LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
Virtual Meeting
Tuesday, February 21, 2023
1:00PM-3:00PM (PST)

Agenda and meeting packet will be available on the Commission's website at:
http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee

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LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE VIRTUAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE

TUESDAY, February 21, 2023|1:00 – 3:00 PM

To Join by Computer:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m1048b8b546b12de144a14ac11c3a686b

**Link is for non-committee members only*

To Join by Phone: 1-213-306-3065 US Toll

Access code: 2594 506 2041

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Al Ballesteros, MBA, Co-Chair	Felipe Gonzalez	Joseph Green
Karl T. Halfman, MS	William King, MD, JD	Miguel Martinez, MPH, MSW	Anthony M. Mills, MD
Derek Murray	Jesus “Chuy” Orozco	LaShonda Spencer, MD	Michael Green, PhD
Redeem Robinson			
QUORUM:	7		

AGENDA POSTED: February 16, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click here.

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. All Public Comments will be made part of the official record.

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ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Commission on HIV at (213) 738-2816 or via email at hivcomm@lachiv.org.
Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Comisión en HIV al (213) 738-2816 (teléfono), o por correo electrónico á hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Committee leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order | Roll Call | Statement – Conflict of Interest 1:00 PM – 1:02 PM

I. ADMINISTRATIVE MATTERS 1:02 PM – 1:04 PM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 1:04 PM – 1:14 PM

3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

III. COMMITTEE NEW BUSINESS 1:14 PM – 1:19 PM

4. Opportunity for Committee members to recommend new business items for the full body or a committee-level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

5. EXECUTIVE DIRECTOR'S/STAFF REPORT 1:19 PM – 1:25 PM

6. CO-CHAIR REPORT 1:25 PM – 1:45 PM

a. Resuming in-person meetings
b. Prevention Planning Workgroup (PPW) | Updates
c. Committee Workplan Development

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) 1:45 PM - 2:10 PM

a. Ryan White (RW) Program Expenditures
b. Comprehensive HRSA EHE and RW Site Visit
c. Preparing for the next HRSA and CDC funding cycle

V. DISCUSSION

9. DHSP Response to Letter from Aging Caucus to Consider Reallocation of Funds 2:10 PM – 2:45 PM

10. DPH Response to Board on STD Crisis Feb. 7, 2023

VI. NEXT STEPS 2:45 PM – 2:50 PM

11. Task/Assignments Recap

12. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 2:50 PM – 2:55 PM

13. Opportunity for Members of the Public and the Committee to Make Announcements

VIII. ADJOURNMENT 3:00 PM

14. Adjournment for the Meeting of February 21, 2023.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve meeting minutes as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

510 S. Vermont Ave, 14th Floor, • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES

January 17, 2023

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	William King, MD, JD	P
Al Ballesteros, MBA, Co-Chair	P	Miguel Martinez, MPH, MSW	A
Felipe Gonzalez	P	Anthony M. Mills, MD	P
Joseph Green	P	Derek Murray	P
Michael Green, PhD, MHSA	P	Jesus "Chuy" Orozco	A
Karl T. Halfman, MS	A	LaShonda Spencer, MD	EA
Reverend Redeem Robinson	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Catherine Lapointe, Jose Rangel-Garibay, Lizette Martinez			
DHSP STAFF			
Pamela Ogata, Victor Scott, Wendy Garland			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click HERE.

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST

Kevin Donnelly, Co-Chair, called the meeting to order at approximately 1:05 PM, welcomed attendees, and led introductions. K. Donnelly noted that staff did not hear from J. Orozco regarding his attendance, hence the HOPWA report will be deferred until confirmation from J. Orozco is secured.

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda

MOTION #1: Approve the Agenda Order **(✓Passed by Consensus)**

2. **Approval of Meeting Minutes**
   MOTION #2: Approval of Meeting Minutes **(✓Passed by Consensus)**

II. PUBLIC COMMENT

3. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**

   There were no public comments.

III. COMMITTEE NEW BUSINESS

4. **Opportunity for Committee members to recommend new business items for the full body or a committee-level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.**

   There were no committee new business items.

IV. REPORTS

5. **Execute Director/Staff Report**
   - Cheryl Barrit informed the Planning, Priorities and Allocations (PP&A) Committee that the Comprehensive HIV Plan Summary slides were available on the Commission on HIV (COH) website.
   - C. Barrit welcomed new Commissioner and PP&A Committee member Reverend Redeem Robinson to the committee.
   - C. Barrit provided an update on the Health Resources and Services Administration (HRSA) site visit in February. HRSA program officers will be visiting Feb. 14th – 17th. HRSA will be meeting with the Executive Committee on Feb 16th from 1:30-2:30pm. Joe Green asked if HRSA was planning to meet with any Ryan White Program (RWP) clients/consumers during their visit. C. Barrit informed the group that HRSA will be meeting with RWP clients and that the Division of HIV and STD Programs (DHSP) is coordinating this client meeting and all other activities that do not involve the Commission on HIV. C. Barrit announced that she will share the tentative/draft agenda developed by HRSA with the committee and will provide additional updates as the site visit date approaches.

6. **Co-Chair Report**
   - **Co-chair Nominations –** Kevin Donnelly and Al Ballesteros were nominated for PP&A co-chairs during the November PP&A Committee meeting. K. Donnelly and A. Ballesteros both accepted their respective nominations. Joe Green moved to re-election K. Donnelly and A. Ballesteros as PP&A co-chairs and the motion passed unanimously.
   - **Committee Workplan Update –** Work plan has been revised for the 2023 program year. A. Ballesteros opened the floor up for discussing the 2023 workplan with the need to focus attention more closely on the issues impacting HIV in LA County. Derek Murray agreed with A.

Ballesteros' statement and the need for more intentional work addressing key issues. Dr. Green provided several suggestions on how the PP&A committee could restructure efforts to align with the new three-year funding cycle that now allows for more time to focus on key issues and identify opportunities to address gaps/barriers while still completing federally mandated activities. Recommendations included focusing on a few specific issues, reducing the number of meetings per year, and reviewing services from a status-neutral approach that allows for a deep dive at various points along the HIV spectrum of care that can help address the needs of specific populations. Dr. Green noted that both the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) fully support this effort, but that federal funding remains very siloed making implementation challenging. Felipe Gonzalez noted the HIV response needs to be modeled like the COVID-19 response in terms of access and we need to move beyond planning to move forward toward ending the HIV epidemic. J. Green cautioned that, as a RWP consumer, it took him many years to understand the work the COH does and convening consumers every 6 months would result in a large decline in knowledge among consumers. He noted monthly meetings are needed to build consumer knowledge and does not support the option to reduce monthly meetings. A. Ballesteros responded that the intent is not to reduce the number of meetings. Dr. Green recommended the PP&A committee to work closely with the Operations Committee to better determine Commissioner training schedule, frequency, and content to help address J. Green's concerns about Commissioners being unable to participate due to gaps in knowledge and/or unfamiliarity with processes. Alasdair Burton agreed on the need to provide training to consumers and suggested having trainings during specific committee meetings that would aid the commissioners assigned to those specific committees rather than providing trainings as a whole group. A. Ballesteros recommended the committee to move forward by focusing on key issues- STD epidemic, housing, substance use disorder, prevention, mental health- moving forward by reviewing programs and funding and making recommendations to DHSP and the County on addressing barriers. D. Murray agreed with the suggestion to focus on key issues and noted the most challenging aspect may be getting consensus on what 2-3 key issues to focus on. K. Donnelly recommended using the Comprehensive HIV Plan which infuses status-neutral strategies to drive work moving forward. Dr. Mills commented that he agrees with the theme of the discussion and was open to the Committee focusing on various issues that impact people affected by HIV if feasible. A. Ballesteros suggested PP&A co-chairs have a deeper discussion with DHSP staff and COH Executive Director before the next PP&A Committee meeting to determine what key area(s) to focus on for 2023.

- **Eliminating Congenital Syphilis in LA County: A Call-to-Action Report 2020 –** K. Donnelly noted the Eliminating Congenital Syphilis in LA County: A Call-to-Action Report was included in the meeting packet and asked committee members to review the document and be prepared to discuss it during the February PP&A Committee meeting.

7. Division of HIV and STD Programs (DHSP)

- **Ryan White Program Expenditures**
    - Victor Scott provided an overview of current RWP expenditures for Program Year (PY) 32 as of January 9, 2022.
    - There is an estimated carryover of approximately $1.6 million down from $2.3 million

that was reported in November 2022 in Minority AIDS Initiative (MAI) funds. The reduction in carryover is due to augmentations to nutritional support and oral health service categories.

- **Unmet Needs Review**
  - Wendy Garland provided a review of the RWP Unmet Need presentation that was included in the Commission on HIV Annual Meeting in November. This presentation explained the definition of unmet need, how to calculate it and how it can be used for priority planning and allocation of funds. See meeting packet for details.
  - W. Garland will be providing a report on Unmet Need data at a future COH meeting that includes data on unmet need for people living with HIV in LA County as well as unmet needs for people utilizing RWP services.

