

COVID-19 DHSP CONTRACTED AGENCY SURVEY

INTRODUCTION

In early May 2020, the Los Angeles County Department of Public Health's (DPH) Division of HIV and STD Programs (DHSP) distributed an online survey to service agencies contracted to provide HIV and STD testing, prevention and or/treatment services. The survey assessed the impact of the COVID-19 pandemic on agency operations and service provision, including adoption and use of telehealth modalities, and COVID-19 testing services. The results of the survey will be used to inform the investment of new HRSA CARES Act COVID-19, Ryan White Program and other funding in order to support our contracted agencies meet the new service delivery demands and needs created by COVID-19.

METHODS

Sample

A link to an online survey was distributed via email to 64 DHSP contracted HIV/STD service agencies and was accessible for completion from May 7, 2020 through May 18, 2020. Agency administrators were asked to complete one survey per site. Fifty-four of the contracted agencies responded to the survey.¹ Of these, four respondents were excluded from the final sample because they were duplicates or not providing direct services. **The final sample of 50 agencies participating in the survey represents over 70 HIV and STD prevention, testing and treatment sites in Los Angeles County.** Given the rapidity of the changes tied to Los Angeles County Health Officer Orders, please note that the findings presented here reflect reported activity in May 2020 and may differ from current practices.

Survey

The survey consisted of nine general questions about the impact of COVID-19 on agency operations and telehealth and COVID-19 testing capacities that all agencies were asked followed by 12 sections with service-specific questions directed to those agencies contracted to provide for service that included:

1. Ambulatory Outpatient Medical (AOM)
2. Oral Health Services
3. Medical Care Coordination (MCC)
4. Mental Health Services
5. Benefits Specialty Services (BSS)
6. Home-Based Case Management (HBCM)
7. Biomedical Prevention (PrEP/PEP)
8. Residential Services (RCFCI, TRCF, and Substance Abuse Transitional Housing)
9. Transitional Case Management (TCM) – Jails
10. Nutritional Support
11. HIV Testing and STD Screening, Diagnosis and Treatment Services
12. Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

¹See the appendix of this report for details on survey response by agency.

The service-specific sections assessed service access and continuity including provision of services via telehealth as appropriate. Based on metrics from the online survey platform, the survey took approximately one hour to complete.

RESULTS

The results presented represent the experience of the contracted agencies at the time of the survey and not of all agencies providing HIV and STD testing, treatment and prevention services in Los Angeles County.

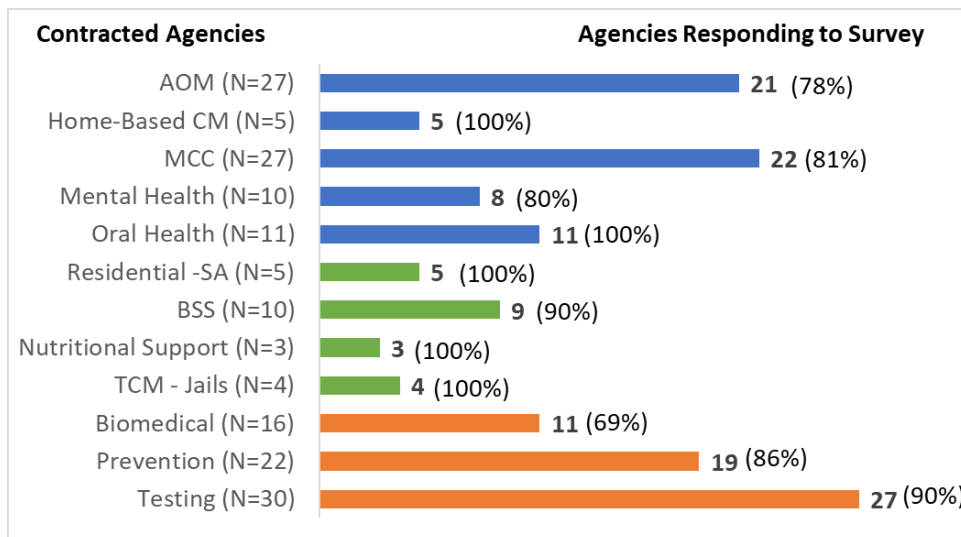
Scope of Services

A total of 50 of the contracted agencies participated in the survey. Each agency provides at least one contracted service. The number of contracted services varies by agency (see appendix for more detail).

Figure 1 below along the left shows the number of agencies contracted to provide each service and along the right is the number and proportion of agencies that responded to the survey among those contracted for each type of service. **Core Ryan White Services** are represented by the blue bars, **Ryan White Support Services** are represented by the green bars and **Testing and Prevention services** are represented by the orange bars.

Please note that the number of agencies responding to each question may vary based on skip patterns and is identified by the “N” for that service category. For example, 16 Biomedical prevention providers responded to the questions tied to Figures 3, but only 11 Biomedical prevention providers responded to the question tied to Figure 4 as this reflects the number of agencies continuing to provide services. The “N” for each service category represent the number of agencies responding to the survey question and not the total number of agencies funded by DHSP for that service category.

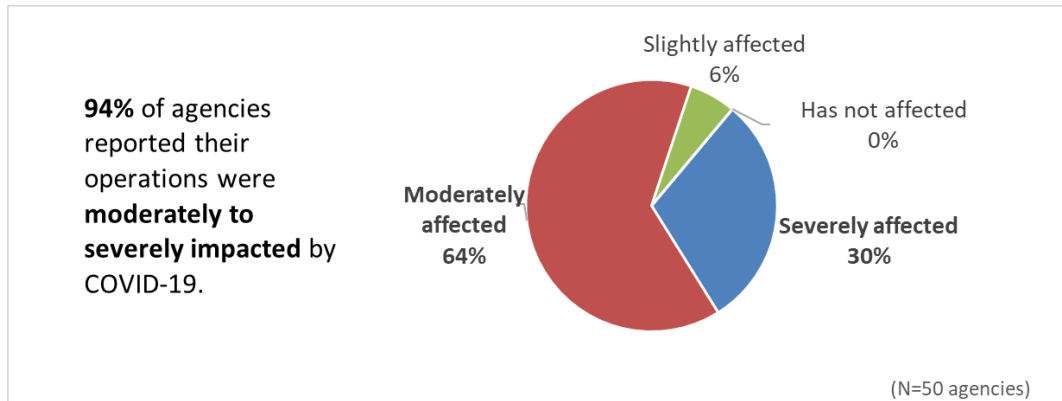
Figure 1: Number and Percent of Contracted Agencies Participating in the Survey by Service Category, May 2020



Impact of COVID-19 on Agency Operations

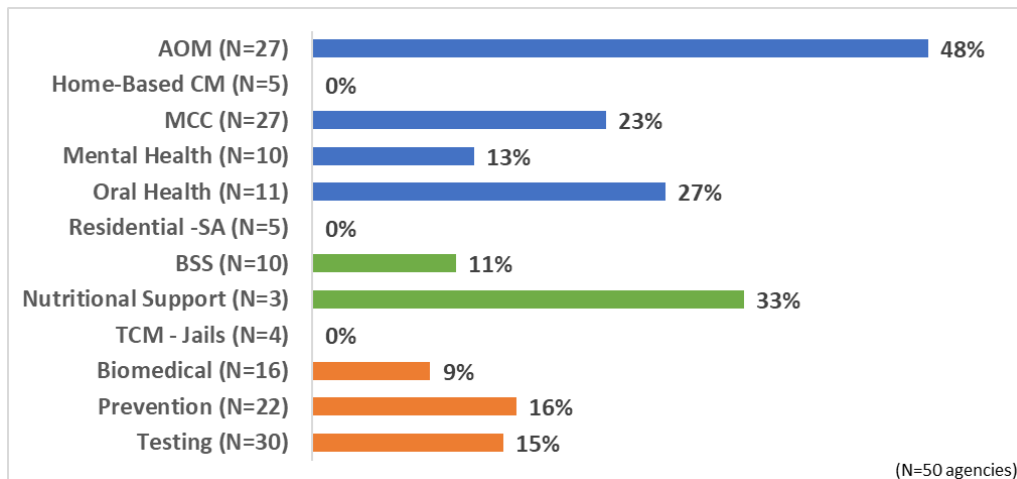
Of the 50 responding agencies, **47 (94%) reported their operations had been moderately or severely affected by COVID-19** (Figure 2). Over half of the agencies (27/50) reported that at least some of their facilities had temporarily been closed and a quarter (12/50) had to lay off staff as a result of the COVID-19 pandemic.

Figure 2: Impact of COVID-19 on Agency Operations among Survey Respondents, May 2020



Three-quarters of services (9/12) were impacted by full and partial reassignment of staff to COVID-19 activities. AOM was the service category most impacted by COVID-reassignments with nearly half of staff being reassigned at least part time.

