or have a concern regarding your HIV or STD services that you have not been able to resolve with the provider directly, please feel free to share with us by completing the form below.

You can email us directly at dhspsupport@ph.lacounty.gov or contact us by phone at **(800) 260-8787**. Please feel free to reach out with any questions or if you need further assistance.

What happens after I contact DHSP Customer Support Unit?

DHSP staff will contact you regarding your concerns within 2 business days of receipt of your form or message. For questions about services or resources available in Los Angeles County, we will provide you with the information you are requesting and where to go to receive services. For issues or complaints regarding services you have received, we will then work closely with you and can provide assistance with seeking resolutions such as by filing a grievance with the service provider or by providing referrals or information about available services that meet your needs. You will also be welcome to remain anonymous through the process if you prefer.

Your feedback is important to us. Please complete our customer satisfaction survey by clicking the link below or scanning the QR code:

Customer Satisfaction Survey

Customer Support Form

Filing Date:		
YOUR INFORMATION		
Name (First, Middle and Last):	Patient/Client Name if different from complainant:	
Street Address:	City:	Zip Code:
Phone Number and E-mail:	Can we leave a voice message? ☐ Yes ☐ No	
Can we share your name with the agency? ☐ Yes ☐ No	Preferred Language:	
Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____		
Which is the best way to keep in touch with you? ☐ Phone call ☐ E-mail ☐ Mail ☐ Any/ No preferences ☐ No written communication from us (DHSP) ☐ Other: _____		
What type of assistance do you need? ☐ Linkage to HIV/STD services ☐ Community resources ☐ File a complaint ☐ Offer feedback ☐ Other (please specify): _____		
For Linkage or Resource Request: Describe assistance that you need.		
For Feedback:		

TO FILE A COMPLAINT: Fill in the form below and provide as much details as you can.

COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF

Name of Representative:	Relationship to Patient/Client:	Phone Number:

☐ I authorized the person or entity named above to serve as my representative for this complaint.
☐ Not Applicable

SERVICE PROVIDER/AGENCY INFORMATION

Agency Name:

Service Location Street Address:	City:	Zip Code:

Service Category:

☐ Medical Care
☐ Dental Care
☐ Mental Health
☐ Nutrition/ Food Support
☐ HIV/ STD Testing
☐ PrEP Services
☐ Medical Case Management
☐ Benefits Specialty
☐ Legal Services
☐ Residential Facility
☐ Transportation
☐ Other: _____

Did you file a complaint with the agency?

☐ No ☐ Yes, Date: _____ With Whom? _____

What was the result?

COMPLAINT DETAILS

Complaint Type (Check all that apply):

☐ Ability to Get Care/ Service (i.e., denial, scheduling)
☐ Billing
☐ Confidentiality and Privacy
☐ Enrollment/ Benefits
☐ Eviction
☐ Facility Environment/ Accommodations
☐ HIV Patients' Rights Violation
☐ Quality of Care (i.e., substandard care)
☐ Medical Provider Issues
☐ Staff Issues/ Customer Service
☐ DHSP Staff
☐ Other: _____

COMPLAINT DETAILS
Please describe your complaint. Attach additional pages or supporting documents as needed. When did this happen (date of incident)? Name of person involved? Name of person witnessed the incident? What happened?
Desired Outcome (what would reasonably resolve this concern for you)?

YOU CAN SUBMIT A COMPLAINT OR CONCERN TO DHSP'S CUSTOMER SUPPORT UNIT BY:

- Email: dhspsupport@ph.lacounty.gov
- Phone: (800) 260-8787
- In-person or by U.S. Mail:

  Division of HIV and STD Programs
  Attention: Customer Support Unit
  600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005

División de Programas Contra el VIH y ETS
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005

Programa de Ayuda al Cliente

El Programa de Ayuda al Cliente de la División de Programas Contra el VIH y ETS (DHSP) tiene como objetivo ayudar a los consumidores de servicios de VIH y ETS que han experimentado dificultades para acceder a los servicios financiados por DHSP en el condado de Los Ángeles. Si necesita ayuda o tiene una preocupación con respecto a los servicios de VIH o ETS que no ha podido resolver directamente con el proveedor, no dude en compartir con nosotros completando el formulario a continuación.