V. DISCUSSION

8. Letter from Aging Caucus

- A. Ballesteros provided an overview of the letter of recommendations submitted by the Aging Caucus for consideration for augmenting existing contracts to address specific needs impacting older adults living with HIV. See meeting packet for details.
- Dr. Mills and Dr. King agreed with the requests outlined in the letter and noted disparities that currently exist that may be addressed through augmentation. Carlos Vega Matos recommended adding housing to the list of recommendations as well as providing a more global approach to care for aging populations. He noted that some older PLWH do not qualify for Residential Care and Treatment Facilities or Skilled Nursing Facilities but need safe housing to live independently. His agency has had to get nutritional supplements for their MCC clients. Many are in need of home-based case management services.
- Dr. Mills noted that there were several presentations at the International AIDS Society Conference that described the lack of adequate medical coverage for PLWH and HIV and wasting as the same issues for PLWH 20 years ago. Many PLWH are experiencing wasting due to aging and frailty even though most of those individuals are virally suppressed. Dr. King noted that a big problem in his private practice is the need for medical insurance coverage for nutrition. Medi-Cal coverage is very rigid and only covers nutrition for diabetic and cancer patients.
- Dr. Green recommended for the PP&A Committee to review the standards for nutritional services to remove the need for a referral or having to go another agency for services.
- A. Ballesteros stated the importance of reducing barriers between the client and medical services. Look at geographic pockets of communities in the County with the greatest number of older adults living with HIV (50+) and there to determine a singular place where clients can get services. Dr. Mills noted that his practice needs a gerontologist on site as a member of the care team, not just for consults.
- Regarding the 3rd bullet recommendation on the letter, “additional HIV and aging assessments and provide training for non-gerontologist MCC staff to conduct assessments”, it was suggested that this training be considered in primary care, MCC, and large group of providers outside of the RWP. Consider DHSP or the AID Education Training Center (AETC) as training resources.
- For the last bullet recommendation, “programs that provide remedial therapy or exercise to

mitigate frailty, promote physical activity, and enhance social support networks," A. Ballesteros noted that many RW clients do not have access to gyms. What can we put in place to improve their health?

- A. Burton commented that home exercise equipment may not be appropriate for older adults as they may not be aware of the appropriate types of exercise for PLWH 50+. Exercise helps with mental health, social support and reducing isolation.
- Dr. Mills suggested exploring doing a pilot program purchasing exercise mirrors for clients and doing a group session with other individuals. Physical therapy is important for those with frailty issues.
- D. Murray suggested looking at what is already offered at senior centers. He recognized that some individuals from the HIV target populations may be reluctant or apprehensive about senior centers because of cultural differences and not feeling accepted in those spaces.
- DHSP will provide a response to Aging Caucus' recommendations at the next PP&A Committee meeting.
- J. Green asked if Minority AIDS Incentive (MAI) dollars could be used to augment services. DHSP staff confirmed it was feasible.

VI. NEXT STEPS

9. Task/Assignments Recap

a. PP&A co-chairs to meet with DHSP and COH Executive Director to discuss PP&A workplan and meeting format for the 2023 program year.

b. Review the Eliminating Congenital Syphilis in LA County: A Call-to-Action Report 2020 in preparation for next meeting.

c. Continue discussion of Letter from the Aging Caucus with input/feedback from DHSP.

10. Agenda Development for the Next Meeting

a. Discuss the Eliminating Congenital Syphilis in LA County: A Call-to-Action Report 2020

b. Continue discussion of Letter from the Aging Caucus with input/feedback from DHSP

c. Strategize of incorporating Prevention Planning Workgroup into PP&A

VII. ANNOUNCEMENTS

11. Opportunity for Members of the Public and the Committee to Make Announcements

There were no announcements.

VIII. ADJOURNMENT

12. Adjournment for the Meeting of January 17, 2023.

The meeting was adjourned by K. Donnelly at 3:12pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/10/23

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	Part C Provider
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**LUCKIE**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Nutrition Support
GATES	**Jerry**	AETC	Part F Grantee
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MORENO	**Carlos**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	**Mallery**	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts

LOS ANGELES COUNTY COMMISSION ON HIV

2023 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

Committee Name: **PLANNING, PRIORITIES AND ALLOCATION COMMITTEE (PP&A)**	Co-Chairs: Kevin Donnelly & Alvaro Ballesteros
Committee Adoption Date:	Revision Dates:

GOAL: To focus and prioritize key activities for COH 2023
Objective: Reduce the number of new HIV and STD infections while increasing HIV care outcomes for PLWH in LA County.

#	TASK	ACTIVITIES/DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
	Achieve consensus and a common vision of how to conduct planning, priority, setting and resource allocations (PSRA) using a status neutral approach.	1. Education and training on status neutral approach and how to implement in planning process. 2. Develop status neutral PSRA process document by building upon paradigms, values, priority populations, and identifying ways to complement/enhance funded RW services categories to create stronger, more integrated prevention services.	March, April, May PP&A meetings	• Education would focus on establishing a baseline and common understanding of status neutral approach. • Weave in service needs discussions around priority areas such as housing, mental health, substance use, and STDs. **Resources:** Target HIV slides/webinar recording, NYC speakers, COH Comprehensive HIV Prevention and Care Framework, Prevention Planning Workgroup
	Use agreed upon status neutral PRSA process to prepare for FY 25, 26, 27 Ryan White funding cycle and grant application.	1. Utilize agreed upon status neutral PSRA process to plan for the RWP and CDC grant applications. 2. Review unmet need estimates report from DHSP. 3. Identify additional data needed to inform planning process.	June, July, August, Sept PP&A meetings	Target months may change depending on when Notices of Funding Opportunity are released. **Resources:** NOFO, unmet need estimates, service utilization report for prevention and care programs/services,

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LOS ANGELES COUNTY COMMISSION ON HIV

2023 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

	Use agreed upon status neutral PRSA process to prepare CDC grand application.	4. Develop status neutral programmatic elements to include in grant applications. 5. Harness input from Caucuses, workgroups, and Committees. 6. Develop status neutral program directives.		
	Review CHP Performance Indicators	1. Monitor the implementation of the CHP The Committee will work with DHSP and various partners to implement and monitor progress toward meeting the goals and objectives of the CHP. 2. Develop progress report.	November-December PP&A meetings	**Resources:** CHP and EHE plans, DHSP updates, County departments
ONGOING ACTIVITIES				
	1. Continue to track expenditures and service needs as reallocation RW and CDC funding as needed. 2. Continue to monitor status of program directives, service utilization, Part A, MAI, and other funding sources. 3. Continue to collaborate with PPW to strengthen integrated prevention and care planning. 4. Monitor and discuss systems of care changes and impact on care and prevention planning.			

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DHSP Funding Table (updated 2.8.23)

Funding Source	Amount	Description
HRSA Ryan White Program Part A (March 1-February 28/29) Year 1 of 3-year award	**$42,142,230**	Grant must fund at least one or more core or support service for people living with HIV/AIDS per policy clarification notice 16-02. The Ryan White Program is the payor of last resort. AOM, Oral Health, Early Intervention Services, Emergency Financial Assistance Services, Home and Community Based Health Services, Mental Health Services, Medical Case Management (MCC), Non-medical Case Management (Benefits Specialty), Food Bank and Home Delivered Meals, Housing Services (RCFCI, TRCF), Legal Services, Linguistic Services, Medical Transportation, Substance Abuse Residential Services
HRSA Ryan White Program Part B April 1- March 31 (year 4 of 5-year cycle)	**$5,446,809**	Grant must fund at least one or more core or support service for people living with HIV/AIDS per policy clarification notice 16-02. The Ryan White Program is the payor of last resort. Housing Services (RCFCI and TRCF. Mental health portion of these contracts is covered under Part A. Substance Use Residential services for one agency is also supported with RWP Part B)
HRSA Ryan White Program Minority AIDS Initiative (March 1-February 28/29) Year 1 of 3-year award	**$3,780,205**	Grant must fund at least one or more core or support service for HIV-positive racial or ethnic or sexual minorities. The Ryan White Program is the payor of last resort. Outreach (LRP), Housing (Permanent Supportive Housing), and Non-medical Case Management (Transitional Case Management) is supported with RWP MAI.
HRSA Ending the HIV Epidemic March 1-February 28/29 (Year 3 of a 5-year cycle)	**$6,168,850**	Grant supports 1) Data system infrastructure development and systems linkages; 2) Surveillance improvements and building organizational capacity, 3) Emerging practices, evidence-informed and evidence-based interventions for diagnosis and rapid linkage to care; 4) Reengagement in care and viral suppression; and 5) Community engagement, information dissemination specifically calling attention to the activities for PLWH who are not virally suppressed.
CDC Ending the HIV Epidemic August 1-July 31 (Year 3 of a 5-year cycle)	**$3,360,658**	Grant supports HIV prevention strategies, including 1) HIV self-testing; 2) Community engagement; 3) Increased access to syringe services; 4) Increased screening for PrEP; 5) HIV prevention media campaigns; and 6) Improved surveillance data for real-time HIV cluster detection and response.
CDC Integrated HIV Surveillance and Prevention (January 1-December 31)-1-year extension of a 5-year cycle	**$17,950,095**	Grant supports 11 HIV surveillance and prevention strategies including active and passive surveillance; outbreak investigation; data management, analysis and reporting; comprehensive individual-level and community-level HIV-related prevention services; and data-driven planning.
State Block Grant – HIV Surveillance (July 1-June 30)	**$1,972,378**	Grant supports active and passive HIV surveillance, data management, analysis and reporting.
CDC National HIV Behavioral Survey & TG supplement (January 1-December 31) - year 2 of a 5-year cycle)	**$1,362,085**	Grant supports Los Angeles County's participation in this four-cycle national survey (MSM, IDU, Heterosexuals, and TG). Survey findings are used for the Los Angeles County HIV/AIDS Strategy, program development, and resource allocation.
CDC Medical Monitoring Project (June 1-May 31) - year 3 of a 5-year cycle	**$728,648**	Grant supports Los Angeles County's participation in the national surveillance project designed to learn more about the experiences and needs of PLWH (in and out of care).
CDC Strengthening STD Prevention and Control for Health Departments (January 1-December 31) - year 4 of a 5-year cycle	**$3,356,049**	Grant must be used to support 5 strategy areas: STD surveillance, disease investigation and intervention, screening and treatment, promotion and policy, and data management and utilization. No more than 10% of grant funds can support contracts.
CDC STD Prevention and Control for Health Departments – Disease Investigation Specialist (DIS) Workforce Development Infrastructure (January 1-December 31) – year 2 of a 5-year cycle	**$6,598,516**	Grant supports expanding, training, and sustaining local DIS workforce to support increased capacity to conduct disease investigation, linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases.
CDC Gonococcal Isolates Surveillance Project (August 1-July 31)	**$15,000**	ELC Grant supports participation in the national sentinel surveillance system to monitor trends in antimicrobial susceptibilities of Neisseria gonorrhea strains in the US among selected STD clinics and covers salary, fringe benefits and supplies
State STD General Funds Allocation July 1-June 30 (year 4 of 5-year cycle)	**$547,050**	Grant funds support CT/GC Patient Delivered Partner Therapy (PDPT) Distribution Project, condom distribution, training for PHNs and PHIs and DHSP staff.
State STD Management and Collaboration Project (July 1-June 30) - year 4 of 5-year cycle	**$1,952,013**	Grant funds support Category 1 and Category 2 STD contracts, Audacy for condom distribution, and rapid Syphilis test kits
State Syphilis and Congenital Syphilis Outbreak Strategy (SOS) (July 1 – June 30)	**$3,957,227**	Funds support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology.
SAPC Non-Drug Medi-Cal (July 1-June 30)	**$3,249,000**	Grant supports HIV risk reduction interventions that contain a substance abuse component.
Total	**$102,586,813**	

