Louisiana Integrated HIV Prevention and Care Plan Including the Statewide Coordinated Statement of Need CY 2022 – 2026

Louisiana Department of Health
Office of Public Health
STD/HIV/Hepatitis Program

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APPENDICES

Section I: Executive Summary of Integrated Plan and SCSN

The Integrated HIV Prevention and Care Plan 2022-2026 for Louisiana (IP) was written in large part, based on the most recent People Living with HIV (PLWH) Needs Assessment from 2021 and the pre-existing statewide plan to End the HIV Epidemic called *Get Loud Louisiana* (www.getloudlouisiana.org), which was released in December 2020. Updated epidemiological data and information on available resources are included to further support and enhance the goals, objectives, and strategies outlined in this plan.

Health department staff, Ryan White (RW) Part A partners, and other stakeholders met monthly from August 2021-October 2022 to coordinate and contribute to this IP submission. During these meetings, the group established assignments and a completion timeline for the various required pieces of the IP and reported on feedback received from the GLL and Ryan White planning bodies. Louisiana's IP has at its core the *Get Loud Louisiana* plan, and all goals, objectives, and activities herein are directly sourced from that plan. The *Get Loud Louisiana* planning group emerged from the previous HIV Statewide Planning Group where members historically included care and prevention services providers and highly engaged community members at risk or living with HIV. A series of "front porch talks" were held across the state to gather meaningful feedback and insight from communities that are historically most impacted by the epidemic. Those involved reviewed the past IP (2017-2021), continuums of care, and once it was complete in the spring of 2022, the analysis from the newest PLWH needs assessment to meet the requirements of this plan submission. The purpose of this biannually conducted assessment is to gain an understanding of the current care and service needs of PLWH in Louisiana. The report results estimate unmet primary care and HIV-related support service needs. The report also helps readers better understand PLWH's experience in accessing services, perceived barriers to services and knowledge of services. The report is a key source of data to inform the goals and objectives of this integrated plan.

Documents used to meet submission requirements, including existing materials and newly developed materials used for each requirement:

- *Get Loud Louisiana* plan - Work plan including Goals, Objectives, and Activities (existing)
- PLWH Needs Assessment Results - 2021 Statewide, New Orleans Eligible Metropolitan Area, and Baton Rouge Transitional Grant Area Reports available at: https://ldh.la.gov/news/1936
- Resource Inventory - Services available for HIV prevention, treatment and services (new)
- Ending the Epidemic Plans for Orleans Parish -https://louisianahealthhub.org/wp-content/uploads/2021/03/EHE-Orleans-Parish-Plan_final-11-30-20-1-1.pdf) and East Baton Rouge Parish - https://louisianahealthhub.org/wp-content/uploads/2021/03/EBRP-Combined-Documents_combined-12-9-20-website-1.pdf
- Letters of Concurrence - Letters from the *Get Loud Louisiana* Planning Body, New Orleans RW Planning Body, Baton Rouge RW Planning Body (new)

Section II: Community Engagement and Planning Process

1. Jurisdiction Planning Process

The majority of the planning process took place prior to the writing of the statewide Ending the Epidemic (EHE) plan, a.k.a. *Get Loud Louisiana*, and is described in depth below. Section 5: Goals and Objectives is the detailed plan for *Get Loud Louisiana*. Other sections of this document were written in collaboration with Office of Public Health (OPH) STD/HIV/Hepatitis Program (SHHP) staff, Ryan White Part A staff, and GLL key stakeholders, specifically members of the *Get Loud Louisiana* core team.

Louisiana's HIV Public Planning Process

Louisiana has implemented an integrated care and prevention-planning model that operates under the name of *Get Loud Louisiana* Planning Group; the group oversees statewide EHE efforts. This planning group has taken a new shape over the course of the last several years, with a renewed focus on EHE and community engagement. This planning group emerged from the previous HIV Statewide Planning Group (HPG) where members historically included care and prevention services providers and highly engaged community members living with HIV. The evolution of the group's renewal began with several meetings.

SHHP convened two meetings of the integrated HPG in 2017, as well as several conference calls to discuss the possibility of the IP becoming the foundation of a blueprint for EHE in Louisiana. In 2018, the planning processes shifted focus to the EHE Initiative in Louisiana through community engagement and public meetings. The EHE initiative focuses on reducing the number of newly diagnosed PLWH below epidemic levels by utilizing the latest evidence based tools such as Treatment as Prevention (TasP), Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). During that year, a series of EHE steering committee statewide calls took place with technical assistance from Treatment Access Group (TAG) to move the EHE initiative forward. In an effort to ensure community mobilization and PLWH-centered planning, the steering committee decided a community-based organization (CBO) should be selected to coordinate the planning effort. The organization would house two full-time staff positions responsible for organizing the group structure and process, providing logistical support, and conducting community outreach with priority populations to move forward with the EHE initiative. The EHE Steering Committee selection process included interviews with two agencies, as well as the submission of written answers to a list of questions developed by the EHE Steering Committee. The committee selected Women with A Vision, a non-profit with over 30 years of experience in responding to HIV among communities of color, with a primary focus on Black women.

As of December 2018, both full-time EHE staff positions at Women with a Vision were filled and planning began in earnest for an in-person statewide gathering in January 2019 to move the EHE initiative forward. This meeting took place in Lafayette, LA, and included over 70 community members, PLWH, services providers, and advocates. Most of the stakeholders involved in the EHE Steering Committee and who attended the meeting are the same individuals who have traditionally participated in the HPG. Therefore, key stakeholder relationships remained intact and momentum around engagement continued. Conversations with key stakeholders, including PLWH, RW Part A and B administrators, CDC grantees, and other community partners, involved discussing a structural shift from the former HPG to the structure taking shape and providing leadership for the EHE initiative. In April 2019, the HPG and EHE planning body officially merged. Bylaws were finalized and approved by the group in August 2019.

Between March and July 2019, the *Get Loud Louisiana* team traveled across the state holding a series of community conversations, or Front Porch Talks, with 15 groups in six cities, including Baton Rouge, New Orleans, Lafayette, Lake Charles, Monroe, and Shreveport, to gather feedback to inform the development of the statewide EHE plan. One hundred forty community members, including a small group of CBO support staff participated in these Front Porch Talks. These meetings were also used to recruit community members to engage at all levels of the planning process by joining subcommittees focused on five priority areas – Community Building with PLWH and Allies, Prevention Education and Stigma, Access to Care and Supportive Services, Smaller Cities and Rural Communities, and Data-Driven Policy and Advocacy, as well as the coordinating bodies, the Steering Committee and Core Team.

In the second half of 2019, the statewide EHE steering committee met six times and there was one large in-person EHE meeting in Lafayette, LA in November 2019. At least 60 people, representing the various sub-committees, steering committee, as well as other community members, attended. The group achieved two successes: 1) overarching goals for Louisiana's EHE Plan were created and 2) the groups began drafting objectives and strategies to support the identified goals.

The process of finalizing the objectives and strategies continued through the end of the year and into early 2020. The 2019 Louisiana PLWH Statewide Needs Assessment report, published in March 2020, informed planning efforts. However, the COVID-19 Pandemic changed the course of the work in many ways. The *Get Loud Louisiana* team had intended to revisit the groups they met with during the Front Porch Talks to provide updates and planned for five in-person town hall meetings around the state to share the work with new stakeholders. Instead, the *Get Loud Louisiana* team hosted virtual community conversations to debrief around how COVID-19 was impacting communities. Two virtual town halls and an online public comment period in May and June of 2020 were completed to share the draft plan with a broader audience to allow community members additional opportunities to comment and provide feedback. The community-facing plan and the detailed work plan were adjusted based on community feedback and the final plan was released in December 2020.

The statewide plan release was coordinated with local EHE plan releases for Orleans Parish (New Orleans) and East Baton Rouge Parish (Baton Rouge). There were multiple release events for these three EHE plans, and several coordination planning meetings amongst leadership from the three jurisdictions to ensure mutual support, alignment, and collaboration. One example of such coordination was the first joint press release, which included quotes from the mayors of New Orleans and Baton Rouge, as well as leadership from the state health department.

Get Loud Louisiana bylaws were updated in early 2021 and the *Get Loud Louisiana* planning body reorganized to better address implementation needs moving forward. While two original committees remained (Access to Care and Community Engagement), there were three new committees established (Monitoring and Evaluation, Coalition Building, and Public Relations & Marketing). All committees have continued to meet monthly, working to put the strategies into practice. The 2021 Louisiana PLWH Statewide Needs Assessment Report was published in September 2022.

1a. Entities involved in process

- PLWH
- State and Local health department staff
- CBOs serving populations affected by HIV

- HIV service providers
- HIV clinical care providers
- Faith leaders
- AIDS Education and Training Centers staff (RW Part F)
- FQHC/primary care staff and providers
- RW Parts A, C and D administrators
- New Orleans Regional AIDS Planning Council (NORAPC) members and staff
- Syringe Service Provider/Harm Reduction Organization staff
- HIV advocacy network members
- Social workers/mental health providers
- Pharmaceutical representatives and community liaisons
- Social service providers
- Advocates/case managers/providers working with PLWH who are justice involved
- Social science researchers

1b. Role of the RW Part A Planning Council/Planning Body (not required for state only plans)

Representatives for RW Part A participate on the Core Team and Steering Committee, as well as various subcommittees. In addition, leaders from the *Get Loud Louisiana* Planning Group and Part A for New Orleans and Baton Rouge meet quarterly and as needed to provide updates, troubleshoot challenges, and align EHE efforts.

1c. Role of Planning Bodies and other Entities

The planning bodies for New Orleans EMA and Baton Rouge TGA meet regularly throughout the year to review service utilization and reallocate funds as necessary. For example, the Comprehensive Planning Committee is charged with these tasks for the New Orleans EMA. Annually, the planning bodies complete a process to set priorities and allocate funds using data such as the Needs Assessment to address gaps in services.

1d. Collaboration with Ryan White Parts – SCSN Requirement

Get Loud Louisiana is an integrated planning body comprised of state health department HIV prevention and care staff, RW Part B representatives, community members, staff from HIV/STI/HCV CBOs, healthcare facilities, and other social justice and supportive service entities. The Core Team of *Get Loud Louisiana* reserves seats for RW Part A, Part B, and Part F in addition to PLWH, representatives for drug user health, HIV prevention, and health department staff. Therefore, the statewide *Get Loud Louisiana* plan was created with crosscutting representation and deep involvement in mind.

The *Get Loud Louisiana* steering committee, which is larger than the core team and encompasses even more community members and stakeholders, was given an overview of the IP Guidance in fall of 2021 and provided updates throughout 2022 before receiving the IP for final review in December 2022. In addition to IP planning updates, steering committee meetings offer a space to provide stakeholders with regular *Get Loud Louisiana* work plan and progress updates, and for partners to convene to discuss specific topics within the *Get Loud Louisiana* plan to gain deeper understanding and/or share challenges and lessons learned to support implementation of strategies on an ongoing basis. Periodic updates are provided and continual outreach to engage existing and new partners by sending copies of the plan and promotional items

to be distributed to clients and communities. The new committee structure that was introduced in 2021 also provided an opportunity to engage/re-engage partners around implementation projects – particularly crosscutting projects that rely on the inclusion of non-traditional partners, such as the work of our Coalition Building and Advocacy subcommittee. *Get Loud Louisiana* staff also provided a series of trainings in 2021 to prepare community members who wanted to become more engaged in the HIV planning process to engage more fully and to recruit for a PLWH leadership body tasked with providing additional feedback on the work of the planning body.

1e. Engagement of People with HIV – SCSN Requirement

The *Get Loud Louisiana* Planning Group utilized a variety of data sources and systems to guide the development of the SCSN/Needs Assessment. The *Get Loud Louisiana* Planning Group collaborated with the Louisiana OPH, SHHP, which includes HIV Surveillance, Prevention and Services programs. They also collaborated with the RW Part A Programs and RW Planning Bodies in Baton Rouge and New Orleans.

One prime element of data included the needs assessment survey to collect care and services needs of PLWH. To collect data for the 2021 Louisiana PLWH Statewide Needs Assessment Report, a convenience sample survey on the current care service needs of PLWH was conducted with clients of HIV/AIDS services in New Orleans EMA, Baton Rouge TGA, and the remainder of the state, in Louisiana Public Health Regions 3-9. The survey was conducted at agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire, available in both English and Spanish. Clients were eligible to complete the questionnaire from October 4, 2021 to February 28, 2022. Survey administration was managed by the Office of Ryan White Services and Resources, a Division of the New Orleans Health Department (Formerly the Office of Health Policy and AIDS Funding) in New Orleans, the City of Baton Rouge, Division of Human Development and Services in Baton Rouge, and SHHP for Regions 3-9. As an incentive for participation, survey respondents were offered $20 Walmart gift cards. Agency staff were responsible for promoting the 2021 Louisiana Needs Assessment in the community, assisting clients in completing the questionnaire, and distributing and documenting gift cards.

The 2021 Louisiana Needs Assessment questionnaire is an adaptation of the statewide 2019 Louisiana Needs Assessment questionnaire, based on feedback from OPH SHHP, NORAPC, New Orleans Office of Ryan White Services and Resources, Baton Rouge Transitional Grant Area Ryan White Advisory Council, Baton Rouge Transitional Grant Area, providers, and Part B sub recipients in Regions 3-9. The questionnaire is comprised of the following seven sections: Health and Medical Care, Needed Services, Medical Costs and Health Insurance, HIV Medication, Housing, General Information, and Income.

The *Get Loud Louisiana* Planning Group's community engagement process continues to provide feedback on issues pertaining to data (surveillance, reports, needs assessment surveys, focus groups, key informant interviews, resource inventories) to ensure PLWH engagement in processes utilized to capture quantitative and qualitative snapshots of the current issues and emerging trends/issues across the state and regionally. These efforts likewise feed into efforts at all stages of the process, including priority setting, development of goals/objectives, and the implementation, monitoring, evaluation, and improvement process of the integrated plan.

Another avenue utilized to engage community members was through the participation of the Community Health Workers (CHW) from Baton Rouge and New Orleans in *Get Loud Louisiana* subcommittee meetings. The CHW teams played an important role by engaging with some of the most vulnerable

populations and gathering input to be shared with the various committees. While providing linkage support and referrals, CHWs provided a real-time glimpse as to what these communities required in order to thrive, regardless of their HIV status or comorbidities. These insights helped inform many of the decisions made throughout the course of plan implementation.

1f. Priorities

Key themes arising from the Front Porch Talks formed the backbone of the EHE plan. Examples included a need for community education around HIV and safer sex practices, improved transportation services, access to stable housing, more holistic approaches to care, better availability of information on where to access care and other resources, such as mental health care and substance use supports. Stories of stigma and discrimination and concerns around confidentiality were widespread, including in medical settings, and reinforced our need to focus our sights on stigma reduction before all else. Normalizing routine testing for all, expanding access to testing and services outside of regular clinic hours and/or through mobile and telehealth options, and increasing options for support groups and connection were prioritized throughout the community engagement process as well.

Based on the community engagement process described above and the National HIV/AIDS Strategy Goals, the following EHE Plan Goals were developed: 1) Eliminate Stigma; 2) Ensure Universal Access to Prevention Tools; 3) Ensure Universal Access to Health and Community Resources; 4) Improve Social Justice to Eliminate Health & Social Inequities; and 5) Achieve a More Coordinated Response to the Ending the Epidemics.

1g. Updates to other Strategic Plans used to Meet Requirements

Upon the release of the updated annual needs assessment, the data is shared with the *Get Loud Louisiana* planning bodies and committees to determine if adjustments need to be made to the current plan and timelines. In addition to the Front Porch Talks across the state, each committee within *Get Loud Louisiana* is comprised of PLWH and stakeholders that routinely evaluate the progress of the plan and provide feedback. The Marketing and Evaluation committee routinely reviews progress on the goals and objectives of the GLL plan and utilizes community input and needs assessment data to adjust the timeline and priorities.

Section III: Contributing Data Sets and Assessments

1. Data Sharing and Use

Data: Access, Sources, and Systems:

The *Get Loud Louisiana* planning body utilized a variety of data sources and systems to guide the development of the *Get Loud Louisiana* statewide EHE plan. The *Get Loud Louisiana* planning body collaborated with the Louisiana OPH, SHHP, which includes HIV/STI/Hepatitis Surveillance, Prevention, Services and Evaluation programs. They also collaborated with the RW Part A Programs in Baton Rouge and New Orleans.

A large number of data sources and systems were used to guide the development of the *Get Loud Louisiana* statewide EHE plan and to assist the planning group members in decision-making.

The main sources of data provided by SHHP include:

eHARS (Enhanced HIV/AIDS Reporting System): the surveillance database used to house all PLWH, reported to SHHP, who reside in Louisiana. Louisiana has had name-based AIDS reporting since 1984 and name-based HIV reporting since 1993.

LMS (Lab Management System): contains all HIV-related laboratory results reported to SHHP by both public and private laboratories. Test types include CD4, viral load, and HIV diagnostic tests (rapid tests, screening, and confirmatory tests).

CAREWare: maintains data on services for PLWH provided by RW Part A, B and C programs.

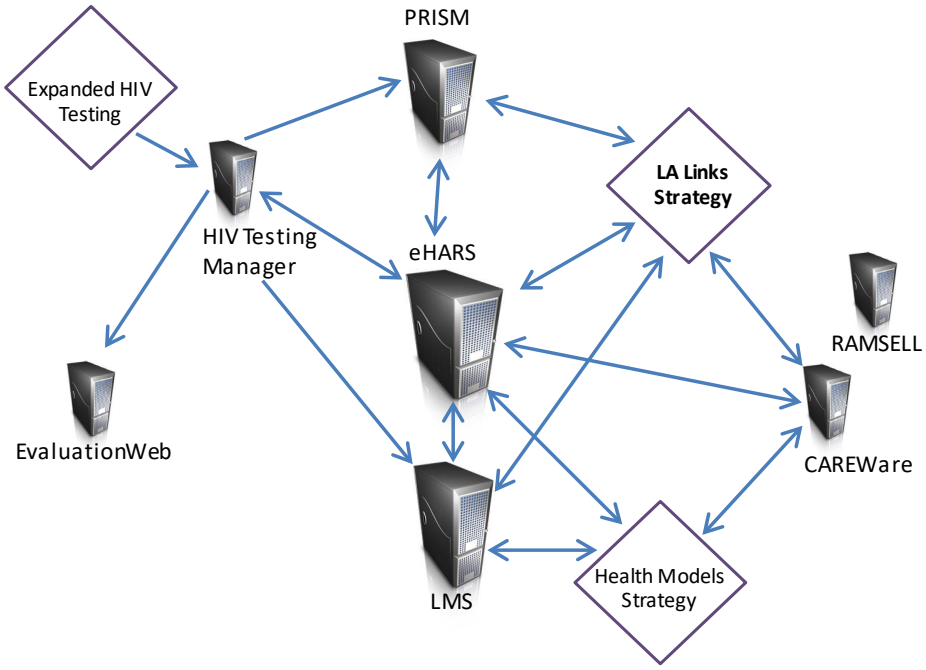
Ramsell: maintains all LA HAP (Louisiana Health Access Program) medication claims, as well as all LA HAP client eligibility, demographic, and application information.

PRISM: the surveillance database for reportable STIs (syphilis, gonorrhea and chlamydia); also the system used for HIV and syphilis partner services; provides case management, linkage to care, and treatment information for all people newly diagnosed with HIV or syphilis and their named sex/drug using partners.

HIV Testing Manager: maintains records for all SHHP-funded HIV, hepatitis and STI testing events, including people who test positive and negative.

LA Links: the system used for Louisiana's "Data to Care" intervention; provides Linkage to Care Coordinators (LCCs) with data on newly diagnosed people who have not been linked to care, PLWH who have fallen out of care, and PLWH who are not virally suppressed.

SHHP'S Data System Structure:



Data Policies and Data Sharing:

SHHP's organizational structure has facilitated the secure linkage and sharing of data between programs. Since Surveillance, Prevention and Services programs are under a single Director, data have been shared and electronically linked for many years. Due to this integrated structure, data sharing agreements (DSAs) are not required for data matching between the programs. In addition, OPH and Medicaid signed a DSA in 2014, which allows for the sharing and linkage of data between the two offices. Therefore, SHHP has been able to link HIV surveillance data with Medicaid data to calculate viral suppression and retention in care for PLWH enrolled in Medicaid.

Data from Other Sources:

NHBS: (National HIV Behavioral Surveillance in Louisiana) conducts behavioral surveillance among people vulnerable for HIV infection in the metropolitan New Orleans area. The three primary groups are gay, bisexual, and other men who have sex with men (GBM); people who inject drugs (PWID); and heterosexuals who are considered vulnerable for HIV infection.

NORAPC Listening Sessions: (New Orleans Regional AIDS Planning Council) develops and maintains a comprehensive system of care for PLWH and hosted a series of listening sessions designed to better understand the unique prevention and care needs of specially impacted subpopulations in the New Orleans area.

Get Loud Louisiana Town Hall Sessions: The Get Loud Steering Committee hosted a series of virtual town hall sessions to gain input on the goals, objectives, and activities for the statewide plan and to better understand how the plan can be used to address barriers to care and prevention services.

Medicaid: Medicaid sends SHHP a monthly file to match to HIV surveillance data in order to calculate viral suppression among people enrolled in Medicaid.

Vital Records: Louisiana's Surveillance unit conducts quarterly matches between Surveillance data and birth and death registry data provided by Louisiana's Vital Records program.

Gaps in Data:

Although HIV surveillance data is robust and readily available, there are some variables that are underreported for people newly diagnosed with HIV. This is due to the increase in obtaining data from electronic health records, electronic submission of lab reports, and providers not collecting certain information. For example, data on gender identity and gender assigned at birth is not always reported, so the number of people of trans experience living with HIV is significantly underreported. Information on substance use and sexual partners is also underreported. Another data gap is the availability of reliable data on PLWH who are currently incarcerated, particularly people who are in parish (county) jails. SHHP also receives limited diagnostic and care data from the Veterans Affairs Medical Centers throughout Louisiana and other federal facilities. Additionally, SHHP has limited availability of data on antiretroviral use. These data are not available for a significant number of PLWH, so this column is not shown in Louisiana HIV Care Continua. SHHP has also not been able to access pharmaceutical data or data from private insurers. Pharmaceutical data such as prescription refills and pickup as well as show rates for clinical appointments are lacking. In addition, efforts are needed to improve data sharing and data coordination between RW programs and related essential service systems, such as housing and behavioral health.

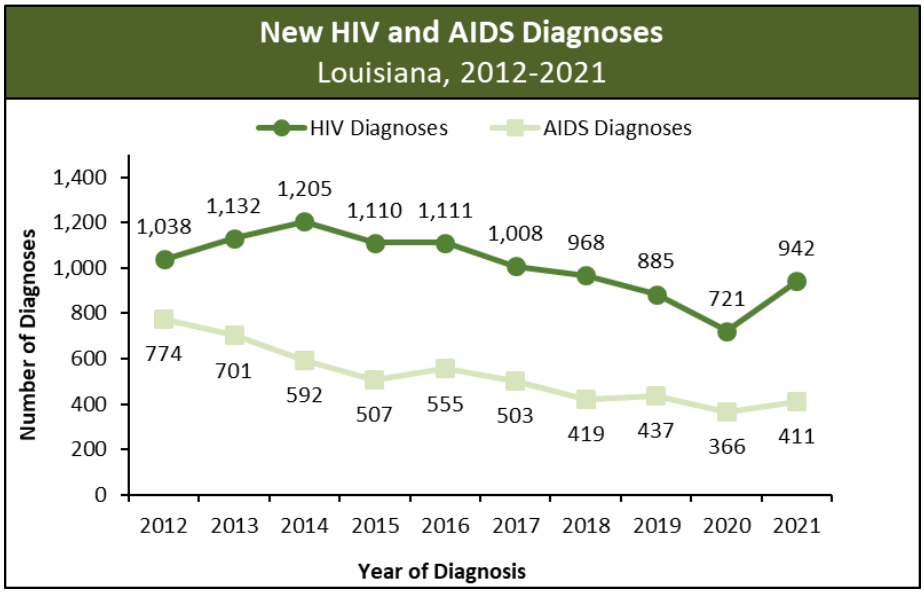
2. Epidemiologic Snapshot

In 2019, Louisiana ranked fourth in the U.S. for rate of people newly diagnosed with HIV, with 22.8 people newly diagnosed per 100,000 population as compared to the national average of 13.2 people newly diagnosed per 100,000 population. The two largest metropolitan statistical areas (MSAs) in Louisiana, Baton Rouge and New Orleans, ranked in the top 10 for the number of people newly diagnosed among MSAs in the United States in 2019. Baton Rouge ranked fourth with 23.5 people newly diagnosed per 100,000 and New Orleans ranked sixth with 22.2 people newly diagnosed per 100,000. In 2019, it was estimated that of the individuals living with HIV in Louisiana, 84% knew their HIV status. Groups with a lower than average knowledge of their status included young adults ages 25-34(72%), heterosexual males (79%), and gay, bisexual and other men who have sex with men (81%). In addition, there is a slight racial disparity in knowledge of HIV status. Among Black PLWH, 84% were aware of their HIV status, as compared to 86% of White PLWH in Louisiana. Knowing your HIV status is critical for improved linkage and retention in HIV medical care and optimal overall health.

People of color are disproportionately impacted by the HIV epidemic in Louisiana. Black people accounted for 63% of all new people diagnosed in 2021, but only make up 32% of the general population in Louisiana. This stark health disparity exists due to long-standing social, educational, and economic inequities adversely impacting the Black community. In 2020, an estimated 81% of Black people in Louisiana had

attained a high school diploma or higher as compared to 89% of White people. An estimated 31% of Black people in Louisiana were living below the poverty level in 2020 as compared to 12% of White people. The estimated median household income in 2020 for Black people in Louisiana was $40,401 as compared to $61,858 for White people.

From 2012-2021, the number of people newly diagnosed with HIV in Louisiana decreased by 9% from 1,038 to 942 diagnoses, respectively. Over the past 10 years, the number of people newly diagnosed with HIV peaked at 1,205 diagnoses in 2014. Data for 2020 should be interpreted with caution due to the impacts of COVID-19 on access to HIV testing and care-related services. The dramatic decrease in the number of people newly diagnosed with HIV from 2019 to 2020 might not represent declines in new HIV infections, but rather declines and/or delays in routine HIV testing and testing modality (e.g., self-testing).



Demographics of New HIV & AIDS Diagnoses and Persons Living with HIV
Louisiana, 2021

	New HIV Diagnoses		New AIDS Diagnoses		Persons Living with HIV	
	2021		2021		As of December 31, 2021	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**942**	**100%**	**411**	**100%**	**22,343**	**100%**
Gender						
Female	217	23%	122	30%	6,338	28%
Male	699	74%	276	67%	15,598	70%
Transgender Women	26	3%	13	3%	400	2%
Transgender Men	0	0%	0	0%	7	<1%
Race/Ethnicity						
Black/African American	595	63%	274	67%	15,214	68%
Hispanic/Latinx	95	10%	32	8%	1,219	5%
White	234	25%	91	22%	5,541	25%
Other/Multi-race/Unknown	18	2%	14	3%	369	2%
Age at HIV Diagnosis					**Current Age**	
0-12	1	<1%	0	0%	27	<1%
13-19	43	5%	7	2%	103	<1%
20-24	181	19%	25	6%	676	3%
25-34	319	34%	138	34%	4,187	19%
35-44	205	22%	117	28%	5,276	24%
45-54	95	10%	62	15%	4,956	22%
55-64	87	9%	51	12%	4,998	22%
65+	11	1%	11	3%	2,120	9%
Transmission Category						
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	568	60%	185	45%	10,856	49%
Persons Who Inject Drugs (PWID)	79	8%	43	10%	1,928	9%
GBM/PWID	36	4%	24	6%	1,025	5%
High Risk Heterosexual (HRH)	257	27%	155	38%	8,266	37%
Perinatal/Pediatric	1	<1%	4	1%	205	1%
Transfusion/Hemophilia	0	0%	0	0%	53	<1%
Unknown Risk	*1*	*<1%*	*0*	*0%*	*10*	*<1%*
Region at Diagnosis					**Current Region**	
Region 1 - New Orleans	258	27%	116	28%	7,569	34%
Region 2 - Baton Rouge	182	19%	69	17%	5,113	23%
Region 3 - Houma	46	5%	19	5%	920	4%
Region 4 - Lafayette	120	13%	34	8%	1,928	9%
Region 5 - Lake Charles	47	5%	24	6%	990	4%
Region 6 - Alexandria	53	6%	33	8%	995	4%
Region 7 - Shreveport	119	13%	59	14%	2,118	9%
Region 8 - Monroe	60	6%	30	7%	1,151	5%
Region 9 - Hammond/Slidell	57	6%	27	7%	1,559	7%

- In 2021, men accounted for 74% of people newly diagnosed with HIV.
- The majority of people newly diagnosed with HIV (63%), people diagnosed with AIDS (67%), and people living with HIV (68%) were Black people. Only 32% of Louisiana's population is Black.
- People under 25 years-old made up 24% of new diagnoses in 2021. Among PLWH, over half (53%) were 45 years-old and older.
- In 2021, 60% of people newly diagnosed with HIV in Louisiana were among gay, bisexual, and other men who have sex with men (GBM). Among PLWH, 49% were GBM.
- In 2021, 46% of people newly diagnosed with HIV were in Region 1 – New Orleans (27%) and Region 2 – Baton Rouge (19%). Among PLWH, 34% lived in Region 1 – New Orleans and 23% lived in Region 2 – Baton Rouge.