Puede enviarnos un correo electrónico directamente a dhspsupport@ph.lacounty.gov o contactarnos por teléfono al **(800) 260-8787**. Por favor, siéntase libre de comunicarse con cualquier pregunta o si necesita más ayuda.

¿Qué sucede después de contactar al Programa de Ayuda al Cliente de DHSP?
El personal de DHSP se comunicará con usted con respecto a sus preocupaciones dentro de los 2 días hábiles después de recibir su formulario o mensaje. Si tiene preguntas sobre los servicios o recursos disponibles en el condado de Los Ángeles, le proporcionaremos la información que está solicitando y adónde ir para recibir los servicios. Para problemas o quejas sobre los servicios que ha recibido, trabajaremos con usted para ayudarle a resolver el problema y podemos brindarle asistencia para buscar soluciones, como presentar una queja ante el proveedor de servicios o proporcionar referencias o información sobre los servicios disponibles que satisfagan sus necesidades. Puede permanecer anónimo en este proceso si así lo prefiere.

Su opinión es importante para nosotros. Complete nuestra encuesta de satisfacción del cliente haciendo clic en el enlace a continuación o escaneando el código QR:

Encuesta de satisfacción del cliente

Formulario de ayuda al cliente

Fecha:		
YOUR INFORMATION		
Nombre (primero, segundo y apellido):	Nombre del paciente/cliente si es diferente del denunciante:	
Dirección postal:	Ciudad:	Código postal:
Número de teléfono o correo electrónico:	¿Podemos dejar un mensaje de voz? ☐ Sí ☐ No	
¿Podemos compartir su nombre con la agencia? ☐ Sí ☐ No	Idioma preferido:	

Pronombres preferidos: ☐ El ☐ Ella ☐ Ellos ☐ Otro: _____

¿Cuál es la mejor manera de mantenerse en contacto con usted?

☐ Llamada telefónica ☐ Correo electrónico ☐ Correo ☐ Cualquiera/Sin preferencias

☐ No comunicación por escrita de DHSP ☐ Otro: _____

¿Qué tipo de asistencia necesita?

☐ Vinculación con los servicios de VIH/ETS ☐ Recursos de la comunidad ☐ Presentar una queja

☐ Ofrecer comentarios ☐ Otro (por favor especifique): _____

Para solicitar que lo vinculen con atención o recursos: Describa la asistencia que necesita.

Para comentarios:

PRESENTAR UNA QUEJA: Complete el siguiente formulario y proporcione detalles específicos como pueda.

COMPLETE SI AUTORIZA A UN REPRESENTANTE A PRESENTAR UNA QUEJA EN SU NOMBRE

Nombre del representante:	Relación con el paciente/cliente:	Número de teléfono:

☐ Autorizo a la persona o entidad nombrada arriba para que actúe como mi representante en esta queja.
☐ No Aplica

INFORMACIÓN DEL PROVEEDOR DE SERVICIOS/AGENCIA

Nombre de la agencia:

Dirección en donde recibió el servicio:	Ciudad:	Código postal:

Categoría de servicio:

☐ Atención Medica
☐ Atención Dental
☐ Salud Mental
☐ Nutrición / Apoyo Alimentario
☐ Pruebas de VIH / ETS
☐ Servicios de PrEP
☐ Administración de Casos
☐ Beneficios de Especialidad
☐ Servicios Legales
☐ Residencial
☐ Transporte
☐ Otro: _____

¿Presentó una queja ante la agencia?

☐ No ☐ Sí, fecha: _____ ¿Con quién? _____

¿Cuál fue el resultado?

DETALLES DE LA QUEJA

Tipo de queja (marque todas las que apliquen):

☐ Acceso a la atención/servicio (negación, programación, etc.)
☐ Facturación (cobros)
☐ Confidencialidad y privacidad
☐ Inscripción/ Beneficios
☐ Desalojo
☐ Entorno de las instalaciones / Alojamiento
☐ Otro: _____
☐ Violación de los derechos de los pacientes con VIH
☐ Calidad de la atención (i.e., atención no adecuada)
☐ Problemas con los proveedores médicos
☐ Problemas del personal / Servicio al cliente
☐ Personal del DHSP

DETALLES DE LA QUEJA
Por favor, describa su queja. Adjunte páginas adicionales o documentos de respaldo. ¿Cuándo sucedió (el incidente)? ¿Nombre de la persona involucrada? ¿Nombre del testigo del incidente? ¿Qué pasó?
¿Resultado deseado (lo que razonablemente resolvería esta preocupación para usted)?

