



Heluna Health

**Request for Proposal
for**

**Ending the HIV Epidemic Priority Population Interventions
Category 2: Black/African American and Latinx Cisgender Women with HIV**

Proposal Deadline: November 10, 2022 at 5:00 PM PST

Public Health Foundation Enterprises, Inc. dba
Heluna Health
On behalf of
County of Los Angeles, Department of Public Health
Division of HIV and STD Programs

HELUNA HEALTH
13300 Crossroads Parkway, North Suite 450
City of Industry, CA 91746
www.HelunaHealth.org



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Request for Proposal – Ending the HIV Epidemic Priority Population Interventions Category 2: Black/African American and Latinx Cisgender Women with HIV

KEY DATES SCHEDULE

| | |
|--|----------------------------------|
| ISSUANCE OF RFP..... | September 30, 2022 |
| CONSULTANT QUESTIONS ON RFP DEADLINE..... | October 14, 2022 by 5:00 PM PST |
| PROPOSAL SUBMITTAL DEADLINE | November 10, 2022 by 5:00 PM PST |
| NOTIFICATION OF SELECTED CONTRACTOR BY | December 2, 2022 |

SUBMISSION INSTRUCTIONS FOR PROPOSAL

Applicants are allowed to submit proposals for up to two (2) of the five (5) EHE Priority Populations Intervention RFPs posted. Electronic Submissions ONLY Including Application Narrative and Budget. Only clinics that provide HIV medical care or community-based organizations with a memorandum of understanding (MOU) with a clinic that provides HIV medical care are eligible to apply. Community-based organizations that do not provide HIV medical care must include the MOU with their application.

Send to: Jaclyn Chavira **Email:** jchavira@helunahealth.org

Subject Line: Company/Person Name - RFP for EHE Population Interventions Category 2: Black/African American and Latinx Cisgender Women with HIV

ANTICIPATED TERM OF SERVICE/AFTER-ACTION PROJECT

Anticipated project term is through February 2025. Contract budget, scope and terms are subject to review and approval on an annual basis.

NOTICE: ALL QUESTIONS RELATED TO THIS RFP ARE TO BE DIRECTED TO Jaclyn Chavira via E-MAIL at jchavira@helunahealth.org----- no later than October 14, 2022 by 5:00 PM PST. Questions will only be accepted via email. NO PHONE CALLS PLEASE

Once the Contractor’s application has been reviewed and approved, HELUNA HEALTH will draft and send a contract encompassing required activities and approved funding. Additional documents may be required to establish the contractual agreement.



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Introduction and Background:

Background:

The County of Los Angeles, Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) received grant funding for *Ending the HIV Epidemic in the US* (EHE), a national initiative that seeks to reduce the number of new HIV infections in the United States by 75 percent in five years (by 2025) and by at least 90 percent in ten years (by 2030). EHE focuses on four key pillars to end the epidemic:

- 1) Diagnose people as early as possible,
- 2) Treat people rapidly and effectively,
- 3) Prevent new HIV transmissions, and
- 4) Respond quickly to HIV outbreaks.

This funding opportunity is for clinics that provide HIV medical care or community-based organizations with a memorandum of understanding (MOU) with a clinic that provides HIV medical care and is meant to strengthen the capacity of agencies to implement innovative, tailored programs that link, engage, and retain people living with HIV into medical care and supportive services. As part of the EHE plan, DHSP seeks to support agencies in providing client-centered approaches to selected interventions using their knowledge and expertise working with these groups. Contractors will be responsible for focusing on two of the four EHE Pillars: Treat and Respond.

Contractors shall conduct the identified intervention for the selected priority population to:

- 1) improve linkage to HIV medical care;
- 2) improve rapid antiretroviral therapy (ART);
- 3) improve engagement and re-engagement in HIV care;
- 4) improve retention in HIV care;
- 5) improve viral suppression; and
- 6) strengthen the capacity of their agency to provide tailored services to priority populations.

Brief Description of Interventions

DHSP reviewed and selected several evidence-based interventions that offer innovative, client-centered approaches to reducing HIV-related disparities and show promise for reaching the above goals. Organizations applying for EHE Priority Population Interventions grants for this specific population will have the opportunity to select from **Peer Linkage and Re-engagement of Women of Color with HIV** or **Seeking Safety**.