Figure 3: Percent of Staff Reassigned to COVID-19 by Service Category among Survey Respondents, May 2020



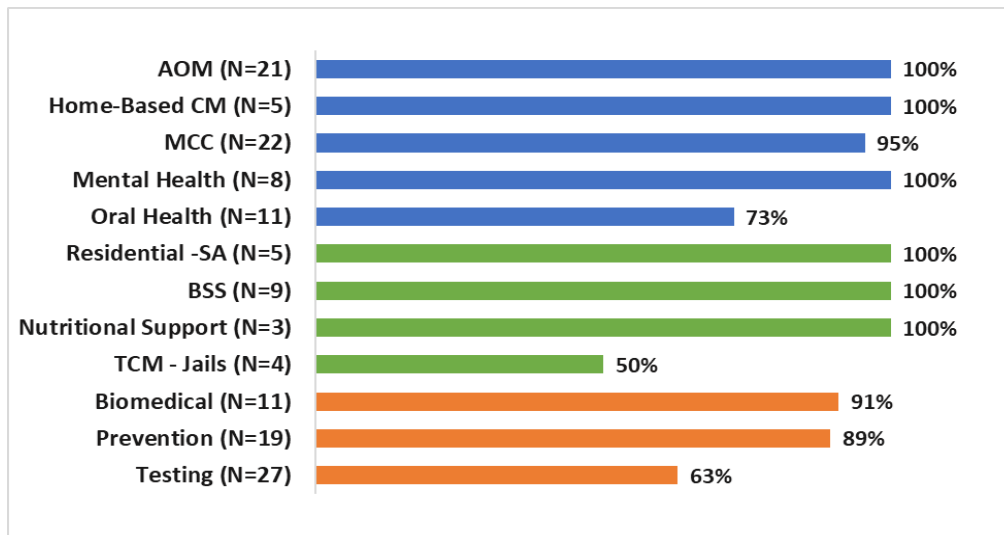
Response to COVID

Service Access and Continuity

Only half of the 12 service categories assessed through the survey continue to be provided at all contracted sites as a result of COVID-19 (Figure 4).

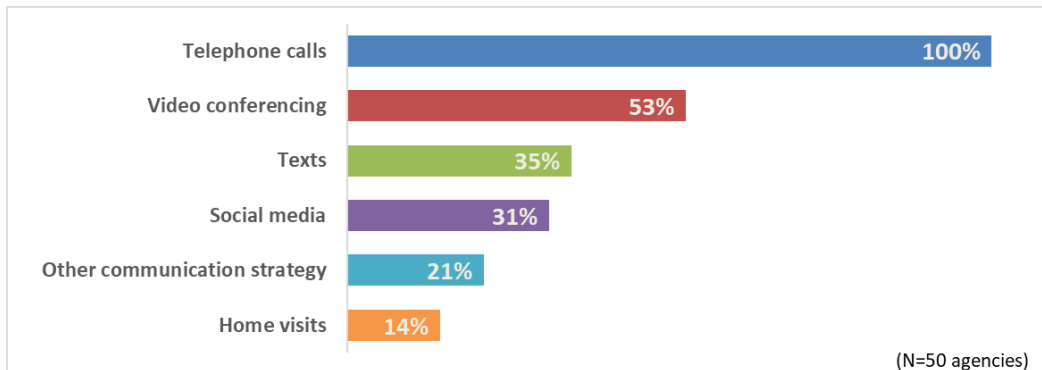
- Core Ryan White Services (blue bars): Three of five services, **AOM, Home-Based CM and Mental Health, continue to be provided to clients by agencies participating in the survey.**
- Ryan White Support Services (green bars): Three of four services, **Residential SA, BSS and Nutritional Support, continue to be provided to clients by all agencies.**
- Testing and Prevention Services (orange bars): While not serving clients at all Biomedical and Behavioral prevention and testing agency sites, **prevention services continued to be provided by over 90% of agencies.**
- **The number of HIV and STD testing service agencies continuing to serve clients decreased by 37% from 27 to 17 due to COVID-19.**

Figure 4: Impact of COVID-19 on Agency Service Capacity by Service Category among Survey Respondents, May 2020



- **Agencies reported using multiple communication strategies to stay in contact with their clients during the COVID-19 pandemic** that include telephone (92%), video conferencing (78%), texting (74%), email (74%) and social media (67%).
- Less commonly reported communication strategies were home visits (22%) and other communication strategies (21%) that included electronic medical record patient portals and limited social distancing outreach.
- **When asked to rank the top three communication strategies used, all agencies ranked telephone number one (100%)** followed by video conference (56%), texts (36%), social media (35%), other communication strategies (24%) and home visits (14%).

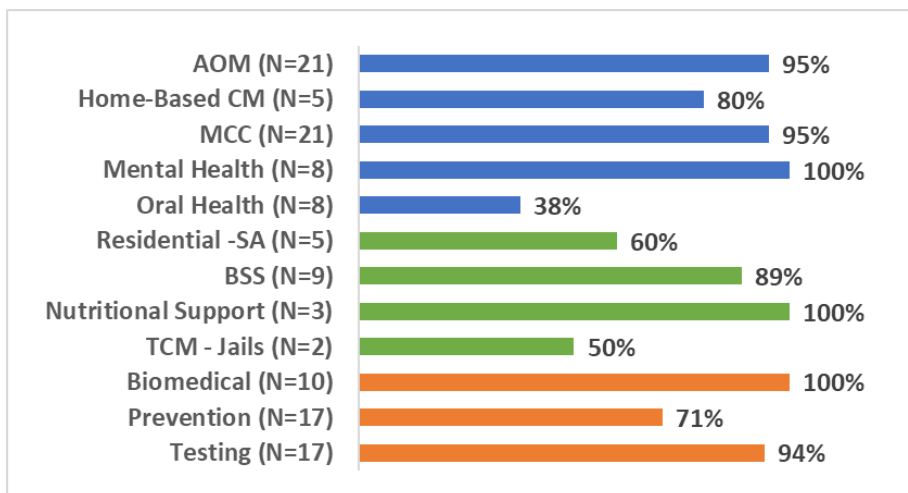
Figure 5: Top Three Communication Strategies Used by Agencies to Communicate with Clients, May 2020



The proportion of agencies enrolling new clients of those continuing to provide services during COVID-19 among survey respondents is presented in Figure 6.

- **Oral health, TCM-Jails and Residential Substance Abuse services had the fewest agencies enrolling new clients.** This may be due to challenges in serving clients during COVID-19 with limited opportunities for telehealth among these service categories.

Figure 6: Percent of Agencies Enrolling New Clients by Service Category, May 2020

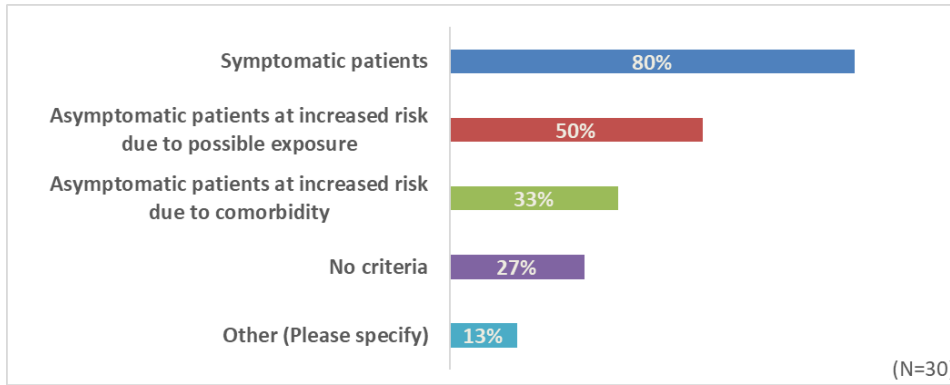


COVID-19 Testing

Thirty of the 50 agencies surveyed (60%) reported ability to test clients for COVID-19.

- Among the 30 conducting COVID-19 tests, having symptoms of COVID-19 was the main criteria for testing reported by 24 agencies (80%).
 - Other testing criteria included referrals, inpatient admissions and by appointment.
- Of the 20 agencies NOT currently providing COVID-19 testing, nine (45%) reported they plan to develop testing capacity.

Figure 7: COVID-19 Testing Criteria among Surveyed Agencies, May 2020



Among the 30 agencies contracted to provide Core Ryan White services participating in the survey, 23 (77%) reported capacity to offer COVID-19 testing. Of these 23 agencies with capacity, 20 (87%) reported they were currently offering COVID-19 testing to their Ryan White clients.

- Among the three 3 agencies not currently offering COVID-19 testing to Ryan White clients, one reported planning to do so in the future.

Telehealth Capacity

Forty-nine of the 50 agencies surveyed responded to questions related to telehealth capacity. For the purposes of the survey, telehealth was defined as communication between the agency and the client via telephone or a video communication platform such as Zoom or Skype.

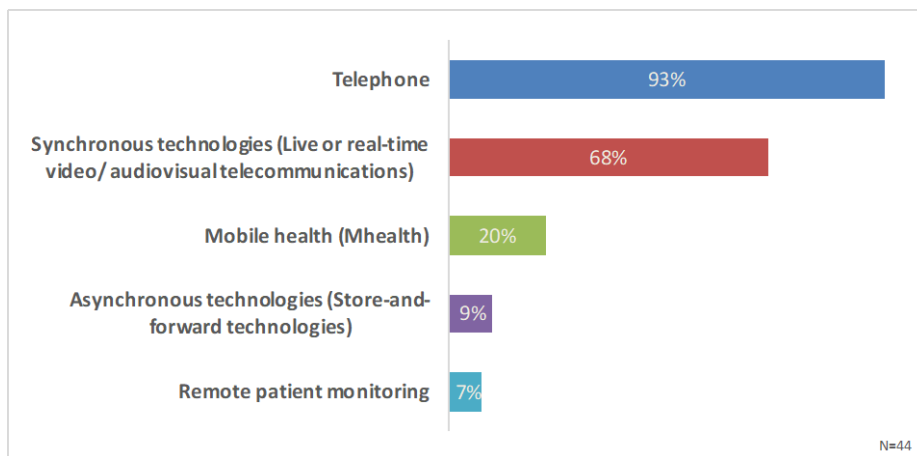
Figure 8: Definitions of Telehealth Modalities

- *Telephone*
- *Synchronous technologies*: live or real-time video that includes two-way interaction between a person (patient, caregiver or provider) and a provider using audiovisual communications technologies)
- *Mobile Health or mHealth*: provision of health care services and personal health data via mobile devices
- *Asynchronous technologies*: Store-and-forward technologies that support provider activities outside of a real-time or live interaction including electronic transmission of medical information (i.e., digital images, documents, and pre-recorded videos) through secure email communication
- *Remote patient monitoring*: Use of digital technologies to collect medical and other health data from individuals in one location and electronically transmit that information securely to healthcare providers

Ninety percent of agencies (44/49) reported ability to provide services via telehealth/telemedicine during the COVID-19 pandemic.