Demographics of New HIV Diagnoses
Public Health Region, 2021

	Region 1 New Orleans		Region 2 Baton Rouge		Region 3 Houma		Region 4 Lafayette		Region 5 Lake Charles		Region 6 Alexandria		Region 7 Shreveport		Region 8 Monroe		Region 9 Hammond/Slidell	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**258**	**100%**	**182**	**100%**	**46**	**100%**	**120**	**100%**	**47**	**100%**	**53**	**100%**	**119**	**100%**	**60**	**100%**	**57**	**100%**
Gender																		
Female	66	26%	36	20%	13	28%	23	19%	14	30%	7	13%	31	26%	16	27%	11	19%
Male	185	72%	144	79%	31	67%	92	77%	32	68%	44	83%	83	70%	43	72%	45	79%
Transgender Women	7	3%	2	1%	2	4%	5	4%	1	2%	2	4%	5	4%	1	2%	1	2%
Race/Ethnicity																		
Black/African American	159	62%	141	77%	26	57%	65	54%	18	38%	27	51%	85	71%	39	65%	35	61%
Hispanic/Latinx	37	14%	18	10%	4	9%	11	9%	2	4%	15	28%	0	0%	5	8%	3	5%
White	57	22%	20	11%	15	33%	42	35%	24	51%	11	21%	30	25%	16	27%	19	33%
Other/Multi-race/Unknown	5	2%	3	2%	1	2%	2	2%	3	6%	0	0%	4	3%	0	0%	0	0%
Age at HIV Diagnosis																		
0-12	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%
13-19	9	3%	13	7%	3	7%	5	5%	2	4%	0	0%	6	5%	3	5%	2	4%
20-24	38	15%	46	25%	10	22%	20	17%	5	11%	7	13%	29	24%	13	22%	13	23%
25-34	104	40%	46	25%	17	37%	39	33%	19	40%	17	32%	32	27%	20	33%	25	44%
35-44	64	25%	36	20%	11	24%	25	21%	9	19%	18	34%	22	18%	11	18%	9	16%
45-54	19	7%	23	13%	2	4%	11	9%	7	15%	8	15%	12	10%	7	12%	6	11%
55-64	20	8%	15	8%	3	7%	17	14%	4	9%	3	6%	17	14%	6	10%	2	4%
65+	4	2%	3	2%	0	0%	3	3%	0	0%	0	0%	1	1%	0	0%	0	0%
Transmission Category																		
GBM	161	62%	107	59%	27	59%	76	63%	27	57%	33	62%	68	57%	36	60%	33	58%
PWID	23	9%	12	7%	4	9%	12	10%	3	6%	4	8%	8	7%	4	7%	9	16%
GBM/PWID	3	1%	4	2%	2	4%	9	8%	2	4%	3	6%	7	6%	2	3%	4	7%
HRH	71	28%	58	32%	13	28%	23	19%	14	30%	13	25%	36	30%	18	30%	11	20%
Perinatal/Pediatric	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%
Unknown Risk	*0*	*0%*	*1*	*<1%*	*0*	*0%*	*0*	*0%*	*0*	*0%*	*0*	*0%*	*0*	*0%*	*0*	*0%*	*0*	*0%*

GBM = Gay, bisexual, and other men who have sex with men; HRH = High risk heterosexual; PWID = Person who injects drugs

- The majority of people newly diagnosed with HIV - are in Region 1 – New Orleans (27%) and Region 2 – Baton Rouge (19%). In addition, Region 4 – Lafayette (13%) and Region 7 – Shreveport (13%) made up approximately a quarter of people newly diagnosed with HIV in 2021.
- Males comprise the majority of people newly diagnosed with HIV in every public health region.
- Black people make up the majority of people newly diagnosed HIV in all public health regions except in Region 5 – Lake Charles where 51% of people newly diagnosed with HIV were White and 38% of people newly diagnosed with HIV were Black.
- Most people newly diagnosed with HIV are among people 25-34 years-old. In Region 2 – Baton Rouge, 25% of people newly diagnosed with HIV were among people 20-24 years-old. In Region 4 – Lafayette, 31% of people newly diagnosed with HIV were among people 45 years and older.
  GBM comprise the majority of people newly diagnosed with HIV in every region. Region 9 – Hammond/Slidell had the largest proportion of PWID diagnoses, 16%.

Late HIV Testing
Louisiana, 2021

	Persons Diagnosed with HIV, 2021						
	New HIV Diagnoses	AIDS at Time of Diagnosis*		AIDS Within 3 Months of Diagnosis		AIDS Within 6 Months of Diagnosis	
		Count	Percent**	Count	Percent	Count	Percent
Total	**942**	**187**	**20%**	**210**	**22%**	**220**	**23%**
Gender							
Men	699	139	20%	157	22%	163	23%
Women	217	44	20%	49	23%	52	24%
Transgender women	26	4	15%	4	15%	5	19%
Transgender men	0	0	0%	0	0%	0	0%
Race/Ethnicity							
Black/African American	595	103	17%	119	20%	126	21%
Hispanic/Latinx	95	25	26%	26	27%	26	27%
White	234	54	23%	59	25%	60	26%
Other/Unknown/Multi-race	18	5	28%	6	33%	8	44%
Age at HIV Diagnosis							
0-12	1	0	0%	0	0%	0	0%
13-19	43	6	14%	6	14%	6	14%
20-24	181	15	8%	16	9%	18	10%
25-34	319	59	18%	66	21%	69	22%
35-44	205	55	27%	62	30%	65	32%
45-54	95	21	22%	25	26%	25	26%
55-64	87	27	31%	31	36%	33	38%
65+	11	4	36%	4	36%	4	36%
Transmission Category							
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	568	100	18%	112	20%	117	21%
Persons Who Inject Drugs (PWID)	79	21	27%	22	28%	22	28%
GBM/PWID	36	8	22%	11	31%	11	31%
High Risk Heterosexual (HRH)	257	58	23%	64	25%	69	27%
Perinatal/Pediatric†	1	0	0%	0	0%	0	0%
Unknown Risk	*1*	*0*	*0%*	*1*	*100%*	*1*	100%
Region							
1-New Orleans	258	53	21%	56	22%	57	22%
2-Baton Rouge	182	33	18%	34	19%	34	19%
3-Houma	46	9	20%	12	26%	12	26%
4-Lafayette	120	21	18%	24	20%	25	21%
5-Lake Charles	47	14	30%	14	30%	16	34%
6-Alexandria	53	12	23%	16	30%	18	34%
7-Shreveport	119	22	18%	26	22%	29	24%
8-Monroe	60	13	22%	14	23%	15	25%
9-Hammond/Slidell	57	10	18%	14	25%	14	25%

*If AIDS diagnosis was within 1 month of HIV diagnosis

**Value calculated as the number of persons in the category over the total number of new diagnoses in the category (e.g. percentage of men with AIDS at HIV diagnosis = 139/699 * 100 = 20%)

From 2012-2021, the number of people newly diagnosed with AIDS decreased by 47% from 774 (2012) to 411 (2021). Of the 942 people newly diagnosed with HIV in 2021, 187 (20%) had an AIDS diagnosis within 30 days of their HIV diagnosis, 210 (22%) had an AIDS diagnosis within first three months, and 220 (23%) of the people newly diagnosed with HIV had an AIDS diagnosis within six months. A person who is diagnosed with AIDS, soon after a new HIV diagnosis, is considered to be a "late tester."

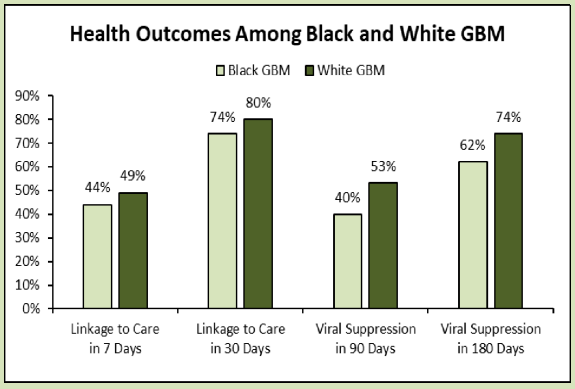
HIV among Youth in Louisiana

In 2021, there were 224 youth (24%) ages 13-24 years-old diagnosed with HIV in Louisiana. Most youth diagnosed with HIV were between 20-24 years-old, with 181 people diagnosed with HIV are among this age group. The majority of youth diagnosed with HIV were male (84%), Black (81%), and GBM (82%). Youth were diagnosed in every region of the state with the majority of youth diagnosed in Region 2 – Baton Rouge (26%), Region 1 – New Orleans (21%), and Region 7 – Shreveport (16%). From 2012-2021, youth have comprised about a quarter of diagnoses each year. In 2021, 65% of youth living with HIV were virally suppressed as compared to 67% of all people living with HIV.

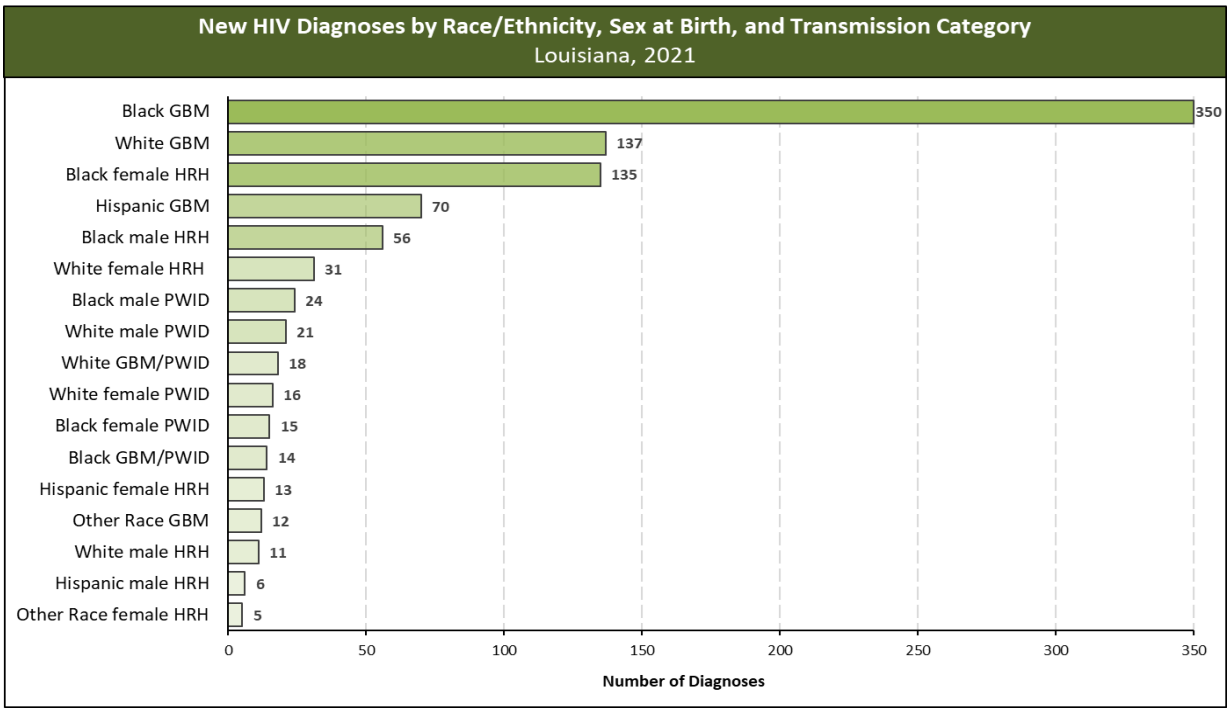
HIV among People Who Inject Drugs (PWID) in Louisiana

In 2021, there were 115 PWID diagnosed with HIV in Louisiana, of whom, 36 (31%) were GBM who also inject drugs. The majority of people who inject drugs diagnosed with HIV were male (71%) and age 35-44 years-old at diagnosis. White people made up 48% of people diagnosed with HIV among PWID and 46% were Black. The majority of people diagnosed with HIV among PWID were from Region 1 – New Orleans (23%), Region 4 - Lafayette (18%), and Region 2 – Baton Rouge (14%). In 2021, 25% of PWID were late testers diagnosed with AIDS at the time of HIV diagnosis (AIDS diagnosis within one month of HIV diagnosis) as compared to the state average of 20%. In 2021, 59% of PWID were virally suppressed as compared to 67% of all people living with HIV.

HIV Among Gay & Bisexual of Men Color (GBM)



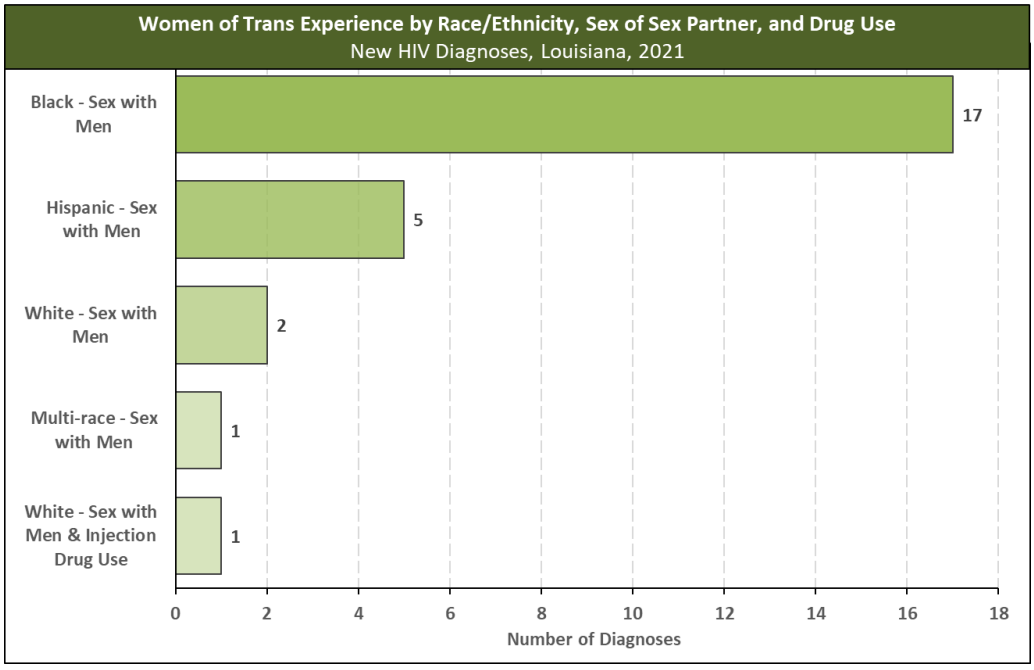
In 2021, there were 568 GBM diagnosed with HIV in Louisiana, of which, 76% were non-White. There were 350 Black GBM diagnosed with HIV in 2021. Most diagnoses among Black GBM were youth with 43% of diagnoses 13-24 years-old. In 2021, half of Black GBM were from Region 1 – New Orleans (26%) and Region 2 – Baton Rouge (24%). Black GBM have lower timely linkage to care and achievement of viral suppression as compared to White GBM. In 2021, 74% of Black GBM were linked to care within 30 days of diagnosis as compared to 80% of White GBM. Timely linkage to care is essential to achieve viral suppression. In 2021, 62% of Black GBM achieved viral suppression within 180 days of diagnosis as compared to 74% of White GBM.



GBM = Gay, bisexual, and other men who have sex with men; HRH = High risk heterosexual; PWID = Person who injects drugs

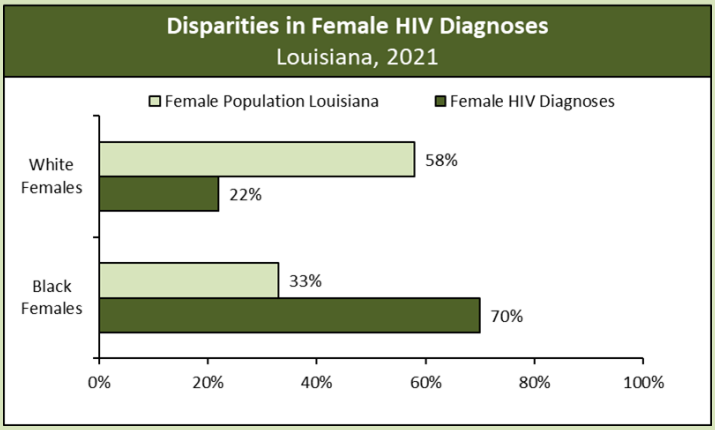
The horizontal bar chart above highlights the marked disparities in new HIV diagnoses when people are grouped by their race/ethnicity, sex at birth, and HIV transmission category. Among people newly diagnosed with HIV in 2021 in Louisiana, 66% of new diagnoses occurred among three groups: Black GBM, White GBM, and Black female high risk heterosexuals (HRH).

The graph below includes only people of trans experience by their race ethnicity and their reported sex partners and drug use. In 2019, there were 26 transgender women diagnosed with HIV.



The rate of Black people diagnosed with HIV in Louisiana is nearly nine times greater than the diagnosis rate among White people, 47.8 per 100,000 and 5.5 per 100,000, respectively. Longstanding institutional racism and discrimination negatively impact health outcomes for Black people and GBM that contribute to the striking disparity and burden of HIV among communities of color and GBM and transgender women.

HIV among Black Women in Louisiana



Black women are disproportionately impacted by the HIV epidemic in Louisiana. In 2021, Black women comprised 33% of Louisiana's female population but accounted for 70% of people diagnosed with HIV among females. In contrast, White women comprised 58% of Louisiana's female population and only accounted for 22% of female HIV diagnoses in 2021. Among Black females diagnosed with HIV in 2021, 89% were high-risk heterosexuals and 56% were between 25-44 years-old. From 2012-2021, Black women comprised 70% or more of female HIV diagnoses each year in Louisiana.

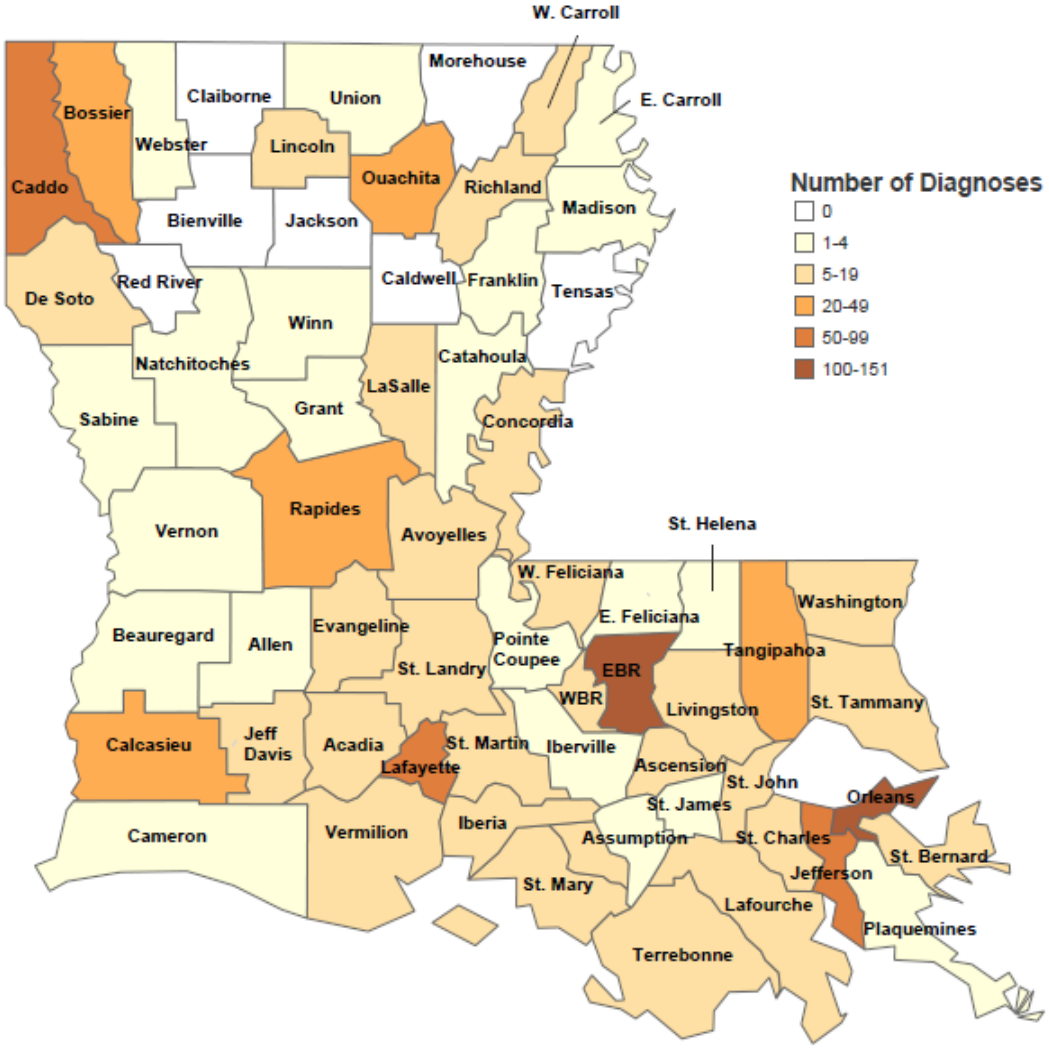
HIV among Women of Trans experience in Louisiana

In 2021, there were 26 women of trans experience diagnosed with HIV in Louisiana. Twenty-three (88%) of the 26 diagnoses were among women of trans experience of color. Trans experience youth 19-24 years-old comprised nearly half (46%) of new HIV diagnoses among women of trans experience. In 2021, 27% of diagnoses among women of trans experience were in Region 1 – New Orleans, 19% Region 4 – Lafayette, and 19% Region 7 – Shreveport. Of the 400 women of trans experience living with HIV in 2021, the majority were Black (83%), 25-34 years-old (44%), and lived in urban centers, New Orleans (46%) and Baton Rouge (21%). Relative to their population size, women of trans experience carry one of the highest burdens of HIV. Stigma associated with racism, transphobia, and HIV decrease the likelihood women of trans experience of color will disclose their gender identity and/or HIV status. Many women of trans experience face immense employment and housing discrimination which increases the likelihood that they will live in poverty and experience homelessness

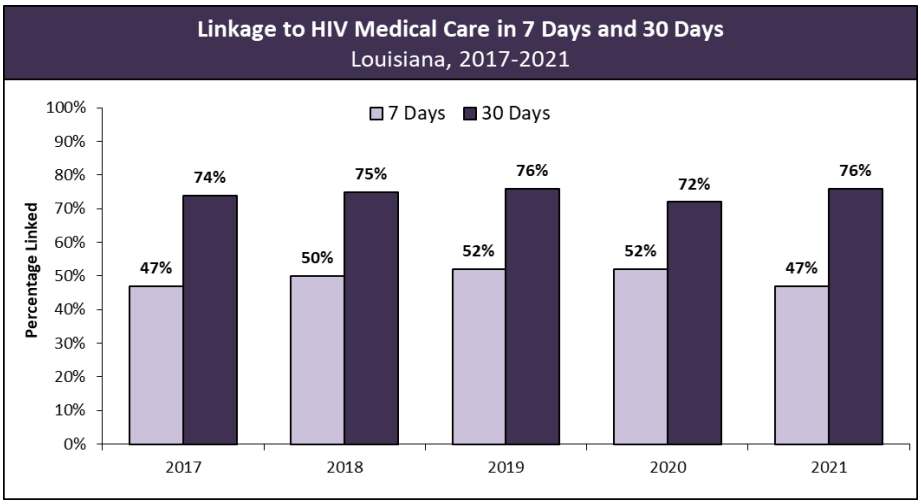
While HIV impacts all parts of the state, some parishes experience significantly higher morbidity than others. South Louisiana has more people newly diagnosed with HIV than the northern part of the state, particularly within the large urban centers. In 2021, approximately one third of people newly diagnosed with HIV lived in East Baton Rouge (16%) and Orleans (16%) parishes.

New HIV Diagnoses

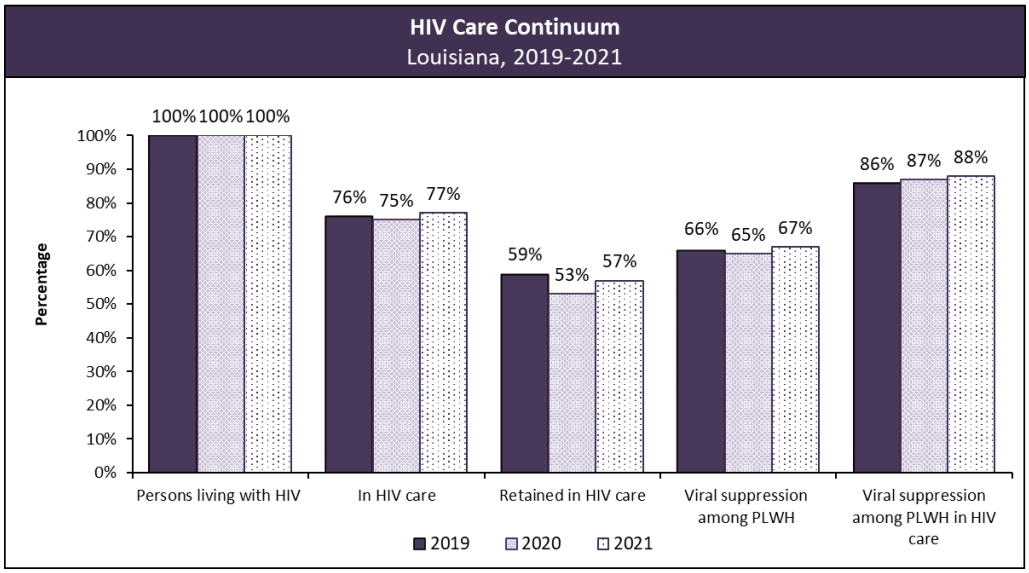
Louisiana, 2021



Following a person's HIV diagnosis, timely linkage to HIV medical care is essential to maintaining their health and well-being as well as to prevent HIV transmission. From 2017-2019, steady improvements were made in linking individuals to HIV medical care within 7 and 30 days of their diagnosis. The COVID-19 pandemic significantly impacted timely access to medical services. In 2019, 76% of people newly diagnosed with HIV were linked within 30 days. In 2020, this declined to 72% while linkage within 7 days remained unchanged at 52% from 2019 to 2020.



In 2021, 77% of PLWH were considered to be in HIV medical care (meaning they had at least one CD4 count or viral load in the previous year), 57% were considered retained in care (two or more CD4 counts or viral loads at least 90 days apart), 67% of all PLWH were virally suppressed (< 200 copies/mL) according to their most recent viral load laboratory test, and 88% of PLWH in HIV care were virally suppressed. Unsurprisingly, COVID-19 had significant impacts on retention in HIV medical care in 2020, but, more importantly, viral suppression only slightly declined to 65% in 2020 and rebounded to 67% in 2021.



SHHP Funded Testing in Louisiana from 2019 to 2021

From 2019-2021, 293,667 HIV screening tests were conducted at funded agencies located in Louisiana. Approximately one third of the tests (36%) were conducted during routine screening in an emergency department and 16% were conducted by CBOs. The number of tests decreased from 124,295 in 2019 to 85,344 in 2021, a 31% decline. Of those people newly diagnosed with HIV at SHHP funded testing sites, 478 (62%) were Black, 166 (22%) were White, and 35 (5%) were Hispanic/Latinx.

Total number of tests	Number of positive tests	Overall Percent Positivity	Number of New Positives	Newly Diagnosed Positivity
293,667	3,437	1.17%	767	0.26%

HIV and STI Co-Infection

HIV shares a number of risk factors with other STIs and the hepatitis C virus (HCV). As a result, people diagnosed with an STI or HCV are more likely than others to also be co-infected with HIV. In Louisiana, people diagnosed with the following STIs were also living with HIV at the time of diagnosis: 3% of chlamydia diagnoses, 7% of gonorrhea diagnoses, 23% of primary and secondary syphilis diagnoses, and 0.5% of HCV diagnoses in 2021.

