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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 successful 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](http://www.getprotectedla.com) and the [www.getprepla.com](http://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



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Fifth District

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.

#### Substance Abuse Prevention and Treatment Block Grant

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,

A handwritten signature in blue ink, appearing to read 'Barbara Ferrer', with a stylized, flowing script.

Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
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	<p><b>(\$1.0M for S&amp;EB and \$7.5M for S&amp;S)</b></p> <ul style="list-style-type: none"><li>• 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</li><li>• Expand syphilis and congenital syphilis efforts, with a focus on pregnant persons with syphilis during and post-pregnancy<ul style="list-style-type: none"><li>○ supporting Emergency Department and Labor &amp; Delivery partners in high impact areas</li><li>○ expanding the Bicillin delivery program to improve syphilis treatment rates</li><li>○ supporting provider visitation efforts to improve screening and treatment levels</li><li>○ supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits</li></ul></li><li>• Expand PDPT with provider trainings, technical assistance sessions and medication</li><li>• Improve syphilis screening among health plans</li><li>• Increase condom accessibility</li><li>• 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.</li><li>• 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<ul style="list-style-type: none"><li>○ social workers</li><li>○ medical care providers</li><li>○ community health workers</li><li>○ Public Health Investigators</li><li>○ Public Health Nurses.</li></ul></li><li>• Modernize Public Health STD Clinics</li></ul>	<p><b>(\$0.75M for S&amp;S)</b></p> <ul style="list-style-type: none"><li>• Improve STD-related knowledge, awareness, compliance, and action among health care providers through intensive public health detailing with providers</li><li>• Improve STD-related knowledge, awareness, compliance, and action among health plans</li><li>• Increase PDPT knowledge, awareness, and action, particularly among County-based and community-based clinicians and pharmacists.</li></ul>		<p><b>(\$0.25M for S&amp;EB and \$0.5M for S&amp;S)</b></p> <ul style="list-style-type: none"><li>• Increase the number of surveillance staff for enhanced syphilis and congenital syphilis evaluation and data analysis.</li><li>• Enhanced compliance with syphilis and congenital syphilis disease reporting</li><li>• Enhance geo-mapping plus detection capacity</li><li>• 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</li><li>• Enhance analysis to understand and frame the relationship between substance use disorders and STD rates.</li><li>• 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.</li></ul>	<b>\$10M</b>

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

	Disease Control	Communications	Resource Coordination	Surveillance	Funding Amount
Tier II	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Expand Home Testing for gonorrhea and chlamydia</li> <li>Expand pharmacy-based testing services</li> <li>Collaborate with health care delivery partners, health systems, and health plans to establish baseline screening rates for sub-populations at elevated rates for STDs.</li> </ul>	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Improve STD-related knowledge, awareness, and action among consumers.</li> </ul>	<b>(\$0.5M)</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>(\$0.75M)</b> <ul style="list-style-type: none"> <li>Increase the number of surveillance staff for gonorrhea and chlamydia evaluation and data analysis.</li> <li>Enhanced compliance with gonorrhea and chlamydia disease reporting</li> <li>Enhance geo-mapping plus detection capacity</li> </ul>	<b>\$5.25M</b>
Tier III	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts.</li> <li>Enhance testing at school-based wellbeing centers</li> <li>Expand street medicine and mobile testing unit-based STD services to persons experiencing Homelessness</li> <li>Expand Jail-based STD services</li> </ul>	<b>(\$2.0M)</b> <ul style="list-style-type: none"> <li>Improve STD-related knowledge, awareness, compliance and action among school-based partners and other stakeholders.</li> <li>Work with LACOE to enhance CHYA requirements in schools</li> <li>Conduct community engagement forums</li> </ul>			<b>\$4M</b>



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

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Fifth District

May 3, 2023

TO: Each Supervisor

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

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE STD RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018; ITEM 8, BOARD AGENDA OF AUGUST 2, 2022)**

This quarterly memorandum provides updates related to the progress implementing several directives to help reduce the rates of sexually transmitted disease (STD) in Los Angeles County (LAC), including directives tied to legislative and budget developments, engagement of external partners, STD screening and treatment capacity, and consumer and community awareness, among other critical areas. The updates described below cover the period August 2022 through April 2023, unless otherwise noted.

Please note that Public Health's COVID-19 response and our recent mpox<sup>1</sup> response have and may continue to impact Public Health's direct and indirect response to STDs.

Review of Recent and Related Board Motions

Since the last quarterly memorandum to your Board, three STD-related Board Motions were introduced. On August 2, 2022, your Board approved two STD-related Board Motions: 1) *Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis)* and 2) *Responding to Los Angeles County's Sexually Transmitted Disease Crisis (Supervisors Mitchell and Solis)*. Separately, on November 1, 2022, your Board introduced and approved a motion related to the August 2, 2022 motion and further directed Public Health to: 1) include in the response to the August 2, 2022 motion, a summary of STD data by service planning area (SPA) and 2) work with the CEO to identify additional funding for STD services to address the growing need and incorporate this content into the report. On February 7, 2023, Public Health submitted a combined response to these three motions to your Board.