PUEDE PRESENTAR UNA QUEJA O PREOCUPACIÓN A LA UNIDAD DE AYUDA AL CLIENTE DE DHSP AL:

- Correo electrónico: dhspsupport@ph.lacounty.gov
- Teléfono: (800) 260-8787
- En persona o por correo:

  Division of HIV and STD Programs
  Attention: Customer Support Unit
  600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005

Women's Caucus Workplan 2023

Adopted January 23, 2023

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Women's Caucus will lead and advance throughout 2023.
CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.
CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS

1	**2023 Virtual Lunch & Learn Series**	Identify topics centered around women living with and at risk for HIV and STDs to promote community engagement, awareness and education.	Ongoing	At its January 23, 2023 meeting, the Caucus suggested the following topics:
				• ~~Coping strategies for grief and loss from a positive mindset~~
				  ○ ~~Tools and interventions~~
				  ○ ~~Reframing perspective~~
				  ○ ~~Losing identity as result of diagnosis~~
				  ○ ~~Life Coach recommended as speaker~~
				  ○ ~~Be mindful of triggers; focus on coping tools than the trauma~~
				• Psychological Profile of HIV Diagnosis
				  ○ How diagnosis affects cognition
				  ○ How does long term HIV impact the brain
				  ○ Refer to Dr. Avendano-Morales for speaker recommendation

2	**Women-Centered HIV-Related Programming:** *Identify programs and services centered around women, assess their effectiveness in meeting the needs of women, provide specific strategies to address gaps.*	Psychosocial Support Services Programmatic Development: Propose recommendations for potential funding opportunities for Psychosocial Support Services through the Division of HIV and STD Programs (DHSP) Childcare Services	Ongoing	At the November 17, 2022 Caucus meeting, Paulina Zamudio requested feedback from the Caucus to assist in developing a Request for Proposal (RFP) for a women's peer support group. She was interested in knowing what elements need to be included and what models can be looked at for guidance. At its January 23, 2023 meeting, the Caucus provided recommendations to Paulina Zamudio for a women's peer support group. PZamduio reported that RFPs for childcare is pending the

				final review process by the County's contracts unit; will provide updates. The Childcare RFA was released 6/8/23.
3	**Women's Caucus 2019 Recommendations:** *Review for Updates and Implementation Status*	Review DHSP's Response to PP&A Directives which include the Caucus' recommendations.	Ongoing	Review DHSP's Response for updates and possible revisions to recommendations. Review to take place at the July 2023 Caucus meeting.
4	**Biomedical HIV Prevention for Women**	1.Request update from DHSP re: women-centric programming under the new biomedical prevention RFP 2. Plan awareness strategies	Ongoing	At its January 23, 2023 meeting, Paulina Zamudio reported that the biomedical HIV prevention work order was released which also requested proposals for programs and services that exclusively cater to cis-women; no proposals were received regarding programming for cis-women, however, three new providers were secured – will provide names of agencies. Paulina indicated that she would provide utilization data for these services in July 2023. Paulina further reported that a PrEP social media marketing campaign that will include women and biomedical HIV prevention will be launched 2023-2024 to support awareness and outreach.

2019 Women's Caucus-Key Highlights and Ideas for Directives

Top services identified by MCA and UCLA Clients: 1) family housing; 2) transportation; 3) benefits specialty; 4) mental health and substance use services

Directives ideas:

1. Augment contracts to add childcare and transportation to facilitate consistent engagement in care; this strategy would avoid releasing a stand-alone RFP for childcare and transportation; service providers should be given the flexibility to provide these services to all female or (or male clients with children) and are reimbursed for the services; could be a budget line item.

2. Fund more family housing for women and men with children.

3. Expand flexibility to provide emergency financial support for women and families. This too could be a contract augmentation. This is a strategy to keep people housed and prevent homelessness.

4. Fund women and family focused housing specialist

5. Advertise services; create resource directories for women. Women simply do not know where to go for services; make it available in print, online, and apps.

6. Provide comprehensive care including mental health at women-friendly clinics so that they do not have to travel to another location.