- Only one of the five agencies that reported no current telehealth capacity had plans to develop this capacity and requested assistance to do so.
- Telephone was the most commonly used telehealth modality reported by 93% of agencies (with telehealth capacity (41/44) followed by 68% of agencies reporting use of synchronous technologies (30/44).
- Less commonly used telehealth modalities reported by agencies were 20% (9/44) mobile health technologies (9/44), asynchronous technologies (4/44) and remote patient monitoring (3/44).

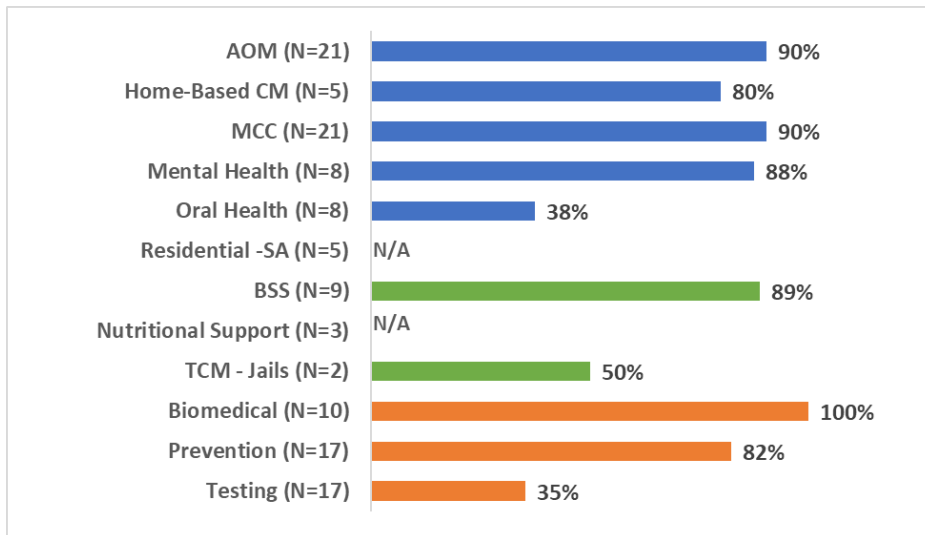
Figure 9: Telehealth Modalities in Use by Agencies, May 2020



Delivery of services via telehealth was assessed among agencies continuing to serve clients during COVID-19 that reported having telehealth capacity. The proportion of agencies providing telehealth services by each service category is presented below. Residential Substance Abuse and Nutritional Support services are not provided via telehealth.

- **Most Core Ryan White services continue to be delivered to clients using telehealth modalities** (shown in blue bars). While Oral Health services had the lowest proportion of agencies providing telehealth services, it is not feasible to provide the majority of these services via telehealth.
- Among Ryan White Support services (shown in green bars), half of the agencies providing TCM-jails were able to provide these services via telehealth.
- For Testing and Prevention Services, approximately one-third of Testing agencies have provided services via telehealth while all agencies contracted for Biomedical prevention services have provided telehealth services.

Figure 10: Proportion of Agencies with Telehealth Capacity Providing Services via Telehealth, May 2020



CORE RYAN WHITE SERVICES

Ambulatory Outpatient Medical Services

Twenty agencies are contracted to provide Ambulatory Outpatient Medical (AOM) services with one agency, the Department of Health Services, represent eight individual clinics for a combined total of 27 AOM clinical service sites. **Of these, 78% of the agencies/sites (21/27) responded to the survey.**

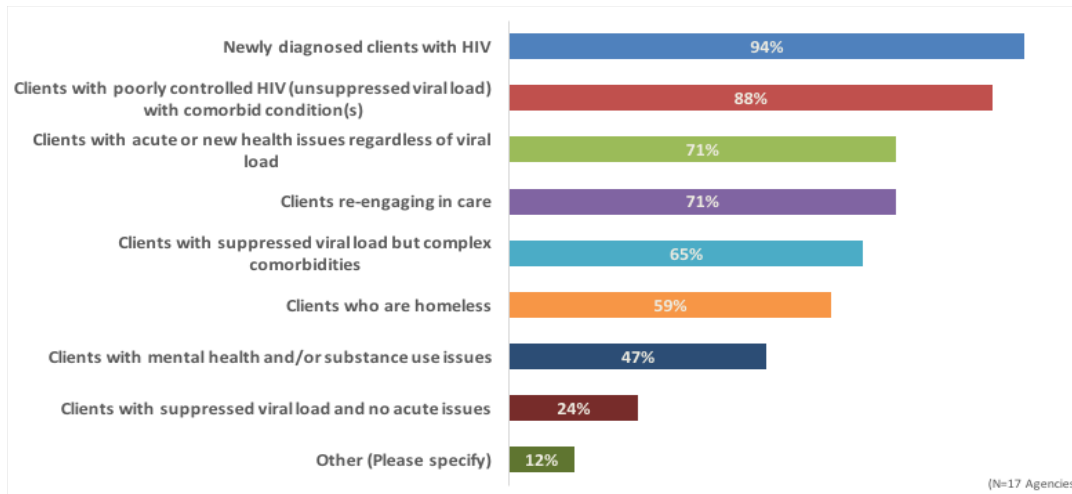
- **All 21 surveyed agencies/sites reported they were continuing to provide AOM services during COVID-19.**

Access to In-Person Services

- **While 15 out of 21 agencies/sites (71%) reported no change in clinic hours of operation for routine in-person visits, 10% (2/21) reported they were unable to provide in-person services and 20% (4/21) reported changes in either hours or days of operation.**
- **Ninety-five percent of AOM agencies/sites (20/21) reported currently enrolling new clients.**
 - Ten of the 20 agencies/sites reported conducting eligibility and screening for new clients by phone.
 - Eleven of the 20 agencies/sites that reported continuing to conduct in-person enrollment that included the use of social distancing practices, CDC screening practices and/or PPE for clients and staff.

- **Eighty percent of surveyed AOM agencies/sites (17/21) reported prioritizing clients for in-person visits**
 - Clients prioritized for in-person visits are presented below and primarily included newly diagnosed clients (94%) and those with poorly controlled HIV (unsuppressed viral load) with comorbid conditions (88%).
 - Other reasons why clients were prioritized for in-person visits included patient preference, physician preference, and lack of access to a private location and/or device.

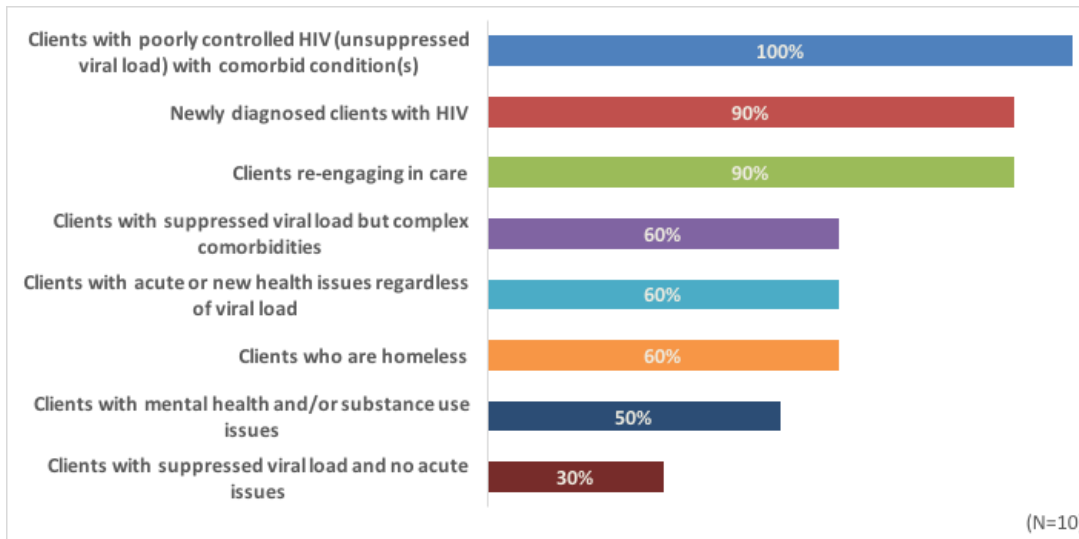
Figure 11: Clients Prioritized by Agencies/Sites for In-Person AOM Services, May 2020



Ninety-five percent of agencies/sites (20/21) continue to provide viral load testing

- Of these, half (10/20) are prioritizing clients for viral load testing during COVID-19.
 - As shown below, **clients with unsuppressed viral load and comorbid conditions were prioritized for viral load testing across all agencies (100%)** and newly diagnosed clients and those re-engaging in care were prioritized at 9/10 agencies.