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Peer Linkage and Re-engagement of Women of Color with HIV is an intervention to support HIV-positive women of color to become peer leaders and support other HIV-positive women of color to engage in and maintain HIV care. Women of color living with HIV are recruited to be trained as peer leaders to conduct outreach to potential clients, assist clients in linking to or re-engaging in care, provide appointment reminders, and assist with transportation to appointments, accompany clients to appointments, and provide coaching and emotional support to enable clients to sustain engagement in care and navigate the health care system. Peers are trained to develop a care plan with clients to help address unmet basic needs among clients through connections to housing, employment, food, and transportation services. Following enrollment, peers work with clients to achieve the following intervention milestones within 6-12 months: 1) attend 2 medical care visits with a primary care provider, 2) complete one lab visit, 3) attend at least 2 visits with a case manager.

Seeking Safety is a present-focused, multi-session intervention designed for clients with a history of trauma and substance use disorder/substance misuse. Seeking Safety is based on five key principles: 1) safety as the overarching goal, 2) integrated treatment of both substance use and PTSD, 3) focus on ideals to counteract the loss of ideals in both PTSD and substance abuse, 4) four content areas: cognitive, behavioral, interpersonal, and case management, 5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues). The intervention was designed to be delivered using a variety of formats and has been shown to be effective in multiple populations, but for the EHE Priority Population Interventions funding opportunity we will require implementation using a group format to include a minimum of six group sessions covering at least 12 of 25 topics. Within group sessions, past trauma experiences are not discussed in detail but rather the focus is on trauma as it impacts the client in the present. Seeking Safety offers sessions designed to cover 25 topics and each session may cover ≥ 1 topic.

Table 1 below offers more information about the interventions identified for this Priority Population.

Table 1: EHE Priority Populations Intervention Descriptions

| EHE Priority Population | Intervention Options | Description |
|---|---|---|
| Black/African American and Latinx cisgender women with HIV | (1) Peer Linkage and Re-engagement of Women of Color with HIV | <ul style="list-style-type: none"> ▪ Peers work with eligible women to achieve milestones within six months to one year, including: <ol style="list-style-type: none"> 1. Attend two medical care visits with a primary care provider; 2. Complete one lab visit; 3. Attend at least two visits with a case manager; and 4. Peers also work with clients to address unmet needs such as |



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| | | <p>housing, employment, food security, and transportation</p> <ul style="list-style-type: none">▪ Recommended Staffing:<ol style="list-style-type: none">1. One full-time or two part-time WoC with HIV and other shared life experiences to serve as peers2. One clinical supervisor, a licensed mental health professional3. One project manager/coordinator with experience with HIV or other chronic conditions |
| | <p>OR</p> <p>(2) Seeking Safety</p> <p>More info: https://www.treatment-innovations.org/ss-description.html</p> | <ul style="list-style-type: none">▪ Counseling/treatment model to help people attain safety from trauma and/or substance abuse without requiring clients to delve into traumatic memories.▪ Implementation: Group (any size) or individual format, variety of settings (outpatient, inpatient, residential).▪ Content areas include<ol style="list-style-type: none">(1) prioritizing safety,(2) trauma and SUD integration,(3) rebuilding sense of hope for future,(4) cognitive, behavioral, interpersonal, and case management skills; and(5) refining attention to clinician processes (clinicians' emotional responses, self-care, etc.)▪ Recommended Staffing:<ul style="list-style-type: none">○ One clinical supervisor, a licensed mental health professional○ At least one interventionist, an individual who has experience supporting people living with HIV and/or mental health conditions○ One project manager/coordinator with experience with HIV or other chronic conditions |



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Purpose, Goals and Objectives:

Purpose:

The purpose of this solicitation is for HELUNA HEALTH, a 501(c)3 non-profit organization, on behalf of the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs to solicit proposals from qualified contractors to award a contract for design, development, and implementation for the Ending the HIV Epidemic Priority Population Interventions, Category 2: Black/African American and Latinx Cisgender Women with HIV.

Goals and Objectives:

Primary Goal:

Increase rates of viral suppression and improve individual-level health outcomes and well-being of Black/African American and Latinx Cisgender Women with HIV and prevent transmission of HIV.

Program Goals:

- A. Improve linkage to HIV medical care and treatment.
- B. Improve adherence to antiretroviral therapy (ART).
- C. Improve retention in HIV care.
- D. Improve engagement and re-engagement in HIV care.
- E. Improve viral suppression among priority population.