7. Fee for service is a barrier for agencies—assess the impact of the fee for service structure service delivery and quality of care

8. Fund mobile teams or mobile care units to serve women. Mobile teams would be available for all agencies and can link women to services; mobile teams would go to where women are at instead of expecting them to travel to multiple sites. Study Max-Plus model from Seattle

9. Support one-stop care sites for women and families.

10. Fund psychosocial services and support groups for women

11. Prevention services are typically male centric; need to create women-centered prevention services; many do not see them as "at-risk"

12. Have DHSP assess how funded agencies are addressing the needs of women; offer training for those requiring support and coaching.

13. Require that all contracted agencies create community advisory boards with women and/or give them meaningful roles in quality improvement committees.

14. Embed women-centered prevention services outside of usual HIV service agencies, such as domestic violence shelters and family planning clinics.

15. DHSP work with AETC to build upon public health detailing and train providers on what women-centered services look like (specific skill sets and service outcomes)

Other issues:
Some providers do not refer clients to other agencies for fear of losing that client/revenue. Address territorialism.

LOS ANGELES COUNTY COMMISSION ON HIV

APPROVED
COH Meeting 6-7-22

Approval Dates: Planning, Priorities, and Allocations Committee 5/17/22/; Executive Committee 5/26/22/; COH 6/9/22; DHSP Response 11/14/22

Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on June 9, 2022 articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.[1] A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.

   DHSP Response:
   - DHSP's EHE Outreach and Education team developed HIV Testing palm cards that are status-neutral. One side of the palm card has resources for persons diagnosed with HIV, and the other side of the card contains resources for persons who are HIV negative.
   - DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. The RFP recommends the use of a status-neutral approach and is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
   - All DHSP prevention contracts are status-neutral
   - Under vulnerable population contracts, at least four provide housing vouchers and three provide mental health services
   - Persons at risk for HIV should have access to substance use prevention and treatment if they have any private health insurance or through MediCal
   - Identification of a funding source for housing services for persons at risk of HIV has been a challenge. DHSP will advocate with CDC and HRSA to allow more flexibility with funding in order to support the status neutral approach

2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request DHSP to provide data on the following:
    a. HIV and STD surveillance
    b. Continuum of care
    c. PrEP continuum
    d. Data on low service utilization in areas with high rates of HIV
    e. Viral suppression and retention rates by service sites
    f. and other relevant prevention and care data

Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. "Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include Black/African American

[1] hiv-status-neutral-prevention-and-treatment-cycle (nyc.gov)

MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others" (pg. 21).

The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7)

1. Hollywood Wilshire (SPA 4)
2. Central (SPA 4)
3. Long Beach (SPA 8)
4. Southwest (SPA 6)
5. Northeast (SPA 4)

See health district (HD) maps for ranking by HIV disease burden (Attachment B).

DHSP Response:

- DHSP has developed HIV and STD dashboards which present current data and trends. Health district and SPA results are available. The dashboards can be accessed at http://publichealth.lacounty.gov/dhsp/Dashboard.htm
- DHSP Data Visualization team has developed Health District-level Epi Profiles and a Power BI tool to help track clusters and inform cluster detection and response initiatives more efficiently
- DHSP has and will continue to provide responses to COH data requests. HIV and STD surveillance, RWP Utilization, NHBS, HIV testing, and MMP data were presented during 2021 and 2022. Data were also provided and included in the Comprehensive Prevention Plan.

3. Integrate telehealth across all prevention and care services, as appropriate.

DHSP Response:

- DHSP augmented some biomedical contracts to purchase telehealth software
- RWP AOM, MCC, MH, Transitional Case Management (TCM) and Home-Based Case Management (HBCM) services have had the capacity to deliver services via telehealth since March 2020, and will continue using telehealth (phone)
- Prevention programs used Zoom, Facebook and phone and will continue to use these telehealth modalities and a hybrid approach.
- DHSP will continue to monitor and evaluate telehealth usage in the RWP
- New services such as the Spanish language mental health services will require both on-site and telehealth options

4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and

inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:

a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation.

   DHSP Response:

   - DHSP developed a training that addresses issues of cultural humility and implicit bias last year. Three hundred people have been trained so far and this work is ongoing.

b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan.