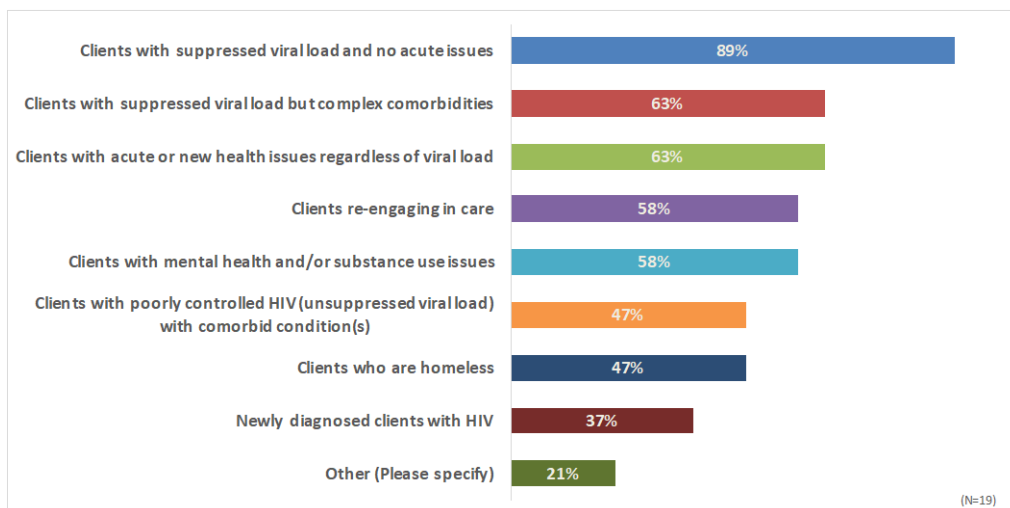
Figure 12: Clients Prioritized by Agencies/Sites for Viral Load Testing among Surveyed Agencies, May 2020



AOM Service Access via Telehealth

- **Nineteen of the 21 agencies/sites (95%) reported providing AOM services via telehealth modalities following COVID-19** and 14 out of 19 agencies estimated that over half of their AOM clients were receiving services via telehealth.
- Most agencies/sites (17/19) providing AOM services via telehealth, reported primarily serving clients who were virally suppressed with no acute issue. Additional types of AOM clients receiving services via telehealth are presented below.
 - Other types of clients included those with access to privacy, access to a reliable device, and those preferring telehealth to in-person services

Figure 13: Types of Clients Receiving AOM Services via Telehealth, May 2020



Antiretroviral Therapy Access and Continuity

All surveyed AOM agencies/sites (21/21) reported helping clients with prescription home delivery to ensure continued access to their HIV and other medications. Nearly all agencies (19/21) also reported extending ART and other medication refills during COVID-19.

Impact of COVID-19 on AOM Operations

Over half of surveyed AOM agencies/sites (11/21) reported decreases in the number of billable medical visits since the start of the COVID-19 pandemic. Six agencies/sites reported that billable medical visits decreased by $\leq 25\%$, four agencies/sites reported they decreased between 26%-50% and only one reported a decrease of 51%-75%.

Of the 21 surveyed AOM agencies/sites, 18 reported increases in operating costs as a result of COVID-19 primarily due to purchase of personal protective equipment (PPE; 15/21) and telehealth infrastructure (7/21).

Two agencies/sites reported costs related to physical distancing measures (plexiglass barriers, seating for staff, and spacing out appointments) and COVID-19 symptom screening prior to entry.

Fourteen of the 21 surveyed AOM agencies/sites (66%) reported barriers to providing AOM services during COVID-19. Examples of barriers included difficulty locating and engaging clients without phone or internet access, particularly for homeless clients, as well as those who are uninsured. Several reported clients were scared or reluctant to come to the agency during COVID-19. One agency/site reported that their clients seemed more compliant with telehealth visits.

Oral Health Services

Of the 12 agencies contracted to provide Oral Health services, **11 (92%) responded to the survey.**

- **Three of the 11 contracted agencies (27%) reported they were no longer providing Oral Health services at the time of the survey as a result of COVID-19.**

Access to In-Person Services

- **Six of eight operating agencies (8%) reported changes in hours of operation for routine in-person oral health visits, 50% (4/8) reported changes in either hours and/or days of operation and 25% (2/8) reported they were unable to provide in-person services.**
- **Only three of eight surveyed Oral Health agencies (38%) reported currently enrolling new clients.**
 - The process for enrolling new clients included conducting eligibility and screening by phone.
- **88% of agencies (7/8) reported prioritizing clients with emergency oral health needs for in-person visits.**

Oral Health Service Access via Telehealth

Seven of the eight surveyed agencies that continue to provide Oral Health services reported having telehealth capacity.

- Of these seven agencies, however, **only three (43%) agencies reported providing Oral Health consultations via telehealth** to clients who included those with:
 - Newly diagnosed with HIV
 - Poorly controlled HIV (unsuppressed viral load) with comorbid conditions
 - Emergency oral health needs

Impact of COVID-19 on Oral Health Operations

Three agencies reported billable services decreased 76%-100%, 3 reported they decreased between 51%-75%, and two reported they decreased between 26%-50%.

Of the eight operating agencies, **5 (63%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (5/8) and telehealth infrastructure (2/8).

Seven of the eight agencies (88%) reported barriers to providing Oral Health during COVID-19. Examples of barriers included staff working offsite, clients' concerns about coming to the agency, and being unable to provide services in a way that is safe for both client and staff.

Medical Care Coordination (MCC)

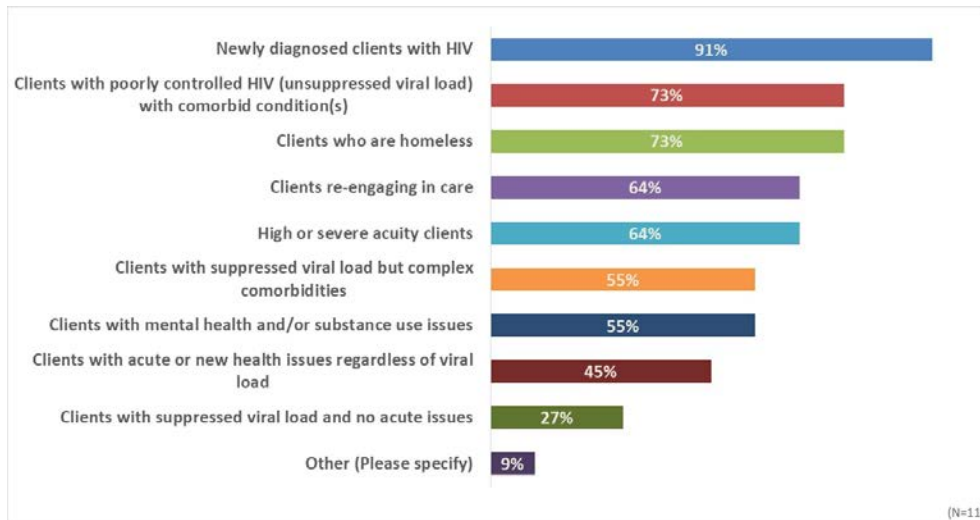
Twenty agencies are contracted to provide Medical Care Coordination (MCC) services with one agency, the Department of Health Services, representing eight individual clinics for a combined total of 27 MCC service sites. **Of these, 81% of the agencies/sites (22/27) responded to the survey.**

- **Ninety-five percent (21/22) of agencies/sites reported continuing to provide MCC services during COVID-19.**

Access to In-Person Services

- While 71% of operating agencies/sites surveyed (15/21) reported no change in clinic hours of operation for routine in-person visits, 4/21 (23%) reported they were unable to provide in-person services and 2/21 (10%) reported changes in either hours or days of operation.
- **Ninety-five percent of operating agencies (20/21) reported continuing to enroll new MCC clients**
 - The process for enrolling new clients included conducting eligibility and screening by phone (11/21), and in-person enrollment for persons newly diagnosed with HIV (2/21).
- **Over half of operating agencies (11/21) reported prioritizing clients for in-person MCC services** that primarily included newly diagnosed clients (91%) and clients who were homeless (73%).
- Other reasons why clients were prioritized for in-person services were if they were experiencing pain or infection.

Figure 14: Clients Prioritized by Agencies for In-Person MCC Services, May 2020

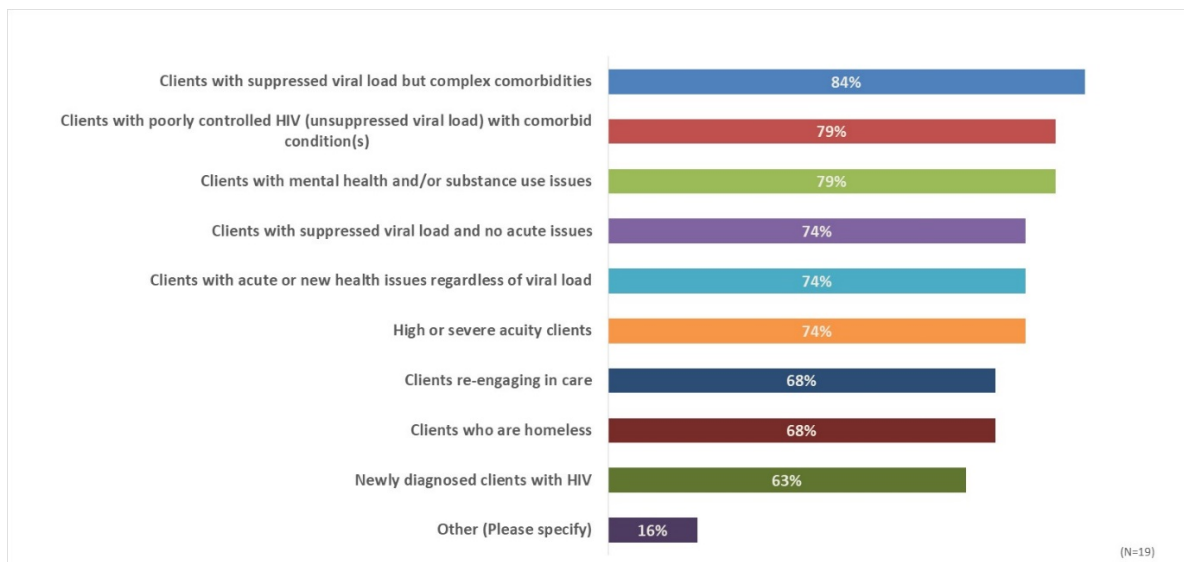


MCC Service Access via Telehealth

Of the 21 surveyed operating agencies providing MCC services, 20 agencies (90%) reported having telehealth capacity.