LOS ANGELES COUNTY
COMMISSION ON HIV

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December 6, 2023

To: Planning, Priorities and Allocations Committee
From: Aging Caucus Co-Chairs
Re: Augmentation of Existing Ryan White Services to Meet the Needs of Older Adults with HIV

The Ryan White Program Year 31 Care Utilization Data Summary Report provided by the Division of HIV and STD Programs (DHSP) to the Planning, Priorities and Allocations (PP&A) Committee on September 27, 2022, showed that from Year 27 to Year 31, the proportion of Ryan White Program (RWP) clients aged 60 years and older has continued to increase, from 13.2% in Program Year (PY) 27 to 17.6% in PY 31. Furthermore, DHSP estimates that by 2027 (PY 37) more than 50% of the RWP will be aged 50 years and older. By PY 40, the Los Angeles County Ryan White HIV care system will have more than 53% of people aged 50 and older.

The Aging Caucus believes that the time to act is now and that there are actions the County may take within its existing administrative framework to augment services. We recommend that the PP&A Committee collaborate with DHSP to enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.

We recommend augmentation of existing contracts to fund:

- nutritional visits for older adults with HIV under the ambulatory/outpatient and Medical Care Coordination (MCC)programs
- a gerontologist to review medical records and assess needs for mental health, polypharmacy, social support, mobility, cognitive functioning, and other markers of overall health and quality of life
- additional HIV and aging assessments and provide training for non-gerontologist MCC staff to conduct assessments
- programs that provide remedial therapy or exercise to mitigate frailty, promote physical activity, and enhance social support networks

COUNTY OF LOS ANGELES
Public Health

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February 7, 2023

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

SUBJECT: **RESPONDING TO LOS ANGELES COUNTY'S SEXUALLY TRANSMITTED DISEASE CRISIS (ITEM 8, BOARD AGENDA OF AUGUST 2, 2022; ITEM 90-A, BOARD AGENDA OF NOVEMBER 1, 2022)**

This report is in response to the Board's August 2, 2022, motion by Supervisors Mitchell and Solis directing the Department of Public Health (Public Health), in collaboration with Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), the Chief Executive Officer (CEO), CEO's Anti-Racism, Diversity and Inclusion Initiative (ARDI), CEO's Legislative Affairs and Intergovernmental Relations Branch (CEO LAIR), the Superintendent of the Los Angeles County Office of Education (LACOE), Superintendent of the Los Angeles Unified School District (LAUSD) and other stakeholders on various efforts to reduce the spread of sexually transmitted diseases (STDs) and address the STD crisis, and report back to the Board on those efforts.

This report also provides a response to the Board's November 1, 2022, motion by Supervisor Barger directing Public Health to provide STD data by service planning area and to work with the Chief Executive Officer to identify additional funding for STD services to address growing needs.

Background and Previous Board Motions

On September 7, 2018, and in response to a March 29, 2018, motion by your Board, Public Health shared a report outlining: 1) an STD Legislative and Budget Advocacy Plan including efforts at the State and federal levels; 2) efforts to engage hospitals and health plans; 3) opportunities for expanded STD screening and treatment capacity in both the public and private sector; and 4) a summary of the STD Work Plan. The STD Work Plan includes the four priorities listed below:

1. Improve the early identification of cases through testing of at-risk populations;
2. Interrupt disease transmission through the appropriate treatment of cases and their partners;
3. Educate consumers and community to increase awareness and empower people to make decisions that protect health, and;
4. Create effective policies to impact health care provider behavior.

Since late 2018, Public Health has submitted quarterly updates to your Board with additional updates on items specific to the March 29, 2018, Board motion. These reports also addressed concerns about the impact of the COVID-19 pandemic on STD rates and response efforts and worsening underlying determinants that impact disease transmission.

In response to the ongoing STD crisis exacerbated by the pandemic, the Board approved a September 28, 2021, motion by Supervisor Solis, *Addressing the STD Crisis in Los Angeles County*. As you are aware, that motion directed Public Health, in collaboration with the DHS, DMH, AHI, and ARDI, to report back with an updated plan of action to address this crisis as well as create a public-facing STD dashboard to track the County's progress towards reducing STD rates. In addition, your Board's motion also directed the CEO LAIR to advocate for additional federal and state resources to combat the STD crisis, support the initiatives detailed in Public Health's report back, identify STD-related legislative and budget proposals to help alleviate the crisis, support the County's STD public health infrastructure, expand access to STD testing and treatment, and improve community education. Public Health submitted a detailed response on April 1, 2022, including numerous recommendations based upon stakeholder engagement.

On August 2, 2022, the Board introduced two new STD-related Board Motions: 1) Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis) and 2) Responding to LAC's Sexually Transmitted Disease Crisis (Supervisors Mitchell and Solis). In response to the latest motions, over the last several months Public Health has re-engaged with partners at DHS, DMH, AHI, ARDI, CEO LAIR, LACOE and LAUSD to review your Board's instructions and gather additional programmatic input. Based on these and other meetings, Public Health has prepared the response below to the directives of this second motion and will ensure that future quarterly reports also provide updates on the two new motions.

Directive 1: Direct the Directors of Public Health, DHS, DMH, and CEO, to work with AHI, ARDI, CEO-LAIR and relevant community stakeholders to:

a. **Appeal to the federal Department of Health and Human Services and to Congress to increase the federal investment for sexually transmitted disease (STD) Control efforts, including through, but not limited to services supported by the following agencies and funding streams, such as:**
    i. **The Centers for Disease Control and Prevention and resources targeted for STD prevention and control that remain inadequate to address the high and growing level of STD morbidity;**
    ii. **The Substance Abuse and Mental Health Services Administration and their State block grants given the strong nexus between substance use and STD risk and morbidity;**
    iii. **The Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.**

In September/October 2022, Public Health sent a letter, informed by the stakeholder engagement and recommendations in the April 1, 2022, report, to key Congressional members of the Los Angeles County delegation appealing for congressional support across a range of budget appropriation requests, including those related to domestic STD funding levels. This letter was sent as part of the federal Fiscal Year (FY) 2023 Appropriations budget and negotiation process.

As part of this appeal, Public Health requested an increase in the federal appropriations for local public health infrastructure, including $750 million in core public health infrastructure and $250 million in public health data modernization. These resources would be used to support a wide range of public health activities, including:

- **Mpox response activities** including testing, treatment, vaccinations, contact tracing, outreach and engagement, data and inventory management, quarantine and isolation housing and support services, and communications;
- **Tuberculosis control and prevention efforts** including surveillance, laboratory, case management, clinical care, contact tracing, and outbreak detection and response;
- **Other communicable disease control efforts**, including investments to support core staff, information infrastructure, improved efforts at environmental sanitation, and better alignment with existing partners to prevent diseases such as shigella, giardia, hepatitis A, West Nile Virus, Valley fever, typhus and influenza;
- **Sexually transmitted disease (STD) screening and treatment services** to address the rising needs and the largely uncontrolled rates of syphilis, congenital syphilis, gonorrhea, and chlamydia in LA County; and
- **Chronic disease control and prevention efforts** to meaningfully address conditions like diabetes, hypertension, obesity, and smoking/vaping, in low-income communities and communities of color.

The congressional letter also included a request for increased STD-specific federal investments in the Substance Abuse Prevention and Treatment Block Grant supported through the Substance Abuse and Mental Health Services Administration (SAMHSA), given the strong nexus between substance use and STD risk, and increased funding through Health Resources and Services Administration (HRSA) to support Federally Qualified Health Centers (FQHC) and the Ryan White Program working with populations at risk for both syphilis and HIV.