HIV Cluster Detection and Response

There are two methods used by the SHHP Surveillance Unit to detect increases of recent HIV diagnoses in specific social networks of people: (1) time-space and (2) molecular HIV sequence analyses. The CDC refers to these two methods collectively as Cluster Detection and Response (CDR) and this is one of the four strategies or "pillars" in the CDC's national EHE Plan. CDC has required states to conduct CDR since 2018. The Respond pillar utilizes HIV surveillance data to identify concerning increases in specific groups of people newly diagnosed with HIV and understand and address any gaps in prevention and services that are needed to avoid additional people acquiring HIV. The two types of CDR methods are discussed in greater detail below:

Time-space analysis is used to detect significant increases in the number of people diagnosed with HIV at the state, regional, and parish-levels during a specified time period as compared to historical trends. SHHP uses a CDC-developed analytic program to run time-space analyses on Louisiana's HIV surveillance data. Since the number of people diagnosed with HIV in any given area (i.e. state, region, or parish) fluctuates over time, an average number of people diagnosed with HIV is calculated as well as a statistic called the standard deviation. The standard deviation is a measure of variability or spread among a group of numbers. In this instance, the standard deviation reflects the variability in the number of people diagnosed with HIV in the previous three 12-month time periods. The number of people newly diagnosed with HIV in the past 12-months is compared to the previous three-year average and the standard deviation of the previous three 12-month time periods. Sometimes the number of people newly diagnosed with HIV in the past 12-months is lower than the expected average and other times it is higher. When the number of people diagnosed with HIV is higher than the average of the previous three years, the standard deviation is used to determine if the increase is within the range of what might be expected based on historical fluctuations in people diagnosed. If the number of people diagnosed with HIV in the past 12-months falls within one standard deviation higher than the average, that is considered normal and within the range we might expect given

the historical trends. For time-space analyses, if the number of people diagnosed with HIV is at least two standard deviations higher than the previous three-year average, an alert is generated by the time-space analysis program indicating the geographic area is experiencing an elevated number of people diagnosed with HIV above what has been historically seen.

HIV genotype analysis (or Molecular HIV Surveillance (MHS) as it is called by the CDC) is the second method SHHP uses to detect networks or clusters of newly diagnosed individuals whose HIV is genetically very closely related/similar. This CDC-developed technique is intended to identify what could be rapid or growing transmission of HIV among specific groups of people. This approach utilizes HIV genotype sequences from HIV drug resistance testing that PLWH typically receive as a routine part of their medical care and these results are reported to SHHP per the Louisiana Sanitary Code. When five or more people newly diagnosed with HIV in the past 12 months whose HIV is genetically very similar, they are considered a "priority cluster" and that will lead to further review and study by the SHHP Surveillance staff.

SHHP is very sensitive to community concerns around the implementation and use of HIV molecular sequence analyses, consent, data privacy, stigma, and criminalization of people identified in molecular clusters (see https://www.hivlawandpolicy.org/news/chlp-statement-regarding-pacha-resolution-molecular-hiv-surveillance for an overview and links to more information about many of these concerns). SHHP complies with all HIPAA regulations and has rigorous data security practices to ensure data collected on PLWH is securely stored and accessed on a need-to-know basis. SHHP is not aware that molecular HIV test results or sequence analyses have been used as evidence in any court cases, but community concerns that this could happen are valid. The President's Advisory Council on HIV/AIDS (PACHA) recently issued recommendations (https://files.hiv.gov/s3fs-public/2022-11/PACHA-resolution-on-Molecular-HIV-Surveillance-Cluster-Detection-and-Response-10-17-22.pdf) to HHS and CDC that they should no longer require states to conduct MHS, especially states with HIV criminalization laws that need to be changed such as Louisiana.

In Louisiana, time-space and molecular analyses have been identified small networks of people newly diagnosed with HIV in rural and urban areas of the state, among Black and White communities, comprised of cis- and transgender people, and individuals of all ages.

3. HIV Prevention, Care and Treatment Resource Inventory

To create a comprehensive resource inventory, SHHP relied upon the Regional Prevention Coordinators to provide a detailed list of funded and non-funded agencies across the state. Upon completion of the initial inventory, SHHP also engaged our RW partners to expand upon the services provided and populations served. The strengths and gaps highlighted below paint a detailed picture of the current landscape of HIV work across the state. The HIV Prevention, Care and Treatment Inventory is included as Appendix 2 of this document.

3a. Inventory Strengths & Gaps

The following describes a region-by-region synopsis of strengths and gaps according to the HIV prevention, care and treatment inventory for Louisiana. Strengths and gaps are detailed along the Diagnose, Treat, Prevent, and Respond EHE Pillars established by CDC. Within the Treat pillar, the description below succinctly presents system capacity along the continuum of HIV care from point of diagnosis, starting with expert referral systems through HIV prevention and services networks, and additional linkage supports, including Disease Intervention Specialists (DIS), Linkage to Care Coordinators (LCCs), Rapid Start Navigators, and Rapid Start clinical sites. Key data points for the Treat pillar are provided here for 2021, and referenced for each Region below.

Linkage to Care of Newly Diagnosed & Viral Supression of Persons Living with HIV
Louisiana, 2021

Region	Linkage to Care[1] in 7 days	Linkage to Care[1] in 30 days	PLWH in Care[2]		PLWH in Care who are Virally Suppressed[3]	
	%	%	#	%	#	%
Louisiana	46%	76%	16,419	77%	14,377	88%
Region 1 - New Orleans	53%	84%	5,523	76%	4,888	89%
Region 2 - Baton Rouge	47%	78%	4,113	84%	3,654	89%
Region 3 - Houma	38%	77%	679	78%	599	88%
Region 4 - Lafayette	56%	79%	1,404	78%	1,266	90%
Region 5 - Lake Charles	48%	72%	623	65%	532	85%
Region 6 - Alexandria	44%	67%	694	72%	613	88%
Region 7 - Shreveport	33%	55%	1,347	68%	1,070	79%
Region 8 - Monroe	32%	72%	788	72%	656	83%
Region 9 - Hammond/Slidell	35%	79%	1,200	80%	1,064	89%

[1] Linked to care - person has at least one CD4 count or viral load within the time frame

[2] In Care - person has at least one CD4 count or viral load in analysis year

[3] In Care and Virally Suppressed - person has at least one CD4 count or viral load in analysis year with a viral load < 200 copies/mL

All EHE pillars are grouped by strengths and weaknesses by virtue of persisting unmet needs, opportunities for improvement in systems, and available resources as demonstrated by qualitative and quantitative community feedback and data. For agency information related to the referenced components described,

including the associated sites, please reference the full resource inventory provided with this document (Appendix 2).

Overall, the type and distribution of services aims to promote health equity, respond to geographic disparities, including occurrences of HIV clusters, and barriers to access and utilization of prevention tools throughout the state. Barriers to prevention tools, specifically PrEP, is described by AIDSVu[1] in values such as PrEP-to-Need Ratios (PNR)[2], the ratio of PrEP users to the number of people newly diagnosed with HIV. Low PNRs indicate more unmet need for PrEP as a prevention method. While statewide stakeholders have achieved much progress building an HIV prevention, care and treatment continuum in recent years, there is still much improvement needed for service delivery to impact health outcomes and health equity. As illustrated in the epidemiology section of this plan, Black people account for 63% of all new HIV diagnoses, but only make up 32% of the general population in Louisiana; GBM comprise the majority of new diagnoses in every region; PWID account for larger proportions of cases in some regions. Further, the statewide PNR is only 4.57 compared to the national PNR of 9.89, with East Baton Rouge Parish and Orleans Parish PNRs of 3.78 and 7.65, respectively.

The synopsis below utilizes the following terms in describing regional strengths and gaps. For ease of reference, these terms are defined (as they operate in Louisiana) here:

Community Health Workers (CHWs) – Trained professionals from affected communities who are on the ground/in the communities providing outreach and education to priority populations. They ensure communities have good information on HIV, STIs, and awareness of resources available to provide accessible status neutral care and support, as well as navigation to other services to help address other service needs, including those affecting Social Determinants of Health (SDOH).

Condom Distribution – A cost-effective structural intervention that is integral to successful HIV prevention programs, which makes condoms widely available throughout communities via condom distribution programs (CDPs), and at no cost to clients.

Counseling, Testing and Referral (CTR) – The provision of voluntary testing and counseling in anonymous and confidential options so people living with undiagnosed HIV infection can learn their status and be linked to life-saving treatment and greatly reduce their risk for transmitting the virus to others. People without HIV infection learn about effective tools for reducing their risk for acquisition.

Disease Intervention Specialists (DIS) – Trained OPH staff from the Bureau of Regional and Clinical Operations and Bureau of Infectious Disease (SHHP) providing partner notification and linkage services for patients with HIV and/or syphilis. They provide case management services for people identified as living with HIV; PrEP referrals for preventing HIV acquisition among vulnerable HIV-negative individuals; resources about STIs for community stakeholders; data entry services for disease surveillance; and investigational expertise for non-syphilis/non-HIV outbreaks, including tuberculosis and viral hepatitis.

Federally Qualified Health Centers (FQHCs) – Outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. They include Health Center Program award recipients and look-alikes, and certain outpatient clinics associated with tribal organizations.

[1] AIDSVu is an interactive online mapping tool that visualizes the impact of HIV on communities across the nation

[2] Estimates accessible at: https://aidsvu.org/local-data/united-states/south/louisiana/

Health Models – A pay-for-performance-for-patients' prevention and treatment tool designed to improve HIV-related health outcomes with financial incentives. Health Models recognizes that there are a number of factors that may affect an individual's ability to begin or continue HIV treatment. The Health Models strategy provides financial rewards to patients for attending HIV-related lab and primary care appointments as well as for achieving and maintaining viral suppression in order to allow those patients to more effectively prioritize their HIV treatment over other competing life demands.

HOPWA – Federally funded program to provide housing assistance and supportive services for low to moderate income people living with HIV and their families.

Linkage to Care Coordinators (LCC) – Trained SHHP staff providing linkage services to People Living with HIV (PLWH) who are newly diagnosed; out of care, but need to be re-engaged into care; and PLWH who are in care, but are experiencing failure of treatment. LCCs deliver linkage services to people identified two ways, through surveillance data as being out of care or not virally suppressed (a Data to Care [D2C] approach) and through a provider referral model. The LCCs address many barriers to care, such as transportation, systemic barriers, and food insecurity.

Routine opt-out screening in healthcare settings – Also known as universal screening, is HIV testing conducted after notifying a patient the testing will be performed as part of a standard screening (e.g., through a patient brochure, practice literature/form, or discussion) unless declined.

Outbreak Response Coordinators – SHHP staff person responsible for the coordination across SHHP units to design, update, and maintain STI/HIV/Viral Hepatitis Outbreak Response plan and coordinate efforts among the public health regions within Louisiana. The coordinator develops and maintains a list of internal and external stakeholders including representatives from medical and community providers, local and state governmental agencies, and community groups. Collaborates within the STD/HIV/Hepatitis program for outbreak identification, staff and resource allocation, and case prioritization. Travels to public health regions throughout Louisiana to provide training and capacity building in outbreak response activities.

Parish Health Units (PHUs) – Outpatient clinics in each of Louisiana's 64 parishes that provide reproductive health and family planning services and HIV/HCV/STI screening.

Post-exposure Prophylaxis (PEP) – A prevention method utilizing antiretroviral medications to stop HIV infection after a high-risk exposure event that must be taken within 72 hours of a possible exposure.

Pre-exposure Prophylaxis (PrEP) – A prevention method utilizing antiretroviral medications to keep the HIV virus from establishing infection for people who are HIV-negative, before exposure to HIV.

Prevention Coordinators – Trained SHHP staff who are located in four of the nine public health regions; however, they oversee, and monitor prevention activities and strategies in all nine regions. These strategies are Syringe Services Programs (SSPs); Wellness Centers for GBM and people of Trans experience; condom distribution programs, community engagement, and HIV/HCV/Syphilis and other STI screenings. Community Partners with an impressive history with engaging the Priority Populations implement these prevention approaches.

Priority Populations/Prioritized Communities – Communities and groups identified to have disproportionate vulnerability for acquiring HIV in the State of Louisiana based on epidemiologic data.

Rapid (Immediate) Antiretroviral Treatment (Rapid ART) Access – A strategy to benefit the personal health of people newly diagnosed with HIV and reduce onward transmission of HIV by providing support and access to individuals so that they can start treatment as soon as possible after their HIV diagnosis, preferably at the first clinic visit (on the same day of diagnosis), and up to seven days after diagnosis (in Louisiana).

Regional Medical Directors – OPH staff serving as the Regional Health Directors providing guidance to the Assistant Secretary in directing the execution of public health programs and all matters impacting the administrative operations of the Office of Public Health within each of Louisiana's nine Public Health Regions. The Regional Medical Director has designated signatory authority from the Assistant Secretary to take appropriate action within the Region, according to agency guidelines, which enables this position to direct the various disciplines and units to effectively provide comprehensive public health services within the region. Provides support to all programs, including, but not limited to, reproductive health (family planning and STD/HIV), maternal child health, immunizations, Children's Special Health Services (CSHS), and TB.

Ryan White HIV/AIDS Program (RWHAP) – Federally funded program helping low-income people with HIV receive medical care, medications, and essential support services to help them stay in care. RWHAP has several sub-parts and initiatives that focus on jurisdictions, populations, types of care and treatment, training and technical support, and innovation https://ryanwhite.hrsa.gov/about/parts-and-initiatives.

Social Determinants of Health (SDOH) – Inter-related social and economic factors that influence health (e.g. stigma, discrimination, racism, education, safe housing, transportation, access to nutritious foods, and opportunities for physical activity).

Syringe Services Programs (SSP) – Community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases. SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes. Providing testing, counseling, and sterile injection supplies also helps prevent outbreaks of other diseases.

TelePrEP – The provision of PrEP prescription via telemedicine, a model of HIV prevention that became more widespread during COVID-19. SHHP launched a TelePrEP program in 2018, serving as a statewide virtual provider for insured Louisianans to access navigation services, telemedicine appointments, and prescriptions by mail for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). The program operates in a virtual setting using email, text, telephone calls and a video conferencing system to engage and communicate with clients. Other virtual PrEP providers are also available to Louisiana residents, including HeyMistr, PlushCare, and Nurx.

Wellness Centers (WC) – Gender affirming, community-driven centers that actively engage and empower gay and bisexual men and people of Transgender experience in improving their health and wellness in communities across Louisiana. The program provides holistic health programming, affordable health care services, (including HIV, HCV, Syphilis, and 3-site Gonorrhea and Chlamydia testing), PrEP, and connections to existing resources. Centers aim to decrease HIV/STIs and health disparities among the priority populations. SHHP defines "health" as a whole body, holistic concept including mental/emotional, physical, sexual, and spiritual well-being.

Regional Synopsis of Strengths and Gaps in the HIV Prevention, Care and Treatment Inventory

Region 1 (New Orleans Area) – In 2021: 258 people newly diagnosed with HIV (27% of statewide cases); 116 people newly diagnosed with AIDS (28% of statewide cases); 53% are Linked to Care in 7 days; 84% are linked to care in 30 days; 5,523 (76%) of PLWH are in care; 4,888 (89%) of PLWH in care are virally suppressed; Orleans Parish (only) PNR of 7.65, compared to 4.57 statewide and 9.89 nationally.

Funding Sources: CDC; RWHAP Part A, Part C, Part D, ADAP, MAI; New Orleans Formula HOPWA

Strengths:

- Diagnose: HIV opt-out screening is available in one Emergency Department (ED) in Orleans Parish. Five CBOs, including Federally Qualified Health Centers (FQHCs) provide HIV CTR and condom distribution services. The local jail, Orleans Parish Prison, provides HIV screening through partnership with a local HIV prevention CBO. There are five CHWs on the ground, providing outreach and education to ensure prioritized communities have good information on HIV, STIs, and awareness of resources available to provide accessible status neutral care and support, as well as navigation to other services to help address other service needs, including those affecting SDOH.
- Treat: There are three CTR sites that also offer Rapid ART, and another non-CTR site FQHC site providing Rapid ART. There are five Health Models sites in the region. The region maintains ten Ryan White core medical and support services providers throughout the region, and a City administered HOPWA office. DIS are fully staffed at six positions. LCCs are fully staffed at two positions.
- Prevent: There are 19 CBOs and FQHCs providing HIV testing, PrEP, PEP, condom distribution services; and there are four SSPs.
- Respond: One Prevention Coordinator (covering Regions 1 & 3) serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and the ad hoc regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: All clinical sites should conduct HIV screening as recommended by CDC. CDC recommends that individuals between the ages of 13 and 64 get tested for HIV at least once as part of routine health care and those with risk factors get tested more frequently. A general rule for those with risk factors is to get tested at least annually. The region can benefit from testing at additional parish prisons, at more EDs, and addition of more testing sites in St. Bernard and Plaquemines parishes.
- Treat: System strengthening on linkage to care from Orleans Parish Prison should improve treatment access for individuals who are justice-involved. The region may also benefit from additional outreach efforts to priority populations, with the percent of individuals out of care at 24% of all PLWH in the region.
- Prevent: The region may benefit from additional outreach efforts to priority populations to expand PrEP and uptake of other high impact prevention methods.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs).

Region 2 (Baton Rouge Area) – In 2021: 182 people newly diagnosed with HIV (19% of statewide cases); 69 people newly diagnosed with AIDS (17% of statewide cases); 47% are Linked to Care in 7 days; 78% are linked to care in 30 days; 4,111 (84%) of PLWH are in care; 3,654 (89%) of PLWH in care are virally suppressed; East Baton Rouge Parish (only) PNR of 3.78, compared to 4.57 statewide and 9.89 nationally.

Funding Sources: CDC; RWHAP Part A, Part C, Part D, ADAP, MAI; Baton Rouge Formula HOPWA

Strengths:

- Diagnose: HIV opt-out screening is available in two Emergency Departments. Five community based organizations and FQHCs provide focused HIV CTR and condom distribution services. The local jail, East Baton Rouge Parish Prison, provides HIV screening through partnership with a local HIV prevention CBO. There are five CHWs specifically focused on HIV work.
- Treat: There are two CTR sites that also offer Rapid ART. There are six Ryan White core medical and support services providers throughout the region, and a city administered HOPWA office. One Rapid Start Navigator helps to link people to HIV care within 0-7 days of diagnosis at community-based testing sites and EDs. There are two Health Models sites in the region. LCCs are fully staffed at two positions.
- Prevent: Ten community based organizations and FQHCs provide HIV testing, PrEP, PEP, condom distribution services; and there is one SSP.
- Respond: One Prevention Coordinator (covering Regions 2 & 9) serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: All clinical sites should conduct HIV screening as recommended by CDC. Robust testing at SSPs, continued testing efforts in EDs and parish prisons (with effective linkage), and testing by more private providers may help close gaps in testing.
- Treat: DIS are not yet fully staffed at three of five positions.
- Prevent: The region may benefit from additional outreach efforts to priority populations to expand PrEP and uptake of other high impact prevention methods. The region could benefit from additional SSP capacity.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs). There is a Regional Medical Director vacancy in this region.

Region 3 (Houma) – In 2021: 46 people newly diagnosed with HIV (5% of statewide cases); 19 people newly diagnosed with AIDS (5% of statewide cases); 38% are Linked to Care in 7 days; 77% are linked to care in 30 days; 679 (78%) of PLWH are in care; 599 (88%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP; State Formula HOPWA

Strengths:

- Diagnose: CTR sites include two partnering FQHCs and PHUs.
- Treat: One FQHC has a RW Part C capacity-building grant for provision of HIV treatment, but does not yet treat HIV. There is one Ryan White case management site providing wrap-around support services including HOPWA housing, and other support services for PLWH. DIS are fully staffed at two positions.
- Prevent: The main HIV prevention site is an FQHC providing comprehensive HIV prevention services, including testing, PrEP, and condom distribution. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.
- Respond: One Prevention Coordinator (covering Regions 1 & 3) serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and

regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: All clinical sites should conduct HIV screening as recommended by CDC. Having only one committed testing site limits access to testing and early identification of infection. There is no routine opt-out HIV screening in Emergency Departments. The region may also benefit from testing by more private providers who are educated on how to properly order HIV screening labs. In addition, more screenings should be available where PWID seek treatment and in any large parish jail.
- Treat: At the time of this analysis, there is no HIV treatment site in Region 3. There is no dedicated Region 3 LCC; instead, the LCC from Region 1 or 4, dependent upon client proximity to those regions, will step in to serve clients in this region. 22% of PLWH are out of care.
- Prevent: There are limited providers engaged in HIV prevention (providing PrEP and condom distribution); at this time there is only one brick and mortar site providing these two services; there are no SSPs due to local government not legalizing this intervention. SSPs are legalized in only 4 of the 9 public health regions.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs).

Region 4 (Lafayette) – In 2021: 120 people newly diagnosed with HIV (13% of statewide cases); 34 people newly diagnosed with AIDS (8% of statewide cases); 56% are Linked to Care in 7 days; 79% are linked to care in 30 days; 1,404 (78%) of PLWH are in care; 1,266 (90%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP, Part C, Part D, MAI; State Formula HOPWA

Strengths:

- Diagnose: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, condom distribution, and a Wellness Center for GBM and people of trans experience. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.
- Treat: The main HIV prevention site also provides RW case management, HOPWA housing, and other support services for PLWH. There is one RW clinic and three other infectious disease clinics attended by PLWH. There is one Health Models site in the region. LCCs are fully staffed at one position.
- Prevent: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP and condoms.
- Respond: One Prevention Coordinator serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: Having only one committed CTR site limits access to testing and early identification of infection. There is no screening in the Emergency Department. The region may also benefit from testing by more private providers who are educated on how to properly order HIV screening labs. Testing should be conducted in any large parish jail.
- Treat: There are limited providers engaged in HIV treatment. DIS are not yet fully staffed, at three of four positions. 22% of PLWH are out of care.
- Prevent: There are limited providers engaged in HIV prevention (providing PrEP and condom distribution); at this time there is only one brick and mortar site providing these two services; there

are no SSPs due to local government not legalizing this intervention. SSPs are legalized in only 4 of the 9 public health regions.

- Respond: Task force still needs broader involvement of stakeholders (FQHCs).

Region 5 (Lake Charles) – In 2021: 47 people newly diagnosed with HIV (5% of statewide cases); 24 people newly diagnosed with AIDS (6% of statewide cases); 48% are Linked to Care in 7 days; 72% are linked to care in 30 days; 623 (65%) of PLWH are in care; 532 (85%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP, Part C, Part D; State Formula HOPWA

Strengths:

- Diagnose: There are two main HIV prevention sites providing CTR and condom distribution, with only one providing comprehensive HIV prevention services, including testing, PrEP, and a Wellness Center for GBM and people of trans experience. One RW clinic, and one university-based testing site. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.
- Treat: The main HIV prevention site also provides RW case management, HOPWA housing, and other support services for PLWH. DIS are fully staffed at two positions.
- Prevent: A single HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP and condoms.
- Respond: One Prevention Coordinator serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: Having only one committed CTR site limits access to testing and early identification of infection. No screening in the Emergency Department. The region may also benefit from testing by more private providers who are educated on how to properly order HIV screening labs. Testing should be conducted in any large parish jail.
- Treat: There are limited providers engaged in HIV treatment; there is only one RW and one infectious disease clinic site. There is no dedicated Region 5 LCC; instead, the LCC from Region 6 steps in to serve clients in this region. 35% of PLWH are out of care.
- Prevent: Limited providers engaged in HIV prevention (providing PrEP and condom distribution); at this time there is only one brick and mortar site providing these two services; there are no SSPs due to local government not legalizing this intervention. SSPs are legalized in only 4 of the 9 public health regions.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs)

Region 6 (Alexandria) – In 2021: 53 people newly diagnosed with HIV (6% of statewide cases); 33 people newly diagnosed with AIDS (8% of statewide cases); 44% are Linked to Care in 7 days; 67% are linked to care in 30 days; 694 (72%) of PLWH are in care; 613 (88%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP, Part C, MAI; State Formula HOPWA

Strengths:

- Diagnose: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, SSPs, condom distribution, and a wellness center for GBM and people of

trans experience. The agency also has one mobile unit for testing. There is one RW clinic, and one university-based testing site. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.

- Treat: The main HIV prevention site also provides RW case management, HOPWA housing, and other support services for PLWH. There is one Health Models site in the region. LCCs are fully staffed at one position.
- Prevent: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, SSPs, and condoms.
- Respond: One Prevention Coordinator serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: All clinical sites should conduct HIV screening as recommended by CDC. The region may also benefit from testing by more private providers who are educated on how to properly order HIV screening labs. In addition, more screenings should be available where PWID seek treatment. Testing should be conducted in any large parish jail.
- Treat: Limited providers engaged in HIV treatment; only one Ryan White and infectious disease clinic site. DIS are not fully staffed, at two of three positions. 28% of PLWH are out of care and only 67% of individuals newly diagnosed are linked to care within 30 days.
- Prevent: Limited providers engaged in HIV prevention (providing PrEP, SSPs, and condom distribution); at this time there is only one brick and mortar site providing all three.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs)

Region 7 (Shreveport) – In 2021: 119 people newly diagnosed with HIV (13% of statewide cases); 59 people newly diagnosed with AIDS (14% of statewide cases); 33% are Linked to Care in 7 days; 55% are linked to care in 30 days; 1,347 (68%) of PLWH are in care; 1,070 (79%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP, Part C, MAI; State Formula HOPWA

Strengths:

- Diagnose: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, SSPs, condom distribution, and a wellness center for GBM and people of trans experience. There are two university-based sites for HIV CTR, one free clinic site for testing, and one mobile unit for testing. There is one university-based site for HIV testing. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.
- Treat: The main HIV prevention site also provides RW case management, HOPWA housing, and other support services for PLWH. DIS are fully staffed at five positions. LCCs are fully staffed at one position.
- Prevent: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, SSPs, and condoms.
- Respond: One Prevention Coordinator serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: Having only one committed testing site limits access to testing and early identification of infection. At the writing of this plan, there is no screening in Emergency Departments. The region could also benefit from testing by more private providers who are educated on how to properly order HIV screening labs. Testing should be conducted in any large parish jail.
- Treat: There are limited providers engaged in HIV treatment, with typically long wait-times for appointments, and only two infectious disease clinic sites; 32% of PLWH are out of care. Once provider options are expanded, another LCC may be needed to reconnect individuals to care.
- Prevent: There are limited providers engaged in HIV prevention (providing PrEP, SSPs, and condom distribution); at this time there is only one brick and mortar site providing all three.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs)

Region 8 (Monroe) – In 2021: 60 people newly diagnosed with HIV (6% of statewide cases); 30 people newly diagnosed with AIDS (7% of statewide cases); 32% are Linked to Care in 7 days; 72% are linked to care in 30 days; 788 (72%) of PLWH are in care; 656 (83%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP, Part C, MAI; State Formula HOPWA

Strengths:

- Diagnose: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, and condoms. There are three university-based sites for HIV testing. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.
- Treat: The main HIV prevention site also provides Ryan White case management, HOPWA housing, and other support services for PLWH. DIS are fully staffed at four positions. LCCs are fully staffed at one position.
- Prevent: The main HIV prevention site provides comprehensive HIV prevention services, including testing, PrEP, SSPs, and condoms.
- Respond: One Prevention Coordinator serves as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to data showing delays in linkage and time to viral suppression, upticks in STIs and HIV.

Gaps:

- Diagnose: Having only one committed testing site limits access to testing and early identification of infection. There is no screening in the Emergency Department. The region may also benefit from testing by more private providers who are educated on how to properly order HIV screening labs. Testing should be conducted in any large parish jail.
- Treat: There are limited providers engaged in HIV treatment, and two RW or infectious disease clinic sites; 28% of PLWH are out of care.
- Prevent: There are limited providers engaged in HIV prevention (providing PrEP and condom distribution); at this time there is only one brick and mortar site providing all PrEP and condoms. There are no SSPs due to local government not legalizing this intervention. SSPs are legalized in only 4 of the 9 public health regions.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs). There is a Regional Medical Director vacancy in this region.

Region 9 (Hammond/Slidell) – In 2021: 57 people newly diagnosed with HIV (6% of statewide cases); 27 people newly diagnosed with AIDS (7% of statewide cases); 35% are Linked to Care in

7 days; 79% are linked to care in 30 days; 1,200 (80%) of PLWH are in care; 1,604 (89%) of PLWH in care are virally suppressed.

Funding Sources: CDC; RWHAP Part B, ADAP; State Formula HOPWA

Strengths:

- Diagnose: There is one HIV prevention site providing HIV CTR and condom distribution. The CHW team is almost fully staffed at four of five positions. PHUs also provide HIV/STI and referral into SHHP's TelePrEP.
- Treat: There are two RW case management agencies, providing access to HOPWA housing supports, and other support services for PLWH. There is one RW/infectious disease clinic in the region. DIS are fully staffed at two positions. CHWs provide outreach to get PLWH into care.
- Prevent: The prevention site includes HIV testing and condoms. CHW team members also provide rapid testing.
- Respond: There is one Prevention Coordinator serving as neutral convener to bring together contractors, Parish Health Units, regional administrators, and other stakeholders and regional task force to respond to outbreaks.