- **Ninety-five percent operating agencies with telehealth capacity (19/20) reported providing MCC services via telehealth modalities following COVID-19.**
- Fourteen of the 19 agencies providing MCC services estimated over half of their MCC clients were receiving telehealth services.
- **At 84% (16/19) of the agencies providing MCC services, clients who were virally suppressed with complex comorbidities and those with mental health and/or substance use issues received MCC services via telehealth.**
 - Other types of clients served included those with access to privacy, access to a reliable device, and those preferring telehealth to in-person services.

Figure 15: Types of Clients Receiving MCC Services via Telehealth, May 2020



Telehealth services are provided by MCC teams based at the agency (13/19 or 68%) and/or while working remotely (12/19 or 63%).

- Of the 12 agencies providing MCC services remotely, nearly half (5) reported that 76%-100% of their MCC teams were teleworking
 - 83% of agencies(10/12) reported the Patient Care Manager teleworking
 - 75% of agencies (9/12) reported the Patient Care Manager and the Case Worker teleworking
 - 67% (8/12) of agencies reported the Patient Retention Specialist teleworking

Impact of COVID-19 on MCC Operations

Of the 21 agencies, 14 reported increases in operating costs as a result of COVID-19 primarily due to PPE (12/14) and telehealth infrastructure (6/14).

Thirteen of the 21 agencies (62%) reported barriers to providing MCC services during COVID-19.

Examples of barriers included:

- Difficulty locating and engaging clients without phone or internet access
- Clients being scared or reluctant to come to the agency during COVID-19

One agency reported that their clients seem better engaged in services through telehealth modalities.

Mental Health Services

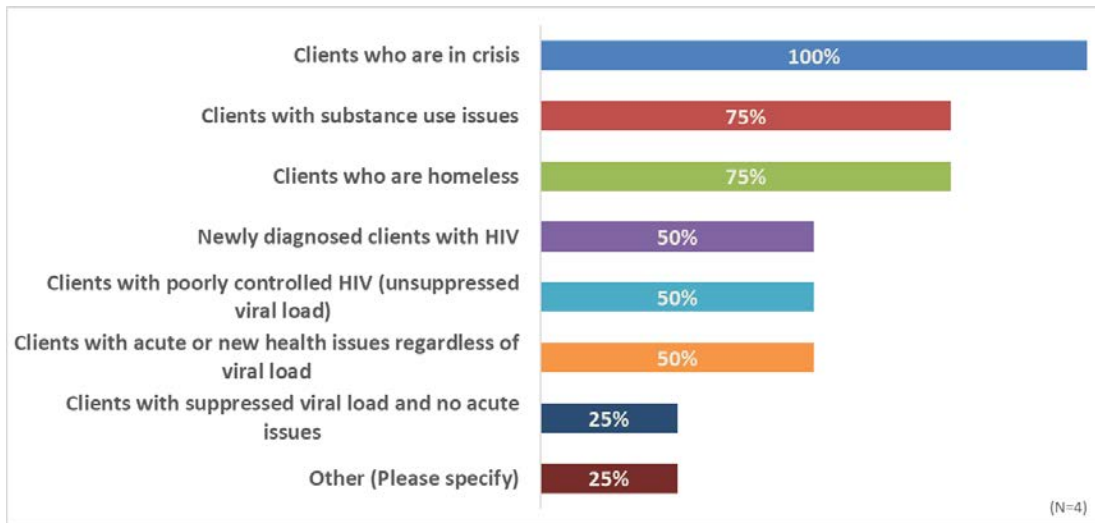
Of the nine agencies contracted to provide Mental Health (MH) services, **eight (89%) responded to the survey.**

- **All eight agencies reported they were continuing to provide MH Services during COVID-19.**

Access to In-Person Mental Health Services

- While 75% of agencies (6/8) reported no change in clinic hours of operation for routine in-person visits, one reported they were currently unable to provide in-person services and one reported change in hours and/or days of operation
- **All eight agencies reported continuing to enroll new Mental Health Services clients**
 - Five of the eight agencies reported conducting eligibility and screening by phone to enroll new clients by phone
- **Half of operating agencies (4/8) reported prioritizing clients for in-person MH Services**
 - **Across all agencies this included clients in crisis (100%)** followed by those with substance use issues (75%) and clients experiencing homelessness (75%)
 - Other reasons reported why clients were prioritized for in-person services included client choice and if they were experiencing anxiety, stress and/or domestic violence

Figure 16: Clients Prioritized by Agencies for In-Person MH Services, May 2020

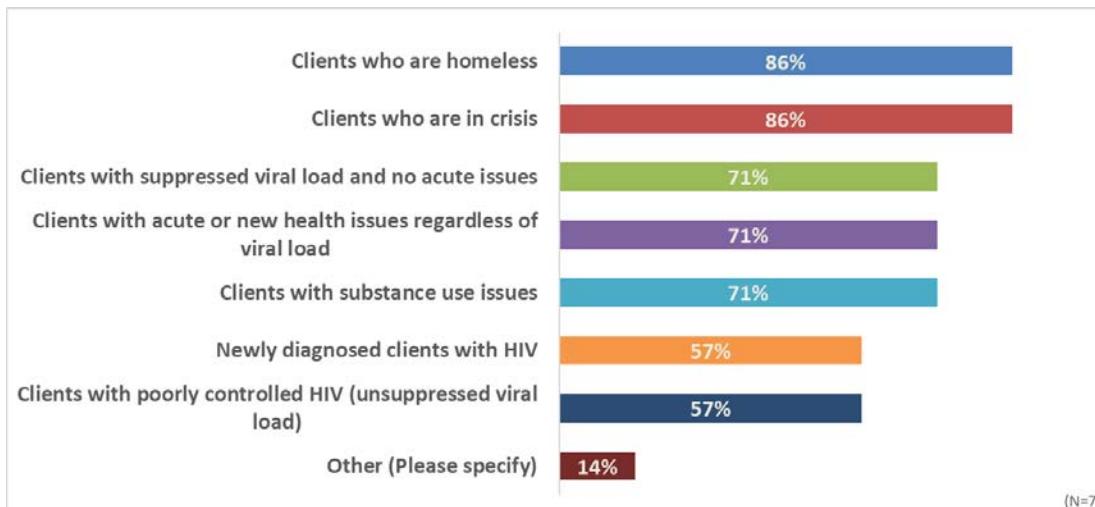


Mental Health Services Access via Telehealth

Seven of the eight agencies providing MH Services reported having telehealth capacity and **all seven with capacity reported currently providing MH Services via telehealth modalities during COVID-19.**

- **Most agencies (6/7) reported primarily providing telehealth MH Services to clients experiencing homelessness (86%) and those in crisis (86%) as shown below**
- Other reasons for receipt of services via telehealth was that this is the only service modality currently being offered at this agency (1/7)

Figure 17: Types of Clients Receiving MH Services via Telehealth, May 2020



Eighty-eight percent of the agencies (7/8) reported their MH Services staff were teleworking during COVID-19

- More than half of teleworking agencies (5/7) reported that 50% or more of their MH Services staff were teleworking

Service Need During COVID-19

Seventy-five percent of agencies (6/8) reported increased need for MH Services among their clients for MH Services during COVID-19

- Five agencies reported serving more clients
- Two agencies reported providing more hours of service per client
- One agency reported an increase in new clients seeking MH services
- One agency specifically reported the type of services needs that included stress, domestic violence and substance use relapse

To help address increased MH services need, **agencies were asked whether their clients would benefit from access to mindfulness or stress management apps** such as Headspace or Calm.

- **All MH service agencies agreed that their clients would benefit** from access to these resources

Impact of COVID-19 on MH Services Operations

Of the eight agencies, six reported increases in operating costs as a result of COVID-19 primarily due to PPE (5/6), telehealth infrastructure (3/6) and social distancing configuration of clinical space (1/6).

Five of the eight agencies (63%) reported barriers to providing MH Services during COVID-19. Examples of barriers included difficulty engaging clients without phone or internet access, clients are scared or reluctant to come to the agency during COVID-19 and that is hard for clients to not be seen in-person. One agency requested more flexible funding options during COVID-19.

Home-Based Case Management (HBCM)

All five agencies contracted to provide Home-Based Case Management (HBCM) services (100%) responded to the survey.