Objectives:

1. Increase percentage of participants with HIV linked to medical care.
2. Increase percentage of participants who are engaged in care (having more than two HIV medical care visits in a 12-month period).
3. Increase percentage of participants who are re-engaged in care (having two or more HIV medical care visits after being out of care for at least 9 months (6 months if not virally suppressed) with no medical care visit in a 12-month period).
4. Increase percentage of participants who are retained in care (at least 2 visits, 3 months apart in 12-month period).
5. Increase percentage of participants who are virally suppressed (<200 copies/ml in 12-month period).
6. Increase HIV knowledge, health beliefs, self-efficacy in managing own care among participants.



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7. Increase capacity of clinic to improve HIV care continuum outcomes among priority population.

Scope of Work and Budget:

Service Overview:

The contractor agrees to provide HELUNA HEALTH/County of Los Angeles, Department of Public Health, Division of HIV and STD Programs the services described herein.

Budget for Year One (1) is December 2nd, 2022 or date of execution to February 28, 2023.
Budget for Year Two (2) is March 1, 2023 – February 28, 2024.

Each budget year must include:

- Salaries
- Employee Benefits
- Travel
- Equipment
- Supplies
- Other
- Consultant/Subcontractor
- Indirect

Justification must be included for each category for each budget year.

Services to be Performed:

Primary responsibilities and/or services to be provided by the Contractor shall include, but not be limited to, those activities as listed in Attachment A, Sample Scope of Work for EHE Priority Population Interventions, Category 2: Black/African American and Latinx Cisgender Women with HIV.

Service Location:

Contractor shall maintain a physical office location with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 8 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the



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office is closed, an answering service shall be provided to receive calls. The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.

Service Hours:

The Contractor shall provide EHE Priority Population Interventions Services during the hours that are the most effective and convenient for the population served. Hours may be the standard Monday through Friday, between 8:00 a.m. to 5:00 p.m., but may also include alternate hours such as evenings, late nights, and weekends. Contractor is not required to work on the following County recognized holidays: New Year’s Day; Martin Luther King’s Birthday; Presidents’ Day; Cesar Chavez Day; Memorial Day; Independence Day; Labor Day; Indigenous Peoples Day; Veterans’ Day; Thanksgiving Day; Friday after Thanksgiving Day; and/or Christmas Day.

Budget:

Budget for Year One (1) is December 2nd, 2022 or date of execution to February 28, 2023. Budget amount not to exceed \$300,000.

Budget for Year Two (2) is March 1, 2023 – February 28, 2024. Budget amount not to exceed \$300,000.

Reporting:

Primary reporting requirements to be fulfilled by the Contractor shall include, but not be limited to, the Evaluation Methods and Documentation as listed in Attachment A, Scope of Work for EHE Priority Population Interventions, Category 2: Black/African American and Latinx Cisgender Women with HIV.

Estimated Timeline

| Activity | Estimated Timeline |
|---|---------------------------------|
| Release of RFP | September 30, 2022 |
| Contractor questions on RFP deadline | October 14, 2022 by 5:00 PM PST |
| Proposals due from contractor | November 10, 2022 by 5 PM PST |
| Notification of selected contractor | By December 2, 2022 |
| Kick off meeting with LAC DHSP, Heluna Health, partners, and contractor | TBD after contract is executed. |



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Proposal Requirements-Instructions:

- 12 pt. Font, Times New Roman.
- Double-spaced.
- All documents submitted as PDFs.
- Title Page/Cover Letter must be signed by an agent, owner or authorized officer of your company.
- Each section must contain a separate header.

All proposers must provide the following as part of their proposal:

Title Page/Cover Letter

Maximum of 1 page in length.

Include you or your company's name, address, web site, telephone number, and primary contact person with e-mail, direct line and mobile phone numbers. The title page will be considered a cover letter, and should be signed by an agent, owner or authorized officer of your company.

Organizational Capacity

Maximum of 2 pages in length.

(1) Describe your organization's experience providing HIV treatment and care or related services to the selected priority population. Please include details about the HIV-related services you currently offer and supporting data related to linkage to care, retention, re-engagement in care and viral suppression over the past 2 years.

(2) Describe your organization's experience implementing evidence-based interventions (EBIs) to support PLWH in linkage, retention, re-engagement in care, and viral suppression. Please include examples of interventions your organization has implemented for the selected priority population in the past (if any), results of past programs, challenges the organization faced during program implementation, and how your organization has responded to challenges in implementation.

(3) How does your organization currently support patients facing barriers and challenges in treatment adherence and viral suppression, including mental health conditions and substance use disorder? How will the proposed program fill any gaps in services currently offered to these patients?



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Project Narrative

Maximum of 3 pages in length.