Gaps:

- Diagnose: HIV testing sites are still limited, and therefore access to testing and early identification of infection are as well. There is no screening in Emergency Departments. The region may benefit from more screenings focused at sites where PWID seek treatment, as well as Caddo Correctional Center.
- Treat: There are limited providers engaged in HIV treatment, with only one RW/infectious disease clinic site. There is no LCC. 20% of PLWH are out of care.
- Prevent: There are no brick and mortar PrEP providers. There are no SSPs due to local government not legalizing this intervention. SSPs are legalized in only 4 of the 9 public health regions.
- Respond: Task force still needs broader involvement of stakeholders (FQHCs)

3b. Approaches and Partnerships

In order to create the resource inventory, SHHP began by asking our Regional Prevention Coordinators to provide a detailed list of all funded and non-funded agencies. Throughout the process, SHHP continuously monitored updates to the document to ensure accuracy and troubleshoot any questions that arose. Once those were completed, SHHP engaged the RW Part A partners in New Orleans and Baton Rouge and made the same request. SHHP provided ample time for Part A partners to share and review drafts of the inventory with their respective planning bodies. Many of these service providers have locations in different geographical areas of the state, so it was important to include multiple regions per provider. SHHP utilized the RW website to ensure that all funded RW parts were included in the funding section.

The inventory was then shared monthly with SHHP staff responsible for building out the various sections of the plan, to encourage feedback and edits. This process was helpful while investigating the strengths and gaps for the different regions of Louisiana.

4. PLWH Needs Assessment

A variety of needs assessment activities and other data were used to inform goals and objectives in this integrated plan document. The primary data source is the 2021 Louisiana PLWH Statewide Needs Assessment Report, as prepared by the Policy and Research Group (PRG) on behalf of SHHP. The purpose of this biannually conducted assessment is to gain an understanding of the current care and service needs of PLWH in Louisiana. The report results estimate unmet primary care and HIV-related support service needs. The report also helps readers to better understand PLWH's experience in accessing services, perceived barriers to services, and knowledge of services. To further inform integrated planning activities, other critical data sources include surveillance data and the epidemiologic profile for Louisiana, National Behavioral Health Surveillance (NHBS) data, and other data providing the context of trends and changes in Social Determinants of Health leading to upstream and downstream vulnerabilities (e.g., housing, poverty, stigma, policy).

1. Services people need to access HIV testing, as well as the following status neutral services needed after testing are described below.
    a. Services people vulnerable to HIV need to stay negative include no-cost HIV testing and counseling, wellness centers, PrEP access and PrEP navigations services, SSPs, access to no-cost condoms, and support for survival services such as housing services and behavioral health care. Other factors posing difficulty for Louisiana citizens to protect their sexual health include income and educational levels, lack of access to insurance coverage or health care, lack of trust in clinical providers, not to mention the impact of stigma on seeking services to treat STIs, to reduce the harm of substance use and to stay HIV negative. Thus, a holistic approach to ensuring the availability of a range of status neutral services is grounded in the understanding that an individual's social circumstance has the most significant impact on their HIV outcomes (Hood et al., 2016).

    b. People who need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis need services such as those provided by case management, LA HAP, DIS, LCCs, Health Models programs, prerelease reentry services, as well as health education including information about U=U. Some of the factors which impact the need for these services include stigma and a lack of social support, poverty and isolation in underserved areas, inequitable treatment in the healthcare system and incarceration disparities.

2. Services people with HIV need to stay in HIV care and achieve viral suppression can vary depending on their circumstances. Program plans are careful to ensure a wide range of service options to best meet people where they are.

A summary of data outlining the service needs people with HIV need to stay in HIV care and treatment and achieve viral suppression is below, followed by description of overall findings.

Ranked Service Needs for PLWH

Ranking	Service	Total responses (*n*)	Number who needed service	Percent who needed service
1	Dental care	1,728	1,277	74%
2	Primary medical care	1,484	1,062	72%
3	Eye care (vision services)	1,607	1,024	64%
4	Food bank	1,637	861	53%
5	Emergency housing service	1,744	899	52%
6	Health insurance assistance	1,435	711	50%
7	Medical case management	1,463	733	50%
8	Emergency financial assistance	1,551	680	44%
9	Medication assistance	1,437	630	44%
10	Housing assistance	1,605	693	43%
11	Mental health counseling or therapy	1,435	616	43%
12	Specialty medical services	1,362	561	41%
13	Transportation	1,575	605	38%
14	Non-medical case management	1,505	464	31%
15	Permanent, independent housing	1,577	490	31%
16	Housing case management	1,607	468	29%
17	Someone to help find affordable housing	1,590	446	28%
18	Referral for healthcare/supportive services	1,489	352	24%
19	Medical nutrition therapy	1,371	331	24%
20	Psychosocial support	1,490	342	23%
21	Legal services	1,508	327	22%
22	Early intervention services	1,375	305	22%
23	Outpatient SA counseling	1,351	270	20%
24	Health education risk reduction	1,471	297	20%
25	Low vision/hearing impaired services	1,497	278	19%
26	Temporary or short-term housing	1,561	285	18%
27	Home delivered meals	1,488	238	16%
28	Home healthcare	1,375	226	16%
29	Treatment adherence counseling	1,488	228	15%
30	High school/GED learning services	1,498	217	14%
31	Mobility services	1,494	208	14%
32	Workforce/employment training services	1,482	202	14%
33	Facility based housing/group home	1,551	187	12%
34	Residential treatment services	1,484	169	11%
35	Nursing home or assisted living facility	1,533	122	8%
36	Syringe or harm-reduction services	1,480	116	8%
37	Childcare	1,504	107	7%
38	Translation/interpretive services	1,473	98	7%

These results are reflective of prior year's needs assessment results. Dental care and primary medical care are again ranked as the highest service needs. Other care and support services ranked among the top ten highest service needs generally reflect prior results. Mental health and medical transportation related needs were lowered in this ranking compared to prior years (remaining high needs, while no longer among the ten most frequently reported needs). Housing related and emergency financial assistance needs continue to be among the most frequently reported needs and when service gaps are considered, these service types six out of the ten most frequently reported service gaps.

Other report highlights include a significant difference in the administrative process of collecting survey responses compared to prior years, specifically due to challenges with COVID-19, supply chain delays, disruptions or changes in public transit, Hurricane Ida and other adverse weather events, as well as employee and client burnout due to aforementioned traumatic experiences. Despite these challenges, 91% of respondents indicated they experienced a HIV-related medical care visit in the past 12 months. Seventy-nine percent of respondents affirmed they had received information on U=U in the past 12 months. Seventy-seven percent responded they had not missed a single dose of their HIV medication regimen within the timeframe. Seventy-three percent reported knowing their most recent viral load was undetectable.

Along with data specific to the service needs of PLWH, economic information collected in the needs assessment also informs planning efforts and strategies. The report results revealed 57% of respondents had a household income of less than $1,000 per month. The majority of respondents (65%) reported Medicaid as their primary source of insurance. Fifty-two percent reported they had difficulty in paying their rent/mortgage. Only 25% of respondents reported having full-time employment status. This may explain why the reported need for survival services is consistently high when reviewing report results over many years and informs considerations for service priorities.

3. Barriers to accessing existing HIV testing, prevention and care are considered in planning processes. Barriers that influence access to services and care and also involve state statutes related to criminalization of HIV predominantly involve stigma, discrimination and a lack of social support. Stigma tied to HIV, race, sexuality and gender identity has been shown to play a role in the development of HIV disparities. (Fullilove et al.; Harawa et al.; Kraft et al.; Wilson et al.)

   Stigma leads to internalized shame, reduced sense of self-worth, mental health stress, fear of being ostracized by others and discriminatory treatment (Lee et al.; Rao D, Feldman BJ, Fredericksen RJ, et al.; Rao D, Kekwaletswe TC, et al.).

   Multilevel stakeholders funded by public and private HIV dollars, in collaboration with local and national advocacy and technical assistance organizations, strive to address stigma and discrimination at the systems-level. Partnerships with capacity building organizations to provide trainings designed to reduce institutional racism, transphobia and homophobia to key stakeholders and frontline staff across the state. Community advisory boards are consulted for guidance when designing and implementing HIV interventions and strategic plans and in development of social marketing materials and evaluation projects. Provision of HIV education and resource information is critical along with routine delivery of high quality support services.

4a. Key Priorities

Key service priorities arising from the needs assessment process suggests continuing to focus on ensuring a range of service options are available to best meet the needs of PLWH in a variety of circumstances. Most highly prioritized service categories include RWHAP funded services: Non-Medical Case Management, Health Education/Risk Reduction, Outreach, Referral for Healthcare/Supportive Services, Emergency Financial Assistance, Ryan White Housing, Medical Transportation, Psychosocial Support Services, and Food Voucher Services.

Other service categories are made available based on the needs in each specific public health region a blend of RWHAP and HOPWA service options: Medical Case Management, Mental Health, Oral Health, Childcare, Respite Care, Substance Use Outpatient, Other Professional Services (Legal and Tax Preparation), Linguistic Services; HOPWA services include Tenant Based Rental Assistance (TBRA), Short-Term Rent, Mortgage, and Utility (STRMU), Permanent Housing Placement (PHP) and Resource Identification.

4b. Actions Taken

Actions taken to address needs and barriers identified during the needs assessment process began with a training presentation to share results from the report with key stakeholders. Stakeholders further reviewed findings and compared results in light of activities underway. Survey results were used to inform updates to implementation plans to assure service priorities were aligned with reported needs and barriers. The success of the jurisdiction's commitment to U=U education was evidenced by the most recent needs assessment, but also demonstrated the need to reinforce and expand those efforts. During 2021, 78% demonstrated knowledge of U=U compared to only 58% in 2019. SHHP will bolster efforts to seek to inform 100% of RWHAP clients of U=U.

With 57% of survey respondents indicating they experienced barriers to obtaining or remaining in housing, a stronger and more coordinated focus on housing related activities is warranted based on the understanding that unstable housing impedes efforts to achieve viral suppression. SHHP has embarked on a targeted HOPWA Technical Assistance project to help create a work plan to address housing-related services with an effort to improve connection to and retention in medical care and support services for people with HIV. One example of activities of this special project is to request a rent standard waiver from HUD to increase the responsiveness of HOPWA TBRA services. Likewise, metropolitan areas receiving EHE funding, such as the Baton Rouge TGA, are participating in Housing TA provided by NASTAD, a national TA provider funded by several federal offices to provide support along the HIV and HCV syndemics.

Based on survey results and epidemiologic data along the HIV Care Continuum, SHHP, the Baton Rouge TGA (BR TGA), and New Orleans EMA (NO EMA) have also recommitted the focus on full implementation of Rapid Start protocols in their jurisdictions and across the state. Rapid Start protocols can reduce two of the most frequently cited barriers to receiving needed medical care (Could not get transportation – 8%; Could not get an appointment – 6%) by streamlining the timing and the process of assisting newly diagnosed people with HIV into care. The program will continue to invest in this sound practice of strengthening rapid ART services to decrease the time from HIV diagnosis to care, to decrease the time to achieve viral suppression and to increase retention in care.

4c. Approach

To collect data for the *2021 Louisiana PLWH Needs Assessment*, a convenience sample survey on the current care and service needs of PLWH was conducted with clients of HIV services in the NO EMA, the BR TGA, and Regions 3 - 9. The survey was conducted at 24 agencies that provide HIV related medical care and services, which included key stakeholders identified in Appendix 3. The survey was conducted using a self-administered questionnaire, available in both English and Spanish. Agency staff were responsible for promoting the *2021 PLWH Louisiana Needs Assessment* in the community, assisting clients in completing the questionnaire, and administering incentives.

The *2021 Louisiana Needs Assessment* questionnaire is an adaptation of the statewide *2019 Louisiana Needs Assessment* questionnaire, based on feedback from the Louisiana Department of Health's OPH SHHP, New Orleans Regional AIDS Planning Council (NORAPC), the Office of Ryan White Services and Resources - a Division of the New Orleans Health Department, Baton Rouge Transitional Grant Area Ryan White Advisory Council (BRTGAAC), providers, and Part B sub recipients in Regions 3-9. In addition to providing paper versions of the questionnaire to partner agencies, PRG provided an online mode of administration for the *2021 Louisiana Needs Assessment.* Clients could select to complete the questionnaire either on paper or through an electronic link. People with HIV were incorporated into the process via opportunities to provide input to inform the survey tool, survey format options, promoting survey dissemination, providing all survey responses and by inclusion in agency processes where feasible. Due to the impact of ongoing COVID-19 surges throughout the project period, there was limited feasibility to incorporate new strategies to further involve people with HIV in this project.

The survey used convenience sampling, which means the sample is not considered representative of all PLWH in the state, but rather a subset of that population who were asked and responded to the questionnaire. Any person living with HIV who was receiving services at a participating agency and was at least 18 years old during the administration period was eligible to complete the *2021 PLWH Louisiana Needs Assessment*. More information about the needs assessments, sampling, partners, and regional reports are available at **https://ldh.la.gov/news/1936.**

Section IV: Situation Analysis

1. Situation Analysis

Diagnose	
Strengths	Increased utilizations of CHWs and mobile testing
	Solid and robust HIV Surveillance infrastructure
	Stakeholders with great institutional knowledge and experience
	Willingness of stakeholders and partners to coordinate
	Increased funding from EHE
	Increased HIV testing in non-traditional settings
	Medicaid expansion allows for increased utilization of medical care
	Multiple social media campaigns, online presence, and awareness venues
	Data driven allocation of testing and prevention efforts to most heavily impacted communities (e.g. top 80% of HIV Prevalence, highest risk groups)
	SHHP integration of HIV, STI, and Hepatitis Programs under single umbrella
Challenges	Stigma surrounding HIV, testing and fear of disclosure
	HIV criminalization laws
	Funding restrictions and/or contract processes.
	Differing testing protocols and procedures across testing settings
	COVID-19's impact on testing and in person clinical visits and outreach events.
	Lack of non-traditional hours in many venues/settings
	Lack of transportation opportunities
	Low utilization and availability of Home Based HIV Testing (HBT)
	Lack of Telehealth infrastructure in many parts of state and many populations
	Lack of buy-in or availability of PrEP in some settings
	Medical mistrust in some communities
Needs	Funding for testing campaigns
	HIV testing resources
	Personal protective equipment
	Need for universal at-home testing kits and protocols.
	Need for workforce training and capacity building
	Need expanded utilization of provider toolkits
	Need for resources to provide widespread HBT (including insurance coverage)
Treat	
Strengths	Medicaid expansion allowing diversification of services funding
	LA HAP inclusion of 90 day refills over previous 30 day limit
	Robust set of providers and provider networks (including CQI efforts)
	High proportion (75%) of newly diagnosed individuals linked to care within 30 days
	LCC and other linkage staff infrastructure including Rapid Start and test and treat programs

	Increased funding from EHE to cities
	Health Models and other interventions designed to maximize viral suppression and/or adherence
	Robust referral networks or embedded programs for ancillary services and programs (e.g. substance use, violence etc.)
	Increased testing in correctional settings including prisons and local jails
	Increased telehealth options, partially as a result of COVID-19
	Provider detailing efforts, increased number of CBOs transitioned to FQHC or look-a-like status.
	Data 2 Care initiatives
Challenges	Stigma surrounding HIV, treatment and fear of disclosure
	Lack of non-traditional hours in many venues/settings
	Lack of transportation opportunities
	Lack of provider buy-in on U=U in some settings
	Lack of awareness of RW services
	Lack of awareness in general population of U=U
	Staff turnover
	Limited providers in rural settings
	Persistent disparities in viral suppression (e.g. Transgender population, Black GBM)
	Poor social determinants of health including systemic racism and discrimination, low SES, and education persist in state
	High levels of unmet need in the state including housing, transportation, mental health care, employment, food security, childcare and emergency financial assistance.
	COVID-19's impact on testing and in person clinical visits and outreach events.
	Medical mistrust in some communities
Needs	Remove regional gaps in provider and service availability including expansion of RW providers
	Strengthened service provision and resource allocation to underserved priority populations including transwomen and Black GBM.
	Comprehensive strategy for addressing SDOH
	Increased collaboration and networking between service providers
	Increased availability of services during non-traditional hours
	Increased: emergency shelter and housing for women, peer led support groups, more comprehensive public transportation, more reliable Medicaid transportation, services for individuals who are homeless, services for individuals with Low English Proficiency (LEP), services for individuals who are deaf, additional mental health and substance use inpatient treatment beds, more dental providers, additional public housing vouchers,
Prevent	
Strengths	Availability and creation of robust TelePrEP program run out of SHHP

	SSP and harm reduction efforts, including increased number of SSPs in state and expansion of harm reduction services in standing prevention contract agencies
	Longstanding statewide Prevention Contractor network
	Centralized prevention materials and testing supply program at SHHP
	Increased funding from EHE, including new prevention funding to cities
	Increasing knowledge and acceptance of biomedical prevention options including PrEP and U=U
	Robust referral networks or embedded programs for ancillary services and programs (e.g. substance use, violence etc.)
	Provider detailing on PrEP and U=U
Challenges	Sex education policies and law creates lack of prevention opportunity for reaching youth
	Stigma surrounding HIV, testing and fear of disclosure
	Stigma surrounding substance use including injection drugs prevents utilization of SSP and harm reduction services
	Gaps in PrEP utilization
	Resistance to PrEP and U=U messaging remains in some settings
	Medical mistrust in some communities
	COVID-19's impact on testing and in person clinical visits and outreach events.
Needs	Increased prevention in correctional settings
	Increased messaging on HIV and PrEP and U=U in particular
	Expansion of SSP and harm reduction to additional regions and parishes
	Comprehensive sexual health screening normalized at agencies and general providers
	More trans focused programs and staff
	Expansion of PrEP providers
	Integration of PrEP into routine testing of individuals who test negative
	Comprehensive strategy for addressing Social Determinants of Health
Respond	
Strengths	Robust HIV Surveillance and Linkage to Care infrastructure for use in data driven decision making processes
	CHW infrastructure in many regions allows for flexible response to outbreaks, and other syndemic responses
	Statewide Outbreak Response Plan has been recently revised
	New relationships with emergency preparedness and Regional OPH Staff as a result of outbreak response
	DIS infrastructure
Challenges	Stigma
	HIV criminalization laws have a chilling effect on partner disclosure

	High levels of resistance to molecular surveillance within the community as well as by some stakeholders
	Some balkanization of potential response efforts based on geography/jurisdiction
	High vulnerability to outbreaks among PWID in some regions
	Differentiating between 'outbreak response' and previous EHE emphasis on 'workforce development'
Needs	More education and trust building surrounding Molecular Surveillance and partner tracing in general
	Clarity of funding for response activities
	Clarity of leadership/ chains of command for local response efforts
	Prioritization of decriminalization efforts
	Transparency in risk or 'vulnerability' of potential or emerging outbreaks
	Increased community advocacy
	Create partnerships with HBCUs and universities/programs that have a high percentage of students of color to link to internship and work training opportunities
	Expand implementation of training programs for Black, Latinx, gay, trans, queer people to enter the HIV/healthcare workforce
	Create HR policies that value experience in hiring and promotion—placing value on lived experiences including, but not limited to experience with communities of color, the justice system, homelessness, drug use, alongside education and/or work experience

1a. Priority Populations

Gay, bisexual and other men who have sex with men

More than half (52%) of the 21,922 people living with HIV in Louisiana are estimated to be gay, bisexual or other men who have sex with men. No formal census or official population estimates for the number of GBM in the area exist, however, several estimates have been published in the literature using various methodologies. Using methods derived from one of the most rigorous of these methodologies (Oster et al, 2015), SHHP staff estimated that over 88,000 adult GBM live in Louisiana. It should be noted that this is consistent with other estimates such as from polling organizations.

Number and proportions of estimated gay, bisexual and other men who have sex with men including GBM people living and newly diagnosed with HIV

	Male population		GBM ever		GBM 12 mo		PLWH		HIV 2017-21	
	Sum	%	Sum	%	Sum	%	Sum	%	Sum	%
Region										
1	896151	19.21	24214	27.29	14263	35.43	4356	37.01	772	27.87
2	683792	14.66	12423	14.00	4610	11.45	2083	17.70	512	18.48
3	398586	8.54	7251	8.17	3115	7.74	457	3.88	133	4.80
4	606497	13.00	9446	10.64	3695	9.18	1177	10.00	386	13.94
5	304205	6.52	5162	5.82	1971	4.90	539	4.58	142	5.13

6	300729	6.45	4868	5.49	1902	4.73	516	4.38	152	5.49
7	536530	11.50	9056	10.21	3434	8.53	1162	9.87	324	11.70
8	348850	7.48	5454	6.15	2131	5.29	586	4.98	162	5.85
9	589276	12.63	10862	12.24	5137	12.76	894	7.60	187	6.75

Race/ethnicity breakdowns for several estimates of the GBM population in Louisiana are provided below. This table compiles several published estimates from the literature (Lieb et al.; Grey et al.) as well as unpublished data from the Louisiana arm of the National HIV Behavioral Surveillance (NHBS) study and optional SOGI items added to the Louisiana Behavioral Risk Factor Surveillance System (BRFSS) and PrEP data (https://map.aidsvu.org/map).

Estimated proportions of Louisiana GBM by race/ethnicity.

Race/Ethnicity	Lieb et al	Grey et al	BRFSS	NHBS	New HIV	PrepVu
Black	23.5%	35%	35%	14%	63%	34%
Hispanic	3.5%		16%	9%	12%	6%
White	71.5%	55%	44%	58%	25%	61%
More than one Race	0.4%		3%	6%		
Some other Race	1.1%		2%	3%		

People who inject drugs

Fourteen percent of PLWH are estimated to have acquired HIV through using shared injection drug equipment, Again, no formal data exist for the population size for people who inject drugs, however, Friedman et al. (2004) estimated that 11,914 people who inject drugs resided in the New Orleans MSA at the time, which is consistent with Oster et al (2015) who estimated that 2.3% of people in the South and Bradley (2022) who estimated that 1.46% of U.S. residents were lifetime PWID. Extrapolation of these methods indicates that approximately 67,000-103,000 Louisianans were lifetime PWID.

Heterosexuals at increased risk

Of the people living with HIV in Louisiana, 38% of PLWH were estimated to have been exposed via heterosexual contact. African American women in particular are disproportionately represented in these data. While the HIV surveillance definition for 'HRH' is quite restrictive, as mentioned elsewhere in this document, many sources refer to poverty as a proxy for heterosexual HIV risk. Given the sizable population in Louisiana where approximately 20% of households live below the federal poverty line, this represents a sizable number of individuals.

People who exchange sex

Worldwide, people who engage in exchange sex are at increased risk for HIV and other sexually transmitted infections (STIs). Yet, exchange sex and the risk factors surrounding it among U.S. populations have been understudied. Sex work, one form of exchange sex in Louisiana, has had a long and tenuous history in parts

of Louisiana such as New Orleans. Despite an early permissive 'Storyville' environment, Louisiana has a recent history of criminalizing and stigmatizing sex work, through harsh laws and enforcement practices. Until recently prostitution itself was not illegal but instead prosecuted under Crimes Against Nature statutes, which led to mandatory registration as a sex offender. As a result, 76% of the state sex offender registry were women and 80% were African American.

In one local NHBS cycle of heterosexuals in New Orleans, 30% of women reported engaging in some form of exchange sex, 87% of them with multiple partners in the last 12 months. Of those who received things of value in exchange for sex, the average number of partners who provided them with something in the past 12 months was 11. Of those who exchanged sex, 87% reported getting money, 40% help with paying bills or rent, 31% food, 29% drugs, 20% a place to sleep, 18% help with childcare, 33% reported never using condoms when engaging in exchange sex. Depending on the cycle, around 2-5% describe it as their "job."

Women of Trans Experience

The HIV burden among women of trans experience in the U.S. is extraordinary and rising, particularly in the South. According to the latest CDC HIV Surveillance Report, 44% of all women of trans experience were diagnosed in the South. The most recent Louisiana Department of Health (LDH) STD/HIV Annual Report identified Black gay and bisexual men and women of trans experience as bearing the largest burden of HIV of any populations in Louisiana. Of the 350 women of trans experience living with HIV in Louisiana 83% are Black. In 2017, HIV diagnosis rates in the Deep South state of Louisiana were second only to Georgia.

While there are no uniform data being collected among women of trans experience in the United States, it is commonly accepted in the prevention community that people of trans experience are at higher risk for HIV/AIDS. One 2008 meta-analysis, which analyzed 29 studies of reported HIV prevalence among transgender women estimated that the prevalence among this population was 27.7% (24.8%-30.6% C.I.) (Herbst et al., 2008) while another meta-analysis of 88 U.S. studies showed only 14/.1% prevalence. Results from the National HIV Behavioral Surveillance among transwomen, however, showed a much higher prevalence of HIV of approximately 42%. The Louisiana arm of this study, conducted in New Orleans showed 44.6% prevalence (n=157).

Fewer studies, however, have investigated the causes of such HIV disparity among people of transgender experience. Indeed, the prevention literature and review articles have repeatedly pointed to the additional contextual factors such as high stigmatization, poverty, discrimination, unemployment, commercial sex work, incarceration, lack of knowledge and outreach in the community, financial hardships, violence and mental health issues as playing an important role in explaining this high prevalence (Sevelius et al., 2009). In 2013, the Human Rights Watch conducted a study among 169 individuals in New Orleans, 32% of whom were transgender. They found that many transgender women reported fear of arrest, stigmatization by police and prisoners, violence, and sexual assault (Human Rights Watch, 2013).

People living with HIV

According to the latest CDC Surveillance Report in 2020, The Baton Rouge metropolitan statistical area (MSA) had the seventh highest HIV case rate (18.3 per 100,00) in the nation, while the New Orleans MSA had the ninth highest HIV case rate (17.4 per 100,000). These most recent data rank Louisiana 5th in the nation for state HIV case rates. In 2019, there were 881 new HIV diagnoses in Louisiana with the New

Orleans area accounting for the highest proportion (32%) of those cases (CDC, 2021). As of March 2021, 22,223 people were living with HIV in Louisiana and there have been more than 35,000 cumulative infections.

People of Color

People of color are disproportionately impacted by the HIV epidemic in Louisiana. According to the most recent census data, the racial and ethnic composition of the state was estimated to be 58% White, non-Hispanic, 33% Black, non-Hispanic, 1% Asian, and 1% American Indian. People of Hispanic origin made up an additional 5% of the total population. While Black people only made up 33% of the general population they accounted for 63% of all new HIV diagnoses in 2021.