   DHSP Response:

   - DHSP has collaborated with Raniyah Copeland to obtain perspectives and feedback from the Black/African American community to develop a social marketing strategy
   - Black/African American Taskforce will conduct key informant interviews with service providers including workforce development needs
   - Conducting LACHNA is extremely labor intensive and time-consuming activity. The NHBS data can be used for prevention planning and the Medical Monitoring Project (MMP) can be used to understand HIV care needs.
   - A more targeted needs assessments can be completed by COH and AJ as part of the CHP development

c. Assess available resources by health districts by order of high prevalence areas.

   DHSP Response:

   - DHSP will update analyses to better understand geographic diversity of the HIV epidemic and will share the results with the COH.
   - See response to item #2

- DHSP will help improve the response of local HIV efforts to address epidemic among Blacks and African Americans by enlisting new providers and working with other county departments to help make the county contracting process easier to navigate and more inclusive.

d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.

DHSP Response:

- DHSP staff are currently analyzing data from the Linkage and Re-Engagement Program (LRP) as well as other Data-to-Care activities to identify out of care individuals and better understand their service needs.
- DHSP has developed a dedicated in-house Data to Action team

e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services by offering services remotely and in person. Develop a network of Black mental health providers to promote equity and reduce stigma and medical mistrust.

DHSP Response:

- Under the HRSA EHE grant, DHSP has secured a contractor who has conducted a Mental Health Needs Assessment. This assessment includes three levels of inquiry: systems, providers, and clients/consumers. Fifteen keyholder interviews were conducted, and surveys were collected from 35 providers and 29 consumers.
- The consultant presented preliminary findings at the October COH meeting and the final report will be available before the end of 2022.
- Based on the results of the Needs Assessment, DHSP will determine next steps to increase availability of mental health services for Black/African American women.
- Three RFPs for Black/African American or Latino MSM, Black/African American cisgender women, and Black/African American transgender were recently released (October 2022)
- To fully accomplish this goal, reform in the educational and reimbursement systems are needed which is outside DHSP's scope.

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American

community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with a specific document for Black/African community across multiple service categories.

DHSP Response:

- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH
- One of the recently released priority population intervention RFPs (through Heluna Health) is for Black/African American MSM. This RFP requires both MH and psychosocial support services in the program model.
- DHSP currently supports one agency that has a robust peer support program and will obtain more information from them on their program model to inform the development of a RFP. A solicitation is scheduled for release in 2023.

6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.

DHSP Response:

- DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. Traditional and non-traditional service sites can be proposed. The RFP also encourages non-traditional HIV providers to apply, and the RFP is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
- Two additional RFPs (through Heluna Health) were released. There is one RFP for ciswomen and another for TG persons. A peer-to-peer model to assist with referrals, access to care, and support services is a component of these new RFPs
- One possible way to improve referral and care coordination is electronically through a new data system. DHSP plans to use EHE funds to procure a new data system in 2023.
- DHSP is also exploring the possibility of developing a program that combines psychosocial and NMCM services
- It would be helpful to obtain more specific information on the programmatic design of the requested NMCM services from the COH

7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to

provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.

DHSP Response:

- The majority of HRSA CARES funds were allocated to nutritional support services for new equipment, food, and PPE
- DHSP has augmented and is currently in the processes of augmenting nutritional support contracts
- Essential non-food items are currently available at DHSP contracted nutritional support providers
- Further enhancement of contracts has been a part of DHSP's investment strategy for RWP funds in 2022

8. Food insecurity affects all people regardless of their HIV status. Support agencies that provide prevention services to have access to and the ability to provide or link clients to foodbanks, food delivery services, and nutritious meals to maintain overall health and wellness. The PrEP navigation system offers a model for linking clients regardless of their status to benefits counseling and leveraging prevention funds to link individuals to wrap- around services and social supports such as housing, transportation, job referrals, legal services, and foodbanks.

DHSP Response:

- DHSP highly recommends that all prevention contractors provide referrals to foodbanks and food delivery services
- DHSP will advocate with CDC and other prevention funders to be more flexible in allowable services/costs

9. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.

DHSP Response:

- Intensive Case Management services are available to clients participating in the Housing for Health (MAI Housing) program. Initially, Housing for Health notified DHSP that they had other funding to cover the Intensive Case Management services so it was not part of their DHSP contract.
- DHSP is working with Housing for Health to now cover the costs of Intensive Case Management Services and to expand the number of clients served under this contract. DHSP is waiting for a budget proposal from Housing for Health.

10. Continue to support the expansion of medical transportation services for all individuals regardless of their HIV status.