Finally, as part of this appeal, Public Health requested a federal STD prevention and control appropriation of $272.9 million for the CDC, an increase of $108.6 million compared to federal Fiscal Year (FY) 2022 final funding levels. In the letter, Public Health highlighted the historic inequities in STD funding, the consistent year to year rise in syphilis and congenital syphilis levels, and the two recent motions approved by your Board. This letter can be found in Attachment 1.

The Consolidated Appropriations Act of 2023 (H.R. 2617) included increases in a number of the above-mentioned areas including public health infrastructure (increased $150 million from the prior year) and STD prevention and control ($10 million over the prior year).

b. Identify, with relevant stakeholder community-based advocacy organizations, additional opportunities to jointly advocate for more local, state, and federal funding, including STD policy proposals that prioritize communities or demographics that are disproportionately impacted by the STD epidemic.

In 2022, Public Health supported the End the Epidemics Coalition's (Coalition) budget proposal, which included a funding request of $49 million in state general funding to address soaring early syphilis and congenital syphilis cases in the 8 most impacted counties in California, including Los Angeles County. The Coalition was ultimately successfully in securing $30 million over three years in the final FY 22-23 State budget, which brings $3.957 million for the next three years to LA County beginning July 1, 2022. The Coalition is currently working on their budget request for FY 23-24 and Public Health will continue highlighting the need for increased state funding for STD control efforts.

LA County also supported the request from community advocates for funding for mpox response. The State FY 22-23 budget included $41 million for mpox response, and LA County received $5.35 million in resources to assist in community response for this declared local emergency.

At the federal level, Public Health is a member of the National Coalition of STD Directors (NCSD), which leads the federal advocacy for STD funding in partnership with other HIV and STD advocacy organizations. For FY2023, NCSD successfully advocated for an additional $10 million for the CDC's domestic STD prevention and control appropriation. This increase in the federal appropriation level may translate into an additional $400,000 to $600,000 in resources for Los Angeles County. NCSD has acknowledged that this funding level remains insufficient and

had previously called upon Congress to increase CDC's STD prevention and control appropriation by $15 million in federal FY 2023.

c. Assess the impact workplace vacancies have on the delivery of STD-related programming, outreach, surveillance, and engagement administered through the County;

On January 15, 2021, the vacancy rate at the Division of HIV and STD Programs (DHSP) was 29.5% (98 vacancies out of 332 budgeted items.) On January 14, 2022, the vacancy rate for DHSP was 29.7% (102 vacancies out of 344 budgeted items.) As of January 13, 2023, the vacancy rate at DHSP was 27.5% (92 vacancies out 335 budgeted positions.) The vacancy rate for the STD workforce at DHSP historically has ranged from 15.9% to 24.4%. Beginning in 2020, the vacancy rate was partially influenced by the County-level and Department-level hiring freezes. As these freezes have now been lifted, staff recruitment efforts have resumed.

Separately, Public Health has noted that staff turnover and vacancies have also persisted in community-based organizations contracted to deliver STD services. In addition to staff vacancies (exacerbated by staff turnover and delays in staff hiring), the workforce available for STD control efforts has also been impacted by the COVID-19 and MPOX epidemics as these competing public health priorities have required the deployment of public health program practitioners to these areas.

Of the total filled staff positions at DHSP (consistently between 234 and 243 persons over the last several years and over the course of the pandemic, as many as 75% were deployed to COVID-19 efforts (May 2020 through June 2021) and between 60% and 70% of staff were deployed to COVID-19 efforts in the second half of 2021. Among these deployed staff 35 to 55 staff with an STD-related assignment were temporarily assigned to support COVID-19 or mpox efforts Most staff have returned to their home programs, although ongoing fluctuations in COVID-19 cases and other emerging communicable diseases may require temporarily redeploying staff to their emergency response roles.

Beginning in August 2020 and through September 2022, as part of its Quarterly STD Update to your Board, Public Health has highlighted the impact COVID-19 has had on key STD program areas, most notably:

- A reduction in STD prevention, awareness, community engagement, and community mobilization efforts.
- Decreases in STD screening volume (which led to decreases in STD diagnosis and treatment levels) in both the community-based organization and Public Health Center service environments, as several contracted STD service providers either temporarily closed their clinics, significantly reduced clinic hours, or have operated at reduced capacity.

- Delays in STD surveillance, data collection, data quality assurance, data dissemination and data reporting efforts, including to State and federal funders, as staff were reassigned to COVID response efforts. Federal and state grants supported these re-assignments.
- Delays implementing the efforts of the Congenital Syphilis Specialized Investigation Team funded by a special CDC grant primarily due to an extended hiring freeze.
- Impacts to Public Health Investigation efforts, including contact tracing and partner notification services.

Directive 2: Direct the Director of Public Health, CEO, and the Executive Director of the Los Angeles County Youth Commission in coordination with the Superintendent of LACOE, Superintendent of LAUSD, and other relevant stakeholders to assess and report back in 60 days in writing on the implementation of the California Healthy Youth Act (CHYA).

a. This report should include, but not be limited to:

i. Available statistics on how often sexual health education is provided to middle school and high school students by school district;

The California Healthy Youth Act (CHYA) was a landmark law that significantly modernized sexual health education standards beginning in January 2016. As part of the California Education Code (EC) [EC § 51931(b)], CHYA requires school districts to provide students with integrated, comprehensive, accurate, and unbiased comprehensive sexual health and HIV prevention education at least once in middle school and once in high school. Beginning in grade 7, instruction must include information about the safety and effectiveness of all federal Food and Drug Administration (FDA)-approved methods of preventing pregnancy and transmission of HIV and other sexually transmitted infections (including condoms, contraceptives, and antiretroviral treatment) and abstinence. It must also include information about HIV, pregnancy, sexual harassment, sexual assault, healthy relationships, and human trafficking, as well as local resources for accessing care and students' rights to access care. While stakeholders note positive gains have been made in the sexual behavior category of the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) since CHYA was enacted, there is not an available repository of compliance related data at either the school district or school campus level. Implementation of this comprehensive curriculum consistent with State standards in grades 7 or 8 and grades 9, 10, 11, or 12, is the responsibility of Local Education Agencies (LEAs). As such, there is much variability in data elements tracked over time, if collected at all, and whether they are made publicly available. At this point in time, the state confirms that local data is not available. Public Health understands that the California Department of Education was prepared to develop a statewide CHYA compliance monitoring system, but these efforts were upended by the COVID-19 pandemic.

ii. Available statistics on student attendance and participation including the number of students who opt-out of receiving sexual health education at the request of a parent or guardian;

There is not an available repository of school district or school campus level data that describes CHYA opt-out patterns. As defined in the current statute [EC §§ 51931(b), (d), 51932.], CHYA allows legal guardians to remove their child from comprehensive sexual health and HIV prevention education, using a passive consent or "opt-out" process; schools may not use active consent ("opt-in") for participation in comprehensive sexual health and HIV prevention education [EC § 51938(a).]. The notice sent to parents/guardians informing them about planned instruction must also inform them that they may remove their child from the instruction and that to do so they must state their request in writing to the school district [EC § 51938(b)(4).]. If the parent/guardian does not submit a written request that the child be withheld from participating, the child will attend the instruction. Schools may not require parents/guardians to return a signed acknowledgment that they have received the notice for their child to participate in the instruction; this serves as de facto active consent and is prohibited under the law.

iii. Strategies for ensuring curriculum is medically accurate, unbiased, up-to-date, inclusive, and adheres to all other requirements mandated by CHYA;

Consistent with California Education Code [EC § 51933], all instruction and materials in all grades (including elementary) must be age-appropriate and medically accurate and objective. In addition, the Education Code [EC § 51933] specifies that instruction and materials in all grades: 1) may not teach or promote religious doctrine; 2) may not reflect or promote bias against any person on the basis of actual or perceived disability, and; 3) that no person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, race or ethnicity, nationality, religion, or sexual orientation, or any other category protected by the non-discrimination policy codified in Education Code § 220. Further, all instruction and materials must support and align with the purposes of the CHYA and with each other; they may not conflict with or undermine each other or any of the purposes of the law.

Consistent with the spirit and intent of CHYA, in California, the Adolescent Sexual Health Work Group (ASHWG) exists as an organized collaborative of governmental and non-governmental organizations (NGO) focused on promoting and protecting the sexual and reproductive health of youth in California. ASHWG is comprised of program managers from the California Department of Public Health (CDPH), California Department of Education, and key non-governmental organizations (NGOs) committed to working more effectively to address the sexual and reproductive health of California adolescents since 2003.

In June of 2016, a group of eight reviewers were recruited via the ASHWG to form an ad-hoc ASHWG sub-committee charged with reviewing a subset of comprehensive sexual health education curricula for alignment and compliance with the CHYA. The group formed in response to extensive requests across California for guidance on which curricula meet the requirements of the new law (which went into effect on January 1, 2016, and was updated in 2019). The goals of this review were to:

1. Provide school district staff, teachers, and community education providers with information about a number of widely available curricula in order to inform local processes for curriculum selection; and
2. Provide curriculum publishers and authors input from an outside review group on the alignment of their materials with the CHYA.