- **All five agencies reported they were continuing to provide HBCM services during COVID-19**

Access to In-Person HBCM Services

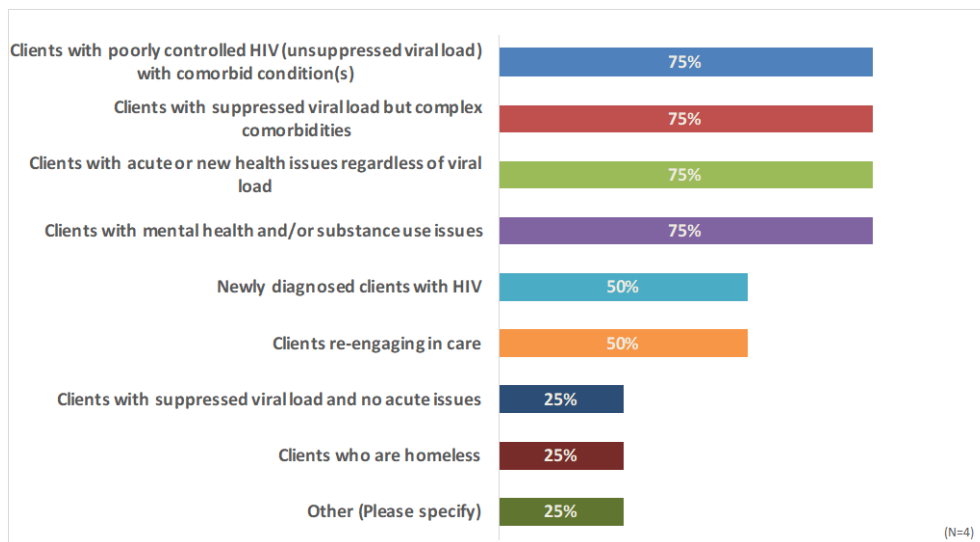
- While 40% of agencies (2/5) reported no change in hours of operation for in-person HBCM services during COVID-19, **40% (2/5) reported they were unable to provide in-person services** and 20% (1/5) reported changes in hours and days of operation
- **Four out of five agencies reported continuing to enroll new HBCM services clients**
 - All four agencies reported conducting eligibility and enrollment of new clients by phone

HBCM Access via Telehealth

Four of the five agencies providing HBCM reported having telehealth capacity.

- All four agencies with telehealth capacity reported providing HBCM services via telehealth modalities during COVID-19
- Most agencies reported primarily providing HBCM via telehealth to clients with complex comorbidity with and without viral load suppressed and those with acute or new health issues (75%) as shown below.
- Other reasons for receipt of services via telehealth was that this is the only service modality currently being offered at this agency (1/4)

Figure 18: Types of Clients Receiving HBCM Services via Telehealth, May 2020



Four of the five of the agencies reported their HBCM staff were teleworking during COVID-19.

- HBCM Services staff were spending 50% or more of their time working remotely

HBCM Service Need During COVID-19

Two out of five agencies reported an increase in the number of existing HBCM clients in need of services during COVID-19.

- No increases were reported in the number of new clients

Impact of COVID-19 on HBCM Operations

Of the five agencies, two reported increases in operating costs as a result of COVID-19 primarily due to PPE (2/2) and telehealth infrastructure (1/2).

Two of the five agencies reported barriers to providing HBCM during COVID-19. Examples of barriers included the risk of COVID-19 exposure to both clients and staff during home visits and difficulty finding homemakers willing to go to into clients' homes.

Ryan White Support Services

Benefits Specialty Services (BSS)

Of the ten agencies contracted to provide Benefits Specialty Services (BSS), **nine (90%) responded to the survey.**

- **All nine agencies reported they were continuing to provide BSS during COVID-19**

Access to In-Person BSS

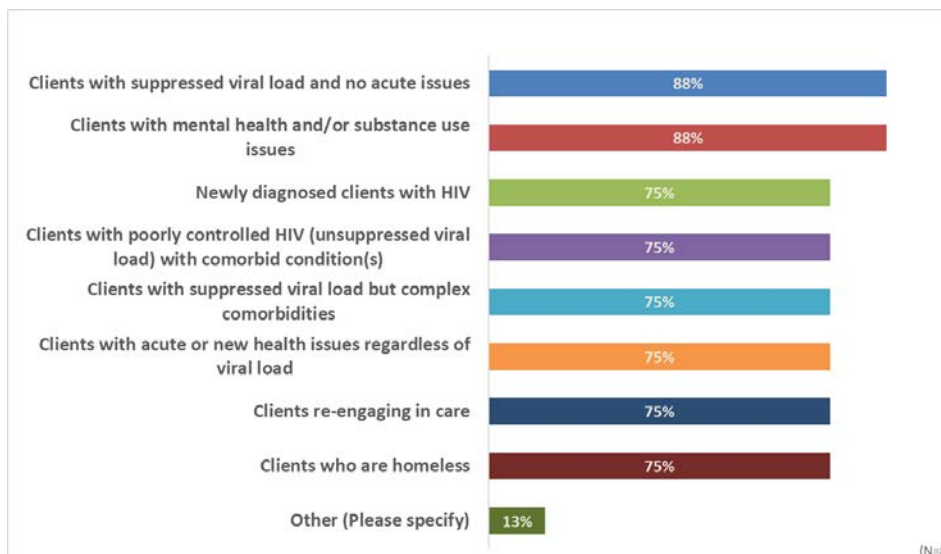
- While 56% of agencies (5/9) reported no change in clinic hours of operation for in-person services, three reported they were currently unable to provide in-person services and one reported hours and days of operation had changed
- **Eighty-nine percent of agencies (8/9) reported continuing to enroll new BSS clients**
 - All eight agencies reported conducting eligibility and screening by phone to enroll new clients

BSS Access via Telehealth

Eight of the nine of the agencies providing BSS that were surveyed reported having telehealth capacity.

- **All eight operating agencies reported providing BSS via telehealth modalities following COVID-19**
- **Most agencies reported primarily providing telehealth BSS to clients with suppressed viral load and no acute issues (88%) and those experiencing mental health and/or substance use issues (88%) as shown below**
 - Under “Other” one agency reported that all clients were receiving services via telehealth

Figure 19: Types of Clients Receiving BSS via Telehealth among Surveyed Agencies, May 2020



Over half of agencies (5/9) reported their BSS staff were teleworking during COVID-19.

- BSS staff were spending 75% or more of their time working remotely

Impact of COVID-19 on BSS Operations

Of the nine agencies, **five (56%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (4/5) and telehealth infrastructure (2/5).

Three of the nine agencies reported barriers to providing BSS during COVID-19. Examples of barriers included decreases in total visits and service hours and requiring hard copies of documents from clients to be mailed or scanned. One agency requested more flexible funding options during COVID-19.

Residential Care Facility for the Chronically Ill (RCFCI), Transitional Residential Care Facility (TRCF) and Substance Abuse Transitional Housing Services —Combined as Residential Services
All five agencies contracted to provide Residential Services (100%) responded to the survey.

- **All five agencies reported they were continuing to provide Residential Services during COVID-19**

Access to In-Person Residential Services

- While 80% of agencies (4/5) reported no change in clinic hours of operation for in-person services, one agency reported they were currently only able to provide services by phone
- **Three of the five agencies (60%) reported continuing to enroll new Residential Services clients**
 - All three agencies reported using COVID-19 screening and physical distancing practices when seeing clients and one reported conducting eligibility screening by phone to enroll new clients

Service Need During COVID-19

Only one agency reported increased need for Residential Services among their clients for during COVID-19

All five Residential Services agencies estimated their current vacancy rate to be 25% or less.

- Most agencies (3/5) reported that this vacancy rate was similar to that before COVID-19 while two of the five agencies reported their vacancy rate has increased during COVID-19

Impact of COVID-19 on Residential Services Operations

All five agencies reported increases in operating costs as a result of COVID-19 primarily due to PPE and other protective equipment such as gloves and cleaning supplies (5/5) and food costs (2/5).

Two of the five agencies reported barriers to providing Residential Services during COVID-19. Examples of barriers included difficulty engaging clients without phone or internet access in substance use treatment programs being delivered via telehealth and current staff vacancies.

Transitional Case Management (TCM) – Jails

Four of the five agencies contracted to provide Transitional Case Management (TCM) in the jails responded to the survey.

- **Two of the four agencies that responded reported they were continuing to provide TCM during COVID-19**

Access to In-Person TCM Services

- Both operating agencies reported changes in hours and/or days of operation during COVID-19
- **Only one of the two operating agencies reported continuing to enroll new TCM clients during COVID-19**

TCM Access via Telehealth

One of the two of the agencies providing TCM reported having telehealth capacity and currently providing services via telehealth modalities.

Telehealth services are being provided by staff based at the agency and also by staff who are teleworking.

- Approximately half of the TCM staff were teleworking between 25% to 50% of the time

TCM Need During COVID-19

Both operating agencies reported an increase in the number of clients needing TCM services during COVID-19

- One agency reported providing more hours of service per client

Impact of COVID-19 on TCM Operations

One of the two operating agencies reported increases in operating costs as a result of COVID-19 due to PPE.

Neither of the two operating agencies reported barriers to providing TCM Services during COVID-19.

Nutritional Support Services

All three of the agencies contracted to provide Nutritional Support services responded to the survey.

- **All three agencies reported they were continuing to provide Nutritional Support services during COVID-19**
 - Two agencies were contracted for food pantry/foodbank services and one was contracted for home-delivered meals

Access to In-Person Nutritional Support Services

- None of the agencies reported any change in hours of operation for in-person visits during COVID-19
- **All agencies reported they were continuing to enroll new clients for Nutritional Support services during COVID-19**
 - Two of the three agencies reported conducting intakes and nutritional consults for new clients by phone
- The agencies contracted for food pantry/food bank services were providing services on a walk-in basis consistent with social distancing guidelines

Need for Nutritional Support Services During COVID-19

All three agencies reported increases in the number of clients needing Nutritional Support services during COVID-19.