(4) Describe your plan to implement the selected intervention based on published research, replication guides, and other relevant resources. The following components must be included in your response:

- a. Summary of how your organization plans to implement the selected intervention including innovative approaches or strategies that will be included as part of the intervention (e.g. virtual meetings, new technologies, communication methods) if appropriate for the selected intervention;
- b. Approach the organization will employ to identify and recruit members of the priority population for the selected intervention;
- c. Staffing plan including clear roles and responsibilities of all program staff, staff retention plan, and current organizational readiness to implement the selected intervention;
- d. Training, capacity building, and technical assistance (TA) needed to support the implementation of the proposed intervention; and
- e. If incentives are included in the proposed intervention, include an incentive schedule/plan, tracking processes, and incentive management processes.

If choosing Peer Linkage and Re-engagement of Women of Color with HIV, please respond to the following:

- f. Please describe the unmet needs (e.g., housing, food security, employment, transportation) of women living with HIV at your agency and how this intervention will address these needs.
- g. Please describe your organization's experience with and/or approach to implementing peer-led interventions for your clients, including training of peer leaders, and working with peers to deliver the intervention.

If choosing Seeking Safety, please respond to the following:

- h. Please describe the unmet needs as it relates to mental health and substance use disorder treatment of women living with HIV at your agency. Describe how this intervention will address these needs.
- i. Please describe your organization's experience and/or approach to providing group-based and individual-level interventions to address the mental health and/or substance use needs of your clients.



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Data Collection and Evaluation

Maximum of 3 pages in length.

(6) Please describe your organization's plan for collecting, analyzing, and providing data on an ongoing basis to DHSP/Heluna Health for the EHE Priority Population Interventions grant program. Please include how data will be collected, staff responsible for data collection and analysis, and plan to meet reporting requirements.

(7) How will your organization measure success in implementing the selected intervention with this priority population? Please describe your plan to measure effective implementation of the selected intervention(s) and ensure that services provided are reflective of overall initiative goals and strategies.

Budget

Maximum of 3 pages in length.

(8) Please provide a budget and budget narrative for the proposed program. Applicants must submit an itemized budget narrative.

Budget must include:

- Salaries and wages
- Fringe benefits
- Operation Expenses
 - Travel
 - Training fees (ex: Seeking Safety training)
 - Supplies
 - Equipment
- Consultant/Contractor
- Total Indirect costs



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Documents to Include with Application

- Completed and signed W9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Proof of General Liability Insurance Certificate
Insurance Coverage Requirements:
 - Commercial General Liability
 - General Aggregate: \$2 Million
 - Products/Completed Operations Aggregate: \$1 Million
 - Personal and Advertising Injury: \$1 Million
 - Each Occurrence: \$1 Million
 - Automobile Liability: \$1 Million per accident
 - Workers Compensation and Employers' Liability: \$1 Million per accident
 - Professional Liability/Errors and Omissions: \$1 Million per claim and \$3 Million aggregate
 - Sexual Misconduct Liability: \$2 Million Aggregate
- Business License
- If the applicant is a community-based organization that DOES NOT provide HIV medical care, please provide at least one memorandum of understanding (MOU) with a clinic that provides comprehensive HIV medical care.
- All employees of Contractor and persons working on its behalf will be required to submit proof of vaccination for COVID-19 and negative TB test.

Attachment A
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HIV AND STD PROGRAMS
Ending the HIV Epidemic (EHE) Intervention
Category 2: Black and/or Latinx Ciswomen with HIV
Scope of Work
 Date of Contract Execution – 2025

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal: Increase rates of viral suppression and improve individual-level health outcomes and well-being of Black/African American and Latinx Cisgender Women with HIV and prevent transmission of HIV.

| OBJECTIVES | ACTIVITIES | TIMELINE | EVALUATION METHOD AND DOCUMENTATION |
|---|--|---|---|
| <p>Objective 1.0 Program Staff Recruit and hire qualified staff reflective of the community and experienced with HIV prevention and/or treatment services.</p> | <p>1.1 Maintain and/or recruit and hire one (1) FTE qualified staff member to serve as Project Manager or Coordinator. Document recruitment efforts and maintain documentation (e.g. job description, job postings, resume of hired staff).</p> <p>1.2 Maintain and/or recruit and hire qualified staff members as related to selected EHE intervention (e.g. Peer Linkage and Re-engagement of Women of Color with HIV or Seeking Safety) to deliver the intervention. Document recruitment efforts and maintain documentation (e.g. job descriptions, job postings, resumes of hired staff).</p> <p>INTERVENTION A</p> <p>a. For Peer Linkage and Re-engagement of Women of Color with HIV staff include but are not limited to: (1) One full-time or two part-time Black and/or Latinx cisgender women with HIV and other shared life experiences to serve as peer staff; (2) one clinical supervisor and/or a licensed mental health professional; (3) one administrative supervisor with experience with HIV or other chronic</p> | <p>By DOE and ongoing</p> <p>By DOE and ongoing</p> | <p>1.1 Documents will be kept on file and documented in monthly reports to DHSP.</p> <p>1.2 Documents will be kept on file and documented in monthly reports to DHSP.</p> |