Section V: 2022-2026 Goals and Objectives			
1. COMMUNITY BUILDING WITH PLWH AND ALLIES			
Activities	**Time Frame**	**Responsible Parties**	**Indicators**
Objective 1.1: By December 2026, establish a coordinated effort to measure and reduce HIV-related stigma across Louisiana *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 1.1, these activities will specifically address Treat and Respond.)*			
Strategy 1.1.1: By July 2021, identify tools to measure HIV-related stigma among PLWH and the broader community			
Conduct search for stigma assessment tools, including Stigma Index Survey	January 2021 - July 2021	GLL Community Engagement & Leadership Subcommittee	number tools identified
Present preferred tool to GLL steering committee for approval before implementation	January 2021 - July 2021	GLL Community Engagement & Leadership Subcommittee	documentation of approval
Obtain permission to use the selected tool, establish sample size needed, develop a budget and protocol for assessment	July 2021 - February 2022	GLL Community Engagement & Leadership Subcommittee	documentation of permission
Research funding opportunities and apply for grants to fund survey implementation	August 2021 - February 2022	GLL Community Engagement & Leadership Subcommittee	number of grants applied for, number of grants awarded, value of awarded grants
Strategy 1.1.2: By December 2024, Implement the Stigma Index Project and/or other assessment tools in all 9 regions			
Form steering committee comprised of local and expert project partners	August 2021 - January 2022	LDH OPH; LPHI, Other key project partners for implementation	documentation of committee members
Identify lead agency and develop a work plan	August 2021 - February 2022	GLL Community Engagement & Leadership Subcommittee	documentation, MOUs signed
Hire project coordinators	October 2022 - March 2023	Lead Project Agency, GLL Community Engagement & Leadership Subcommittee	documentation of hires
Recruit and train peers to administer the survey	November 2022 - April 2023	Lead Project Agency, GLL Community Engagement & Leadership Subcommittee	number of interviewers recruited, number of interviewers trained
Collect and analyze survey data	April 2023 - November 2023	Lead Project Agency, GLL Community Engagement & Leadership Subcommittee	number of surveys collected, survey results summary

Develop a dissemination plan, report findings through stigma summits and other avenues	December 2023 - June 2024	Lead Project Agency, GLL Community Engagement & Leadership Subcommittee	process documentation, number of presentations, reports, and summits conducted or generated
Strategy 1.1.3: By December 2026, use results from various assessments, including the Stigma Index Project, to implement stigma reduction interventions			
Review data and literature on stigma-reduction interventions	December 2023 - June 2024	AETCs, Stigma Index Project steering committee	number of trainings/interventions delivered, long term:
Tailor interventions for local and regional context and to target sources found to be most stigmatizing (e.g. dental offices as per results of past surveys)	June 2024 - November 2024	GLL Community Engagement & Leadership Subcommittee, CBO partners involved in project	reduction in self-reported stigma, baseline indicators survey sites, compare change from baseline for NO and BR
Identify and apply for funding for implementation of intervention	June 2024 - November 2024	GLL Community Engagement & Leadership Subcommittee	number of grants applied for, number of grants awarded
Implement pilot program	December 2024 - December 2026	Lead Project Agency, n GLL Community Engagement & Leadership Subcommittee	documentation of meetings, documentation of action steps and progress reporting
Evaluate Intervention impact	January 2026 - December 2026	Lead Project Agency, n GLL Community Engagement & Leadership Subcommittee	documentation, comparison of baseline results: % change of stigma reported, change in types of stigma reported
Continue routine steering committee meetings to provide support, discuss progress, and examine action steps needed to use the data to make change.	July 2023 - December 2026	GLL Community Engagement & Leadership Subcommittee, Lead Agency's Stigma Index Steering Committee	documentation of meetings, documentation of action steps and progress reporting
Objective 1.2: by December 2026, establish a network of people living with HIV to lead social support and advocacy efforts in every region of the state *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 1.2, these activities will specifically address Treat and Respond.)*			
Strategy 1.2.1: By December 2026, build and maintain a linked network of peer-led support groups in every region of the state			
Assess funding, resources, and opportunities for collaboration to build out network	March 2021 - December 2021	GLL Community Engagement & Leadership Subcommittee, Outreach staff, CHWs, peer navigators from CBO's	documentation of research, meetings
Identify funding to support a linked network of peer-led support groups and a network of trained advocates including coordination staff	March 2022 - December 2022	GLL Community Engagement & Leadership Subcommittee	number of grants applied for, number of grants awarded

Develop mechanism to link peer-led networks	July 2022 - June 2023	GLL Community Engagement & Leadership Subcommittee	documentation of platform or mechanism
Identify point people in each region to lead their chapter, develop targeted support groups and participate in regional meetings	July 2022 - June 2023	Rapid Start Navigators, CBO outreach staff, CHWs, n GLL Community Engagement & Leadership Subcommittee	number partners, number peers, number peer leaders, number supp. groups, number supp. group members, number meetings per quarter, number regional case managers identified and trained
Hire coordinator to support the network	September 2022 - December 2022	Agency TBD, n GLL Community Engagement & Leadership Subcommittee	documentation of hire
Create communications tools including FB page, website, phone tree	January 2023 - July 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	number of interactions on communications platforms utilized
Develop toolkit for organizing peer-led network	January 2023 - July 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	toolkit
Provide trainings for peer facilitators	January 2023 - July 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	number peers trained
Develop mechanisms for feedback and accountability of regional groups	January 2023 - July 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	documentation of process for feedback
Strategy 1.2.2: Create and maintain a network of trained advocates to lead statewide advocacy efforts by December 2026			
Identify entity to lead advocacy training and organizing efforts and/or support existing networks to expand their capacity and regional presence	July 2022 - June 2023	GLL Community Engagement & Leadership Subcommittee	documentation, MOU signed
Create tool kits and training materials	July 2022 - June 2023	Lead Project Agency, n GLL Community Engagement & Leadership Subcommittee	number of training materials developed

Hire project staff (coordinator and advocacy trainers)	September 2022 - December 2022	Lead Project Agency, GLL Community Engagement & Leadership Subcommittee	number of staff members hired
Provide comprehensive advocacy training and education to regional groups (Focus on local government as well as statewide efforts)	July 2022 - December 2026	Lead Project Agency, Peers, n GLL Community Engagement & Leadership Subcommittee	number of advocates trained
Establish regional chapters with paid positions for regional leads	July 2022 - June 2023	Lead Project Agency, n GLL Community Engagement & Leadership Subcommittee	documentation, number of chapters started, number paid positions created
Create communication mechanisms to inform network of legislation, actions, news, events and to organize virtually for statewide efforts	January 2023 - December 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	documentation of communications. number of events/actions, number of bills sponsored
Create work plan and legislative agenda for the network	January 2023 - December 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	documentation of work plan
Create mechanism for tracking legislation and researching legislators	January 2023 - December 2023	GLL Community Engagement & Leadership Subcommittee, Lead Agency Identified, Peers	documentation of tracking mechanism, number of bills tracked
Objective 1.3: By December 2026, mobilize allies to support advocacy and stigma reduction strategies *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 1.3, these activities will specifically address Treat and Respond.)*			
Strategy 1.3.1: By December 2026, foster collaboration on regional level between non-traditional partners and statewide advocacy network			
Identify funding for and create community liaison position to coordinate efforts and build relationships across sectors in each region	September 2022 - December 2022	GLL Community Engagement & Leadership and Coalition Building Subcommittees, Lead Project Agency, SHHP	documentation of funding acquired, positions created, number of new hires
Engage and invite non-traditional partners from strategic sectors to participate	January 2021 - December 2026	GLL Coalition Building and Community Engagement & Leadership Subcommittees, SHHP	number of non-traditional partners engaged in coalition work, number of partners attending events

Conduct regular partner meetings in each region, create a partner agreement with those involved in regional partner meetings to gain commitment and outline how they benefit from the partnership	June 2021 - December 2026	GLL Coalition Building and Community Engagement & Leadership Subcommittees, SHHP	number of meetings with new partners, number of new partners engaged in planning groups, number of partners' meetings attended,
Create and provide trainings, and continued engagement opportunities with allies at task forces, planning bodies, CABs, health providers, community organizations to ensure they have clear understanding of what it means to be an ally	June 2021 - December 2026	GLL Community Engagement & Leadership and Coalition Building Subcommittees, Lead Project Agency, SHHP	number of trainings provided, number of engagements with allies and non-traditional partners
2. PREVENTION EDUCATION AND STIGMA			
Activities	**Time Frame**	**Responsible Parties**	**Metrics**
Objective 2.1: By December 2026, increase the number of people who are screened for PrEP by 50%. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 2.1, these activities will specifically address Diagnose and Prevent.)*			
Strategy 2.1.1: By December 2026, increase the number of PrEP providers by 50%			
Provide training on PrEP and nPEP management to MDs, NPs, and OB/GYN in the community	January 2021 - December 2026	AETCs, SHHP Providers and staff, GLL Monitoring & Evaluation Subcommittee	number of providers that attended PrEP and nPEP trainings, Number of trainings held, number of regions with trainings
Provide training on PrEP and nPEP management to medical and nurse practitioner education training programs	January 2021 - December 2026	AETCs, GLL Monitoring & Evaluation Subcommittee	number of schools with curricula that includes training on PrEP and nPEP, Number of trainings held
Strategy 2.1.2: By December 2026, increase the number of people who are enrolled in TelePrEP by 50%			
Include TelePrEP in all HIV marketing campaigns (see Objective 1, Strategy 3)	January 2021 - December 2026	SHHP Marketing Team, TelePrEP navigators, and provider outreach staff, GLL PR & Marketing Subcommittee	number of social marketing campaigns conducted, proportion of social marketing campaigns that include PrEP messaging
Conduct provider and CBO outreach to ensure knowledge of PrEP and TelePrEP services, particularly in rural areas	January 2021 - December 2026	SHHP TelePrEP Navigator, Health Equity Supervisor, GLL Monitoring & Evaluation Subcommittee	number of providers detailed about PrEP, number of CBO staff trained on PrEP and TelePrEP

Ensure PrEP is included in telehealth offerings through providers outside OPH TelePrEP program	January 2021 - December 2026	SHHP TelePrEP Navigator, Health Equity Supervisor, Centralized Linkage Coordinators (Orleans), GLL Access to Care & Smaller Cities Subcommittee	number of PrEP notices/alerts sent through statewide medical associations supporting PrEP in telehealth provision
Strategy 2.1.3: Increase the number of people from priority populations who are screened for PrEP by 50% by Dec 2026			
Determine baseline usage of PrEP among priority populations	January 2021 - February 2021	SHHP Prevention, GLL Monitoring & Evaluation Subcommittee	number of people using PrEP, number of people screened for PrEP, number of clients enrolled in TelePrEP program,
Conduct focus groups or survey for providers and priority populations, on knowledge & attitudes around PrEP and prescribing	January 2023 - December 2023	GLL Monitoring & Evaluation Subcommittee, Statewide HIV CQI Group,	number of provider focus groups conducted, Number of surveys collected
Use findings from Black Women and PrEP study, PrEP survey, etc. to develop a marketing plan	August 2022 - December 2022	GLL PR & Marketing Subcommittee, PLWH, SHHP Marketing CAB	Documentation of marketing plans developed
Conduct at least one public health campaign statewide (for each population) that focuses on 1) young gay and bisexual men of color 2) people who are transgender and 3) Black women (build on Black Women and PrEP campaign)	Annually, January 2022 - December 2026	SHHP, CBOs, GLL PR & Marketing Subcommittee	number of targeted campaigns, number of campaign events
Conduct provider education on screening for PrEP for priority populations	January 2021 - December 2026	SHHP, AETCs, GLL Monitoring & Evaluation Subcommittee	number of trainings conducted, number of people trained, number of regions/sites trained
Black Women and PrEP Influencers to promote awareness and provide outreach to faith-based communities and young women's groups	January 2021 - December 2026	Black Women & PrEP Influencers, GLL Monitoring & Evaluation Subcommittee	number of Influencers, number of outreach encounters with faith-based organizations and women's groups
Objective 2.2: Increase the number of people in Louisiana who know their HIV status to at least 90% and reduce the number of new infections by 75% *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 2.2, these activities will specifically address Diagnose and Prevent.)*			
Strategy 2.2.1: By December 2026, increase number of individual ERs/FQHCs providing routine, opt-out testing for HIV and HCV by 30%			

Provide information and tool kits to offer routine HIV/STI/HCV screening based on CDC guidelines	January 2021 - December 2026	AETCs, SHHP, GLL Monitoring & Evaluation Subcommittee	number of toolkits disseminated
Assess capacity of new clinics providing testing and/or services, offer TA as needed	January 2021 - December 2026	AETCs, SHHP, GLL Access to Care & Smaller Cities Subcommittee	number of new clinics providing screening as a result of TA provided
Create order sets for EPIC, Centricity and other popular EMR systems	January 2023 - September 2023	GLL Monitoring & Evaluation Subcommittee, ER staff, med IT depts., EMR providers	number of EMR order sets completed,
Identify healthcare providers to serve as routine, opt-out testing champions to encourage buy-in from providers	January 2023 - December 2026	SHHP, CBOs, GLL Access to Care & Smaller Cities Subcommittee	number of new health care sites providing routine opt-out screening
Strategy 2.2.2: By December 2026, increase knowledge of testing availability through targeted series of community-focused campaigns throughout the state			
Organize 2 health fairs with testing/education in each region	Annually, January 2021 - December 2026	OPH Regional Operations/PHUs, SHHP, GLL Access to Care & Smaller Cities Subcommittee	number of health fairs conducted, number of tests administered at events
Foster relationships with alternative venues (barbershops, salons, corner stores, churches, community centers) to organize testing days and serve as outposts for resources (information, condoms, etc)	January 2021 - December 2026	CBOs, GLL Coalition Building & Advocacy Subcommittee	number of partnerships/agreements created, number of new testing venues, number of venue-based testing events, number of tests administered through non-traditional partners
Establish opportunities for home-based, self-testing	January 2021 - June 2023	CBOs, FQHCs, SHHP, GLL Access to Care & Smaller Cities Subcommittee	number of providers offering home-based testing, number of self-administered tests provided
Strategy 2.2.3: By December 2026, partner with 5 new correctional agencies to expand testing and access to other HIV prevention tools			
Create policy standards/standards of care/minimum essential services for testing, condom access, PrEP, PEP	January 2023 - July 2023	SHHP, GLL Coalition Building & Advocacy Subcommittee, Criminal justice systems, prison advocates, Medicaid Office, PPHC members	number of standards created
Prioritize which jails and prisons to focus on implementing opt-out testing	January 2021 - December 2026	SHHP, Department of Corrections, GLL Monitoring & Evaluation Committee	number of jails and prisons prioritized for testing

Implement opt-out HIV/HCV and syphilis testing in prisons and jails	January 2021 - December 2026	SHHP, Department of Corrections, GLL Monitoring & Evaluation Committee	number of correctional settings where opt-out testing is occurring
Expand linkage to care to 1) facilitate access to ARVs for individuals entering or exiting correctional facilities 2) to provide adherence support and 3) to monitor changes in Medicaid and insurance	January 2023 - December 2026	SHHP, Department of Corrections, GLL Access to Care Subcommittee	number of people linked to care upon release, number provided adherence support in jail/prison, number of jails offering adherence support
Advocate for CHW positions for prison work programs to provide peer linkage to care & harm reduction counseling	January 2023 - December 2026	SHHP, GLL Coalition Building & Advocacy Subcommittee, Community Advocates, Corrections Staff	number of peer advocate positions created
Create certification program for prison peer CHWs and linkage to job-readiness programs for parole/probation for incarcerated people set to be released	January 2023 - December 2026	LACHON, GLL Coalition Building & Advocacy Subcommittee	Number of certification programs created, number of people linked to job readiness programs upon release
Objective 2.3: By December 2026, expand community-based outreach (including virtual) throughout the state, with emphasis on rural areas. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 2.3, these activities will specifically address Diagnose and Prevent.)*			
Strategy 2.3.1: By December 2026, establish CHW teams in each public health region of the state to provide education, testing, and linkage to care and services			
Identify funding for additional CHW positions in each region	January 2021 - January 2024	GLL, GLL Community Engagement & Leadership Subcommittee, Louisiana CHW Workforce Commission, SHHP	number of CHW hired in each region
Partner with State CHW Program, LACHON and others to hire and train CHWs	January 2022 - December 2026	GLL, GLL Community Engagement & Leadership Subcommittee, Job1, Strive NOLA, Job Corps, Goodwill, LACHON, SHHP	number of trained CHWs; number of trainings offered to CHWs
Ensure that all Louisiana CHWs are cross trained, specifically in HIV/HCV/STI screening and linkage	January 2022 - December 2026	SHHP Training Team, GLL, GLL Community Engagement & Leadership Subcommittee	number of HIV/HCV/STI trainings

Increase the number of CHW encounters at or near colleges, universities, high schools, jails, and prisons	January 2022 - December 2026	SHHP CHWs, GLL, GLL Community Engagement & Leadership Subcommittee	number of encounters within priority areas
Strategy 2.3.2: By December 2026, have a 50% increase in health-focused community event participation (defined as outreach, education sessions, health fairs, house parties, as well as through virtual platforms/social media), that have an HIV/HCV/STI focus			
Establish and find funding to support CABs or workgroups in each region to partner with local CBOs to foster community involvement	June 2022 - December 2023	GLL Community Engagement and Monitoring & Evaluation Subcommittees, CBO staff, SHHP, CHWs	Amount of funding identified; number of CABs established statewide
CABs will lead or join others to support community events re: HIV/STI/HCV prevention and awareness. CABs will also work to ensure event success and maximize participation	January 2023 - December 2026	GLL Community Engagement and Monitoring & Evaluation Subcommittees, CBO staff, SHHP, CHWs	number of community events held throughout the state
Objective 2.4 Increase number of adolescents who have access to comprehensive sex education and prevention tools. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 2.4, these activities will specifically address Prevent.)*			
Strategy 2.4.1: By December 2026, increase the number of local education authorities (LEA) providing age-appropriate comprehensive sex education to all students by 75%			
Survey LEAs to assess readiness to implement sex education	September 2022 - March 2023	GLL Coalition Building & Advocacy Subcommittee, LPHI, Newcomb Center, IWES	number of surveys disseminated and collected
Present information on HIV/STI rates and information on survey results of parental attitudes about school-based sex education to each LEA and to each parent advisory group within the designated LEAs Community partners will attend	March 2023 - December 2026	GLL Coalition Building & Advocacy Subcommittee, SHHP, LPHI, Tulane Newcomb Center, LARHC, IWES	number of meetings/presentations
Provide comprehensive sex education to a minimum of 50% of LEAs in Louisiana that serve a majority Black, Latinx, and other youth of color	August 2022 - December 2026	GLL Coalition Building & Advocacy Subcommittee, Key CBOs working on sex education	number of students enrolled in program; percent change in number of students in priority population receiving "comprehensive sex education"
Community partners will develop an online, community-tailored, comprehensive sex education curriculum	January 2021 - December 2022	IWES, AETCs, LPHI, GLL Coalition Building & Advocacy Subcommittee	number of online curricula developed; number of meetings to develop online curriculum

Implement online curriculum with students in each LEA	January 2021 - December 2026	IWES, AETCs, LPHI, GLL Coalition Building & Advocacy Subcommittee	number of students accessing online content
Strategy 2.4.2: Advocate for updates to sex education policies at State and LEA level to require medically accurate, age-appropriate, inclusive, "comprehensive" sex education to be provided in public/charter schools (Grades K-12)			
Collaborate with members of HIV/HCV Commission, LAAN, LA Adolescent Reproductive Health Coalition, and other advocacy networks to define legislative agenda & strategy to organize, build support and to advocate at state/local level	January 2021 - December 2026	GLL Coalition Building & Advocacy Subcommittee, LAAN, LARHC, HIV/HCV Commission	Process documentation: creating of workgroup and number of meetings, development of legislative agenda, advocacy strategy
Use existing data and/or conduct focus groups/surveys on community/parental support for sex education, as needed and use evidence to provide education/training to policymakers	January 2023 - December 2026	LPHI, Newcomb Center, members of LARHC, GLL Coalition Building & Advocacy Subcommittee	number of focus groups, number of participants, number of policymakers met with/provided education/materials
Participate in Legislative Awareness Days to educate lawmakers on our communities' needs	Annually, January 2021 - December 2026	All stakeholders, community advocates, PLWH, GLL Coalition Building & Advocacy Subcommittee	Documentation of participation, list of coalition partners, number of attendees
Advocate for YRBS (including sexual health/risk questions) to be conducted in high schools	January 2023 - December 2026	All stakeholders, community advocates, PLWH, LARHC, GLL Coalition Building & Advocacy Subcommittee	Documentation of advocacy activities
Objective 2.5: By December 2026, ensure SSPs are operational in all 9 public health regions *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 2.5, these activities will specifically address Prevent and Respond.)*			
Strategy 2.5.1a: By December 2022, increase to 66% (6 of 9) number of regions that have SSP			
Strategy 2.5.1b: By December 2024, add 2 additional regions with providers of SSP			
Identify and create harm reduction information materials to inform local politicians, community members and CBOs of current laws, public health and safety benefits of providing HR materials/syringes	January 2021 - December 2023	SHHP, Harm Reduction Agencies across Louisiana, GLL PR & Marketing Subcommittee, SSP CABs	number of harm reduction materials created and identified, Number of harm reduction materials distributed, number of regions with distribution sites, number of politicians releasing public statement

Reconvene a statewide hepatitis coalition with expanded focus on the needs of people who use drugs, co-infected individuals, and Harm Reduction	January 2022 - July 2023	SHHP, Harm Reduction Agencies across Louisiana, GLL Coalition Building & Advocacy Subcommittee	number of meetings of statewide hepatitis or harm reduction coalition
Create grassroots advocacy campaign/movement to increase access to and awareness of services for people who use drugs to decriminalize drug use/carrying paraphernalia	July 2021 - June 2022	SHHP Statewide Harm Reduction Coordinator, Local SSPs, GLL Coalition Building & Advocacy Subcommittee	number of advocacy campaigns, number of placement sites for campaign materials, types of materials distributed
Advocate for statewide legislation to remove local ordinances requirement to allow for SSP	January 2021 - June 2024	GLL Coalition Building Subcommittee, SSP CABs, local SSPs, local government	number of bills/city ordinances passed
Identify legislators, city council members, and other advocates to write and introduce policies to allow for SSPs statewide	January 2022 - June 2024	SSP CABs, local SSPs, local government champions, GLL Coalition Building & Advocacy Subcommittee	number of policies introduced
For CBOs – create agreements with SSP Coordination at OPH to provide harm reduction materials and supplies, including Naloxone.	January 2021 - December 2025	SHHP Statewide Harm Reduction Coordinator, GLL Coalition Building & Advocacy Subcommittee	number of agreements or contracts documented
Identify funding and provider for syringes	January 2021 - December 2026	SHHP Statewide Harm Reduction Coordinator, SHHP, CBOs, GLL Coalition Building & Advocacy Subcommittee	number of syringes distributed; types of funding identified; number of SSP providers
Provide technical assistance for agencies leading the charge to pass ordinances and provide advocacy training for grassroots movement	January 2021 - December 2026	SHHP Statewide Harm Reduction Coordinator, GLL Coalition Building & Advocacy Subcommittee	number of advocacy trainings; number of TA events for CBOs
Strategy 2.5.2: Implement use of mobile SSPs for rural areas			
Offer trainings to community partners and health professionals on reducing stigma related to SSP services and people who use drugs	January 2021 - December 2026	SHHP, Project ECHO, OBH, CBOs, GLL, GLL Community Engagement & Leadership Subcommittee	number of trainings provided
Expand outreach and education to marginalized people, specifically people of color	January 2021 - December 2026	Local SSPs with mobile units, GLL, GLL Community Engagement & Leadership Subcommittee	number of outreach encounters; % increase from one year to the next

Develop protocol for CBOs using mobile testing units to utilize existing resources for mobile SSP	July 2021 - December 2023	SHHP and local CBOs, GLL Access to Care & Smaller Cities Subcommittee	Documentation of protocol
Identify and hire CHWs for mobile units who can set up referrals for housing/shelter services, transgender health, eviction prevention, addiction treatment, food pantry services, and IPV/FV providers that are geared towards substance using individuals, sex workers, and provide harm reduction counseling, referral for legal services	January 2023 - December 2026	SHHP and local CBOs, Linkage to Care/Treatment Agencies, GLL Coalition Building and GLL Community Engagement & Leadership Subcommittees	number of CHWs hired to work with mobile units
Create private/public partnerships with pharmaceutical and medical equipment businesses to operate new mobile SSPs	January 2023 - December 2026	SHHP, local SSPs, local pharmaceutical companies, GLL Coalition Building & Advocacy Subcommittee	number of Cooperative Endeavor Agreements
Strategy 2.5.3: By December 2024, integrate harm reduction and complementary strategies, including syringe access into other prevention programs and private sector access points (e.g. Walgreens, Walmart, CVS)			
Identify and create harm reduction information materials to inform pharmacies/CBOs of laws and benefits of providing HR materials/syringes	June 2022 - December 2024	SHHP, SSPs and Harm Reduction agencies across Louisiana, GLL Coalition Building & Advocacy Subcommittee	number of harm reduction materials created
Equip outreach workers/ prevention programs to carry sterile syringes, naloxone in addition to condoms, test kits, etc.	June 2022 - December 2026	SHHP, SSPs, CBO partners, GLL, GLL Community Engagement & Leadership Subcommittee	number of harm reduction kits disseminated
For CBOs – create agreements with SSP Coordination at OPH to provide HR materials for prevention programs/resource referral for SSPs	July 2021 - December 2022	SHHP, Harm Reduction agencies across Louisiana, GLL Coalition Building & Advocacy Subcommittee	number of agreements created with CBOs
Work with pharmacies/public and private sectors to provide access to syringe disposal sites, get sign on not to refuse syringes requested for purchase and to provide HR resources	July 2021 - December 2026	SHHP, CBOs, SSPs, GLL Coalition Building Subcommittee	Documentation of communications with pharmacies, number of pharmacies signed on to provide/sell syringes upon request, number of public venues signed on to provide disposal access

For local law enforcement – create agreements de-criminalize possession of paraphernalia	July 2021 - December 2026	SSPs, CBOs, SHHP, PWID advocates, GLL Coalition Building & Advocacy Subcommittee	number of local jurisdictions agreeing to comply with Good Sam Law for paraphernalia,
Increase access to safer injection supplies to agencies conducting high impact prevention by partnering with grassroots organizations offering SSP services	July 2021 - December 2026	SSPs, CBOs, SHHP, PWID advocates, GLL Coalition Building & Advocacy Subcommittee	number of new partners distributing syringes
Objective 2.6: By December 2026, increase diversity of HIV-related healthcare workforce and leadership (including professional management and volunteer) to reflect those most impacted by the epidemics by up to 25% *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 2.6, these activities will specifically address Diagnose, Treat, Prevent and Respond.)*			
Strategy 2.6.1: Create at least two strategic partnerships with HBCUs and other priority educational settings to promote interest in community-based HIV care and prevention and provide internship and work training opportunities			
Identify two HBCUs or universities with 50% or higher Black or other POC enrollment interested in engaging students in local internship opportunities	January 2023- June 2024	GLL, GLL Community Engagement & Leadership Subcommittee, identified universities, local CBO or FQHC partners	number of partnerships with MOUs, number of internships placed, Documentation of communication with universities
Identify leads at each local organization and within the identified universities	January 2023- June 2024	GLL, GLL Community Engagement & Leadership Subcommittee identified universities, local CBO or FQHC partners	number of leads identified
Create MOUs between the university and local organization(s) where students may volunteer or intern and maintain partnerships and internships	June 2024 - December 2025	GLL, GLL Community Engagement & Leadership Subcommittee, identified universities, local CBO or FQHC partners	number of MOUs, number of internships and partnerships
Through established partnerships, conduct awareness events, presentations, and other opportunities about HIV, STIs, and HCV and related career opportunities	June 2022 - December 2026	GLL, GLL Community Engagement & Leadership Subcommittee, identified universities, local CBO or FQHC partners	number of events on campuses

Strategy 2.6.2: Expand implementation of programs such as Mentors of Color to train people (especially Black gay/trans/queer people) in counseling and testing, holistic community health work to be able to gain experience and access job opportunities in the field			
Identify or develop a scalable mentorship training curriculum that can be replicated in LA	January 2023 - December 2023	CARP as lead, plus SHHP staff person or another statewide entity to oversee implementation, GLL Community Engagement Subcommittee, mentors and mentees at participating CBOs	number of curricula identified or developed; curriculum selected, Documentation of efforts to develop mentorship curriculum
Identify staff person(s) to recruit, train, and support mentors across the state.	June 2023 - June 2024	Community leaders, advocates and other statewide entity to oversee implementation, GLL Community Engagement & Leadership Subcommittee, mentors and mentees at participating CBOs	number of staff people hired and trained
Identify funding to support expansion of program	June 2023 - June 2024	GLL Community Engagement and Monitoring & Evaluation Subcommittees	number funding streams successfully obtained
Release mentorship program announcement at partner orgs, then implement	June 2023 - June 2024	GLL Community Engagement & Leadership Subcommittee, Lead Agencies	number of participating organizations number of mentoring sessions per year (or quarter), number of people mentored
Strategy 2.6.3: Create human resources policies that include valuation of experiences including, but not limited to experience with communities of color, the justice system, homelessness, drug use, alongside education and/or work experience in hiring and promotion			
Identify external evaluator to create and conduct a pre and post survey of human resources departments of CBOs and other key partners to measure HIV workforce demographics and examine hiring and promotion policies	January 2023 - December 2026	GLL Monitoring & Evaluation Subcommittee, external evaluator, CBOs/FQHCs funded by city & state, OPH, SHHP, New Orleans HD, Baton Rouge HD	number of surveys completed, external evaluator hired/contract executed, number of HR policies created or amended, change in demographics of workforce from baseline