The California Healthy Kids Resource Center (CHKRC) and the ASHWG used the California Healthy Youth Act Curriculum Assessment Tool (CHYA CAT) to conduct an intensive review of growth, development, and sexual health curriculum in accordance with CHYA. A total of nine publishers submitted curricula to be reviewed during the 2020-2021 curricula review period. More information about each curriculum reviewed and on where it can be borrowed or purchased, is available on the CHKRC website. School districts are also encouraged to utilize the CHYA CAT to determine the appropriate curricula for their district.

Among the strategies to ensure that all students receive CHYA education that is unbiased, medically accurate, inclusive, and consistent with the latest science and evidence is to require that health education be a graduation requirement for all high school students and require that health educator certification be in place for all CHYA instructors.

iv. peer-led approaches which are promising or effective at delivering sexual health education; and

Public Health supports peer-led efforts in 41 Student Wellbeing Centers via the Peer Health Advocate program. Over 400 students per year (10-15 students per campus) are recruited to become Peer Advisors and receive intensive, in-depth peer leadership training that includes an 11-session Planned Parenthood-developed CHYA-compliant sexual health curriculum. These Peer Advisors are responsible for designing and implementing campus-wide health awareness campaigns/programs that include but are not limited to the following issues and topics: public health, social justice, health disparities, healthy relationships, gender and sexual orientation, HIV/STD prevention, consent, substance use prevention, mental health supports, fentanyl awareness, and naloxone administration.

v. input from family members, students, and instructors who have delivered sexual health education in compliance with CHYA.

There is currently no systematic mechanism to collect input from family members, students, or instructors who have delivered sexual health education in compliance with CHYA.

b. Based on the findings in 2a above, this report should also specify any implementation challenges and recommendations for improvement related to CHYA including, but not limited to:

i. Funding needed, with cost estimates, to administer sexual health education in compliance with the CHYA;

In Los Angeles County, school districts in lower income communities that often have a higher concentration of students of color may already be challenged by limited resources and may face greater challenges to comply with the requirement. Based on STD surveillance data, these communities may also be experiencing higher levels of STD burden. To remedy these challenges and consistent with health equity goals, additional funding to support sexual health education in schools in lower income communities should be considered including expanding the Peer Health Advocate program described above.

To further advance CHYA related progress, Public Health recommends that your Board appeal to the California Superintendent of Public Instruction, Tony Thurmond, to: 1) require the establishment and maintenance of a statewide monitoring system for CHYA, 2) require a publicly facing dashboard that includes CHYA compliance information by school district and school campus locations, and 3) require health education teachers to be certified. These recommendations are aligned with Superintendent Thurmond's Transforming Schools: Superintendent's Initiatives. As part of Public Health's April 1, 2022 response to your Board's 2021 motion related to the STD crisis, we also recommended that your Board:

> "Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea" (page 23 of 40).

ii. Feedback from educators, families, and students regarding CHYA and the effectiveness of sexual health education; and

The UCLA Fielding School of Public Health (UCLA FSPH) has collected data tied to the effectiveness of CHYA sexual health education. Between May and June 2019, the UCLA FSPH collected data from 515 usable student responses and high-level data collected from a sample of teachers providing CHYA-related instruction across thirteen schools in the Los Angeles Unified School District. The data tied to the Student Assessed Sex Education Standards (SASS) project was presented in February 2021. The results suggested that from a teacher's perspective, CHYA was easy to implement and offered useful and actionable information. Alternatively, the data suggested that students can assess their school's implementation of CHYA.

iii. Limitations in the delivery or content of sexual health education being administered.

It is also strongly recommended that comprehensive sexual health and HIV prevention education be taught by instructors trained in the appropriate courses [EC §§ 51934(a),(b)]. This means that instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections [EC § 51931(e)]. In addition, school districts must provide periodic training to all district

personnel who provide HIV prevention education to enable them to learn new developments in the scientific understanding of HIV.

Additionally, since health education is not a graduation requirement, many school districts do not require comprehensive health education to be taught in middle or high school grades. Instead, there are California Education Code mandates, including CHYA, that are often taught by Physical Education and Science teachers. Public Health understands that both Science and Physical Education teachers across California have expressed concerns of not being adequately equipped to teach such sensitive topics as those covered as part of CHYA, despite receiving curriculum-based training. The lack of credentialed health education teachers and the lack of comprehensive health education courses often results in teachers credentialed in other areas to add CHYA content to an already existing curriculum. Further, the lack of dedicated funding for the staffing or staff supports including training, or certification that may help them feel more comfortable and confident in providing sexual health instruction, hinder implementation of CHYA instruction.

Aside from having a limited number of health education credentialed teachers to implement CHYA curriculum requirements, Public Health understands Science and Physical Education teachers often have their school year mapped out to meet required content standards, leaving supplemental requirements, like CHYA, at the mercy of available end of school year instructional days when there is no time for make-ups if students miss the class.

In addition to credentialing and scheduling barriers, cultural barriers related to family and community acceptance of young lesbian, gay, bisexual, transgender, queer (LGBTQ) persons continue to be a limiting factor in the delivery of comprehensive sexual health education. Both in the United States and around the world, the way in which young LGBTQ persons are perceived and treated is deeply socially entrenched and shaped by longstanding inequitable government policies, colonial legal structures, religious beliefs, and cultural norms about gender and sexuality. In LA County, comprehensive and affirming education that is respectful and affirming of LGBTQ people can still be limited or has only been more widely available in recent decades.

Parental and family acceptance of this type of education varies across communities and may pose greater barriers to supporting young LGBTQ people and promoting their physical, mental, and sexual health. These issues may be addressed with intentional and longer-term partnerships with trusted and locally recognizable religious institutions and community-based organizations, especially to reach communities that have greater cultural stigma or greater barriers to affirming information regarding LGBTQ people and sex.

Mandatory, comprehensive, and inclusive sex education would benefit young LGBTQ persons (and others who have sex with LGBTQ peers) by providing sexual health information relevant to their lives and intimate relationships. In contrast, untrained and/or biased instructors could lead to more harm than good, by contributing to stigma or by providing inaccurate information. Having clear pathways for educator training or outside experts to deliver the content in schools is

important to ensuring students have the information, support, and resources they need to have safe and fulfilling experiences across their lives.

Directive 3. Instruct the Directors of DHS and Public Health in partnership with managed care plans, and other relevant stakeholders to design a pilot program that implements antenatal syphilis point of care testing for pregnant mothers at-risk of syphilis and report back in writing in 60 days.

Public Health, DHS, and stakeholders met to discuss the development of pilot efforts to improve syphilis point of care testing for pregnant mothers at-risk of syphilis and other areas to improve syphilis testing and work continues to identify pilot efforts. DHS' review of clinical outcomes for pregnant women at-risk of syphilis supported that screening rates and timeliness of treatment were adequate and that point-of-care testing would not significantly improve outcomes further. DHS and Public Health will continue to monitor the timelines for syphilis test results for persons tested in DHS facilities as part of congenital syphilis case reviews and will continue to work with DHS leadership to address implementation issues as they arise. Public Health also continues to identify, and case manage, persons who deliver newborns and whose reactive syphilis test is confirmed after they have left the hospital. The health plans indicated support of these efforts and agreed to disseminate Public Health STD-related recommendations including but not limited to three site GC/CT testing, CT testing for males, congenital syphilis prevention and control strategies to providers and clients. In addition, Public Health is exploring adding point of care testing in Public Health Centers and through mobile outreach teams. It is expected that these services will go live this spring.

Separately, Public Health is working with DHS Street Mobile Unit teams to deliver technical assistance related to rapid syphilis and HIV tests. Through the use of a Public Health-developed standardized procedure, DHS staff are exploring the use of blood draws for rapid tests, eliminating the need for a second fingerstick, while still allowing for results to be determined within minutes. Based on the rapid results, DHS can expedite syphilis treatment and referrals to HIV care, including for pregnant persons, as needed. Presently, DHS is awaiting expanded laboratory certification to begin the rapid testing services.

Directive 4. Instruct the Directors of DHS and Public Health to identify the benefits and challenges of including STD testing (including oral, anal, and urine testing, blood tests, and bundled testing) within DHS-operated urgent care centers and emergency room settings, especially those located in high STD-incidence regions, and report back in writing in 60 days.

DHS operated Urgent Care Centers (UCCs) and Emergency Departments (EDs) currently perform large volumes of STD testing (genital, rectal, pharyngeal) through blood-draws and bundled testing, on patients in these settings. DHS screens patients that are displaying symptoms related to potential STDs as well as patients who are at high risk for STD exposure. In the last 12 months, DHS UCCs and EDs performed over 34,000 STD tests. All reactive STD tests are

immediately reported by DHS to Public Health, and treatment is initiated in coordination with Public Health and often, with the patient's primary care provider. Partner notification, testing and treatment is also a part of the STD service.

DHS and Public Health continue exploring opportunities to increase population-based, Emergency Department STD screening for syphilis in women of childbearing age. This approach would be a highly coordinated "opt-out" testing process that could identify asymptomatic patients with syphilis and an important component of a public health strategy to reduce the incidence of congenital syphilis. DHS and Public Health are currently mapping out the next implementation steps with a planned launch in 2023; currently DHS is seeking County Counsel expertise on certain legal issues concerning patient notification and consent.

Directive 5. Direct the Directors of Public Health and DHS to review their existing processes for sexual health screening and identify challenges and solutions to delivering screenings as it relates to asymptomatic people, young people, people with no pre-existing health conditions, and other target demographics who may not visit a provider or clinic frequently.