Mpox Response and Impact on STD Control Efforts

As mpox is more and more being recognized as a STD, the general oversight and management of local mpox control efforts is now transitioning from Public Health's Division of Acute Communicable Disease Control (ACDC) to Public Health's Division of HIV and STD Programs (DHSP). This shift is aligned with Public Health's deactivation of the Incident Command System (ICS) for mpox and influenced by the epidemiology of mpox transmissions. At this time, the majority of mpox cases have been diagnosed among men who have sex with men (MSM), among persons at elevated risk for or diagnosed with HIV or

<sup>1</sup> Please note that effective November 28, 2022, the World Health Organization adopted the use of the new preferred term "mpox" as a synonym for monkeypox. Public Health has adopted the use of this term accordingly.

STDs and among transgender persons. To prevent a possible resurgence of cases as we go into Pride season, we are implementing another education and vaccination effort that is slated to begin in May 2023 and run through the summer.

#### 2022 STD Surveillance Update

As of November 2022, reported syphilis, congenital syphilis, and chlamydia cases continue to rise in LAC while reported gonorrhea cases have decreased slightly. There has been a slight (2%) decrease in neurosyphilis cases reported in 2022 compared to 2021 as well as a 61% decrease in reported Disseminated Gonococcal Infections (DGI). Public Health, along with State and federal partners, will continue to monitor these trends.

#### *Continued Increase in Congenital Syphilis*

As previously shared with your Board, LAC continues to experience increases in congenital syphilis. During the period of January through November 2022, LAC observed a 14% increase in reported congenital syphilis cases (123) compared to the same eleven-month period in 2021 (108 cases). As part of the 123 congenital syphilis cases reported in 2022, thirteen (13) stillbirth deaths were also reported. The thirteen stillbirths to date reflect a 19% decrease in congenital syphilis-related stillbirths compared to the same time period in 2021 when 16 stillbirths were reported. We are continuing to closely monitor risk factors among mothers of congenital syphilis cases, including patterns of methamphetamine use and homelessness.

For more information on STD trends in the previous twelve months, please visit the LAC HIV and STD Surveillance Dashboards at <http://publichealth.lacounty.gov/dhsp/Dashboard.htm>.

#### Improve Early Identification of Cases

Public Health continues to work to improve screening rates and build screening capacity across several healthcare delivery systems as the impact of the COVID-19 pandemic subsides. Below are updates that occurred since the last reporting period.

#### Expanded STD Screening and Treatment Capacity

##### *Community-Based Provider Contract Update*

- On November 23, 2022, Public Health's STD Screening, Diagnosis, and Treatment Services (STD-SDTS) contractors were informed that Public Health will exercise the delegated authority approved by your Board (on November 24, 2020) to extend these contracts for an additional two years, effective January 1, 2023, and through December 31, 2024, with no change to the current maximum funding obligation.
- Public Health's support for STD-SDTS contractors involved two parts: 1) staffing and supply costs tied to STD-SDTS services and 2) separately covering costs tied to processing STD specimens sent to the Public Health Laboratory (PHL) for four agencies. Effective January 1, 2023, Public Health is no longer covering the laboratory specimen processing costs for contracted community-based providers.
- As a condition of the renewed contract, agencies were notified of the requirement to screen all clients for third-party payors and conduct third-party billing for STD-SDTS and related laboratory specimen processing costs. Services reimbursed by a third-party payor cannot be billed to Public Health. As part of these renewed contracts, contractors may add a "laboratory" line item to their budget to cover laboratory specimen processing costs not covered by third-party payors.
- Public Health-funded Community Health Alliance of Pasadena (CHAP) secured a federal Health Resources and Services Administration (HRSA) grant which will support a full-time Program Manager. This will allow CHAP to resume STD screening diagnosis and treatment services in mid-2023.

*STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers*

- Many of the STD services that were curtailed or discontinued during the COVID-19 pandemic have resumed, and Public Health is providing confidential STD screening, diagnosis, treatment, and counseling services at nine clinics.
- Several Public Health clinics are undergoing necessary deferred maintenance; services are being offered in on-site custom medical trailers while the deferred maintenance projects are completed.
- In April 2023, Public Health resumed STD services at Torrance Health Center and reopened STD services at the Simms-Mann Health and Wellness Center, with a new mobile STD unit.
- Although clinic volume has not yet reached pre-pandemic levels, sexual health encounters across Public Health's network of clinics have increased. The delivery of 12,701 sexual health encounters between January 1 and December 31, 2022, highlighted Public Health clinic surge capacity during STD and sexual health-related outbreaks. Notably, there was a marked increase in visits between August 2022 and September 2022, coinciding with the height of the local mpox outbreak, and the role that clinics played delivering mpox screening, treatment, and vaccination services.

*Billing by Public Health of Third-Party Payors for STD Services*

At Public Health Centers, STD-related provider, laboratory, and diagnostic services continue to be offered to residents at no charge and regardless of insurance status. Along with the STD-SDTS contractors, Public Health is now screening all clients for third-party payors and billing Medi-Cal, Medicare, and health plans for services that are provided to insured individuals.

- Public Health submitted *Family PACT* reapplications for eight of its higher volume clinics that provide eligible STD and family planning services.
  - Five clinics were approved for participation, have completed the required training, and have started providing covered services covered by this payor.
  - One clinic was approved, and services will begin after the required training has been completed.
  - Approvals for the two remaining clinics are pending.
- Public Health is in the process of receiving Title X designation, which will allow our pharmacy to procure family planning medications and devices for clients served by STD and Family Planning Clinics at a reduced cost.
- Public Health has initiated the application to the California Department of Public Health, Office of AIDS to become a PrEP Assistance Program (PrEP-AP) enrollment site.
- Public Health contracted a vendor to provide revenue enhancement and billing consultation services for clinical, pharmacy, and laboratory services, including STD and Family Planning services. Public Health staff are working closely with this vendor to develop and implement a revenue enhancement plan.