Identify funding to create, implement, & analyze HIV workforce survey	January 2023 - December 2024	GLL Monitoring & Evaluation Subcommittee, external evaluator, CBOs/FQHCs funded by city & state, OPH, SHHP, New Orleans HD, Baton Rouge HD	number of grants applied for, number of grants awarded, value of awarded grants number of surveys developed, response rate
Conduct surveys of human resource departments at CBOs and ASOs within Louisiana and report on progress	January 2024 - December 2024	GLL Monitoring & Evaluation Subcommittee, CBOs/FQHCs funded by city & state, OPH, SHHP, New Orleans HD, Baton Rouge HD	number of surveys collected, percent change in workforce diversity
Use survey results to generate statewide recommendations for HIV workforce hiring, promotion, and ongoing support	June 2024 - December 2025	GLL Monitoring & Evaluation and Coalition Building Subcommittees	number of recommendations generated
Implement practices that place value on lived experience including, but not limited to experience with communities of color, the justice system, homelessness, drug use, alongside education and/or work experience	January 2026 - December 2026	GLL Coalition Building & Advocacy Subcommittee, CBOs/FQHCs funded by city & state, OPH, SHHP, New Orleans HD, Baton Rouge HD	number of practices created or changed
3. ACCESS TO CARE AND SUPPORTIVE SERVICES			
Activities	**Time Frame**	**Responsible Parties**	**Metrics**
Objective 3.1: By December 2026, at least 80% of people living with HIV are adequately assessed for psychosocial and supportive wrap around services and are linked accordingly within 14 days of new diagnosis *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 3.1, these activities will specifically address Treat and Respond.)*			
Strategy 3.1.1: Establish minimum standards to ensure all facilities (including non-RW funded facilities) are adequately screening for comprehensive service needs			
Gather screening tools from RW clinics to use as template and get social workers/case managers to weigh in	January 2021 - December 2022	GLL Access to Care/Smaller Cities Subcommittee, Body of Case Managers	number new clinics where staff are trained, number new clinics adopting standards and using form, number clients screened/referred within 2 weeks

Have experts (Case Managers) review and make recommendations on the creation of a screening tool and/or minimum essential standards and recommended screening protocols	January 2021 - December 2022	GLL Access to Care/Smaller Cities Subcommittee, Body of Case Managers	number new clinics where staff are trained, number new clinics adopting standards and using form, number clients screened/referred within 2 weeks, number of clients referred with completed screening tool; number of new patient intakes completed, number of new patient intakes completed
Share essential standards and sample screening tool (short form) and repository of approved forms in use with providers/case managers	January 2023 - December 2023	Access to Care/Smaller Cities Subcommittee and GLL Steering committee, Body of Case Managers	number of facilities tools and protocols are shared with
Rescreen all clients previously screened annually	January 2023 - December 2026	Partnering clinics, CBOs, GLL Access to Care & Smaller Cities Subcommittee	number of clients rescreened
Strategy 3.1.2: Streamline referral systems between CBOs, FQHCs, and other mental health, social services, dental, and vision care providers			
Develop and update (at least annually) statewide listing of HIV clinical care/service providers to include primary, dental, & vision care, mental health services, and support svcs e.g. DV resources & housing	June 2021 - December 2022	Access to Care/Smaller Cities Subcommittee and GLL Steering Committee, SHHP	number MOUs, number of times short-term referral tool used, number of times website accessed/resource downloaded
Gather referral MOU templates and have subgroup of experienced HIV administrators select one for use by clinics	January 2023 - June 2023	Access to Care/Smaller Cities Subcommittee and GLL Steering Committee, SHHP	number MOUs, number of times short-term referral tool used, number of times website accessed/resource downloaded; number of new links added annually; number of links removed annually
Develop a concise tool for information release, and MOU template attached for facilities to use	January 2023 - June 2023	Access to Care/Smaller Cities Subcommittee and GLL Steering Committee, Body of Case Managers	documentation that tool was developed
Strategy 3.1.3: Expand peer support model to provide additional/stop-gap coverage for case management and mental health support for newly diagnosed people			

Identify and analyze current CHW, linkage to care, and peer support models for effectiveness, geographic coverage, and determine funding mechanisms	January 2023 - December 2023	RW Part A Grantees, AETCs, RW Part B Grantees, CBOs statewide, SHHP (service provider training program), GLL Community Engagement & Leadership Committee	Number of peer advocates/mentors/PLWH CHWs hired and/or trained; number of cost-effectiveness evaluations completed; number of ecological/network evaluations completed; number of new funding mechanisms received
Develop training program for experienced peers to train new peer advocates, include training from mental health providers/AETCs	January 2024 - June 2024	CBO and health facility partners, GLL Community Engagement & Leadership Committee	number of curriculums developed/implemented, number of trainings held, number of training evaluations completed,
Identify current community leaders/peers who could provide training to new peers	January 2024 - June 2024	CBO and health facility partners, GLL Community Engagement & Leadership Committee	number of leaders recruited, number of trainings held, number of evaluations completed; percentage of regions with advocates
Hire peer advocates mentors/ CHWs to meet needs	June 2024 - December 2024	CBO and health facility partners, GLL Community Engagement & Leadership Committee	number of positions filled
Strategy 3.1.4: Strengthen mental health workforce and create additional positions for social workers, counselors, and psychologists on staff at CBOs			
Leverage existing internship programs with schools of social work and established facility-based mental health programs	January 2023- December 2023	Access to Care/Smaller Cities Subcommittee, Instructor of schools of social work, CBOs	number of new field placements for SW created, number of SW/Psy graduates, number of clinics that reported expanded mental health capacity
Review RW benefits for mental health services with CAB allocations committee to expand coverage as needed	January 2023- December 2023	RW CABs, Access to Care/Smaller Cities Subcommittee	
Create partnerships with National Association of Black Social Workers (NABSW) and NASW - LA Chapter to strengthen workforce and provide support for SW students & new hires	January 2023- December 2023	Access to Care/Smaller Cities Subcommittee - Social Work Ambassador/Volunteer Liaison	number of MoUs; number of minority graduates hired in LA

Partner with CBOs to identify funds to create paid positions and hire social workers, counselors, and psychologists	January 2023- December 2026	Access to Care/Smaller Cities Subcommittee - Social Work Ambassador/Volunteer Liaison, CBOs	number of new counseling positions created, change in MH visits billed
Objective 3.2: By December 2026, increase the number of locations and providers, statewide, that provide HIV-competent primary care, dental, and supportive wrap-around services *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 3.2, these activities will specifically address Prevent and Treat.)*			
Strategy 3.2.1: Train providers from FQHCs, in each public health region, to provide competent and non-stigmatizing HIV care			
Review patient satisfaction and stigma index data to identify providers in need of training and conduct outreach to providers and professional associations	June 2024 - December 2025	AETCs, SHHP, Regional Medical Directors, GLL Access to Care & Smaller Cities Subcommittees	number of trainings provided, number of providers trained, changes in patient satisfaction and/or self-reported stigma
Provide training to increase providers' awareness and knowledge of HIV care and treatment (online training available)	June 2023 - December 2026	AETCs, SHHP, Provider Network, GLL Access to Care & Smaller Cities Subcommittees	number of trainings provided, number of providers trained, number of evaluations completed
Utilize annual FQHC, Rural Health, and provider meetings to provide retraining and report on progress	June 2023 - December 2026	AETCs, SHHP, Provider Network, GLL Access to Care & Smaller Cities Subcommittees	number of trainings provided, number of providers trained, number of evaluations completed
Apply for CEUs to add incentives to providers of wrap around services	June 2023 - December 2026	AETCs, SHHP, Provider Network, GLL Access to Care & Smaller Cities Subcommittees	number of CEUs offered in MD/DO, Pharm, RN, SW, and LPC
Advocate for "Red Ribbon" certification for Medicaid and Managed Care Organizations as part of their credentialing process for Health Care Providers and facilities and adding the "Red Ribbon" to the insurers' directory of primary care provider for insurees to know who is competent to provide GP/FP/GYN services and HAART management	January 2023 - December 2026	GLL Coalition Building & Advocacy Subcommittee, AETCs	number of orgs with Red Ribbon standards established, Documentation of advocacy efforts
Objective 3.3: By December 2026, support people living with HIV in understanding health systems and advocating for their own health *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 3.3, these activities will specifically address Treat.)*			
Strategy 3.3.1: By December 2026, increase access to up-to-date, accurate medical information about HIV/HCV/STI and referrals to treatment for community, clinical and support service providers. (focus on HIV primary care)			

Establish a workgroup to develop a resource guide for clinical and support service providers that includes up to date information on linkage, care and treatment	January 2021 - June 2023	OPH, AETC, CBO representatives, CABs from Medical Groups/Hospital Systems, GLL Access to Care & Smaller Cities Subcommittee	number of clinics distributing materials, number of materials distributed, number of views of resource guide on website
Create the resource guide	January 2022 - June 2023	Work Group, GLL Access to Care & Smaller Cities Subcommittee	number of guides created,
Disseminate resource guide to all HIV clinics	July 2023 – December 2026	OPH, AETC, CBO representatives, CABs from Medical Groups/Hospital Systems, GLL Access to Care & Smaller Cities Subcommittee	number of guides distributed
Strategy 3.3.2: Provide education and training on health systems/health landscape to all clients entering care and offer retraining/learning opportunities annually			
Identify/develop curriculum such as The Mixer/KFF curriculum to educate clients on the health system/health literacy	January 2021 December 2022	CBOs, GLL Access to Care Subcommittee, LAHAP, OPH	number providers trained, number of community-based trainings, number of PLWH trained, number of trainers, number of locations hosting a training
Find funding to pay a team of advocates to do this work	January 2022 - December 2022	GLL Monitoring & Evaluation Subcommittee, OPH	number of funding mechanisms identified, number of proposals submitted, number of proposals funded
Develop core team of advocates for education and training to all providers/clients entering care in clinical & community-based settings	January 2023 - December 2026	Lead Project Agency, GLL Access to Care & Smaller Cities Subcommittee	number of advocates trained, number of trainings held, number of course evaluations completed
Provide training through in-person and virtual platforms	January 2023 - December 2026	Lead Project Agency, GLL Access to Care & Smaller Cities Subcommittee	number of trainings held, number of course evaluations completed
Offer refresher training twice annually as new information will be coming down the pipeline that will need to be discussed and learned.	January 2023 - December 2026	Lead Project Agency, GLL Access to Care & Smaller Cities Subcommittee	number of trainings held, number of course evaluations completed

Objective 3.4: By December 2026, 90% of people living with HIV in Louisiana will be retained in care and 90% of PLWH in care will be virally suppressed. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 3.4, these activities will specifically address Prevent and Treat.)*			
Strategy 3.4.1: By December 2026, ensure providers, patients, and the community at large, are educated or made aware of U=U to encourage retention in care			
Identify funding for a U=U awareness survey	July 2021 - June 2022	GLL Monitoring & Evaluation Subcommittee, OPH	number of funding mechanisms identified, number of proposals submitted, number of proposals funded
Create survey tool(s) to assess U=U awareness/knowledge of providers, patients, and larger community (to include in RW CNA or stand-alone)	January 2022 - December 2022	GLL Access to Care Subcommittee, SHHP, RW Statewide Needs Assessment	Results of survey instruments developed."
Administer survey to providers, patients, and communities and analyze results	July 2022 - December 2022	Lead Project Agency, OPH-SHHP, GLL Access to Care & Smaller Cities Subcommittee	Response rate
Implement informational campaigns with providers and general public	June 2021 - December 2026	GLL PR & Marketing Subcommittee, Lead Project Agency, OPH-SHHP, PLWH	number of campaigns
Re-survey providers, patients, and the community to assess increase in knowledge/awareness	July 2024 - December 2024	Lead Project Agency, OPH-SHHP, GLL Access to Care & Smaller Cities Subcommittee	Response rate, percent change
Strategy 3.4.2: Utilize peer support model to offer all newly diagnosed people the support of a peer mentor to act as a peer advocate to improve linkage and retention, access to supportive services, and health outcomes (see Strategy 3.1.3 for build out of peer support model)			
Identify/train peers to act in longer term support role for PLWH struggling to stay in care or in need of an advocate	January 2023 - December 2026	RW Part A, B and C, D grantees administrators, CBOs, CHWs, Linkage to Care Coordinators, GLL Community Engagement & Leadership Subcommittee	number of peers trained, number of peer advocate positions created
Create opt-in program for PLWH in need of longer-term peer support and/or to advocate for client to case managers if needs are not being met	January 2023 - December 2026	CBOs, CHWs, SHHP, RW Part A, B and C, D grantees administrators, GLL Community Engagement & Leadership Subcommittee	number of peer advocates/PLWH CHWs employed across state, number of program participants
Strategy 3.4.3: By December 2026, ensure at least 90% of newly diagnosed PLWH are offered rapid HIV treatment initiation			

Utilize surveillance data to identify locations where linkage to care is weak to prioritize for implementation of rapid start navigation	January 2021 - December 2026	Ryan White programs (A, B, C, D), Statewide HIV CQI group, SHHP, GLL Monitoring & Evaluation Subcommittee	number of programs who maintain a rapid-start access, number of new programs are developed; Documentation of referral mechanisms for rapid-start, percentage community viral load
Expand number of providers offering rapid HIV treatment initiation	July 2021 - December 2026	SHHP, Ryan White Administrators, GLL Access to Care & Smaller Cities Subcommittee	number of providers trained, number of workflows developed, number of AETC Rapid Start Practice Transformation Projects
Recommend that clinics have two-week supply of medication to provide at time of diagnosis if wait times for initial appointments are longer than guidance recommends	July 2021 - December 2026	GLL Access to Care Subcommittee	Documentation of correspondence with facility heads
Ensure 80% of patients complete an initial appointment with a provider within 7 days of diagnosis	July 2021 - December 2026	SHHP, Ryan White Administrators, GLL Monitoring & Evaluation Subcommittee	Individual site performance CQI data, number of new HIV diagnoses, percentage of diagnoses linked to care within 7 days and 14 days
Strategy 3.4.4: Increase transportation support for people living with HIV to access clinic appointments, support sessions, and pharmacy services throughout the state of Louisiana			
Review RW funding priorities and allocations to determine if expanding transportation services is possible	January 2022 - December 2026	RW-Funded Agencies and Planning Councils, GLL Access to Care & Smaller Cities Subcommittee	documentation of review of RW funding regulations requirements for transportation
Identify additional funding to expand transportation efforts	January 2022 - December 2026	RW funded agencies, Regional/ Parish partners, GLL Monitoring & Evaluation Subcommittee	Funding identified to expand client transportation services
Develop regional partnerships to ensure coordination of expanding transport to/from treatment/services (mental health, dental, etc) when not provided through RW funded clinic	January 2022 - December 2026	GLL Access to Care Subcommittee and Regional/Parish partners	documentation of review of RW regulations to determine if funding could be used to expand transportation services
Identify baseline for transportation services	June 2022 - December 2022	GLL Monitoring & Evaluation Subcommittee, Regional/Parish Partners	number of clients receiving travel assistance outside of RW-funded services

Increase travel assistance for clients outside of RW-funded services	January 2022 - December 2026	CBOs, GLL Access to Care & Smaller Cities Subcommittee	% change in transportation funding
Identify/develop client transportation evaluation plan and tracking tools	January 2023 - December 2023	GLL Monitoring & Evaluation Subcommittee, Regional/Parish Partners, Statewide CQI workgroup	Completed evaluation plan and tracking tools
Track, evaluate and report back issues with Medicaid transportation in order to inform program improvements	January 2022 - December 2026	GLL Monitoring & Evaluation Subcommittee, Statewide HIV CQI Group, Case Managers	Quarterly Reports reflecting clients travel assistance received over-time
Identify/develop travel forms to ease facility ability to request travel assistance, document services provided, submit for reimbursement	January 2023 - June 2023	GLL Access to Care Subcommittee, Case Managers Workgroup	Documentation of standardized travel forms created for client transportation services
Objective 3.5: Improve access to HIV-related medical care and supportive services for undocumented populations. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 3.5, these activities will specifically address Diagnose, Treat and Prevent.)*			
Strategy 3.5.1: Use data-informed strategies and best practices to conduct outreach with undocumented populations			
Develop work group to research best practices in other states that serve undocumented populations	July 2021 - December 2022	GLL Access to Care Subcommittee	number of people recruited to workgroup, number of reviews and recommendations made
Conduct focus groups w/ Spanish speakers (or other ethnic minority groups with high numbers of undocumented people living in LA) including undocumented people and/or key informant interviews of those working closely with undocumented populations to better understand their fears, challenges and needs	January 2022 - December 2022	GLL Access to Care Subcommittee, WWAV staff, CBOs/non-traditional partners working with Latinx community	number of focus groups/interviews, process documentation, number CHWs providing outreach, number outreach encounters, number of clinics partnered with to follow recommendations
Develop standards/share findings with clinics to adopt as recommended practices	January 2023 - March 2023	GLL Monitoring & Evaluation and Access to Care Subcommittee	number of people recruited to workgroup, number of reviews and recommendations made
Develop campaign and conduct HIV-related outreach utilizing advocates and CHWs who can reach this population	March 2023 - December 2026	GLL Marketing & PR, GLL Community Engagement & Leadership Subcommittees	number of campaign materials created, number of distribution sites, number of materials disseminated

Conduct outreach to clinics serving undocumented clients to ensure they are also following best practices to provide confidential services, including HIV testing, treatment, and/or referral, to undocumented populations	January 2023 - December 2026	SHHP Provider Detailers, GLL Access to Care Subcommittee	number of reviews and recommendations made
Strategy 3.5.2: Implement/expand testing and linkage through Mexican, Honduran, and other consulates, other venue-based testing sites			
Identify and create agreements between consulates and testing providers (SHHP, CBOs) to offer testing days as well as treatment providers to allow for seamless referral	January 2021 - December 2026	GLL Access to Care and Coalition Building Subcommittees, SHHP, CBOs, CHWs, Consulate Representatives	number of tests, number of new CHWs/C&T staff hired, number of new partnerships
Identify funding to hire Spanish-speaking staff, CHWs, translate materials	January 2021 - December 2026	SHHP, CBOs, GLL Monitoring & Evaluation Subcommittee	number of documents translated for SHHP, number of interns linked to CBOs
Strategy 3.5.3: Expand testing, linkage and culturally competent care across health systems and hospitals working with Spanish-speaking and undocumented populations			
Assess geographic locations with high immigrant populations and where services are currently being offered (including regional and informal groups)	January 2022 - December 2023	SHHP, GLL Monitoring & Evaluation and Access to Care Subcommittees, CBOs, CHWs	number of new Spanish-speaking hires, number of tests, number of regional organizers/advocates/key stakeholders who serve this group

Survey providers to identify accommodations available to immigrant populations as well as policies/practices that may act as barriers or facilitators to serving these populations	January 2022 - December 2023	GLL Access to Care, Community Engagement and Monitoring & Evaluation Subcommittees, SHHP, SHHP/LDH HEAT Team, SHHP Regional Coordinators and Support Services Monitors, CHWs	Organizational capacity assessment tools (OCAT) completed
Connect facilities with resources to provide technical assistance to those facilities lacking ability to provide comprehensive/culturally appropriate services	January 2023 - December 2026	SHHP/LDH HEAT Team, Capacity Building Team, GLL Access to Care Subcommittee	Organizational capacity assessment tools (OCAT) completed
Review of policies around data collection on immigration status/reporting procedures and promote model policies for health systems, hospitals, and clinics that ensure access to testing and treatment regardless of immigration status	January 2022 - December 2023	SHHP, GLL Monitoring & Evaluation and Coalition Building Subcommittees	number of new Spanish-speaking hires, number of tests, Organizational capacity assessment tools (OCAT) completed
Identify funding and employ Spanish-speaking staff, CHWs from the community to work with/provide outreach and services to undocumented populations	July 2022 - December 2026	SHHP, CBOs, GLL Monitoring & Evaluation Subcommittee	number of funding mechanisms identified, number of proposals submitted, number of proposals funded, number of documents translated for SHHP, number of interns linked to CBOs
4. SMALLER CITIES AND RURAL COMMUNITIES			
Activities	**Time Frame**	**Responsible Parties**	**Indicators**
Objective 4.1: Leverage strategic partnerships with organizations and individuals working directly with key populations to raise awareness on HIV, STIs, and Hepatitis C *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 4.1, these activities will specifically address Diagnose, Treat and Prevent.)*			
Strategy 4.1.1: Organize community outreach events with local partners and gatekeepers			
Identify community programming (formal or informal) that is already in place in rural areas to inform development of interventions/campaigns/outreach event format	August 2022 - December 2026	CBOs, local gatekeepers, FBOs, SHHP (virtual campaigns), GLL Community Engagement and Marketing & PR Subcommittees	documentation of community programming

Organize community outreach events tailored to specific groups with local partners and gatekeepers around the state - Including youth groups, young same-gender loving Black men, Black women, people of transgender experience	August 2022 - December 2026	GLL Community Engagement and Marketing & PR Subcommittees, CBOs,	number of outreach events conducted
Develop and implement ongoing communications for these programs	August 2022 - December 2026	GLL Marketing & PR, GLL Community Engagement & Leadership Subcommittees	documentation of materials developed, documentation of materials distributed and utilized
Create partnerships and improve referrals systems between HIV service agencies and primary care centers, social services to improve linkage to care for people newly diagnosed with HIV (outreach targeting rural providers/gatekeepers)	August 2022 - December 2026	GLL Access to Care and GLL Community Engagement & Leadership Subcommittees, SHHP Services, LTC Coordinators	number of new partners identified in HIV services referral network
Strategy 4.1.2: Build capacity of rural health clinics, FQHCs, social service organizations, universities and health science centers to provide linkage to HIV service agencies			
Connect providers with low testing rates to HIV service organizations to provide testing services	July 2021 - December 2026	SHHP, HIV CQI Group, RW Part B/C, CBOS, GLL Access to Care Subcommittee	number of meetings between non-RW and RW providers, change in testing rate at non-RW providers
Provide materials/information that can be shared with clients at their organizations. Offer in-service days or tabling events at partner organizations.	July 2021 - December 2026	AETCs, CBOs, CHWs, SHHP (Marketing), GLL Access to Care and Marketing & PR Subcommittees	number of materials distributed, number of tabling events
Objective 4.2: Develop alternative methods of healthcare and testing delivery to improve access in rural areas. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 4.2, these activities will specifically address Diagnose, Treat, Prevent and Respond.)*			
Strategy 4.2.1: Increase CHW workforce in all regions to expand community-based testing in rural areas			
Train CHWs, peers, and community members in counseling and testing	January 2021 - December 2026	OPH/SHHP Capacity Building staff, CBOs, SHHP Community Health and Outreach Supervisor, GLL Access to Care Subcommittees	number of CHWs trained on HIV counseling and testing, number of college students training as ambassadors/counselors

Partner with local community-based organizations to offer counseling and testing	January 2021 - December 2026	OPH/SHHP Capacity Building staff, CBOs, SHHP Community Health and Outreach Supervisor, GLL Access to Care Subcommittees	number of partnerships created (contracts and MOUs signed)
Train college students near rural areas to serve as ambassadors/counselors	July 2022 - December 2026	SHHP Capacity Building staff, Colleges and Universities, GLL Access to Care Subcommittees	number of students trained as ambassadors
Identify service gaps and need to increase capacity of existing mobile units	July 2022 - December 2023	GLL Monitoring & Evaluation and Access to Care Subcommittees, SHHP	documentation of assessment and service gaps identified, number of C&T sessions conducted through mobile units
Identify funding for at least one mobile unit per region	July 2023 - December 2026	GLL Monitoring & Evaluation and Access to Care Subcommittees, SHHP, CBOs	number of grants applied, number of grants awarded, documentation of funding secured, Documentation of procurement of mobile units
Strategy 4.2.2: Expand venue-based testing and linkage to care through community wellness programming			
Work with industries to establish testing/outreach/wellness and health services on site (at refineries, fisheries/manufacturing, etc.)	January 2023 - December 2026	CBOs, SHHP Regional Coordinators, LPCA/primary care providers, GLL Access to Care, Coalition Building and GLL Community Engagement & Leadership Subcommittees	number of new venue-based testing sites
Offer general health screenings, education and outreach to ensure holistic care, confidentiality, and stigma reduction	January 2023 - December 2026	CBOs, SHHP Regional Coordinators, LPCA/primary care providers, GLL Access to Care, Coalition Building, and GLL Community Engagement & Leadership Subcommittees	number of health screenings, number education sessions provided through community wellness programs

Provide testing/outreach/wellness and health services through community-based venues including FBOs, Community Centers, etc.	January 2023 - December 2026	CBOs, LPCA/primary care providers, CHWs, GLL Access to Care & Smaller Cities Subcommittee	number of tests administered, number of general health and wellness screenings and services provided through community-based venues, FBOs, community centers, number of community-based venues partnered with
Expand scope of service/service provision by pharmacists to offer both testing and to act as prescriber to start some treatments (rapid start of ART) with linkage to care	January 2023 - December 2026	GLL Access to Care and Coalition Building Subcommittees in partnership with Pharmacists/Pharmacy association	documentation of service provision changes, number of tests provided through pharmacies, number of clients initiating treatment through pharmacies
Participate in health fairs & collaborate with food pantries to provide testing, services, outreach	July 2021 - December 2026	CBOs, FQHCs, Med/Allied Health Students, GLL Access to Care, Coalition Building and GLL Community Engagement & Leadership Subcommittees	number of tests administered through health fairs and food pantries, number of outreach encounters at health fairs and food pantries
Strategy 4.2.3: Expand use of technology for HIV and STI screening, treatment, case management, and TelePrEP			
Explore options and funding opportunities, research and compile information for app development	July 2022 - June 2023	SHHP, GLL Access to Care, Marketing & PR and Monitoring & Evaluation Subcommittees,	documentation of research, funding opportunities available, and content compiled for app development
Create an app to connect people to services (testing, PrEP/condom access, HIV and Hep C treatment, Medication-Assisted Therapy, wellness)	July 2023 - June 2025	SHHP, GLL Marketing & PR and Monitoring & Evaluation Subcommittees, App Developer	Process documentation on app development and completion

Expand and support use of telemedicine for HIV medical care, peer support, counseling, and case management	January 2021 - December 2026	SHHP Services and Prevention, GLL Access to Care and Marketing & PR Subcommittees	number of telehealth visits conducted, number of CBOs providing access support for telehealth visits (private space, computer access, etc.), number of community centers/other venues offering telehealth support
Map broadband signals to better understand where telemedicine would be available	July 2021 - December 2021	SHHP, GLL Monitoring & Evaluation, Internet service providers such as AT&T or Cox	documentation of broadband mapping, identification of service gaps
Create telehealth hubs at health centers serving rural communities without access to broadband/computer	January 2022 - June 2022	SHHP, GLL Monitoring & Evaluation, Marketing & PR Subcommittees, Internet service providers such as AT&T or Cox	number of agreements between providers of tests/telehealth, number of home-tests administered, number of tele navigation encounters, number of referrals from tele navigation , number of telehealth visits for home-testing results
Advocate for reimbursement for telehealth visits (Medicaid, private insurance, RW)	January 2021 - December 2021	SHHP Services, GLL Access to Care and Coalition Building Subcommittees	documentation of advocacy efforts, documentation of meetings with RW, Medicaid and Insurance Providers, documentation of changes to reimbursement schedules
Integrate telehealth navigation and follow-up visits with home-based testing	January 2023 - December 2026	SHHP Prevention, telehealth and home-based testing providers, GLL Access to Care Subcommittee	number of home-based tests with telehealth navigation or follow-up conducted
5. DATA-DRIVEN POLICY AND ADVOCACY			
Activities	**Time Frame**	**Responsible Parties**	**Metrics**

Objective 5.1: Improve data sharing and utilization across systems to improve linkage to care and treatment outcomes. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 5.1, these activities will specifically address Diagnose, Treat and Respond.)*			
Strategy 5.1.1: Work with commercial insurance carriers to improve HIV health outcomes (adherence, medical visits, viral load, prescription refills)			
Meet with commercial insurance plan providers to assess how they currently track outcomes for PLWH and their HIV-focused initiatives	January 2023 - December 2023	Contacts between SHHP/BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee, Pharmaceutical companies	Documentation that meeting with commercial insurance plan providers occurred
Assess current knowledge of what HIV data they track and what interventions they are doing	January 2023 - July 2024	Statewide HIV CQI Group, SHHP,BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee, Pharmaceutical companies	Documentation of findings
Work with insurance companies to target providers that have many patients lost to follow-up to develop interventions to improve retention	January 2023 - July 2024	Statewide HIV CQI Group, SHHP,BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee, Pharmaceutical companies	Number of payers who agree to engage in improving outcomes for PLWH
Gather feedback from/survey members to discuss and create solutions to overcome barriers to adherence	January 2023 - July 2024	Statewide HIV CQI Group, SHHP, BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee	Documentation of data collection instrument and results
Develop a workgroup to analyze insurance claims for gaps in service and propose interventions to address identified gaps	July 2024 - December 2024	Statewide HIV CQI Group, SHHP, BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee	Documentation of workgroup meetings, gaps identified, and proposed interventions