- Food pantry/food bank service providers reported providing more bags of food per client
- The agency providing home-delivered meals reported delivering more meals per client

Impact of COVID-19 on Nutritional Support Operations

All three agencies reported increases in operating costs as a result of COVID-19 due to PPE, higher food and transportation costs, and few food donations.

Only one of the three agencies reported barriers to providing Nutritional Support Services during COVID-19 that included transportation issues and client fears about leaving the house.

HIV/STD PREVENTION SERVICES

Biomedical Prevention (PrEP/PEP)

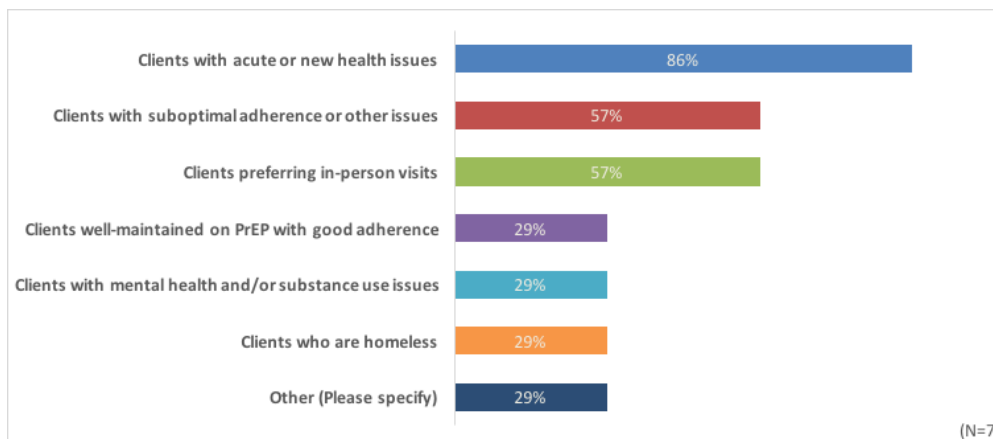
Of the 16 agencies contracted to provide Biomedical Prevention services, **11 agencies (69%) responded to the survey.**

- **Ten of the 11 agencies reported they were continuing to provide Biomedical Prevention services COVID-19**

Access to In-Person Biomedical Prevention Services

- While 60% of agencies (6/10) reported no change in clinic hours of operation for routine in-person services, 20% (2/10) reported they were unable to provide in-person services and 20% (2/10) reported changes in hours and/or days of operation
- **All 10 operating agencies reported continuing to enroll new clients for Biomedical Prevention services during COVID-19.**
 - Six of the 10 agencies reported enrolling new clients by phone.
- **Seventy percent of operating agencies (7/10) reported prioritizing clients for in-person Biomedical Prevention services**
 - **For most agencies this included clients with acute or new health issues**
 - Other reasons reported why clients were prioritized for in-person services was if they were requesting an HIV test

Figure 20: Clients Prioritized for In-Person Biomedical Prevention Services, May 2020

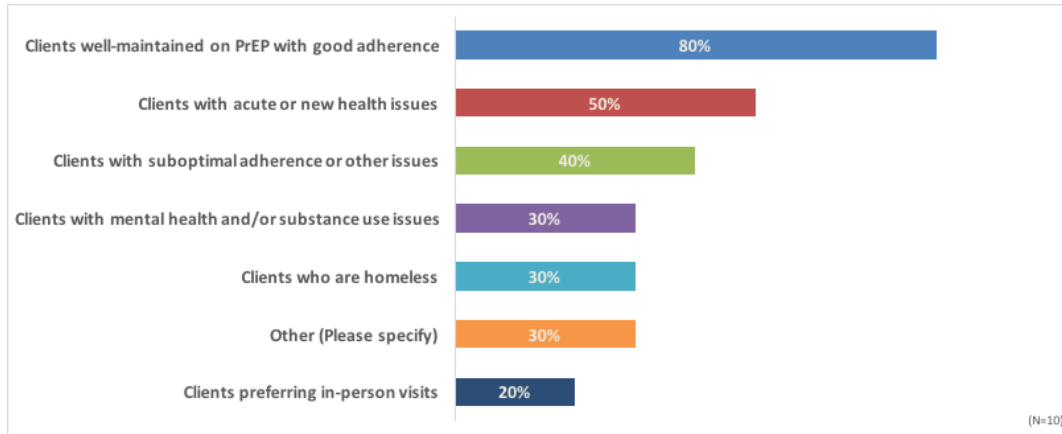


Telehealth Capacity and Services

All 10 of the operating agencies that continue to provide Biomedical Prevention services reported having telehealth capacity and **all ten reported currently providing Biomedical Prevention services via telehealth during COVID-19.**

- The type of clients receiving telehealth Biomedical Prevention services are shown below and primarily include those well-maintained on PrEP with good adherence (80%)
 - Other types of clients included those with no need for laboratory testing and those preferring telehealth to in-person services

Figure 21: Types of Clients Receiving Biomedical Prevention Services via Telehealth, May 2020



Telehealth services are being provided by staff based at the agency (80%) and by staff who are teleworking remotely (60%).

- Approximately half of the Biomedical Prevention staff were teleworking between 26% to 50% of the time

Prophylactic Therapy Access and Continuity

All agencies (10/10) reported helping clients with prescription home delivery to ensure continued access to PrEP and other medications. Nearly all agencies (9/10) also reported extending PrEP and other medication refills during COVID-19.

Home HIV Test Kits

Only one of the 10 operating Biomedical Prevention services agencies had access to HIV home test kits and only one agency reported it was currently offering clients HIV home test kits.

- **All of the nine agencies without access to HIV home test kits would like offer kits to their clients**

Impact of COVID-19 on Testing Services Operation

Among operating agencies, **90% (9/10) reported decreases in billable Biomedical Prevention services** since the start of the COVID-19 pandemic.

- **Six agencies (6/10) reported billable services decreased between 26%-50%**, two reported decreases of $\leq 25\%$ and one reported a decrease between 51%-75%

Of the 10 operating agencies, **eight (80%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (6/8) and telehealth infrastructure (3/8).

Six of the 10 agencies (60%) reported barriers to providing Biomedical Prevention services during COVID-19. Examples of barriers included deferral of prevention services by clients, fears about coming to the agency, and unreliable access to phone and/or internet for telehealth services.

HIV Testing and STD Screening, Diagnosis and Treatment Services (Testing Services)

Of the 30 agencies contracted to provide HIV/STD Screening, Diagnosis and Treatment Services (Testing Services), **27 agencies (90%) responded to the survey.**

- This included 23 agencies specifically contracted for Testing Services together with those agencies providing testing services under the Vulnerable Populations contract (In the Meantime Men's Group and Men's Health Foundation) and under the DHSP-Supported Long Beach HIV/STD Testing RFP (Dignity Health and The One in Long Beach)
- Of the 27 agencies contracted for Testing Services, **10 (37%) agencies reported they were no longer providing Testing Services at the time of the survey as a result of COVID-19**

Access to In-Person Testing Services

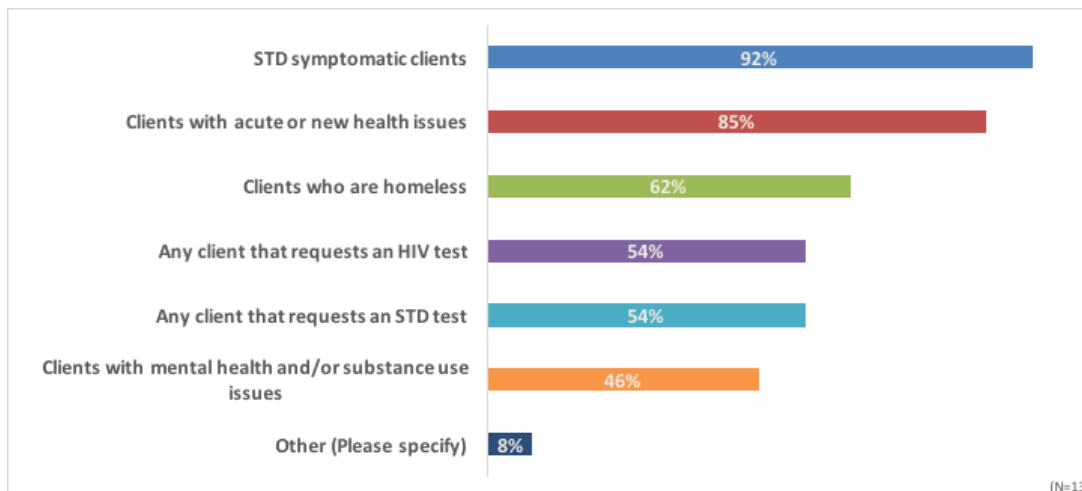
Nearly half of the agencies (8/17) continuing to provide Testing Services reported changes to their schedule of operations since COVID-19.

- Seven agencies **reported changes to days and/or hours operations for in-person services since COVID-19**
- One agency reported it was not currently able to provide in-person services

Over three-quarters of agencies (13/17) reported prioritizing clients for in-person Testing Services who primarily included STD symptomatic patients (92%), clients with new or acute health issues (85%) and homeless clients (62%).