*Collaboration with Federally Qualified Health Centers (FQHCs)*

- Public Health has secured two spaces from John Wesley Community Health (JWCH) via Public Health's Leavey Central Satellite Clinic for Tuberculosis (TB) to provide STD screening services at the Central Satellite Clinic for TB and the Downtown Women's Center.
- Public Health collaborated with the Community Clinic Association of Los Angeles County (CCALAC) to provide STD-related updates and seminars targeting community clinics and FQHCs.

As part of this collaboration, Public Health has offered to provide regular updates as part of CCALAC's Training Center services.

#### *Collaboration with Commercial Health Plans*

- Public Health met with key stakeholders, including healthcare plans, since the last quarterly report to your Board. As a result of these meetings, Public Health will continue to work with the cross-section of managed care health plans that operate in LAC to adopt Public Health STD-related recommendations tied to PrEP promotion for HIV at-risk clients, STD screening (including three-site (urethra, throat, and rectum sampling) for gonorrhea and chlamydia for gay and bisexual men, transgender persons, and other at-risk groups, and syphilis and congenital syphilis control efforts.

#### *Expanded Syphilis Screening Efforts*

Expanding syphilis screening opportunities for those at risk is critical to identifying undiagnosed, infectious syphilis cases, treating those cases, and identifying contacts to prevent the forward transmission of this bacterial STD. Since the last memorandum to your Board, Public Health:

- Created a unit to implement congenital syphilis coordination activities managed by Public Health Nurses (PHNs).
- Added hepatitis C testing and a more responsive "test and treat" (i.e., same-day treatment) model to the refurbished mobile testing unit that provides rapid syphilis, HIV, gonorrhea, and chlamydia screening services to persons experiencing homelessness and women of reproductive age, primarily in LAC SPAs 2 and 4.
- Launched the POWER (Prevention and Outreach for Women at Elevated Risk for HIV and Syphilis) pilot program with Bienestar Human Services (Bienestar) at their Pomona-based Engagement and Overdose Prevention Hub (previously referred to as a Syringe Service Program).
- Developed processes to conduct syphilis screening and appropriate follow-up services, including among women of childbearing age consistent with population-based syphilis screening recommendations in partnership with DHS Emergency Department leadership.

#### *Extra-genital (Three-site) Testing for Gonorrhea and Chlamydia*

As reported in previous memoranda, Public Health continues to support the implementation of three-site testing for gonorrhea (GC) and chlamydia (CT) among at-risk patient populations. Since the last report:

- All DHSP-funded Ambulatory Outpatient Medical and STD-SDTS providers became compliant with conducting three-site testing for GC and CT of their clients.
- Public Health-supported marketing focused on the *I Know Program*, including providing posters to over 100 LAUSD High Schools and materials to promote [www.dontthinkknow.org](http://www.dontthinkknow.org).
- Public Health provided a presentation of the *I Know Program* at the Comprehensive Sex Education Network (CSEN) convening coordinated by the Los Angeles County Office of Education. Over 226 home test kits were distributed during this reporting period.

#### *Collaboration with Local High Schools*

As reported in the previous memorandum, Public Health partnered with the Department of Mental Health (DMH), local school districts, your Board, and Planned Parenthood Los Angeles (PPLA) to launch 40 Student Wellbeing Centers (WBC) beginning in December 2019. Each participating school site is expected to offer confidential STD screening and treatment services for students as well as activities

aimed at equipping teens with information about substance use prevention, behavioral health, and sexual health in the spirit of promoting healthy relationships, protecting their health, and planning for their future. Since the last report:

- The WBCs fully reopened to serve high school students with sexual health education and services at 38 sites (covering all five Supervisorial Districts),
- The WBCs provided 1,577 students with sexual health visits, also making 196 referrals for additional services at partner providers. The Planned Parenthood clinics within the centers provided 1,090 student visits between October and December 2022. The Teen Call Line, which responds to student questions and facilitates them making clinic appointments, received 312 calls, 292 resulting in patient appointments. Wellbeing Center educators provided 147 education sessions in high school classrooms reaching 4,410 students with sexual and mental health and substance use prevention education. Parent education was provided to 139 parents in one-to-one phone calls, with 83 receiving guidance in strategies to enhance family communication around sensitive sexual health and substance use issues.
- In October 2022, Public Health received a Title X grant through Essential Access Health (EAH) to support the 10 WBCs sites that do not have a PPLA clinic partnering with them. Services to be provided include STI testing and treatment, pregnancy testing and options counseling, condom availability, and sexual health education. These services will be provided by a Public Health PHN who is supervised by a Public Health physician. These limited sexual health services were launched in March 2023.