Attachment A
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
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| | <p>conditions; (4) one quality improvement specialist/data manager.</p> <p>OR</p> <p>INTERVENTION B</p> <p>b. For Seeking Safety, minimum staffing model includes one (1) Project Coordinator and one (1) facilitator. Note that staffing vary by program however many programs hire a social worker or therapist for critical needs other staff cannot address.</p> | | |
| <p>Objective 2.0 County Meetings and Trainings Participate in a minimum of 3 trainings on informational and skills building trainings/webinars and a minimum of 3 conference calls.</p> | <p>2.1 Participate in trainings/webinars as required by DHSP. Training topics include but are not limited to: Addressing Implicit Bias, Social Determinants of Health, Motivational Interviewing, intervention training(s), etc. DHSP training calendar can be accessed here.</p> <p>2.2 Identify and attend intervention specific trainings to ensure staff are up to date on technical information to effectively provide services. Maintain list of trainings, participants, and certificates of completion.</p> <p>2.3 Participate in meetings/conference calls as required by DHSP to provide updates on intervention planning, implementation, and progress.</p> <p>2.4 Attend trainings and meetings/conference calls. Maintain list of trainings, participants, certificates of completion.</p> | <p>DOE and ongoing</p> <p>DOE and ongoing</p> <p>DOE and ongoing</p> <p>DOE and ongoing</p> | <p>2.1 Documents will be kept on file and documented in monthly reports to DHSP.</p> <p>2.2 Documents will be kept on file and documented in monthly reports to DHSP.</p> <p>2.3 Documents will be kept on file and documented in monthly reports to DHSP.</p> <p>2.4 Documents will be kept on file and documented in monthly reports to DHSP.</p> |

Attachment A
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Scope of Work
Date of Contract Execution – 2025

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| <p>Objective 3.0 Intervention Planning and Training</p> | <p>3.1 Identify and train appropriate staff to support implementation of intervention.</p> <p>3.2 Determine clinic or program operations and processes to support implementation of intervention.</p> <p>3.3 Develop intervention implementation plan and submit to DHSP for approval. Intervention plan must include, but is not limited to:</p> <ul style="list-style-type: none"> a. Overview of program/intervention plan with timeline <ul style="list-style-type: none"> i. For interventions with group classes, include: (1) schedule of classes for entire intervention, (2) overview of class content/topics, and (3) meeting times/locations. ii. For intervention with one-on-one meetings, develop timeline of intervention process to be used as a baseline for each participant. b. Staffing model and Staffing Retention Plan for intervention c. Recruitment process. Include criteria for clients to participate, selection process, incentive plan, steps and timeline for recruitment, etc. (see Objective 4.0) d. Data collection and reporting e. Evaluation plan (see Activity 6.1) | <p>Within 3 months of DOE</p> <p>Within 3 months of DOE</p> <p>Within 5 months of DOE</p> | <p>3.1 Documents will be kept on file and documented in monthly reports to DHSP.</p> <p>3.2 Documents will be kept on file and documented in monthly reports to DHSP.</p> <p>3.3 DHSP letter of approval and document to be kept on file.</p> |
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Attachment A
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DIVISION OF HIV AND STD PROGRAMS
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Scope of Work
Date of Contract Execution – 2025