DHS Initiatives
STD screening is currently offered in all DHS primary care clinics for both symptomatic and asymptomatic patients. STD screenings are offered to new patients, during annual check-ups, and to any patient who presents with symptoms that are concerning and demonstrate potential for an STD. At DHS sites, the challenges to STD screening include the numerous competing health priorities addressed at primary care visits, potential stigma associated with screenings, and the increased number of DHS-responsible patients who should be screened and have not yet been seen in the DHS system.

In response to these challenges at DHS sites, the current performance improvement efforts for screening include provider education during Primary Care Clinical Quality meetings, the use of "Hot Sheets" developed to clarify STD screening workflows, the use of Standardized Procedures for STD screening to increase STD screening levels by nursing staff, and the use of electronic medical record (EMR) alerts to remind care teams when STD screening is due. Within DHS, future STD-related performance improvement efforts include: 1) using registry reports to identify patients due for STD screening, 2) improving targeted outreach efforts, and 3) increasing patient awareness of the need for STD screening through both the DHS website and the LA Health portal.

Public Health Initiatives
In addition to providing sexual health screenings at Public Health Centers and at Student Well-being Centers, Public Health will continue to support the diverse portfolio of STD-related contracts with more than a dozen community-based organizations that provide STD screening, diagnosis, and treatment services; STD education and service promotion services; STD-related community engagement and mobilization services; and STD provider training and technical assistance services. The client-directed services are targeted to sub-populations who are either at

elevated risk for STDs, disproportionately impacted by STDs, or who live in areas with high STD morbidity, including young persons, gay and bisexual men, transgender persons, communities of color, and persons experiencing sub-optimal health care access patterns. In addition, Public Health is working with health plans to ensure reimbursement for covered STD services while protecting patient confidentiality and addressing other financial barriers such as co-pays and laboratory fees given these have been identified by community partners as barriers for clients and challenges for providers.

DMH Initiatives
DMH's Countywide Engagement Division Field Teams are focused on engaging individuals who are not receiving social and/or medical services necessary to support optimal health. Populations of focus for these programs include individuals experiencing unsheltered homelessness; individuals recently released from correctional institutions; veterans; individuals with high rates of recidivism in psychiatric hospitals; and individuals at high risk for becoming homeless.

Separately, the DMH Transition Age Youth (TAY) Navigation Team is a field-based team of clinicians and housing specialists who work to engage and link TAY to mental health and other needed resources, including longer term permanent housing for those in need. The Navigation Team will disseminate STD-related information and resources in the TAY Enhanced Emergency Shelter locations and countywide drop-in centers to educate this vulnerable population.

DMH will also ensure that the Field Teams and Navigation Teams incorporate STD education, awareness, and referrals into their service portfolio.

As a complement to the efforts of these two DMH-based teams, volunteers within DMH will be trained to disseminate STI/STD information throughout LA County to vulnerable, underserved populations in a culturally sensitive manner. These volunteer networks include:

- Wellness Outreach Workers (WOW) - DMH-badged volunteers with lived experience who provide peer support in directly operated programs and partner with treatment teams to assist clients on their path to wellbeing and recovery.
- Promotores de Salud (Promotores) – Trained community health workers that aim to address mental health stigma particularly in historically underserved cultural and linguistic communities by increasing mental health awareness, removing barriers, and improving timely service access. The Promotores offer a menu of 15 trainings.
- Community Ambassador Network - Community Ambassadors are individuals hired and trained to serve as "lay" mental health workers. They engage and support community member to access needed services/supports, build community capacity, and develop local resources. Community Ambassadors provide trainings based on unique requests or needs of the community.

Perspectives from CEO ARDI
As noted in Public Health reports, specific sexual and gender communities (including several sub-populations of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities) as well as communities of color, are disproportionately impacted by STDs. This includes heightened incidence among specific communities, including but not limited to Black/African American men and women; Latinx communities; gay, bisexual, and other men who have sex with men (MSM); and transgender persons.

Public Health and the vast network of community providers are working together to improve the provision of culturally appropriate and accessible services to reach populations at higher risk, acknowledging the importance of addressing the socio-political conditions and attitudes that place people at higher risk via the social determinants of health. Social determinants of health with a nexus to the sustained and rising rates of STDs include inequitable access to affordable, culturally responsive, high-quality healthcare, housing insecurity, limited access to education and employment opportunities that lead to jobs with health benefits and a livable wage, contact with the criminal justice system, limited social connection, and underinvestment in historically marginalized communities. These socio-economic barriers disproportionately impact LGBTQ individuals and people of color, due to systemic, institutional, and provider-level biases that are compounded by the impacts of racism, sexism, classism, homophobia, and transphobia.

Increased funding for STD prevention and control efforts from our federal partners is important and funds must be equitably allocated within the County to ensure adequate investment by geographic communities and providers who appropriately serve populations at greatest risk, including those with expertise in intersectional communities who experience layered and compounding risks, such as Black/African American men and women; Latinx communities; gay, bisexual, and other men who have sex with men; and transgender persons.

To reach populations for which "mainstream" resources may not adequately or appropriately serve, public health practitioners and community-oriented providers should continue to utilize creative strategies for disaggregated data collection, community-defined expertise, and outreach. Tools including the Equity Explorer Mapping Tool can be leveraged to inform funding decisions by identifying areas of greatest need based on service gaps and affected populations. Strong considerations for funding advocacy must also look beyond direct services (i.e., HIV/STD prevention and treatment services, substance use disorder treatment, federally qualified health centers) to explore additional upstream investments in cultural brokers and other culturally appropriate liaisons to help individuals navigate the healthcare system or connect them with relevant resources and to promote structural reform that address social determinants of health, thereby reducing specific risk to STDs and supporting overall health and wellbeing. This will warrant a more expansive and integrated legislative approach, as well as a reduction in traditional funding streams.

These social determinants of health and equity strategies have largely influenced the development and implementation of the County's STD programming for well over the past decade. All these strategies continue relying on strong partnerships with relevant stakeholders

including community-based advocacy organizations and community members with lived expertise navigating services to jointly advocate for more local, state, and federal funding, co-design strategic planning efforts, and inform equitable funding priorities.

Public Health will continue to partner with community stakeholders, advocates and service delivery partners to appeal for and advance more integrated budget and policy proposals (e.g., DHSP's partnership with the California Ending the Epidemics Coalition focused on HIV, STDs, Hepatitis and Substance Use and advocating for public health infrastructure funding at the state, federal, and local level), and support programs and services that offer more holistic approaches to improve health care navigation and social connectedness among vulnerable populations (e.g., DHSP-funded Wellness Centers for Young MSM and Wellness Centers for Transgender Persons).

Directive 6. Direct the Directors of Public Health, DHS and DMH in partnership with local managed care plans to improve messaging to increase Pre-Exposure Prophylaxis uptake.

Public Health will continue supporting the fourteen community-based PrEP Centers of Excellence that serve more than 3,200 clients annually throughout the County. PrEP is also available at Public Health Centers providing STD services and Public Health is exploring implementing a tele-PrEP program in the coming months. In addition, Public Health will continue supporting community-wide service awareness and service promotion efforts through the www.getprotectedla.com and the www.getprepla.com websites.

DHS will work with both Public Health and local managed care plans to amplify PrEP messaging, PrEP access, and PrEP persistence. DHS will enhance PrEP communication efforts by distributing PrEP informational material to DHS-empaneled patients and clients.

DMH will distribute condoms and educational materials on how clients can access PrEP to Countywide Engagement Division's field-based teams.

Public Health will continue to work with the cross-section of Managed Care Health Plans that operate in LA County to adopt Public Health STD-related recommendations tied to PrEP promotion for HIV at-risk clients, STD screening (including three-site screening for gonorrhea and chlamydia for gay and bisexual men, transgender persons, and other at-risk groups), and syphilis and congenital syphilis control efforts. In the near term, Public Health will be working with Health Plans to develop briefs targeted to plan partners and clinicians summarizing current sexual health related practice recommendations.

Directive 7. Direct the Directors of Public Health, DHS and DMH, in coordination with the Alliance for Health Integration, local managed care plans, and other relevant stakeholders to identify opportunities for improving Healthcare Effectiveness Data and Information Set measures or other related metrics tied to evaluating a health provider's provision of medically appropriate STD services, and report back in writing in 60 days.

All DHS Primary Care Clinics are continuously working to meet established performance benchmarks, including those tied to Healthcare Effectiveness Data and Information Set (HEDIS) measures related to chlamydia screening for young sexually active women between 16 and 24 years. DHS has delivered provider education through the Primary Care Clinical Quality meetings and has created a Standardized Procedure for Chlamydia screening to promote screening delivered by DHS nursing personnel. The DHS Chlamydia Hot Sheet is currently being revised to further clarify screening workflows and increase testing. Within DHS, provider leads have been identified for performance improvement and leaders are working with low-performing sites to identify barriers to STD screenings and to identify best practices for enhancing screening rates within DHS service sites.

As part of its renewed partnership, and in response to the nexus between mental illness, substance use disorder, HIV, and syphilis risk, Public Health and DMH will:

- Schedule STD presentations for community members in all DMH Service Areas including partners at Health Neighborhoods and Service Area Leadership Teams (SALT) target sites;
- Deliver STD training to Countywide homeless outreach teams (DMH, DHS Housing for Health, Housing for Health contractors, and LAHSA);
- Ensure that DMH directly operated clinics have condoms available in the lobby for consumers and family members;
- Ensure that DMH directly-operated clinics serve consumers of all ages, providing MH services, medication services, therapy, and a variety of other treatment modalities; and
- Distribute condoms and educational materials related to PrEP services, including through service promotion tied Countywide Engagement Division's field-based teams.