### **Interrupt Disease Transmission through the Treatment of Cases and Their Partners**

#### **Patient Delivered Partner Therapy (PDPT)**

Public Health continues to partner with EAH to promote the availability and use of PDPT services, particularly for young persons diagnosed with gonorrhea and chlamydia. PDPT ensures that antibiotics or a prescription for antibiotics are given to a person diagnosed with chlamydia and/or gonorrhea (the index patient) to subsequently deliver to their sexual partner(s) to both prevent repeat infection and interrupt the chain of transmission to other partners. Although PDPT is not intended as a first-line partner management strategy, it is an evidence-based alternative for the treatment of sexual partners who are unable to and/or unlikely to visit a sexual health clinic or their primary care provider for evaluation and treatment. Since the last report,

- Two additional LAC-based clinic sites were registered on the EAH PDPT platform between July and December 2022.
- Between January 2022 and December 2022, a total of 4,360 PDPT doses of antibiotics were distributed via EAH's PDPT Program Portal reflecting a small decrease compared to the 5,203 doses distributed from January 2021 through October 2021. The decrease was largely influenced by the limited availability of cefixime to treat gonorrhea.
- EAH conducted a 4-week PDPT Public Awareness campaign that included bus tails and interior bus cards and social media messaging targeting women of color.
- Public Health hosted a mandatory, virtual training for DHSP-funded STD service providers. A total of 55 staff attended the EAH-delivered training that included a review of chlamydia and gonorrhea infection, a review of PDPT-related laws and regulations, a review of myths tied to PDPT, a review of EAH's PDPT Distribution Program and other PDPT resources and a discussion on the options for partner management of STDs.
- Public Health supported capacity building and marketing efforts to improve PDPT activities at the DeNovo Health Center, Ali Abaian Medical Clinic, San Judas Community Clinic, Angelus

Community Health Center, Behavioral Health Services, Los Angeles Christian Health Centers, and Men's Health Foundation.

#### Partner Services (PS)

Public Health's HIV/STD Partner Services (PS) operations continued to face significant pressure as Public Health Investigator (PHI) caseloads tied to syphilis continued to rise and available PHI staff resources remained limited. Since the last Board report:

- The COVID-19 Continuity of Operations Plan (COOP) was re-instated due to the increase in local COVID-19 morbidity in the summer and winter of 2022. Public Health re-deployed PHI and PHN staff to COVID-19 response efforts impacting their ability to fully focus on STD-related activities. The COOP was lifted on January 23, 2023.
- During COOP, a highly focused syphilis case prioritization protocol (also known as the syphilis reactor grid) was implemented to inform which syphilis cases would be investigated and which syphilis cases would be administratively closed.
- Public Health transitioned syphilis cases to field PHIs in the Department's Community Field Services (CFS) Division from DHSP to allow for a more balanced workload.
- DHSP integrated mpox case investigations, enhanced the HIV case reporting system, advanced HIV cluster detection activities and response, and focused more intensively on pregnant clients diagnosed with HIV and/or syphilis,
- Public Health launched a multi-disciplinary Specialized Investigation Team (SIT), comprised of PHIs, PHNs, social workers, and, on occasion, a Public Health physician, that can deliver street-based medical care. This team locates pregnant women with syphilis who also face homelessness and substance use disorder and provides interventions to ensure prompt syphilis treatment to reduce the risk of congenital syphilis among newborns. PHIs also link these clients to other needed services, including prenatal medical care, treatment for substance use disorder, and housing.
- Public Health increased access to antibiotics to treat syphilis through the Bicillin Delivery Program by over 135 doses between January 2022 and October 31, 2022 (75 doses were delivered in 2021). The increase in 2022 largely resulted from referrals from street medicine teams and overall increases in syphilis morbidity.
- Public Health established monthly Congenital Syphilis Morbidity and Mortality Reviews to review cases to identify areas of program improvement. These case reviews continue to highlight the strong nexus between congenital syphilis cases and homelessness, methamphetamine use disorder, undiagnosed and untreated mental illness, and poor access to prenatal care among pregnant persons.

#### Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons

The universal syphilis screening services for women at the Century Regional Detention Facility (CRDF) that had been suspended (due to COVID-19 protocols in the jails) were re-launched late March 2022. With increased collaboration from the DHS Correctional Health Services (CHS) team, the syphilis testing processing time had improved and the time between an individual receiving a positive syphilis result and their medical appointment had significantly decreased. Since its relaunch in March 2022, the CRDF testing program conducted 1,058 syphilis tests which resulted in 133 preliminary positive results (13% positivity rate).

However, as of January 2023, these services have been placed on hold again as the program works with DHS CHS to comply with DHS's point of care testing (POTC) ORCHID policies and procedures. Public Health is working closely with DHS CHS to promptly resolve this issue and resume syphilis testing at CRDF.

### **Educate Consumers and Community to Raise Awareness of STDs**

#### **STD Awareness and Partnership with Grassroots Community Organizations**

Since the last memo, Public Health conducted five STD/HIV trainings for community providers and staff. In addition, Public Health staff continued to support outreach services at venues such as Tiny Homes Village, the Sidewalk Project, and Downtown Women's Center, and provided STD/HIV testing, medical evaluations, treatment services, and referrals as needed.