DHSP Response:

- Some HTS providers have transportation under their incentive line items. It is up to each provider to request a transportation line item.
- Transportation services are available and an integral part of Linkage and

Reengagement and Rapid and Ready program.
- DHSP RWP transportation contracts allow family members to utilize ride share
- DHSP will ask CDC if transportation is an allowable cost

11. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.

    DHSP Response:
    - RWP Fact Sheets for each service category are currently available on online in both English and Spanish language. These documents will be included in the welcome packet.
    - Under the HRSA EHE grant, DHSP has contracted with Heluna Health and the client eligibility cards are one of the scope of work items. The Heluna Health contract was approved within the past 45 days.
    - Additionally, the proposed data system will also contain eligibility information to further reduce the paperwork burden on clients

12. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKs that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding.

    DHSP Response:
    - RWP transportation contracts currently exist
    - The Childcare RFP is in development with new services starting in 2023

13. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.

    DHSP Response:
    - All eligible PLWDH can obtain EFA regardless of which RWP service they utilize. Thus, all MCC clients can apply for EFA and a line item is not necessary
    - All MCC providers (subrecipients) will be eligible to apply for a Childcare Services contract

- Note: Although not considered EFA, a contingency management program (iCARE) was launched in August 2022. This program provides financial incentives in the form of store gift cards for successfully reaching milestones in HIV care including appointment attendance, lab draws, linkage to supportive services, achieving and sustaining viral suppression for youth (age 30 or younger) and women of child bearing age that are enrolled in the Linkage and Reengagement Program (LRP).

14. Fund mobile care teams or clinics that provide holistic care for women living with HIV. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.

DHSP Response:

- DHSP is assessing the current mobile unit inventory and discussing the type and quantity of mobile units needed
- Beginning in 2019 DHSP staff developed and implemented the POWER project. The goal of the POWER Project is the identification and treatment of women with undiagnosed and/or untreated HIV or syphilis infection who may not otherwise be tested in routine healthcare settings through partnership with County agencies and community-based organizations across Los Angeles County serving women with substance use disorder (SUD), experiencing mental health challenges or experiencing homelessness to provided HIV and STI testing and treatment to these women and their partners. DPH identified three Partner Models for expanding testing and treatment in this population: CBO with DPH staff, street based medicine provider model, and hybrid model (still in development). This project is still ongoing.
- DHSP is collaborating with the USC Street Medicine Group to provide street medicine based services to PLWDH. The program will be called the HIV Transition of Care Project and the contract is currently under review.

15. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.

DHSP Response:

- Two recently released RFPs recommend peer models for cisgender and transgender women

- A DHSP consultant is training DHSP staff and providing psychosocial and mental health services for women enrolled in the LRP program
- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH

16. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.

DHSP Response:

- A DHSP workgroup will be developed to review this directive. A progress update will be provided to the Aging Caucus in January 2023.

17. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.

DHSP Response:

- DHSP is currently reviewing Homebased Case Management Services with the intent of developing a new RFP.