Provide reports on continuums of care back to the providers that don't have CQI capacity to assess continuum of care indicators of their caseloads	January 2023 - December 2023, and biannually thereafter	Statewide HIV CQI Group, SHHP, BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee	Documentation of reports
Assess utility of data sharing between ADAP and commercial insurance on prescription data for integration into data-to-care/public health exchanges	July 2024 - December 2025	Statewide HIV CQI Group, SHHP, BCBS, Patient advocacy organizations, Access to Care/Smaller Cities Subcommittee	Documentation of findings
Strategy 5.1.2: Work with hospitals to identify PLWH who are out of care			
Expand information exchange programs linked to electronic medical records databases to alert providers to clients presenting out of care	January 2021 - December 2026	Health Systems and Surveillance Units at SHHP, hospital leaders, Access to Care/Smaller Cities Subcommittee	Number of patients identified by LAPHIE alert, Proportion of patients identified who are linked to care
Create workgroup to identify contacts in major hospital systems across LA that can influence leadership at hospitals to implement information exchanges, engage with payors, and present data exchange proposals to hospital leadership	January 2023 - December 2026	SHHP, hospital leadership, clinics within hospital systems (RW funded: UMC, OLL, VDC), Members of GLL Committees	Number of new sites using LAPHIE (by region)
Identify grants to help fund data exchange installation, maintenance, and upgrades	January 2023 - December 2026	GLL Monitoring & Evaluation Subcommittee	Documentation of grants identified and application
Work with contractor to install or update data exchange at hospitals	January 2023 - December 2026	GLL Monitoring & Evaluation Subcommittee, LDH-OPH, Hospitals	Documentation of contract and deliverables
Strategy 5.1.3: By December 2026, implement a pilot program to establish health data exchanges with at least 5 parish jails and the state health departments to identify incarcerated people living with HIV and offer pre-/post-release services			
Create statewide work group to identify key stakeholders across jail systems	January 2023 - July 2023	GLL Access to Care & Smaller Cities Subcommittee, SHHP - Prevention and Services, CBOs, Representatives from Jail Facilities	Documentation of meetings, Number of meetings held, Number of work group members recruited

Review literature and best practices being utilized in other jurisdictions, look at DOC model for possibility of expansion	January 2023 - December 2023	Work Group, SHHP, DOC/Representatives from Jail Facilities and City Representatives, GLL Access to Care & Smaller Cities Subcommittee	Documentation of literature search
Utilize existing data to better understand scope of the population, number of facilities	January 2023 - December 2023	Work Group, SHHP, DOC/Representatives from Jail Facilities and City Representatives, GLL Access to Care & Smaller Cities Subcommittee	Documentation of findings
Develop protocol for data sharing and pre-/post-release program development	January 2024 - December 2024	Work Group, SHHP, DOC/Representatives from Jail Facilities and City Representatives, GLL Access to Care & Smaller Cities Subcommittee	Documentation of protocol and development
Establish protocol for post-incarceration/transitional care education and linkage to care (no less than 4 months prior to release/transition out of custody)	January 2024 - December 2024	Work Group, SHHP, DOC/Representatives from Jail Facilities and City Representatives, GLL Access to Care & Smaller Cities Subcommittee	Documentation of protocol and development
Objective 5.2: Increase collaborative agreements with institutional stakeholders to reduce stigma, discrimination, and criminalization of affected communities. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 5.2, these activities will specifically address Treat and Prevent.)*			
Strategy 5.2.1: By December 2026, modernize HIV criminalization statutes			
Consult on proposed changes to the existing statue and advocate to have bill sponsored in Spring 2023 Legislative Session	January 2021 - March 2023	LCCH, LAAN, GLL Coalition Building & Advocacy Subcommittee	Number of bills put forth in 2022 session

Seek institutional sign-on to support messaging and rationale for policy change	January 2021 - March 2023	LCCH, LAAN, LDH, National HIV Policy agencies, GLL Coalition Building & Advocacy Subcommittee	Documentation of written rationale for policy change, number of stakeholders signed on
Identify person/legislator to write/sponsor bill	January 2021 - March 2023	LCCH, LAAN, GLL Coalition Building & Advocacy Subcommittee	Number of bill sponsors
Use existing and newly formed advocacy network to campaign, raise awareness and build support in trainings and meetings such as a Summit on HIV Criminalization	June 2021 - December 2026	LCCH, LAAN, CBOs, Governor's Commission on HIV/AIDS and Hepatitis C, GLL Coalition Building & Advocacy Subcommittee	Number of meetings/trainings with stakeholders, Number of events or meetings to educate on HIV criminalization
Strategy 5.2.2: Partner with criminal justice and other state systems to establish policies to ensure equitable treatment of PLWH, LGBTQ+ people, and other groups who are vulnerable to HIV and criminalization			
Establish health data sharing agreements between target agencies and SHHP to better understand risk and inform policy changes at institutional level (demographics, linkage to care, identified risk factors)	January 2024 - December 2026	GLL Monitoring & Evaluation Subcommittee, OPH-SHHP, LPCA	Number of data sharing agreements
Work with these systems and provide recommendations and training regarding treatment of transgender people, LGBTQ+ people, intimate partner and sexual assault survivors	January 2024 - December 2026	OPH-SHHP, GLL Coalition Building/Monitoring & Evaluation Subcommittees	Number of trainings, Number of participants, Number of participating organizations
Conduct evaluation of policy schedule and make recommendations re: those who may become involved with justice systems in LA through sentencing reports, parole hearing and other probation considerations, including housing requirements	January 2024 - December 2026	GLL Coalition Building/Monitoring & Evaluation Subcommittees, CBOs working in policy/criminal justice reform	Documentation of findings, documentation of recommendations, Number of partnerships with criminal justice agencies
Conduct outreach and education on role in public health in general and benefit to communities, draft and advocate for model policies for target entities to adopt	January 2024 - December 2026	GLL Coalition Building/Monitoring & Evaluation Subcommittees, OPH-SHHP, WWAV	Number of outreach and education events held, documentation of policy proposals

Support the provision of legal education for ADA application for social service agencies to ensure PLWH are adequately protected to court case managers, judges, lawyers, staff	January 2023 – December 2026	GLL Coalition Building/Monitoring & Evaluation Subcommittees, OPH-SHHP, WWAV	Number of trainings, Number of participants
Strategy 5.2.3: Partner with universities, state professional societies, professional training organizations, and HIV medical care providers to create and/or expand training tracks on HIV for medical and other allied health profession students, including coursework, internships, and residency tracks			
Complete an inventory of HIV-related training for medical and allied health students in Louisiana	January 2023 - June 2023	AETC, SHHP, Independent Policy Consultants, GLL Coalition Building & Advocacy Subcommittee	Documentation of inventory process and results
Draft whitepaper in support of creating/expanding HIV specific training opportunities for health professionals	July 2023 - June 2024	GLL Planning Group, AETC, GLL Coalition Building & Advocacy Subcommittee	Documentation of position paper, HIV training among health professionals, comprehensive list of potential partners, documentation of meetings with potential partners, cooperative agreements with partners
Conduct a comprehensive search of prospective partner organizations and institutions, including contact information	January 2023 - December 2023	GLL Planning Group, AETC, GLL Coalition Building & Advocacy Subcommittee	Documentation of search process, Number of potential partners identified
Identify physicians to champion the case and promote buy-in among prospective partners	January 2023 - December 2023	GLL Coalition Building & Advocacy Subcommittee	Number of champions on-board
Reach out to each prospective partner to discuss options for HIV-specific training within their organization or institution and consult on development of training modules/tracks	January 2024 - December 2024	GLL Coalition Building & Advocacy Subcommittee, AETC	Documentation of consultation
Strategy 5.2.4: Provide annual training aimed at increasing capacity of HIV care and prevention providers to more effectively support the psychosocial needs of people living with or vulnerable to HIV, including gender, sexual, or ethnic minorities, people who use drugs or engage in sex work/street-based economies			
Identify partners for HIV care and prevention providers, in phased approach - beginning with CDC and HRSA-funded agencies in years 1-2, and expanding to include other	January 2021 - December 2026	SHHP (Prevention and Services), GLL Monitoring & Evaluation Subcommittee	Number of HIV care and prevention providers (by Region)

Complete assessment (services they provide, special populations they target, etc) of partners for HIV care and prevention providers to identify needs	January 2021 - December 2022	SHHP, GLL Monitoring & Evaluation Subcommittee	Number of assessments completed
Provide training based on assessment results	January 2023 - December 2026	SHHP, AETC, GLL Coalition Building & Advocacy Subcommittee	Number of trainings provided
Objective 5.3: Sustained coordination and partnership to achieve an end to the epidemics. *(Activities listed below will work across multiple pillars outlined in the EHE guidance. For Objective 5.3, these activities will specifically address Diagnose, Treat, Prevent and Respond.)*			
Strategy 5.3.1: Maintain and grow our Ending the HIV Epidemic Statewide Planning Group			
Continue committee meetings to oversee progress on our goals and objectives and to adjust where needed	January 2021 - December 2026	GLL Statewide Planning Group	Documentation of meetings
Build coalitions outside of the field of HIV to address objectives for which we will need additional stakeholder buy-in, with close collaboration among HIV, HCV, and STI Groups	January 2021 - December 2026	GLL Statewide Planning Group, HIV CQI Workgroup, HCV Champions, Syphilis Task Force, HIV STI Regional Task Forces	Documentation of meetings, Number of new coalition partners
Review and update the EHE Statewide Planning Group structure, bylaws, and work plan annually	September 2021 - December 2026	GLL Statewide Steering Committee	Documentation of review process and updates to plan
Strategy 5.3.2: Monitor and share our progress with transparency			
Monitor and evaluate progress on our objectives, strategies, and activities	January 2021 - December 2026	GLL Monitoring & Evaluation Subcommittee, Steering Committee, OPH-SHHP	Documentation of process and findings
Deliver progress reports to the community through both digital platforms and communications, as well as in-person stakeholder meetings	January 2022 - December 2026	GLL Statewide Planning Group (all subcommittees), WWAV	Documentation of process and findings

Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow-Up

1. 2022-2026 Integrated Planning Implementation Approach

As should be evident, the majority of this Integrated Plan stems from the previously established *Get Loud Louisiana* statewide plan. Production and implementation of this plan is a community-driven effort in close partnership with the LDH/OPH STD/HIV/Hepatitis Program. As such there are some aspects of implementation of the plan that fall within the purview of the *Get Loud Louisiana* planning body and some that fall chiefly on SHHP. The evaluation and monitoring responsibilities for these activities therefore are similarly distributed.

1a. Implementation

Get Loud Louisiana

The *Get Loud Louisiana* planning body structure allows for each of the five sub-committees to focus on different areas of implementation of the *Get Loud Louisiana* plan. The sub-committees are Access to Care, Community Engagement and Leadership, PR and Marketing, Monitoring and Evaluation, and Coalition Building. Also, there are several areas of the plan that CDC and HRSA funded entities are tasked with addressing, per their federal funding. Therefore, implementation of those areas of the plan require coordination between staff from SHHP and Ryan White funded agencies and the *Get Loud Louisiana* planning body.

SHHP

As described in the next sections, SHHP constantly braids funding streams and leverages different grant opportunities and staff capacity to further their Program Mission and Goals. Documents such as the SHHP-Wide Evaluation Plan (SWEP) reflect this. Creation of this IP will allow for increased capacity for prioritization of resources to meet the stated objectives or to illustrate the need to actively pursue additional resources. For example, all Unit Managers and members of the SHHP Leadership Collaborative meet on a quarterly basis and review each employee's Full Time Effort allocations, which are increasingly supported from more than one funding source. By following this IP, SHHP leadership will be better placed to allocate worker effort towards those mission critical goals and activities.

1b. Monitoring

Get Loud Louisiana

The *Get Loud Louisiana* Monitoring and Evaluation sub-committee is tasked with oversight of the plan and has created an activity-tracking tool that each sub-committee uses to note implementation progress with activities pertaining to their area. Monitoring and Evaluation also offers the other sub-committees support in regards to prioritizing and planning their activities. Updates from the Monitoring and Evaluation sub-committee are shared with the *Get Loud Louisiana* Core Team and Steering Committee on a monthly and quarterly basis, respectively.

SHHP

The SHHP operates an array of public health interventions and programs designed to prevent, diagnose, and treat HIV, HCV, syphilis, and other STIs. Additionally, SHHPs Research and Evaluation (R&E) Unit

oversees multiple research projects and collaborations. In January 2021, the R&E Unit revived efforts to collect and compile program evaluation information for all of SHHP's programs and interventions. This resulted in creation of a single *SHHP-Wide Evaluation Plan* (SWEP), which contains summaries of all program activities as well as work plans, logic models. In addition, this document outlines all required and optional indicators and performance measures. Furthermore, this SWEP provides guidance on the timelines and processes for reviewing monitoring and evaluation data as well as providing feedback to program staff.

The primary purpose of the *SHHP-Wide Evaluation Plan* is to:

1) Be a comprehensive reference for internal monitoring, evaluation, and research related to SHHP interventions, programs, and projects,

2) Function as tool for Supervisors and Managers to monitor program performance and anticipate grant reporting deadlines,

3) Consolidate and describe monitoring and evaluation activities by intervention rather than grant or unit, and

4) Be updated, by the R&E Unit, on a prescribed schedule.

In order to ensure adequate monitoring of the interventions, the SWEP includes a timeline for scheduling routine monitoring meetings between Program, Data Management, and Evaluation Staff to review recent data and progress towards project goals. This allows for greater visibility of the Program staff on their own progress and output. This in turn results in greater awareness of these measures in order to show accountability to stakeholders including funders and the various planning bodies.

These regular monitoring sessions vary in format and frequency depending on the nature and need of the Program. For example, programs with automated reporting and program monitoring mechanisms may only need little assistance. Whereas some programs may need monthly or quarterly monitoring meetings. Specific timelines are defined in the Gantt chart in Section 3 of the SWEP.

1c. Evaluation

Get Loud Louisiana

The *Get Loud Louisiana* Monitoring and Evaluation sub-committee is tasked with oversight of the plan and has created an activity-tracking tool that each sub-committee uses to note implementation progress with activities pertaining to their area. Monitoring and Evaluation also offers the other sub-committees support in regards to prioritizing and planning their activities. The *Get Loud Louisiana* Steering Committee, in collaboration with the Monitoring and Evaluation sub-committee has created a list of core indicators from the GLL plan to report on annually

SHHP

Currently the SWEP contains evaluation plans for 18 SHHP programs and interventions as well as an additional five research collaborations. As expected, the majority of these interventions directly intersect with HIV prevention, services, and surveillance programs and their corresponding planning documents (e.g., EHE, GLL etc.). As previously stated, these evaluations are organized by intervention rather than by funding source or grant. This allows the SWEP to collect all indicators and monitoring and evaluation activities across these different stakeholders. For example, one intervention, Health Models, is dually

funded by two CDC grants, as well as braiding State General Funds. The SWEP documents reporting requirements, indicators, and planned outcome evaluation studies for this intervention in a single place. Conversely, while GLL is a strategic plan that is not directly supported by any funding source, all indicators and evaluation questions that have been recommended by the subcommittees are included in the various individual SWEP evaluation plans. In addition to defining the required indicators and measures from the funding agencies for these programs, each SWEP evaluation plan includes the indicators and monitoring measures from the GLL that are tied to that intervention.

1d. Improvement

Get Loud Louisiana & SHHP

The IP itself is a logical and necessary evolution in light of the "features" and funding streams of the GLL activities. As a "living" document, the IP will evolve as new projects and interventions are developed and existing projects are modified. Additionally, input from Program Staff and stakeholders is elicited during each regular monitoring meeting about additional evaluation needs or performance enhancement. It is also recognized that the SWEP (and the plans it monitors and evaluates including the IP) may need to be revised/updated based on stakeholder feedback, changes in funder requirements, and or changes in the epidemic.

As such, there will be a mid-point comprehensive evaluation of the IP conducted in 2023-24. Following the mid-point comprehensive plan evaluation noted above, SHHP Program staff, Evaluation staff and the GLL Steering Committee will collaboratively make improvements and updates to the plan as needed. This process will include partner and community engagement beyond the planning body to ensure the plan is responsive to changing needs and developing issues at that time.

1e. Reporting and Dissemination

Get Loud Louisiana

Additionally, for the comprehensive mid-point report, the GLL Steering Committee will hold public forums to share findings and receive feedback. These reports will be shared on the GLL listserv, the GLL website, and emailed to all SHHP funded partners and other local and state health department colleagues.

SHHP

SHHP leverages several high-profile avenues to disseminate program data and reports including, social media, its website, dashboards and public meetings. Status on progress on implementation, monitoring, evaluation, and improvements to the plan will be routinely reported through these mechanisms. For example, an additional section will be added to the Louisiana HIV/STD/Hepatitis Annual Report to report on this progress.

1f. Updates to Other Strategic Plans Used to Meet requirements

In preparation for creating the Integrated Plan, SHHP worked with the *Get Loud Louisiana* planning body to review and adjust the timelines provided in the detailed plan. Many of the original timelines were impacted by the ongoing Covid-19 pandemic and it caused several deliverables to fall behind schedule.

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Section VII. Letters of Concurrence

1. **Get Loud Louisiana Planning Body**
2. **RWHAP Part A Planning Council – New Orleans**
3. **RWHAP Part A Planning Council – Baton Rouge**

Samuel Burgess, MA, MSHCM
STD/HIV/Hepatitis Program Director
1450 Poydras Street, STE 2136
New Orleans, La 70112

Dear Samuel Burgess, MA, MSHCM, STD/HIV/Hepatitis Program Director:

The *Get Loud Louisiana Planning Body* concurs with the following submission by the Louisiana Department of Health STD/HIV/Hepatitis Program in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The planning body has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The *Get Loud Louisiana Planning Body* was involved with the creation of the *Get Loud Louisiana* plan, received monthly updates from SHHP staff on the progress of the document, and was provided time to review the document in its entirety and provided feedback.

The signature(s) below confirms the concurrence of the planning body with the Integrated HIV Prevention and Care Plan.

Signature: _____ Date: 1/9/2023

Jennifer Holl,
Get Loud Louisiana Program Manager

NEW ORLEANS REGIONAL
NORAPC
AIDS PLANNING COUNCIL

December 27, 2022

Samuel Burgess, MA, MSHCM
STD/HIV/Hepatitis Program Director
1450 Poydras Street, STE 2136
New Orleans, La 70112

Dear Samuel Burgess, MA, MSHCM, STD/HIV/Hepatitis Program Director

The New Orleans Regional AIDS Planning Council (NORAPC) concurs with the following submission by the Louisiana Department of Health STD/HIV/Hepatitis Program in response to the guidelines set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The Planning Council has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The Planning Council concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

NORAPC was involved with creating the Get Loud Louisiana plan, received monthly updates from SHHP staff on the document's progress, provided time to review the document in its entirety, and provided feedback.

The signature below confirms the concurrence of NORAPC with the Integrated HIV Prevention and Care Plan.

Sincerely,
:

Ronald Thomas

Date: 12/29/22

Ronald Thomas,
New Orleans Regional AIDS Planning Council Chair

Monday, January 9, 2023

Samuel Burgess, MA, MSHCM
STD/HIV/Hepatitis Program Director
1450 Poydras Street, STE 2136
New Orleans, La 70112

Dear Samuel Burgess, MA, MSHCM, STD/HIV/Hepatitis Program Director:

The Baton Rouge Transitional Grant Area's Advisory Council (BRTGA-Advisory Council) concurs with the following submission by the Louisiana Department of Health STD/HIV/Hepatitis Program (SHHP) in response to the guidelines set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The Advisory Council has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The Advisory Council concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The Advisory Council received monthly updates from SHHP staff on the document's progress, provided time to review the document in its entirety, and provided feedback.

The signature below confirms concurrence of the Advisory Council with the Integrated HIV Prevention and Care Plan.

Gjvar Payne
BRTGA- Advisory Council Chair

10 Jan 23
Date:

Appendix 1

CY 2022 – 2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section I: Executive Summary of Integrated Plan and SCSN	*Purpose:* To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission Tips for meeting this requirement 1. Be sure to write the summary with enough detail to ensure the reader understands how you have met Integrated Plan requirements. 2. If you are using a combination of new and existing materials, be sure to describe how submitted materials relate to each other.		
1. Executive Summary of Integrated Plan and SCSN	Provide an overall description of the Integrated Plan, including the SCSN, and the extent to which previous/other plans/SCSNs inform this plan/SCSN, or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	*New material required*	

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Approach	Describe approach to preparing the Integrated Plan submission (e.g., updated previously submitted plan, integrated sections of existing plans or other documents, developed an entirely new plan, etc.).	*New material required*	
b. Documents submitted to meet requirements	List and describe all documents used to meet submission requirements, including existing materials and newly developed materials used for each requirement.	*New material required*	3
Section II: Community Engagement and Planning Process	*Purpose:* To describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. Review of the HIV National Strategic Plan and the updated HIV strategy, when released. 2. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. 3. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	4. The community engagement process should reflect the local demographics. 5. The planning process should include key stakeholders and broad-based communities that include but are not limited to: people with HIV, funded-service providers, and stakeholders, especially new stakeholders, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of stakeholders to be included. 6. Explain how the jurisdiction will build collaborations among systems of prevention and care relevant to HIV in the jurisdictions (e.g., behavioral health and housing services). 7. Include community engagement related to "Respond" and support of cluster detection activities.		
1. Jurisdiction Planning Process	Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description	*Get Loud Louisiana* plan, PLWH Needs Assessment, Resource Inventory, Ending the Epidemic Plans for Orleans Parish and East Baton Rouge Parish	4-5

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Entities involved in process	List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See *Appendix 3* for list of required and suggested stakeholders	New Material	5-6
b. Role of the RWHAP Part A Planning Council/Planning Body (not required for state-only plans)	Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	New Material	6
c. Role of Planning Bodies and Other Entities	Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.	New Material	6

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
d. Collaboration with RWHAP Parts – SCSN requirement	Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.	SCSN	6-7
e. Engagement of people with HIV – SCSN requirement	Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.	SCSN	7-8
f. Priorities	List key priorities that arose out of the planning and community engagement process.	New Material	8
g. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan as a result of updates assessments and community input. 4. Any changes made to the planning process as a result of evaluating the planning process.	SCSN, *Get Loud Louisiana* plan.	8

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section III: Contributing Data Sets and Assessments	*Purpose:* To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county*. 2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 3. Include both narrative and graphic depictions of the HIV-related health disparities in the area including information about HIV outbreaks and clusters.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction. 5. *Appendix 4* includes suggested data resources to assist with this submission including the Epidemiologic Snapshot.		
1. Data Sharing and Use	Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.	New Material	9-11
2. Epidemiologic Snapshot	Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction which uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases	New Material	11-22

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction showing burden of HIV in the jurisdiction.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
3. HIV Prevention, Care and Treatment Resource Inventory	Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address **all** of the following information in order to be responsive: • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services. • Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.	HIV Prevention, Care and Treatment Resource Inventory	22 Appendix 2

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Strengths and Gaps	Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as injectable antiretrovirals, and other environmental impacts.	New Material	23-33
b. Approaches and partnerships	Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	New Material	33

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
4. Needs Assessment	Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including: 1. Services people need to access HIV testing, as well as the following status neutral services needed after testing: a. Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression – Needs 3. Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility	2021 Louisiana PLWH Statewide Needs Assessment Report	34-36
a. Priorities	List the key priorities arising from the needs assessment process.	2021 Louisiana PLWH Statewide Needs Assessment Report	37

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
b. Actions Taken	List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	2021 Louisiana PLWH Statewide Needs Assessment Report	37
c. Approach	Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in *Appendix 3.*	2021 Louisiana PLWH Statewide Needs Assessment Report	38
Section IV: Situational Analysis	Purpose: To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III. Tips 1. New or existing material may be used; however, existing material will need to be updated if used. 2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN. 3. Jurisdictions may submit the Situational Analysis submitted as part of their EHE Plan to fulfill this requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using EHE plans to fulfill this		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	requirement, be sure to include updates as noted below.		
1. Situational Analysis	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues impacting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them	2021 Louisiana PLWH Statewide Needs Assessment Report	39-42

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	Please note jurisdictions may submit other plans to satisfy this requirement, if applicable to the entire HIV prevention and care service system across the jurisdiction.		
a. Priority Populations	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.	2021 Louisiana PLWH Statewide Needs Assessment Report	42-45
Section V: **2022-2026 Goals and Objectives**	*Purpose:* To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding. Tips for meeting this requirement: *2. Recipients may submit plans (e.g., EHE, Getting to Zero, Cluster and Outbreak Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care delivery system and geographic area.* *3.* Goals and objectives should be in SMART format and structured to include strategies that accomplish the following: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. 4. The plan should include goals that address both HIV prevention and care needs and health equity.		
1. Goals and Objectives Description	List and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent and respond to HIV. Be sure the goals address any barriers or needs identified during the planning process. There should be at least 3 goals and objectives for each of these four areas. See *Appendix 2* for suggested format for Goals and Objectives. *Please note jurisdictions may submit other plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and care service delivery system and geographic area.*	*Get Loud Louisiana* EHE Plan	46-79
a. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made as a result of analysis of data.		82

Section VI: **2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up**	*Purpose:* To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases: 1. Implementation 2. Monitoring 3. Evaluation 4. Improvement 5. Reporting and Dissemination Tips for meeting this requirement 1. This requirement may require the recipient to create some new material or expand upon existing materials. 2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process. 3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.		
1. 2022-2026 Integrated Planning Implementation Approach	1. Describe the infrastructure, procedures, systems or tools that will be used to support the 5 key phases of integrated planning to ensure goals and objectives are met	2021 Louisiana PLWH Statewide Needs Assessment Report, *Get Loud Louisiana* plan, SHHP Wide Evaluation Plan (SWEP)	80

a. Implementation	2. Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdictions Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.	2021 Louisiana PLWH Statewide Needs Assessment Report, *Get Loud Louisiana* plan, SHHP Wide Evaluation Plan (SWEP)	80
b. Monitoring	3. Describe the process to be used for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. *Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.*	2021 Louisiana PLWH Statewide Needs Assessment Report, *Get Loud Louisiana* plan, SHHP Wide Evaluation Plan (SWEP)	80-81
c. Evaluation	4. Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group.	2021 Louisiana PLWH Statewide Needs Assessment Report, *Get Loud Louisiana* plan, SHHP Wide Evaluation Plan (SWEP)	81-82

d. Improvement	5. Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.	2021 Louisiana PLWH Statewide Needs Assessment Report, *Get Loud Louisiana* plan, SHHP Wide Evaluation Plan (SWEP)	82
e. Reporting and Dissemination	6. Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.	2021 Louisiana PLWH Statewide Needs Assessment Report, *Get Loud Louisiana* plan, SHHP Wide Evaluation Plan (SWEP)	82
f. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions made based on work completed.	*Get Loud Louisiana* plan	82
Section VII: Letters of Concurrence	Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. See *Appendix 6* for a sample Letter of Concurrence.		
1. CDC Prevention Program Planning Body Chair(s) or Representative(s)	Get Loud Louisiana Planning Group (Formerly the CDC HIV Planning Group, which also acts as our RW Part B Planning Body)	*Get Loud Louisiana* Letter of Concurrence	86
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)	New Orleans Regional AIDS Planning Council Baton Rouge Ryan White Advisory Council	NORAPC Letter of Concurrence, BR RWAC Letter of Concurrence	87 88

3. RWHAP Part B Planning Body Chair or Representative	N/A		
4. Integrated Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.		
5. EHE Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.		