#### **STD Awareness Among Youth**

- *Youth Pocket Guide* - [www.PocketGuideLA.org](http://www.PocketGuideLA.org) - Public Health reviewed data from providers that have diagnosed a young person (ages of 15-19) with an STD to determine if they met the minimum eligibility requirements for inclusion in the Pocket Guide. At least 15 clinics met the eligibility requirements and will be included in the next iteration of this resource guide. Public Health continues to assess the resources needed to fully update the Pocket Guide and strengthen the synergy with the [www.WeCanStopSTDsLA.org](http://www.WeCanStopSTDsLA.org) engagement initiative.
- *"Secret Shopper" Initiatives for Youth-Serving Clinics* – EAH reported the results of their Public Health-funded "Secret Shopper" initiative that evaluated the sexual and reproductive health services serving youth in South Los Angeles. Community clinics listed in the Youth Provider Guide, including the SWCs, were randomly selected, and assessed across several domains: accessibility, comfort, quality of HIV/STD testing and prevention services, and confidentiality and privacy components. As part of the secret shopper initiative, trained youth evaluators completed 29 visits across 14 clinics, including 24 in-person visits and 5 telehealth visits. Clinical sites that participated in the study will receive an individualized scorecard highlighting overall and evaluation criteria scores on all components and recommendations on how to improve youth friendliness. Targeted training and technical assistance focusing on best practices for implementing recommendations will be offered to sites that participated in the study, with priority given to school-based wellness centers.

#### **STD Awareness Among Faith-Based Communities**

The South Los Angeles Community Advisory Coalition (CAC)/[www.WeCanStopSTDsLA.org](http://www.WeCanStopSTDsLA.org) initiative developed a faith-based STD prevention tool kit with resources to empower and engage communities and improve the response to the high rates of STDs in South Los Angeles. Since the last report to your Board, the tool kit has been finalized and three churches have been selected to implement the activities in the tool kit. WeCanStopSTDsLA.com Initiative staff will be conducting a "train-the-trainer" program in early 2023.

### **Create Effective Policies to Impact Health Care Provider Behavior**

As previously shared, Governor Newsom signed California Senate Bill 306 (SB 306), the STD Coverage and Care Act, into law on October 4, 2021. The law provides a comprehensive approach to addressing California's STD public health crisis during the COVID-19 pandemic and beyond. The new law aims to strengthen California's public health infrastructure and expand access to STD coverage and care to improve health outcomes and create a more equitable health system. The intent of SB 306 is for California and local jurisdictions to reinforce and ensure a comprehensive and robust approach to strengthening our public health infrastructure, expanding access to STD services, and reducing barriers to STD services, particularly in communities most impacted by the STD crisis.

Public Health continues to advance the following efforts consistent with the spirit of SB 306:

- Expanding access to STD services and treatment for low-income and uninsured patients through the *Family PACT* program, including in Public Health clinics;
- Creating enhanced screening opportunities through the re-launch of the *I Know Home Testing* program;
- Collaborating with an expanded number of partners to provide home STD and HIV test kits;
- Continuing to support the delivery and increased utilization of PDPT; and
- Supporting outreach and education efforts that promote three-site testing for gonorrhea and chlamydia and, separately, syphilis screening among pregnant persons during the first and third trimesters.

#### Funding and Federal and State Appropriations Proposals and Updates

##### *Disease Intervention Specialist (DIS) Workforce Development Grant Funding Update*

As shared in the last report to your Board, as part of the American Rescue Plan Act of 2021, the CDC launched the DIS Workforce Development Funding Opportunity that took place effective June 20, 2021. As part of this effort and new funding, Public Health has secured 35 staff items, including 18 new Public Health Investigator (PHI) items, for allocation to the Public Health budget. Since the last memo to your Board, a total of 33 of the 35 positions have been filled, a PHI Training Needs Assessment was finalized, and findings and recommendations were presented to Public Health leaders. The training vendor has now finalized a PHI Training Plan. Separately, Public Health's DIS Advisory Group is reviewing the needs assessment results and collaborating with the training vendor to update the training program for PHIs.

##### *California Department of Public Health's (CDPH) Future of Public Health Funding Award*

As authorized by your Board on September 13, 2022, Public Health received \$47,328,331 from the California Department of Public Health's (CDPH) Future of Public Health Funding Award to support and strengthen local public health infrastructure. Public Health allocated approximately \$900,000 to augment the current Community Embedded Disease Intervention Specialist (CEDIS) program with approximately 10 additional specialists. The CEDIS program embeds a trained, community-based organization (CBO) staff person in a clinic with high HIV or STD (primarily syphilis) morbidity for the immediate provision HIV/STD partner services. The intent is to improve Partner Services outcomes by building upon the strong rapport established by a trusted health care provider and offering partner services as close to the point of diagnosis as possible (instead of referring these cases to Public Health).

##### *California Department of Public Health's STD Control Branch Funding Update*

As previously reported to your Board, Governor Newsom included \$30 million to be allocated over the next three years to address rising rates of syphilis, including congenital syphilis, in California's FY 2022-23 budget. Specifically, the budget includes \$10 million per year for syphilis elimination projects in the eight counties with the highest rates of early syphilis and congenital syphilis. Since LAC has among the highest rates of both early syphilis and congenital syphilis, we were pleased that the resulting state formula will allocate \$3.957 million per year to LAC for the next three years. Public Health is awaiting approval of the proposed budget sent to California DPH partners.

##### *Federal Advocacy Efforts*

In response to your August 2, 2022, STD-related Board Motion, *Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis)*, Public Health made appeals for additional resources to aid our efforts. The first letter was sent to Secretary Becerra on August 4, 2022, and urged Secretary Becerra to seek additional federal funding for a "Sexually Transmitted Diseases (STD) Control

Pilot Program” for LAC as part of the operationalization of a national “Ending the STD Epidemic” initiative. The appeal also requested that the Secretary help improve compliance with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure tied to annual chlamydia screening focused on young sexually active women ages 16 to 24 and for the adoption of a new HEDIS measure tied to annual chlamydia screening for men under 30 years of age. In September and October 2022, Public Health also sent a letter to members of Los Angeles County’s Congressional delegation urging 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 STD prevention, TB control and prevention, and chronic disease prevention.