by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

ons (PY 32) (1)				FY 2023 RW Allocations (PY 33)(2)			FY 2024 RW Allocation (PY 34)(2)		
	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI % (3)	Part A %	MAI %	Total Part A/ MAI % (3)
ies	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
ed	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
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	0.65%	0.00%	0.60%	0.65%	0.00%		0.65%	0.00%	
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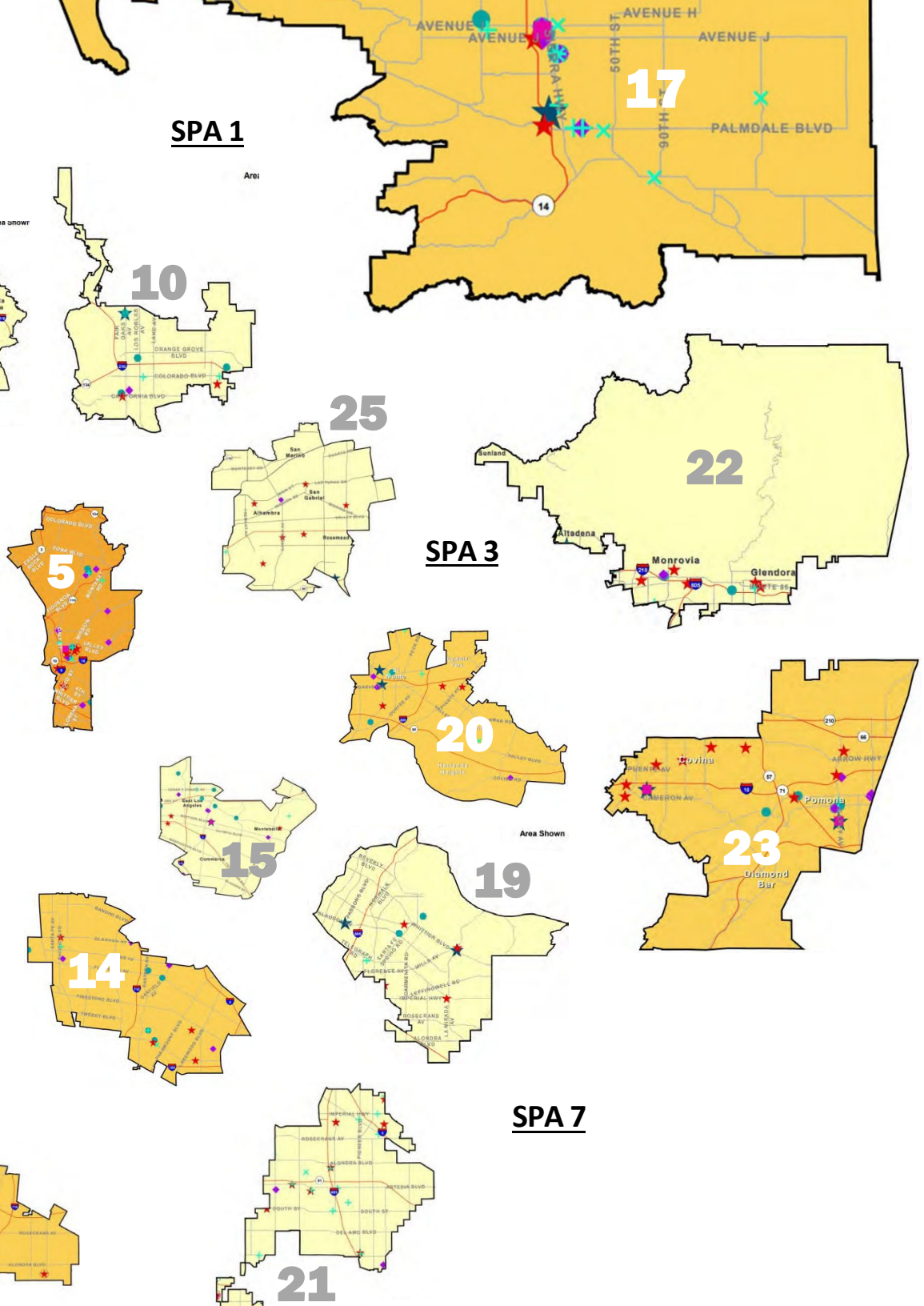
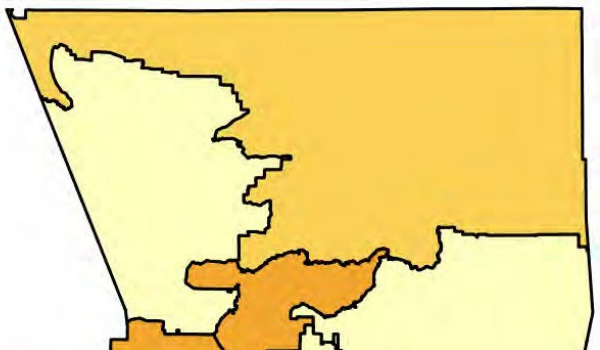
	100.0%	**100.00%**	**100%**	**100.0%**	**100.0%**	**0.00%**	**100.0%**	**100.00%**	**0.00%**



Los Angeles County HIV/AIDS Strategy Goals

By 2022:

1. Reduce annual HIV infections by 500
2. Increase diagnoses to at least 90%
3. Increase viral suppression to 90%



Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21; COH approved on 11/18/21)

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .

2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.

3. Integrate a geriatrician in medical home teams.

4. Establish coordination process for specialty care.

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Hormone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Male and Female Hormone Deficiency
  - Menopause, decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health Comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF/COH Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies
- Collaborate with the AIDS Education Training Centers to develop training for HIV specialist and geriatricians.