Appendix 2 - HIV Prevention, Care and Treatment Resource Inventory

Prevention, Care and Treatment Inventory					
AGENCY NAME	**LOCATION**	**WEBSITE**	**FUNDING SOURCE(S)**	**SERVICES PROVIDED**	**POPULATION(S) SERVED**
Statewide					
LA HAP	Statewide	www.lahap.org	RWB, ADAP, ADAP 340B Rebates	Insurance copay and premium assistance.- HAART assists with healthcare copays and Ramsell assists with pharmacy copays. All eligibility is processed through SHHP.	PLWH
Region 1					
Access Health Louisiana	New Orleans EMA	https://accesshealthla.org/	Part A, Pass Through From University of New Mexico, 340b, State, CDC PS 18-1802	Medical Case Management, Non-Medical Case Management Local, Pharmacy Assistance Program (LPAP - Medication Asst), Ambulatory/Outpatient Services Emergency Financial Assistance , Medical Transportation Services, Medical Case Management, Oral Health Care, Emergency Financial Assistance, Food Bank, Maternal Childcare, WIC, Pharmacy, School-based Health Centers, Medicaid Application, Counseling	Persons living in High needs areas Low-income individuals Uninsured and Underinsured Individuals
AHEC	New Orleans EMA, Hammond, LA	http://www.selahec.org/	Part A, State	Medical Case Management, Oral Health Care, Emergency Financial Assistance, Food Bank, Non-Medical Case Management, Medical Transportation Services, Non-Medical Case Management, Local Pharmacy Assistance Program (LPAP - Medication Asst), Ambulatory/Outpatient Services, Emergency Financial Assistance, Medical Transportation Services	General population
Brotherhood Inc.	New Orleans, LA	Brotherhood Incorporated – Brotherhood Incorporated	State, CDC PS 18-1802	Housing for PLWH Income Adjusted Housing for People Experiencing Poverty Street and Venue Based Outreach HIV Education and Prevention Services HIV Testing and Counseling	People living with HIV and AIDS Black/African-American/POC Gay, Bisexual, and Same-gender loving men
City of New Orleans Healthcare for the Homeless	New Orleans, LA	https://www.nola.gov/health/homeless/	State, CDC PS 18-1802	FQHC- Primary Care Dental Care	Adults and Children Low income individuals
Common Ground Health Clinic	Gretna, LA	http://cghcnola.org/	State, CDC PS 18-1802	Outreach, Social Services, Behavioral Health, Laboratory Services, Women's Healthcare, Pediatrics, Family and Internal Medicine	Greater New Orleans Community
CrescentCare	New Orleans EMA	www.crescentcare.org	Part A, CDC – Direct (CAN), CDC – Direct (MOVEMENT), Gilead 330-PCHP, Ryan White Part C, LSU, Ryan White Part D, 330 Grant MAP Patient Assistance, SAMHSA, Ryan White Part F – SPNS, City HOPWA, Unity HOPWA, Unity Partners in Health, Unity NATF, 340B, Agency Sponsored Events, Part B	Medical Case Management, Oral Health Care, Health Insurance Assistance, Home Health Care, Local Pharmacy Assistance Program (LPAP - Medication Asst), Medical Nutrition Therapy, Mental Health Services, Ambulatory/Outpatient Services, Emergency Financial Assistance, Food Bank, Home Delivered Meals, Housing Assistance, Other Professional Services: Legal Services and tax preparation, Non-Medical Case Management, Psychosocial Support Services, Medical Transportation, Health Education & Risk Reduction Services, Referral For Health Care/Supportive Services, MAI - Outpatient/Ambulatory Health Services, MAI - Medical Case Management Other Professional Services (Legal aid services)	General Population

Appendix 2 - HIV Prevention, Care and Treatment Resource Inventory

AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
InclusivCare	Marrero, LA	https://jchcc.org/index.html	State, CDC PS 18-1802	Primary Care, Women's Health, Urgent Care, Dental, Podiatry, Patient Education, Patient Support	Adults and Children Low income individuals
Institute of Women and Ethnic Studies	New Orleans, LA	https://www.iwesnola.org/	State, CDC PS 18-1802	Youth Programming, Capacity Building/ Technical Assistance, Linkage to care, Research and evaluation, Peer advocacy and psycho-social support, Targeted HIV Testing, Anti-retroviral Treatment and access to services and care Prevention Programs Social Marketing Prevention Material Distribution	Black/African American/ POC and Latinx people aged 13-60
Jefferson Parish Correctional Center c/o Correct Health	Gretna, LA	https://doc.louisiana.gov/location/jefferson-parish/	State, CDC PS 18-1802	HIV/STI Testing	People who are incarcerated
Jefferson Parish Human Services Authority (JPHSA)	Metairie, LA	https://www.jphsa.org/	State, CDC PS 18-1802	Pediatrics, Primary Care, Behavioral/Mental Health, Mobile Crisis and Medical Line	Adults and Children Low income individuals
LCMC_UMC - HOP Clinic	New Orleans, LA	https://www.lcmchealth.org/university-medical-center-new-orleans/	State, CDC PS 18-1802	Hospital Services, Emergency Care, Primary Care, Women's Health, Behavioral Health	Adults and Children Low income individuals
Methodist Health Systems Foundation (MHSF)	Chalmette, LA	https://www.mhsfi.org/school-based-health-centers/nunez-health-center	State, CDC PS 18-1802	School-based Health Centers- Preventative Care, Acute and Chronic illness management, Comprehensive and Sports physicals, Health screenings, Routine lab work, Vision and hearing screening, Covid Testing, Immunizations (including COVID-19)	Public College and High School Students
NO/AIDS Task Force d/b/a CrescentCare	New Orleans, LA	NO/AIDS Task Force d/b/a CrescentCare	State, CDC PS 18-1802, **PART D**	Whole person healthcare, Primary medical care, Women's health services, LGBTQ health and wellness, Gender care, Pediatrics, Nutrition, Dentistry, Behavioral health, Syringe access and harm reduction, Partner pharmacies, Insurance enrollment & paying for care, Sexual health and wellness, Prevention, STI testing and treatment, PrEP services, PEP for HIV, Hepatitis C services, HIV support services, Case management, HIV primary care, Legal services, HIV support services, Peer support, Food for Friends, Short-Term Rent, Mortgage, and Utility assistance (STRMU)	Traditionally medically underserved communities: the service industry, the LGBTQ community, the uninsured and the underinsured, immigrants, and communities of color.
NOLA Family Justice Center - Hope Clinic	New Orleans, LA	https://nofjc.org/who-we-are	State, CDC PS 18-1802	Crisis Services, Temporary/Shelter Housing, Advocacy, Case Management, Counseling/Behavioral Health, Legal Services, Youth and Teens Services, Primary Care, Forensic Medical Exams for Sexual Assault + Domestic Violence	Anyone who has experienced or been impacted by domestic violence, sexual assault, stalking, child abuse or
Odyssey House Louisiana	New Orleans, LA	https://www.ohlinc.org/	State, CDC PS 18-1802	Detox, Short and Long Term Housing, Intensive Outpatient Program, Overdose Prevention, Primary Care, HIV Services	Low-income, High-risk, and Underserved Individuals

Appendix 2- HIV Prevention, Care and Treatment Resource Inventory

AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
Priority Health Care	New Orleans EMA, Marrero and Gretna, LA	https://www.priorityhealthcare.org/	State, CDC PS 20-2010, Part A, Facility Based Housing HOPWA TBRA,	Behavioral Health, Case Management, Early Intervention Services, Medical Transportation, HIV Prevention Program, Outreach Services, Pediatrics, Prescription Assistance, PrEP Program, Primary Medical Care, Specialty Care, HIV Testing, PrEP Services Medical Case Management, Health Insurance Assistance, Local Pharmacy Assistance Program (LPAP - Medication Asst), Mental Health Services, Ambulatory/Outpatient Services, MAI - Early Intervention Services, Emergency Financial Assistance, Medical Transportation Services, MAI - Outpatient/Ambulatory Health Services, MAI - Medical Case Management	Underserved Communities
St. Thomas Community Health	New Orleans, LA	St. Thomas Community Health Center | Medical Clinics in New Orleans, LA (stthomaschc.org)	State, CDC PS 18-1802	Patient Centered Medical Home offering- Primary Care, Heart and Vascular, Hepatitis, HIV, Optometry, Pediatrics, Pharmacy, PrEP	Low-income, High-risk, and Underserved Individuals
St. John #5 Baptist Church, Incorporated	New Orleans, LA	https://www.fljesus.org/?fbclid=IwAR1XREPbAvg9WHalFQ0uO3Jw-9Bmi0429EYhYS6rPnuv142JyqV6jMBAciE	State, CDC PS 18-1802	HIV testing, Condoms, HIV/STD Education Workshops, Community Events, Street and Community Outreach, Linkage and Referrals	Low-income, High-risk, and Underserved Individuals
Tulane Campus Health Center	New Orleans, LA	https://campushealth.tulane.edu/health-center	State, CDC PS 18-1802	Primary Care, Preventative Care, Sexual Health, LGBTQ+ Care	Tulane University Students
Concerned Citizens for a Better Algiers	New Orleans EMA	www.ccfbanola.org	Part A, Facility Based Housing, HOPWA TBRA,	Medical Case Management, Substance Abuse- Outpatient Care, Emergency Financial Assistance, Food Bank, Housing Assistance, Psychosocial Support Services	General Population
St. Thomas Community Health Center	New Orleans EMA	http://www.stthomaschc.org/	Part A, LDH OPH STD/HIV/Hep Program, HRSA Primary Care HIV Prevention (PCHP),	Medical Case Management, Local Pharmacy Assistance Program (LPAP - Medication Asst), Ambulatory/Outpatient Services, Early Intervention Services (EIS), Emergency Financial Assistance, Non-Medical Case Management, Medical Transportation Services	General Population
Tulane Total Health	New Orleans EMA	https://medicine.tulane.edu/tulane-doctors/total-health-clinic-ruth-fertel-tulane-community-health-center	Part A, SHHP, 340B, SHHP-Health Models Grant, State, CDC PS 18-1802	Medical Case Management, Health Insurance Assistance, Local Pharmacy Assistance Program (LPAP - Medication Asst), Mental Health Therapy, Ambulatory/Outpatient Services, Emergency Financial Assistance, Non-Medical Case Management, Medical Transportation Services, HIV Testing for Pediatric Adolescent and Adults, Complete Primary Care for HIV Positive Individuals (including regular check-ups), Assistance with Ryan White (ADAP) and/or Medicaid Form for Uninsured Patients Needing Medication, Referral to Legal Support Services, Case Management, Psychiatrist Onsite, Bilingual Physicians and Staff	People living with HIV, Low income individuals, Uninsured or underinsured individuals People at high risk for contracting HIV

Appendix 2 - HIV Prevention, Care and Treatment Resource Inventory

AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
University Medical Center New Orleans - Infectious Disease Center/HOP	New Orleans EMA	http://www.umcno.org	Part A, UMCNO hospital cost center, Part C, UMCNO, Gilead, LSU professional services contract, Tulane professional service contract, UMCNO cost center, Krewe du Sante, Part C subrecipient CrescentCare-AIDS Law contract	Oral Health Care, Health Insurance Assistance, Local Pharmacy Assistance Program (LPAP - Medication Asst), Ambulatory/Outpatient Services, Emergency Financial Assistance	General Population
100 Black Men of Baton Rouge, Ltd.	Baton Rouge, La	https://100blackmenmetrobr.org/	STATE PREP, LYREP	Youth Development (Wise Guys, ACT Preparatory Academy Program, Project Excel, Dollars and $ense Financial Literacy)	Underserved racial minority group
AIDS Healthcare Foundation (AHF) - Mobile Unit	Baton Rouge, LA	https://hivcare.org	State, Part A	Free STD screens + Free treatment, Primary Care, Anti-Retroviral therapy, Insurance enrollment, free medical service provided to clients w/o insurance, case-management, free transportation provided for first two visits.	Serving PLWH and Residents of the Greater Baton Rouge Area
Ascension Parish Jail	Donaldsonville, LA	https://ascensionsheriff.com		Medical Services	General Population
Baton Rouge AIDS Society	Baton Rouge, LA	Home (batonrougeaidssociety.org)	State, CDC PS 20-2010	HIV/Hepatitis C/Syphilis Screening, Blood Pressure & Glucose Screening	Region 2 Community: Baton Rouge, Port Allen, Clinton, Jackson, Gonzales, Plaquemine, New Roads, St. Francisville, Donaldsonville, White Castle, Prairieville, St. Gabriel, Geismar, Darrow, Carville and Sunshine.
Baton Rouge Primary Care Collaborative	Baton Rouge, LA	https://nhchc.org/baton-rouge-primary-care-collaborative	State, Part A	Asthma treatment, Blood Pressure Monitoring, Chronic Bronchitis/Emphysema, Contraceptives (issued w/counseling), Diabetes Testing/Care, Electronic Medical Records, Family Planning, Flu Vaccinations, Health/Nutritional Education, HIV/AIDS screening/education, Immunizations, Labs, Pediatrics, Physical Exams, Primary Health Care, Referrals for Specialty Care, STD Testing, TB screening/education, Tobacco cessation, Well Child Check-ups	Individuals experiencing homelessness in the Baton Rouge Metropolitan area

Appendix 2- HIV Prevention, Care and Treatment Resource Inventory

AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
Capital Area Reentry Program	Baton Rouge, LA	Syringe Service Program | Capitol Area Reentry Program Inc. | Baton Rouge (carpbr.com)	State, CDC PS 20-2010	HIV/Hepatitis/Syphilis Screening. Syringe Service Program	LGBTQ+ individuals and People Who Inject Drugs
Family Service of Greater Baton Rouge	Baton Rouge, LA	Home (fsgbr.org)	State, CDC PS 20-2010	Range of services from prevention and education to secondary and tertiary interventions through case management and clinical modalities and methodologies. These include: The Child & Family Counseling Center, the Parenting Center, the HIV Prevention Program, the HIV Care Coordination and HIV Women & Children Programs, the Ways to Work Family Loan Program, ETV - Education and Training Vouchers, the AdoptUSKids Program, and Family Preservation. Issues of teen pregnancy, separation/divorce, school failure, child abuse/neglect, HIV/AIDS, depression, inadequate parenting skills, financial stress, and related family issues.	General Population
HIV/AIDS Alliance Region Two(HAART)/ Open Health Clinic	Baton Rouge, LA	Baton Rouge Care for HIV & STDs — HAART (haartinc.org)	State, CDC PS 20-2010	HUD-funded housing assistance for PLWH, Ryan White case management services, HIV/Hepatitis/Syphilis Screening, STI Screening	General Population, LGTBQ+ individuals
LSU Student Health Center Baton Rouge	Baton Rouge, LA	LSU Student Health Center	State, Part A	Diagnostic Imaging, Faculty & Staff Services, Immunizations/Injections, Laboratory, Physical Rehabilitation, Primary Care, Specialty Clinics, Gynecology (GYN) Clinic, Mental Health Services, Groups and Seminars	LSU Students, Faculty, and Staff
Metro Health (Baton Rouge Black Alcoholism Council- BRBAC	Baton Rouge, LA	BRBAC Metro Health | Baton Rouge (brmetrohealth.com)	State, CDC PS 20-2010, LYREP, PS 18-1802, PS 20-2010, STATE PREP	HIV, Hepatitis C, and Syphilis Testing, COVID-19 testing, PrEP Referrals, youth development programs, and some medical services, Outreach/Prevention, Youth Development (LYFE, Project AIM), Wellness Clinic (HIV/STI/HEP C, PrEP) Non-Medical Case Management, Sister to Sister	General Population, Underserved racial minority group
Planned Parenthood Gulf Coast	Baton Rouge, LA	https://www.plannedparenthood.org/planned-parenthood-gulf-coast/patients	State, Part A	Abortion Services, Abortion Referral, Birth Control, Emergency Contraception(Morning After Pill), General Health Care, HIV Services, LGBT Services, Men's Health Services, Patient Education, Pregnancy Testing & Services, STD Testing, Treatment and Vaccines, and Women's Services	General Population
Care South	BRTGA	www.caresouth.org	RW Parts A,B,F MAI, Prevention, State, Viv, HRSA EHE, CDC, SPNS	Part A: Outpatient Ambulatory, AIDS Pharmaceutical Assistance, Oral health, Early Intervention Services, Mental Health Services, Emergency Financial Assistance, Medical Transportation MAI: Early Intervention Services, Medical Transportation	General Population
Crescent Care	BRTGA	www.crescentcare.org	Part A, HRSA EHE, SUBR, American Bar Association HIV Legal Services Fund	Other Professional Services (Legal)	General Population

Appendix 2 - HIV Prevention, Care and Treatment Resource Inventory

AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
Family Services	BRTGA	www.fsgbr.org	RW Parts A,B,D Prevention, United Way, HRSA EHE, State, City, Private	AIDS Pharmaceutical Assistance, Early Intervention Services, Mental Health Services, Medical Case Management, Substance Abuse Services (Outpatient), Non-Medical Case Management, Emergency Financial Assistance, Psychosocial Support, Linguistic Services, Housing, Medical Transportation	General Population
Open Health Care Center/HAART	BRTGA	www.ohcc.org	RW Parts A,B,F MAI, Prevention, State, CDC, HRSA EHE, HUD, HOPWA, SAMSHA, ESG, CSGB, City	Part A: Outpatient Ambulatory, AIDS Pharmaceutical Assistance, Oral Health, Mental Health Services, Substance Abuse Services, Medical Case Management, Early Intervention Services, Health Insurance Assistance, Non-Medical Case Management, Emergency Financial Assistance, Housing, Medical Transportation MAI: EIS, Medical Case Management, Medical Transportation, Housing	General Population
Our Lady of the Lake	BRTGA	www.ololrmc.com	RW Parts A,B,C,D,F MAI, Prevention, HOPWA, Gilead, Healthy BR, City of BR, State, HRSA-EHE, CDC	Part A: Outpatient Ambulatory, AIDS Pharmaceutical Assistance, Oral health, Early Intervention Services, Emergency Financial Assistance, Medical Transportation MAI: Early Intervention Services, Medical Transportation	General Population
Volunteers of America-Baton Rouge	BRTGA	www.voagbr.org	HRSA-EHE, SAMSHA, ESG, HOPWA, HUD, DCFS, Medicaid, ODD, VA	Medical Transportation, Early Intervention Services, Housing Information Services, Non-Medical Case Management, Emergency Financial Assistance, Housing	General Population
Region 3					
Assisi Bridge House	Schriever, LA	https://catholiccharitiesht.org/assisi-bridge-house?fbclid=IwAR2SFYU8wD638z6XdIr58sG2i2CTFfC-FYwe24xPCtOIFqttMmjy6cd6YKw	State, CDC PS 18-1802	Residential Halfway House Group, Family and Individual Therapy Education	Chemically Dependent Men
CrescentCare - Exchange Support Services	Houma, LA	https://www.crescentcare.org/service/exchange-support-services/	Part B, HOPWA	RW: EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Transportation Services, Mental Health, Oral Health, Outreach, Psychosocial Support, Referrals; HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance	General Population
Life Coast Community Health Center	Thibodaux, LA; Houma, LA	https://www.lifecoasthealth.com/about	State, CDC PS 18-1802	Primary Care, Telehealth, Behavioral Health, Women's Health, Dental	Adults and Children Low income individuals

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AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
South Louisiana Medical Associates	Houma, LA; Morgan City, LA	https://www.slma.cc/	State, CDC PS 18-1802	Anesthesia, Cardiology, Emergency services, Endocrinology, Family Practice, Gastroenterology, Gynecology, Hepatology, Infectious Disease, Internal Medicine, Neonatology, Neurology, Hematology, Ophthalmology, Orthopedics, Pathology, Pediatrics, Podiatry, Psychiatry, Pulmonary, Radiology, Rheumatology, Start, Surgery, Urology, Wound care	Adults and Children
Start Corporation	Houma, LA Thibodaux, LA	https://www.startcorp.org/	State, CDC PS 18-1802, **PART C**	Assertive Community Treatment (ACT), Functional Family Therapy (FFT), Functional Family Therapy Child Welfare (FFTCW), Homebuilders Family Preservation, Youthbuild Community Psychiatric Support Treatment | Psycho Social Rehabilitation (CPST/PSR), Multisystemic Therapy (MST), Adolescent Substance Abuse Program, New Start for Veterans, Grant and Per Diem (GPD) Program), Supportive Services for Veteran Families (SSVF), Permanent Supportive Housing (PSH), Fresh Start, Beautiful Beginnings Shelter, La Continuum of Care Rapid Rehousing, Starting Over, Safe Start I, Safe Start II, Transitional Starting Point (PSH), Visions II (PSH), Housing Department, HUD 811, Wren Way Supportive Housing, Ryan White Program, Federally Qualified Health Center FQHC, Primary Care, Behavioral Health, Dental Services, Hepatology, PrEP, Medicaid Enrollment, Coordinated Entry	Adults and Children Low income individuals Underserved Communities Uninsured and underinsured individuals People Living with HIV People at high risk for contracting HIV/STDs
Region 4					
AcadianaCARES	Lafayette, LA	www.acadianacares.org	PS 18-1802, PS 20-2010, STATE PREP, Part B, HOPWA (and personnel contract), **PART D**	EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Case Management, Medical Transportation Services, Mental Health, Oral Health, Outreach, Psychosocial Support, Referrals, Linguistic Services, Substance Abuse Treatment (outpatient), HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance, Primary Care, Wellness Clinic (HIV/STI/HEP C, PrEP, PEP), LGBTQ Healthcare, Hormone Replacement Therapy, Mental Health Services, Medical Transportation Services, HIV Care and Maintenance, Youth Development (BART), Non-Medical Case Management	Underserved racial minority group
Lafayette Foundation Clinic	Lafayette	www.lfclinic.org		STI Testing	All populations served
Lafayette General Hospital	Lafayette	www.ochsnerlg.org		All services are provided and/or referred to partnering agencies.	All populations served
Opelousas General	Opelousas	www.opelousasgeneral.com		All services are provided and/or referred to partnering agencies.	General Population
St. Bernadette Clinic	Lafayette	www.lourdesrmc.com		All services are provided and/or referred to partnering agencies.	Underserved populations
Region 5					

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AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
Calcasieu Correctional Center	Lake Charles	www.cpso.com		Not on Website	Inmates
McNeese State University Student Health Center	Lake Charles	www.mcneese.edu		All services are provided and/or referred to partnering agencies.	Students
New Life Counseling	Lake Charles	www.newlifecounselinglc.com		Counseling, Pregnancy Tests, Limited Ultrasounds	All populations
Southwest Louisiana AIDS Council (SLAC) [NOTE: Agency name change pending]	Lake Charles, LA	www.slac.org	Part B, HOPWA, PART D	RW: EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Transportation Services, Mental Health, Oral Health, Outreach, Psychosocial Support, Referrals; HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance, Resource Identification	General Population
Region 6					
CLASS	Alexandria, LA	www.class-cenla.org	Part B, HOPWA (probably also SHHP SSP funds)	RW: EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Transportation Services, Mental Health, Oral Health, Outreach, Psychosocial Support, Referrals, Substance Abuse Treatment (outpatient), Linguistic Services; HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance, Resource Identification	General Population
LSU Alexandria Health Center	Alexandria	www.lsua.edu		All services are provided and/or referred to partnering agencies.	All populations
Tulane University	Alexandria	www.medicine.tulane.edu		All services are provided and/or referred to partnering agencies.	All populations
Region 7					
MLK Health Center and Pharmacy	Shreveport	https://mlkhealth.org/	Free Clinic - donations, grants, and sponsorships, volunteer-driven	Women's health programs, nutritional programs, diabetes management, primary healthcare and pharmacy services, testing for HIV, STIs, and other health needs	People who are uninsured or under-insurered
Northwestern State University	Natchitoches	https://www.nsula.edu/health/	Student fees, insurances	Student health services - including testing for HIV, STIs, and other health needs	Students of NSU
Northwestern State University - School of Nursing	Shreveport	https://www.nsula.edu/health/#tab-e7b79863c6d2dcca466	Student fees, insurances	Student health services - including testing for HIV, STIs, and other health needs	Students of NSU School of Nursing
Oasis Outreach	Shreveport	https://www.facebook.com/wegrowpeople/	LYREP, private donations, grants, STATE PREP	Youth programs centered around empowerment, personal responsibility, and sexual health, Youth Development (Wise Guys)	Youth, Underserved racial minority group
St. Luke's Mobile Medical Ministry	Shreveport	https://www.stlukesmedicalministry.org/	City, parish, private foundation grants, donations	Health screenings for hypertension, diabetes, cholesterol, nutritional counseling, breast health, testing for STIs, adult immunizations, health education and referrals	People who are unhoused, people who are un/under-insured, low-income individuals

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AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
The Philadelphia Center	Shreveport	https://philadelphiacenter.org/	Ryan White, Part B, State, and CDC PS 18-1802, private grants, HOPWA (probably also SSP funds)	GBT Wellness Center Medical Case Management, Oral Health Care, Mental Health Counseling, Housing Assistance, Food & Nutritional Assistance, Non-Medical Case Management, Emergency Financial Assistance, Medical Transportation Services, Syringe Services Program, RW: EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Transportation Services, Mental Health, Oral Health, Outreach, Psychosocial Support, Referrals, Substance Abuse Treatment (outpatient); HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance	LGBTQ+, People Who Inject Drugs, People of Color/African-Americans, lower income individuals/families
Region 8					
GO CARE	Monroe, LA	www.go-care.org	Part B, HOPWA, State, and CDC PS 18-1802, private grants, Ryan White, Part C, Health Insurances	RW: EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Transportation Services, Mental Health, Outreach, Psychosocial Support, Referrals, Linguistic Services; HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance, GBT Wellness Center Medical Case Management, Oral Health Care Mental Health Counseling, Housing Assistance, Food & Nutritional Assistance, Non-Medical Case Management, Emergency Financial Assistance, Medical Transportation Services Primary Healthcare (Clinical services)	LGBTQ+, People of Color/African-Americans, lower income families, general population
Grambling State University	Grambling	https://www.gram.edu/student-life/services/health-center/	Student fees, insurances	Student health services - including testing for HIV, STIs, and other health needs	Students of GSU
Louisiana Tech University	Ruston	https://www.gctechcare.com/	Student fees, insurances	Student health services - including testing for HIV, STIs, and other health needs	Students of LTU
University of Louisiana - Monroe	Monroe	https://www.ulm.edu/healthclinic/	Student fees, insurances	Student health services - including testing for HIV, STIs, and other health needs	Students of ULM
Region 9					
LSU Health - Lallie Kemp Medical Center	Independence, LA	https://www.lsuhospitals.org/lak/HIV.aspx	Part B, Part D	Mental health via telehealth for LK patients only	General Population
Merakey Pennsylvania	Statewide, LA	https://www.merakey.org/	State, Part A	Addiction Recovery Services, Adult Behavioral Health Services, Autism Services, Intellectual and Developmental Disabilities Services, Veterans Assistance Services, Children & Family Services, Foster Care Services, Aging Services, and Pharmacy Services, PEP and PREP, Annual Wellness, Chronic Disease Management, Infectious Diseases, Medical Marijuana, Transgender Health	General Population

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AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
Volunteers of America (VOA NO, Mandeville)	Mandeville, LA	www.voagno.org	Part B, HOPWA	RW: EFA, Food Bank/Voucher, Health Education, Housing, Non-Medical Case Management, Medical Case Management, Medical Transportation Services, Mental Health, Oral Health, Outreach, Other Professional Services (Tax Prep), Psychosocial Support, Referrals; HOPWA: Permanent Housing Placement, Short Term Rent Mortgage Utilities Assistance, Tenant Based Rental Assistance, Resource Identification	General Population
AHEC	New Orleans EMA, Hammond, LA	http://www.selahec.org/	Part A, State	Medical Case Management, Oral Health Care, Emergency Financial Assistance, Food Bank, Non-Medical Case Management, Medical Transportation Services, Non-Medical Case Management, Local Pharmacy Assistance Program (LPAP - Medication Asst), Ambulatory/Outpatient Services, Emergency Financial Assistance, Medical Transportation Services	General population
Care South	BRTGA	www.caresouth.org	RW Parts A,B,F MAI, Prevention, State, Viv, HRSA EHE, CDC, SPNS	Part A: Outpatient Ambulatory, AIDS Pharmaceutical Assistance, Oral health, Early Intervention Services, Mental Health Services, Emergency Financial Assistance, Medical Transportation MAI: Early Intervention Services, Medical Transportation	General Population
Crescent Care	BRTGA	www.crescentcare.org	Part A, HRSA EHE, SUBR, American Bar Association HIV Legal Services Fund	Other Professional Services (Legal)	General Population
Family Services	BRTGA	www.fsgbr.org	RW Parts A,B,D Prevention, United Way, HRSA EHE, State, City, Private	AIDS Pharmaceutical Assistance, Early Intervention Services, Mental Health Services, Medical Case Management, Substance Abuse Services (Outpatient), Non-Medical Case Management, Emergency Financial Assistance, Psychosocial Support, Linguistic Services, Housing, Medical Transportation	General Population
Open Health Care Center/HAART	BRTGA	www.ohcc.org	RW Parts A,B,F MAI, Prevention, State, CDC, HRSA EHE, HUD, HOPWA, SAMSHA, ESG, CSGB, City	Part A: Outpatient Ambulatory, AIDS Pharmaceutical Assistance, Oral Health, Mental Health Services, Substance Abuse Services, Medical Case Management, Early Intervention Services, Health Insurance Assistance, Non-Medical Case Management, Emergency Financial Assistance, Housing, Medical Transportation MAI: EIS, Medical Case Management, Medical Transportation, Housing	General Population
Our Lady of the Lake	BRTGA	www.ololrmc.com	RW Parts A,B,C,D,F MAI, Prevention, HOPWA, Gilead, Healthy BR, City of BR, State, HRSA-EHE, CDC	Part A: Outpatient Ambulatory, AIDS Pharmaceutical Assistance, Oral health, Early Intervention Services, Emergency Financial Assistance, Medical Transportation MAI: Early Intervention Services, Medical Transportation	General Population

Appendix 2 - HIV Prevention, Care and Treatment Resource Inventory

AGENCY NAME	LOCATION	WEBSITE	FUNDING SOURCE(S)	SERVICES PROVIDED	POPULATION(S) SERVED
Volunteers of America-Baton Rouge	BRTGA	www.voagbr.org	HRSA-EHE, SAMSHA, ESG, HOPWA, HUD, DCFS, Medicaid, ODD, VA	Medical Transportation, Early Intervention Services, Housing Information Services, Non-Medical Case Management, Emergency Financial Assistance, Housing	General Population