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.

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). In March 2023, the President’s FY 2024 budget proposes flat funding the CDC’s Division of STD Prevention at FY 2023 levels (\$174.3 million).

#### *State Advocacy Efforts*

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.

As noted above, 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

Each Supervisor  
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emergency.

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

BF:rs:mjp

c: Chief Executive Officer  
Executive Officer, Board of Supervisors  
County Counsel



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
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September 26, 2023

TO: Each Supervisor

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

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE  
SEXUALLY TRANSMITTED DISEASE RATES IN LOS ANGELES  
COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018)**

This quarterly memorandum provides updates tied to our efforts to reduce the rates of Sexually Transmitted Diseases (STD) in Los Angeles County (LAC), including those tied to legislation, resource allocation, engagement of external partners, expansion of screening and treatment capacity, and consumer and community awareness, among other critical areas. The updates described below cover the period May 2023 through June 2023, unless otherwise noted.

Since the last quarterly memorandum to your Board, your Board and the Chief Executive Office approved an additional \$10 million investment in STD control efforts beginning Fiscal Year (FY) 23-24 and through the end of FY24-25. The Department of Public Health (Public Health) is finalizing the details of the investment plan tied to these new resources and will inform your Board of the plan in the coming weeks.

**STD Surveillance and Mpox Update**

The Department of Public Health (Public Health) continues to closely monitor STD-related morbidity (syphilis, congenital syphilis, gonorrhea, and chlamydia). High levels of reported STDs persist. For more information on STD trends, please visit the LAC HIV and STD Surveillance Dashboards at <http://publichealth.lacounty.gov/dhsp/dashboard.htm>.

Preliminary 2023 HIV and STD data reveal significant disparities in disease impact, as Latinx individuals account for a substantial portion of cases, while Black/African Americans bear the heaviest burden. Notably, despite comprising only 8% of Los Angeles County's population, Black/African American individuals face a disproportionate impact from these diseases. Specifically, in the first half of 2023, the highest percentage of syphilis cases was in Latinx individuals (51%), followed by Black/African Americans (18%) and Whites (17%). Among the 65 reported cases of congenital syphilis, a significant majority (68%) affected Latinx mothers, with Black/African and White mothers representing 15% and 9%, respectively. Furthermore, nearly one-third of gonorrhea cases (31%) were diagnosed in Latinx individuals, followed by Whites (18%), Black/African Americans (17%), and cases with missing race/ethnicity data (22%). Unfortunately, comprehensive data on the race/ethnicity of chlamydia cases are not

available, California discontinued the requirement for healthcare providers to report chlamydia cases in October 2019. Even though laboratories continue reporting these cases, this has resulted in incomplete race/ethnicity information for chlamydia cases.

The general oversight and management of local mpox control efforts transitioned from Public Health's Division of Acute Communicable Disease Control (ACDC) to Public Health's Division of HIV and STD Programs (DHSP) in May 2023. Coinciding with the start of the 2023 LGBTQ+ Pride season, Public Health rolled out enhanced mpox education and vaccination efforts in May 2023. These efforts have continued through the summer. A modest resurgence of mpox cases in LAC has been noticed this summer with 56 cases reported with episode dates in June through August 2023. The majority of mpox cases continue to be reported among men who have sex with men (MSM). Additionally, of the 56 new mpox cases, over half (57%) were unvaccinated, 29% fully vaccinated and 14% partially vaccinated, and only 1 case was hospitalized.

Public Health continues to work closely with the Centers for Disease Control and Prevention (CDC) to investigate the vaccination status and the severity of mpox disease among new mpox cases.

#### **Improving Early Identification of STD Cases**

Public Health continues working to improve screening rates and build screening capacity across several healthcare delivery systems as the impact of the COVID-19 pandemic subsides. Below are updates that occurred since the last reporting period.

#### ***Community-Based Provider Contract Update***

On November 23, 2022, Public Health's STD Screening, Diagnosis, and Treatment Services (STD-SDTS) and STD Sexual Health Express (STD-SHEX) contractors were informed that Public Health will exercise the delegated authority approved by your Board (on November 24, 2020) to extend these contracts for an additional two years, through December 31, 2024, with no change to the current maximum funding obligation.

Contractors continue to be responsible for screening and billing third-party payers for STD screening and treatment services. Laboratory specimen processing costs will be covered by Public Health only if not covered by third party payors. Public Health leadership met with STD-SDTS contractors and community members to discuss the impact of incorporating benefits screening into their programs. A majority of providers have been screening and billing for STD services and report minimal impact on service delivery. Some clinics under certain circumstances (e.g., clinics catering to walk-in clients and providing express services) report some impact on duration of client visits. In addition, providers shared that youth may be disproportionately affected by this policy change. As Public Health assesses the impact on youth, Public Health is covering the specimen processing costs for one youth-serving provider.

In previous memos, Public Health reported that Community Health Alliance of Pasadena (CHAP) suspended its services due to the necessity of securing additional funding from a federal grant. This funding was required by CHAP to enable them to implement their STD testing contract with Public Health. Subsequently, CHAP secured a federal Health Resources and Services Administration (HRSA) grant that will enable CHAP to hire a dedicated full-time

Program Manager, facilitating the implementation of the Public Health-funded program for STD screening, diagnosis, and treatment services. In June 2023, CHAP successfully recruited and onboarded a Program Manager who is currently undergoing orientation and training. Additionally, the organization is in the process of finalizing the clinic program's policies and procedures.