Directive 8. Direct the Director of Public Health to include reports on implementation progress in its quarterly STD updates.

Public Health will include implementation progress in the Quarterly STD Updates to your Board. The last report was submitted on September 26, 2022.

Additional Information Requested by Your Board

STD Data by Geographic Area

Public Health has developed the first iteration of a publicly facing dashboard to provide surveillance information related to syphilis, congenital syphilis, and gonorrhea. The dashboard, created using the interactive data visualization software Power BI, is embedded in the Public Health website and is updated each month to display the latest morbidity data in LA County. The dashboard compares cases diagnosed in 2021 with 2019 and 2020. The second section of the dashboard breaks out cases by demographic characteristics for cases reported in 2019, 2020 and 2021. In the last section of the dashboard, cases are presented by geographic area, including across the eight service planning areas and the 26 health districts. The dashboard is accessible here: http://publichealth.lacounty.gov/dhsp/dashboard.htm.

Addressing Funding Needs to Respond to the County's STD Crisis

As shared in previous reports to your Board, Public Health relies on several relatively small state, federal, and local investments to support STD control efforts in one of the largest and most impacted jurisdictions in the country. Over the last several years, in response to the year-to-year increases and now record levels of STDs across the United States, California, and locally, there has been a significant increase in the number and diversity of budget and legislative proposals made to help support and expand STD control efforts to achieve a level of reach and impact that is commensurate with the scope and trajectory of the crisis. These appeals have not yet resulted in adequate funding. Due to the resource gaps, several areas of unmet need tied to local STD control efforts persist and can be grouped across four main areas: Surveillance, Disease Control, Communications, and Resource Coordination. With adequate funding, Public Health could better support and enhance local STD control efforts (please see Attachment 2):

- **Disease Control:** Improve disease control efforts by:
  - Maintaining the current level of contract investments with community-based organizations as part of the STD Screening, Diagnosis and Treatment Services, STD Express Clinic and commercial sex venue portfolios;
  - Expanding syphilis and congenital syphilis control efforts to include engagement of pregnant persons with syphilis during and post-pregnancy; supporting Emergency Department and Labor & Delivery partners in high impact areas; expanding the bicillin delivery program to improve syphilis treatment rates; supporting provider visitation efforts to improve screening and treatment levels, and; supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits;
  - Expanding the patient delivered partner therapy (PDPT) program;
  - Expanding the home STD testing effort;
  - Improving STD screening levels among health plans operating in LA County; and
  - Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts.

- **Communications:** Improve STD-related knowledge, awareness, compliance, and action among consumers, health care providers, health plans, school-based partners, and other stakeholders through a multi-pronged communication and engagement strategy. This will be best accomplished through contracts with trusted community organizations.

- **Resource Coordination:** Support the development of a strategy that identifies and coordinated all available public and private sector human and financial resources that could be leveraged to improve STD control efforts, including but not limited to:
  - Public and commercial health plans;
  - Federally qualified health centers (FQHCs) and community health centers that provide services to low-income residents throughout LA County;
  - Health care providers that provide sexual health services to persons seeking family planning services financed by California's Family PACT program;

  - Public Health's STD and Sexual Health Clinics;
  - DHS-operated ambulatory care, comprehensive health center, and hospital-based clinics;
  - Ryan White Program-supported providers that deliver services to persons living with HIV;
  - Community-based specialty STD providers that provide low-barrier walk-in STD screening, diagnosis, and treatment services;
  - Jail-based STD services delivered by DHS and Public Health; street medicine and mobile testing unit-based STD services to persons experiencing homelessness;
  - School-based Wellbeing Centers that provide access to screening, diagnosis, and treatment services for gonorrhea and chlamydia; and
  - Private health care providers' residents at elevated risk for STDs or who live in geographic areas with the highest levels of infection.

- **STD Surveillance:** Increase capacity to ensure enhanced congenital syphilis evaluation, data analysis, and monitoring disease trends (syphilis, congenital syphilis, gonorrhea, and chlamydia) across racial/ethnic, age, gender and behavioral risk groups and geographic areas. Expanded surveillance capacity will allow Public Health to continue implementing a data-to-action strategy to inform program recommendations in a more timely manner.

As part of a new investment of Tobacco Settlement Funds identified by your Board and recently approved syphilis and congenital syphilis resources from the California Department of Public Health, Public Health would continue to support community-based STD screening, diagnosis, and treatment contracts through calendar year 2024 and expand targeted syphilis and congenital syphilis efforts.

With additional investments in STD control efforts, Public Health would further diversify the existing portfolio (e.g., sustained engagement and partnerships with public and commercial Health Plans and school districts and systems); increase the scale of promising STD interventions currently being funded (e.g., patient delivered partner therapy, clinical provider outreach and education, home STD testing); and support staffing levels consistent with the breadth and complexity of the STD crisis (e.g., high-level strategists, health program analysts, surveillance staff, social workers, and nurse practitioners).

Public Health will work with the CEO and Legislative Affairs and Intergovernmental Relations to continue to identify opportunities for expanded resources for STD efforts and public health infrastructure to support prevention-based efforts that address social determinants of health and equity.

As always, Public Health will continue to keep your Board updated on developments related to our local STD control efforts and advocacy efforts. If you have any questions or need additional information, please let me know.

BF:RS:mjp

Attachments

c: Chief Executive Office
Acting County Counsel
Executive Officer, Board of Supervisors
Los Angeles County Office of Education
Health Services
Mental Health

Attachment 1

COUNTY OF LOS ANGELES
Public Health

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October 24, 2022

The Honorable Judy Chu
U.S. House of Representatives
2423 Rayburn House Office Building
Washington, DC 20515

Re: Federal Fiscal Year 2023 Appropriations

Dear Representative Chu:

Thank you for your leadership and support of public health measures that advance the health and well-being of Los Angeles County residents. On July 28, 2022, the Senate Appropriations Committee released the Labor, Health and Human Services (Labor-HHS) bill that includes important investments that strengthen public health in our communities. We highlight critical priorities for the Los Angeles County Department of Public Health (LA County Public Health) and respectfully urge your support for these requests in ongoing budget and appropriations negotiations.

Local Public Health Infrastructure

LA County Public Health respectfully requests support for critical investments in core public health infrastructure and data modernization.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount proposed in the President's FY 2023 budget: $600,000,000 in core public health infrastructure and $200,000,000 in public health data modernization.
- Amount in the House FY 2023 L-HHS bill: $750,000,000 in core public health infrastructure and $250,000,000 in public health data modernization.
- Amount in the Senate Appropriations FY 2023 L-HHS bill: $600,000,000 in core public health infrastructure, $200,000,000 in public health data modernization, and $97,000,000 for the public health workforce.

While LA County Public Health advocates for $1.15 billion for the Centers for Disease Control and Prevention (CDC) for public health infrastructure, public health data modernization, and public health workforce and career development, we urge your support at a minimum for the

House's FY 2023 L-HHS appropriation level for $750 million in core public health infrastructure and $250 million in public health data modernization.

While Federal and State resources for the COVID-19 response have been essential for our ongoing pandemic response activities, investments are urgently needed to rebuild capacity and bolster a chronically underfunded system to protect our nation beyond this current crisis and emerging ones. Due to the prolonged underinvestment by the Federal and State governments in local public health infrastructure, there has been a steady decline in the public health workforce, scientific expertise, clinical capacity, data systems, and the ability to respond to diverse and dynamic community needs. The ongoing COVID-19 pandemic response and the recent monkeypox public health emergency have exacerbated the shortage of these resources. LA County Public Health, like many other local health departments across California, was forced to divert substantial resources from critical public health services for COVID-19 response activities, such as emergency operation coordination, public information and warning, epidemiology and surveillance, infection control and prevention, laboratory services, vaccine dispensation, pharmaceutical, and non-pharmaceutical interventions, patient care and management, environmental services, and community outreach. While maintaining this infrastructure, we are now responding to the monkeypox communicable disease threat, and stretching critical resources even further, including redirecting staff to protect residents against this latest public health crisis.

In LA County, these public health infrastructure resources could be used immediately for critical areas, distinct and separate from the COVID-19 response, including but not limited to: monkeypox response activities including testing, treating, vaccinations, contact tracing, outreach and engagement, data and inventory management, quarantine and isolation housing and support services, and communications; tuberculosis control and prevention efforts including surveillance, laboratory, case management, clinical care, contact tracing, and outbreak detection and response; other communicable disease control, through investments to support core staff, information infrastructure, improved efforts at environmental sanitation and better alignment with existing partners to prevent diseases such as shigella, giardia, hepatitis A, West Nile Virus, Valley fever, typhus and influenza; sexually transmitted disease (STD) screening and treatment services, to address the rising needs and the largely uncontrolled rates of syphilis, congenital syphilis, gonorrhea, and chlamydia in LA County; and chronic disease control and prevention efforts, to meaningfully address conditions like diabetes, hypertension, obesity, and smoking/vaping, in low-income communities and communities of color.