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| <p>Objective 4.0 Participant Selection and Recruitment Enroll a minimum of 75 unduplicated clients who identify as Black and/or Latinx cisgender women and are:</p> <ol style="list-style-type: none"> 1) Newly diagnosed with HIV 2) Previously diagnosed with HIV and out of care 3) Previously diagnosed with HIV and not virally suppressed. | <ol style="list-style-type: none"> 4.1 Recruitment process (Activity 3.3c) must be included in Intervention Plan (Activity 3.3) and approved by DHSP. 4.2 Recruit and finalize participants. Participant rosters with contact information and demographics to be kept on file. 4.3 Prepare, develop, and compile materials and/or resources to provide clients recruited for intervention. Submit for DHSP approval. | <p>Within 4 months of DOE</p> <p>Start recruitment within 6 months of DOE</p> <p>Within 4 months of DOE</p> | <ol style="list-style-type: none"> 4.1 Documents will be kept on file. 4.2 Documents will be kept on file and documented in monthly reports to DHSP. 4.3 DHSP approval and documents to be kept on file and reported in monthly reports. |
| <p>Objective 5.0 Implement Intervention Implement selected intervention as designed.</p> | <p>5.1 Implement intervention plan.</p> <p>INTERVENTION A</p> <ol style="list-style-type: none"> a. For Peer Linkage and Re-engagement, peer staff work with ciswomen to provide education and assistance to participants to access and consistently engage in HIV primary care. <ol style="list-style-type: none"> 1) Implement intervention as designed in Peer Linkage and Re-engagement of Women of Color with HIV. 2) Peer staff work with care team and participants to achieve the following: <ol style="list-style-type: none"> i. Attend two (2) medical care visits with a primary care provider; ii. Complete one (1) lab visit; and | <p>DOE and ongoing</p> | <ol style="list-style-type: none"> 5.1 Documents will be kept on file and reported in monthly reports. |

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| | <p>iii. Attend a minimum of two (2) visits with a case manager.</p> <p>OR</p> <p>INTERVENTION B</p> <p>a. For Seeking Safety, implement counseling/treatment model that helps clients attain safety from trauma and/or substance abuse without requiring clients to delve into traumatic memories.</p> <p>1) Implement intervention as designed in Seeking Safety intervention.</p> <p>2) Cover a minimum of 12 Seeking Safety topics during psychosocial sessions with each client throughout the duration of the intervention. Note that the minimum 12 topics can be covered either in 12 sessions or 6 sessions (if 2 topics are covered each session).</p> <p>5.2 Ensure clients are linked to HIV medical care and provided rapid antiretroviral therapy (ART). Linkage is defined as having a viral load, CD4 or genotype test within 7 days of diagnosis. Document number of clients linked to care and ART.</p> <p>5.3 Refer clients to supportive services as determined via meetings with clients. Document number of clients referred and of the number referred, the number of clients linked. Linkage is defined as a client accessing supportive service within 7 days of referral.</p> | <p>DOE and ongoing</p> <p>DOE and ongoing</p> | <p>5.2 Documents will be kept on file and reported in monthly reports.</p> <p>5.3 Documents will be kept on file and reported in monthly reports.</p> |
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| | 5.4 Use principles of motivational interviewing and trauma informed care to conduct intake meetings with all clients to introduce them to the project; and monthly needs assessments, including mental health, housing, food security, and employment, make referrals to meet clients’ needs. | DOE and ongoing | 5.4 Documents will be kept on file and reported in monthly reports. |
| | 5.5 Develop client care and support plans. | DOE and ongoing | 5.5 Documents will be kept on file and reported in monthly reports. |
| Objective 6.0 Monitoring and Evaluation Conduct impact and outcome evaluations to assess program efficacy and present progress and findings to DHSP and identified DHSP partners. | 6.1 Participate in Heluna Health/DHSP evaluation activities, including but not limited to data collection, participant pre/post self-assessments, mid-year evaluations, focus groups, listening sessions, and chart abstractions. In addition to participant assessments, outcomes tracked should include linkage to care, adherence to ART, viral suppression | DOE and ongoing | 6.1 DPHS Approval and Document to be kept on file. |
| | 6.2 Conduct evaluation activities and maintain documentation of evaluation instruments, completed questionnaires, pre/post tests/assessments; analyze results; and report in monthly reports to DHSP. | DOE and ongoing | 6.2 Report in monthly report and documents to be kept on file. |
| | 6.3 Develop and submit a mid-year evaluation narrative on progress to date. | DOE and ongoing | 6.3 Mid-Year Evaluation Report. |
| | 6.4 Develop and submit a formal year-end case study report. | DOE and ongoing | 6.4 Year-End Case Study Report. |
| | 6.5 Develop and conduct presentations on progress and findings in partnership with DHSP including, but not limited to the Los Angeles County Commission on HIV and Los Angeles County Ending the HIV Epidemic Steering Committee. | DOE and ongoing and ongoing | 6.5 Documents will be kept on file and reported in monthly reports. |