As a result of these efforts, CHAP is on track to initiate screening and treatment services during October 2023.

***STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers***

Confidential STD screening, diagnosis, treatment, and counseling services have resumed at ten Public Health Sexual Health Clinics, and mobile sexual health services are now also available through Simms-Mann Health Center. Services include STD testing, HIV Pre-Exposure Prophylaxis (PrEP), HIV Post-Exposure Prophylaxis (PEP), family planning, and mpox testing and treatment. Evening clinic hours are available at all sites and the schedule at North Hollywood Health Center was recently revamped to allow for expanded evening hours.

In May 2023, Public Health launched an HIV tele-PrEP program, which offers medications and counseling over the phone and video chat to Public Health Sexual Health Clinic patients who are at higher risk for HIV infection. Participants will continue to receive laboratory and diagnostic services, as needed, at Public Health's Sexual Health Clinics.

Several Public Health clinics are undergoing necessary deferred maintenance; services are being offered in on-site custom medical trailers while the deferred maintenance projects are completed.

While clinic volume has not yet reached pre-pandemic levels, sexual health encounters in Public Health's Sexual Health Clinics have increased substantially in the last year, with 12,701 encounters in 2022, compared to 8,912 encounters in 2020. Clinic volume in 2023 is on track to surpass 2022 volume, with 8,737 encounters delivered between January 1, 2023, and June 30, 2023.

***Billing by Public Health of Third-Party Payors for STD Services***

STD-related provider, laboratory, and diagnostic services are offered at Public Health's Sexual Health Clinics at no charge and regardless of insurance status. Along with the STD-STDS contractors, Public Health continues to screen clients for third-party payors and bill Medi-Cal, Medicare, and health plans, and other payors for services that are provided to insured individuals.

As shared in the last memo, Public Health submitted *Family PACT* reapplications for eight of its higher volume clinics that provide eligible STD and family planning services.

- Five clinics were approved for participation, have completed the required training, and have started providing covered services covered by this payor.
- Since the last report, an additional clinic (totaling two clinics, to date) was approved and services at these sites will begin after staff have completed the required training.
- Approval for the remaining clinic is pending.

Public Health submitted applications to the California Department of Public Health, Office of AIDS to become a PrEP Assistance Program (PrEP-AP) enrollment site and is in the process of completing required virtual site visits. If approved, PrEP-AP will provide an additional funding source for patients who are uninsured or in need of services.

Public Health recently extended a contract with a vendor that is providing revenue enhancement and billing consultation services for clinical, pharmacy, and laboratory services, including STD and Family Planning services. Public Health will continue working closely with this vendor to implement a revenue enhancement plan.

***Collaboration with Federally Qualified Health Centers (FQHCs) and Health Plans***

Public Health secured two sites from John Wesley Community Health (JWCH) via Public Health's Leavey Central Satellite Clinic for Tuberculosis (TB) to provide STD screening services at the Central Satellite Clinic for TB and the Downtown Women's Center.

DHSP met with Community Clinic Association of Los Angeles County (CCLAC) to review opportunities for STD and HIV service delivery expansion as well as training and technical assistance needs of local FQHC partners. A follow-up meeting with a subset of clinic partners is in development.

***Expanded Syphilis Screening Efforts***

Expanding syphilis screening opportunities is critical to identifying undiagnosed, infectious syphilis cases, treating those cases, and identifying contacts to prevent the forward transmission of this bacterial STD. Since the last memorandum to your Board:

- Public Health conducted HIV/STI outreach and testing services to vulnerable sub-populations, including unhoused individuals and sex workers.
- Public Health launched a second POWER (Prevention and Outreach for Women at Elevated Risk for HIV and Syphilis) pilot site at Venice Family Clinic's Common Ground Engagement and Overdose Prevention Hub to expand syphilis testing among women.
- Public Health entered into a memorandum of understanding (MOU) with Healthcare in Action, a street medicine team serving SPA 4 and SPA 8, to begin offering incentivized syphilis and HIV screening to their clients, who are often people experiencing homelessness and managing acute mental health issues.
- The Department of Health Services (DHS) has made significant progress in developing syphilis screening protocols for implementation in Emergency Departments (ED). These protocols have been successfully finalized, and the next step involves modifying the electronic medical record (EMR) system to incorporate the necessary screening components. DHS is actively working on integrating syphilis screening into the EMR, with the objective of launching the program in EDs by the end of 2024.

**Interrupt Disease Transmission through the Treatment of Cases and Their Partners**

***Patient Delivered Partner Therapy (PDPT)***

Public Health continues to partner with Essential Access Health (EAH) to promote the availability and use of Expedited Partner Therapy (EPT), particularly for young persons

diagnosed with gonorrhea and chlamydia. Between May 2023 and June 2023, a total of 530 EPT doses of antibiotics were distributed through EAH's EPT Program Portal. EAH staff presented information about the EAH EPT distribution program to attendees at the LA Trust for Children's Health - Wellness Network Learning Collaborative on June 1, 2023, attended by representatives from 17 School Wellbeing Centers.