<u>Substance Abuse Prevention and Treatment Block Grant</u>

LA County Public Health respectfully requests increased investments for the Substance Abuse Prevention and Treatment Block Grant (SABG) to support substance use prevention, harm reduction, treatment, and recovery support services.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Amount in final FY 2022 appropriations: $1,908,079,000

- Amount proposed in the President's FY 2023 budget: $3,000,000,000
- Amount in the House FY 2023 L-HHS bill: $2,400,000,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: $2,400,000,000

Like counties across the nation, LA County is experiencing a drug overdose and overdose death crisis. SABG is a critical and essential funding source that supports the delivery of prevention, harm reduction, and treatment services not funded through Medicaid to income-eligible youth, young adults, and adults. As such, SABG funding helps County residents receive a full continuum of substance use disorder (SUD) prevention and treatment services in the face of increasing and alarming SUD and overdose rates. In LA County, SABG supports residential room and board costs not reimbursable under Medicaid, perinatal-focused services, and expanded services like Recovery Bridge Housing (RBH), and Client Engagement and Navigation Services (CENS), among other things.

Public Health Emergency Preparedness (PHEP)

LA County Public Health respectfully requests your support for increases in PHEP cooperative agreement grants for local health departments to plan and respond to public health emergencies.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount in final FY 2022 appropriations: $715,000,000
- Amount proposed in the President's FY 2023 budget: $638,000,000
- Amount in the House FY 2023 L-HHS bill: $735,000,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: $740,000,000

Although LA County Public Health's request is for $1 billion for the CDC for PHEP grants, we urge your support at a minimum for the Senate's L-HHS appropriation level of $740 million in PHEP.

PHEP grants strengthen local and state public health departments' capacity and capability to plan for, respond to, and recover from public health emergencies. The CDC's PHEP Cooperative Agreement funding has allowed local health departments like LA County Public Health to build and sustain skilled personnel and capabilities necessary to respond to a broad range of emerging and re-emerging public health threats, including infectious disease outbreaks such as measles, hepatitis, and typhus, weather-related threats such as heatwaves, wildland-urban fire and mudslides, and global threats such as COVID-19, monkeypox, Ebola, Zika, pandemic flu, and bioterrorism attacks. The funding will be used to prepare to respond to the growing number, frequency, and severity of threats that the State faces.

COVID-19 has had an overwhelming impact and exceeded existing resources available to the jurisdiction. LA County Public Health received $20.7 million in FY 2021-22 for the PHEP grant from the CDC. LA County bears considerable responsibility for protecting the nation through our local HHS Region IX National Biocontainment Center for treating bioterrorism and emerging

infectious disease cases, supporting the CDC's Quarantine Station at LAX for ill travelers, and maintaining LA County Public Health's Public Health Laboratory capacity as part of CDC's Laboratory Response Network, one of only two advanced public health laboratories in California equipped for the rapid analysis and identification of a wide range of emerging diseases and bioterrorist agents. Super Bowl LVI was recently held in LA County, and multiple large-scale, high-visibility events frequently occur, which requires that LA County Public Health maintain a robust bioterrorism readiness program. Additional funds are needed to prepare to respond to the growing number, frequency, and severity of threats that the County faces.

Sexually Transmitted Disease Prevention and Treatment

LA County Public Health urges increased investments for STD prevention and treatment programs and respectfully requests $272.9 million, an increase of $108.6 million from the final FY 2022 appropriations.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount in final FY 2022 appropriations: $164,300,000
- Amount proposed in the President's FY 2023 budget: $161,810,000
- Amount in the House FY 2023 L-HHS bill: $179,300,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: $179,300,000

LA County is experiencing the highest annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. This trend is consistent with the rise in STD rates reported over the last decade across the United States, many parts of California, and LA County. Among the most troubling trends in LA County are the increases in syphilis and congenital syphilis. There has been a 450 percent increase in syphilis rates among females and a 235 percent increase in males in the last decade. Congenital syphilis rates have increased by more than 1,100 percent in less than a decade, with 122 congenital syphilis cases reported county-wide in 2020 compared to 88 in 2019, and just 10 in 2010. Funding will bolster critically needed STD prevention and treatment efforts to address the STD crisis across California.

Social inequities beyond those tied to health care access and quality, including but not limited to economic stability, education access and quality, neighborhood and built environment, and social and community factors, have influenced the rise in STDs over the last decade. These factors have contributed to sharper increases in morbidity, including among women of color, pregnant women, newborns, persons who inject drugs, and persons experiencing methamphetamine use disorder.

On August 2, 2022, the LA County Board of Supervisors passed two motions in response to the alarming STD epidemic and requested additional federal and state resources to combat the STD epidemic, including additional local funding through the CDC, the Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration. In addition to the increases to CDC STD funding specified above, we also respectfully request increases in STD-specific funding through the SABG, given the strong nexus between substance use and STD

risk, and morbidity, and increased funding through Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.

Unlike the historic domestic response to HIV/AIDS or the recent national response to COVID-19, the STD crisis has not had the benefit of 1) year-to-year increases in federal appropriations commensurate with the increase in morbidity, 2) significant new investments of federal funds made available as part of the launch of new national strategies or initiatives, 3) disease elimination efforts with longevity (the CDC's 2008 Syphilis Elimination Program only lasted two years before funding was suspended amid the recession), and 4) an infusion of resources to undergird more than one part of the STD control efforts while resources to support other core STD control infrastructure areas (e.g., surveillance, testing technology, social marketing, provider detailing) remain elusive.

Once again, we appreciate your consideration of these critical funding requests. Thank you for your steadfast leadership and commitment to supporting LA County residents.

Sincerely,

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Director

County of Los Angeles – Department of Public Health
Funding Needed to Respond to the County's STD Crisis by Tier

The items listed below describe interventions needed to respond to the current STD crisis and are listed across four key areas: Disease Control, Communications, Resource Coordination and Surveillance. The total costs for all proposed activities in Tiers I, II and III is $19.25 million. Public Health has submitted an unmet need request in the recommended budget cycle for Tier I funding amounts.

	Disease Control	Communications	Resource Coordination	Surveillance	Funding Amount

Tier I	**($1.0M for S&EB and $7.5M for S&S)**
	
	• Maintain the current level of contract investments with community-based organizations as part of the STD Screening, Diagnosis and Treatment Services, STD Express Clinic and commercial sex venue portfolios
	• Expand syphilis and congenital syphilis efforts, with a focus on pregnant persons with syphilis during and post-pregnancy
	  ○ supporting Emergency Department and Labor & Delivery partners in high impact areas
	  ○ expanding the Bicillin delivery program to improve syphilis treatment rates
	  ○ supporting provider visitation efforts to improve screening and treatment levels
	  ○ supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits
	• Expand PDPT with provider trainings, technical assistance sessions and medication
	• Improve syphilis screening among health plans
	• Increase condom accessibility
	• Work with all prenatal care providers and birthing hospitals that have reported a congenital syphilis case to offer and provide technical assistance, review the expanded screening recommendations and review missed opportunities to prevent CS.
	• Provide intensive client case management to clients who are facing a complex set of issues (e.g., substance use, mental health, homelessness) that preclude them from adopting health promotion behaviors and/or successfully linking to critical prevention and treatment services. These services demand collaboration and coordination across various sectors and among persons with different areas of expertise including
	  ○ social workers
	  ○ medical care providers
	  ○ community health workers
	  ○ Public Health Investigators
	  ○ Public Health Nurses.
	• Modernize Public Health STD Clinics
		($0.75M for S&S)
		
		• Improve STD-related knowledge, awareness, compliance, and action among health care providers through intensive public health detailing with providers
		• Improve STD-related knowledge, awareness, compliance, and action among health plans
		• Increase PDPT knowledge, awareness, and action, particularly among County-based and community-based clinicians and pharmacists.
				($0.25M for S&EB and $0.5M for S&S)
				
				• Increase the number of surveillance staff for enhanced syphilis and congenital syphilis evaluation and data analysis.
				• Enhanced compliance with syphilis and congenital syphilis disease reporting
				• Enhance geo-mapping plus detection capacity
				• Improve monitoring and compliance of key STD-performance metrics (e.g., HEDIS measure for chlamydia, 1st and 3rd trimester screening for syphilis among pregnant persons, EPT utilization
				• Enhance analysis to understand and frame the relationship between substance use disorders and STD rates.
				• Incorporate additional tools in future iterations of the dashboard to optimize the functionality including Equity Explorer, features of the Clear Impact Scorecard and Story Mapping Technology.
					$10M

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Tier II	**($2.0M)** • Expand Home Testing for gonorrhea and chlamydia • Expand pharmacy-based testing services • Collaborate with health care delivery partners, health systems, and health plans to establish baseline screening rates for sub-populations at elevated rates for STDs.	**($2.0M)** • Improve STD-related knowledge, awareness, and action among consumers.	**($0.5M)** • Support the development of a strategy that inventories all available public sector and private sector human and financial resources that could be leveraged to improve STD control efforts and their performance and opportunities for improvement.	**($0.75M)** • Increase the number of surveillance staff for gonorrhea and chlamydia evaluation and data analysis. • Enhanced compliance with gonorrhea and chlamydia disease reporting • Enhance geo-mapping plus detection capacity	**$5.25M**
Tier III	**($2.0M)** • Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts. • Enhance testing at school-based wellbeing centers • Expand street medicine and mobile testing unit-based STD services to persons experiencing Homelessness • Expand Jail-based STD services	**($2.0M)** • Improve STD-related knowledge, awareness, compliance and action among school-based partners and other stakeholders. • Work with LACOE to enhance CHYA requirements in schools • Conduct community engagement forums			**$4M**