- Other clients prioritized for in-person services were those seeking a confirmatory HIV test and PrEP or PEP services

Figure 22: Clients Prioritized for In-Person Testing Services, May 2020



Telehealth Capacity and Services

- Sixteen of the 17 of the agencies that continue to provide Testing Services reported having telehealth capacity. Of these sixteen however, **only 6 (38%) agencies reported providing Testing Services via telehealth** that include:
 - Presumptive treatment of STD symptomatic clients at all 6 agencies
 - Risk assessment provided at 5 of 6 agencies

Home HIV Test Kits

Only four of the 17 (24%) operating Testing Services agencies had access to HIV home test kits and **only two agencies (12%) reported they were currently offering clients HIV home test kits.**

- Nearly all agencies (12/13) without access to HIV home test kits would like to offer kits to their clients

Impact of COVID-19 on Testing Services Operation

Among operating agencies, **71% (12/17) reported decreases in billable Testing Services** since the start of the COVID-19 pandemic.

- **Six agencies (6/12) reported billable services decreased 76%-100%**, 5 reported they decreased between 26%-50% and one reported a decrease of ≤25%

Of the 17 operating agencies, **11 (65%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (11/17) and telehealth infrastructure (2/17).

Seven of the 17 agencies (41%) reported barriers to providing Testing Services during COVID-19. Examples of barriers included low numbers of people coming in for testing services, some due to fears about coming to the agency, and providing services in a way that is safe for both clients and staff.

Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

- Of the 22 agencies contracted to provide Prevention Services, **19 (86%) responded to the survey. Seventeen of the 19 agencies (89%) reported they were continuing to provide Prevention Services during COVID-19**

Access to In-Person Prevention Services

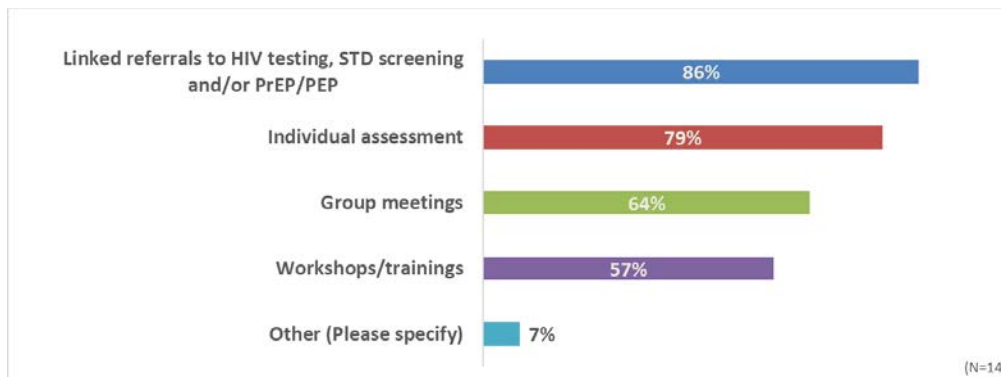
- **Fifteen of the 17 agencies (88%) reported changes to hours of operation for routine in-person services as a result of COVID-19:**
 - Forty-one percent (6/17) reported they were unable to provide in-person services
 - Forty-seven percent (8/17) reported changes in hours and/or days of operation
- **Seventy-one percent of operating agencies (12/17) reported continuing to enroll new clients for Prevention Services during COVID-19**
 - Ten of the 17 agencies reported enrolling new clients by phone
- Among the 10 agencies providing in-person services, three reported prioritizing clients for in-person Prevention Services
 - **Across the three agencies, clients with acute or new health issues, requesting an HIV test or experiencing homelessness were prioritized for in-person services**

Telehealth Capacity and Services

Ninety-four percent of the agencies (16/17) continuing to provide Prevention Services during COVID-19 reported having telehealth capacity. Of these sixteen, **14 agencies (88%) reported providing Prevention Services via telehealth during COVID-19.**

- As shown below, the main type of service being delivered by agencies via telehealth was linked referrals to HIV testing, STD screening and/or PrEP/PEP services
- Other types of services included referrals for COVID-19 testing

Figure 23: Types of Prevention Services Being Delivered via Telehealth, May 2020



Thirteen of the 17 agencies (76%) reported their staff were teleworking during COVID-19.

- Most agencies (10/13) reported at least 50% of staff time was spent teleworking

Home HIV Test Kits

Only one of the 17 (6%) operating Prevention Services agencies had access to HIV home test kits and **none of the agencies reported they were currently offering clients HIV home test kits.**

- **Approximately 70% of all agencies (11/16) without access to HIV home test kits would like offer kits to their clients**

Impact of COVID-19 on Prevention Services Operation

Of the 17 operating agencies, **13 (76%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (11/13) and telehealth infrastructure (7/13).

Eleven of the 17 agencies (65%) reported barriers to providing Prevention Services during COVID-19. Examples of barriers included difficulty reaching clients who are homeless, client fears about coming to the agency, and unreliable access to phone and/or internet for telehealth services. One agency also mentioned staff well-being and mental health during COVID-19.

APPENDIX: AGENCY RESPONSE BY CONTRACTED SERVICE CATEGORY

Agency contracted for service category=YES

Non-response to survey=YELLOW HIGHLIGHT

Agency survey response to non-contracted service (excluded from report) =NO

Agency Name	AOM	Oral Health	MCC	Mental Health	BSS	HBCM	Residential - SA	TCM-Jails	Nutrition Support	Biomed Prev (PrEP/ PEP)	HIV/STD Testing	Beh Prev
African-American AIDS Policy and Training Institute (d.b.a. Black AIDS Institute)											YES	NO
AIDS Healthcare Foundation	YES	YES	YES	YES	YES						YES	
Alliance for Housing and Healing							YES					
AltaMed Health Services Corporation	YES	YES	YES	YES	YES	YES				YES	YES	YES
APLA Health & Wellness	YES	YES	YES		YES	YES			YES	YES	YES	YES
Asian American Drug Abuse Program												YES
Being Alive: People with AIDS Coalition												YES
Bienestar Human Services, Inc.				NO					YES		YES	YES
Center for Health Justice, Inc.					NO			YES				YES
Central City Community Health Center										YES	YES	
Charles R. Drew University of Medicine & Science											YES	
Children's Hospital of Los Angeles	YES		YES							YES	YES	YES
City of Long Beach, Dept HHS	YES		YES		YES					YES	YES	YES
City of Pasadena Public Health Department			NO	NO							YES	
Community Health Alliance of Pasadena											YES	
Dignity Health (dba St. Mary Medical Center)	YES	YES	YES		YES	YES				YES	YES	
East Los Angeles Women's Center												YES
East Valley Community Health Center, Inc.	YES	YES	YES		YES						YES	
El Centro del Pueblo												YES
El Proyecto del Barrio, Inc.	YES	YES	YES								YES	
Friends Research Institute, Inc.											YES	YES
Greater Los Angeles Agency on Deafness, Inc.												YES
In The Meantime Men's Group											YES	YES
JWCH Institute, Inc.	YES	YES	YES	YES	YES			YES	NO	YES	YES	YES
Los Angeles Centers for Drug and Alcohol Abuse											YES	YES
LAC Department of Health Services, Housing for Health												

Agency Name	AOM	Oral Health	MCC	Mental Health	BSS	HBCM	Residential - SA	TCM-Jails	Nutrition Support	Biomed Prev (PrEP/ PEP)	HIV/STD Testing	Beh Prev
LAC Department of Health Services												
--Harbor/UCLA	YES		YES									
--High Desert Health Systems	YES		YES									
--Hubert Humphrey Comprehensive Health Center	YES		YES									
--LAC & USC Rand Schrader Clinic	YES		YES	NO								
--LAC & USC Maternal, Child and Adolescent Clinic	YES		YES									
--Long Beach Comprehensive Health Center	YES		YES									
--Martin Luther King Jr. Outpatient Center	YES		YES							NO	NO	
--Olive View-UCLA Medical Center	YES		YES	NO						NO	NO	
LAC Department of Mental Health				YES								
LAC-USC Healthcare Network				YES								
Los Angeles LGBT Center	YES		YES	NO	NO	NO	NO	NO	NO	YES	YES	YES
Men's Health Foundation	YES		YES							YES	YES	YES
MIOrity AIDS Project					YES	YES		YES			YES	YES
Oritheast Valley Health Corporation	YES	YES	YES	YES	YES					YES	YES	
Project Angel Food									YES			
Project New Hope							YES					
REACH LA											YES	NO
Safe Refuge							YES					
Special Services for Groups				YES							YES	
St. John's Well Child and Family Center	YES	YES	YES	YES							YES	
T.H.E. Clinic, Inc.	YES		YES							YES		
Tarzana Treatment Centers, Inc.	YES		YES	YES	YES	YES	YES	YES		YES	YES	YES
The Center Long Beach (One in Long Beach, Inc.)				NO							YES	
The Los Angeles Free Clinic (dba Saban Community Clinic)	YES		YES									
The Regents of California, University of Los Angeles (UCLA)	YES		YES									
The Salvation Army				NO			YES					
The Wall Las Memorias, Inc.											YES	NO
University of Southern California		YES	NO	NO								
Valley Community Healthcare										YES		
Venice Family Clinic	YES		YES	YES	YES					YES	YES	YES
Via Community Health Center, Inc.		NO								YES		
Watts Healthcare Corporation	YES	YES	YES							YES	YES	
Westside Family Health Center												YES
Final Sample	21	11	22	8	9	5	5	4	3	11	27	19
Total Contracted	27	11	27	10	10	5	5	4	3	16	30	22