#### ***Bicillin Delivery Program and Bicillin Shortage Update***

Public Health's Bicillin Delivery Program continues to improve access to syphilis treatment for hundreds of residents diagnosed with syphilis facing barriers to treatment, served by clinicians who do not stock this critical antibiotic or served by street medicine teams.

On June 2, 2023, healthcare providers received a health alert from Public Health regarding a nationwide shortage of long-acting penicillin G benzathine injectable suspension products (Bicillin). This shortage is critical as Bicillin is the recommended and primary treatment for syphilis, particularly for pregnant individuals and infants affected by the disease. To address this, the California Department of Public Health (CDPH) has issued guidelines to prioritize Bicillin distribution. Priority access is advised for pregnant individuals with syphilis infection or exposure, infants with congenital syphilis infection or exposure, and patients unable to take doxycycline due to contraindications (e.g., anaphylaxis, hemolytic anemia, Stevens-Johnson syndrome).

Public Health is actively communicating with community providers and Public Health Clinics to ensure appropriate measures are taken. This includes potential triaging of providers and patients to ensure access to vital medications and proper treatment for all affected individuals. Efforts are underway to coordinate resources and prioritize Bicillin allocation for those with the greatest need.

#### ***Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons***

The implementation of universal syphilis screening for women at the Century Regional Detention Facility (CRDF) is slated to restart in the Fall of 2023. The suspension of services was due to a misalignment between the rapid syphilis testing program and the Department of Health Services' (DHS) point-of-care (POC) testing policies and procedures. According to DHS procedures, all POC testing services within DHS must be approved by the POC Testing Committee and integrated into ORCHID, the DHS-managed electronic medical record system. During the formal reprogramming of ORCHID to incorporate POC variables, DPH staff will execute the service and accurately record the corresponding data within designated temporary data fields.

#### **Educate Consumers and Community to Raise Awareness of STDs**

##### ***STD Awareness and Partnership with Grassroots Community Organizations***

Since the last memo, Public Health continued to conduct or support activities to enhance provider, agency staff, and community knowledge and skills:

As part of Public Health's HIV/STD Clinical Series, two virtual seminars were held in May and June 2023 titled An Update on Preconception Health and Cervical and Anal Cancer Screening and Sex, Stigma, and STIs: An Update on Genital Herpes, respectively.

### ***STD Awareness Among Youth***

The *Pocket Guide LA*, a resource tool to help young people locate responsive and affirming sexual and reproductive health services, is being updated and enhanced. Public Health has solicited federal resources as part of the Community Approaches to Reducing Sexually Transmitted Diseases (CARS) funding opportunity to improve PocketGuideLA.org, the online platform associated with *Pocket Guide LA*.

The annual Spring Into Love (SIL) Conference took place in person on May 13, 2023, at APLA's Out Here Sexual Health Center. The SIL Conference, empowers youth aged 14-24 to make informed decisions regarding their sexual and reproductive health while addressing the significant reproductive and sexual health disparities affecting young people of color in South Los Angeles. The conference offered six peer-led workshops over three tracks: 1) Safer Sex and Reproductive Health Communication, 2) Healthy Relationships, and 3) Self-love. The event also included a resource fair with 13 organizations offering valuable information. Eighteen Spring Into Love interns completed their 4-month internship program and were honored at the conference.

The South Los Angeles Community Advisory Coalition's (CAC) initiative titled [www.WeCanStopSTDsLA.org](http://www.WeCanStopSTDsLA.org) facilitated a youth/young-adult working group in May 2023 to debrief and discuss the Spring Into Love Conference and a separate working group in June 2023 to host a LGBTQ+ sensitivity training in honor of Pride month.

### ***STD Awareness Among Faith-Based Communities***

The [www.WeCanStopSTDsLA.org](http://www.WeCanStopSTDsLA.org) initiative developed a faith-based STD prevention tool kit with resources to engage and empower communities to improve the response to the high rates of STDs in South Los Angeles. The CAC continues to pilot the Interfaith Toolkit, but many faith leaders have struggled to have congregants physically return to their congregations, hindering the implementation of the curriculum. In June 2023, the CAC's Interfaith Working Group team met with Angela Lee of Harambee Ministries, who agreed to implement the curriculum in January 2024 and expressed support for the concept and utility of the toolkit. The CAC plans to continue outreach to other faith organizations to gauge their interest in the project.

## **Federal and State Program and Funding Updates**

### ***Release of STI Federal Implementation Plan***

In June 2023, the federal Department of Health and Human Services released the Sexually Transmitted Infections Federal Implementation Plan, 2021-2025, in conjunction with the Sexually Transmitted Infections National Strategic Plan for the United States: 2021-2025. While these plans outline crucial strategies for addressing STIs, no new federal resources were earmarked to support STD control efforts. In fact, plan implementation will likely encounter challenges resulting from disease intervention-related funding cuts as a result of the debt ceiling negotiations.

### ***Disease Intervention Specialist (DIS) Workforce Development Grant Funding Recission***

As shared in recent reports to your Board, Public Health received a CDC DIS Workforce Development Funding grant that was launched on June 20, 2021, as part of the American Rescue Plan Act of 2021. This grant supported 35 staff positions within Public Health, including 18 new Public Health Investigator (PHI) positions. Unfortunately, the CDC recently announced that due

to a compromise to resolve the debt ceiling issue between House Speaker Kevin McCarthy and the White House, the funding for the last two years of the grant (\$200 million per year and \$400 million total) will no longer be available to support DIS grants to jurisdictions with high levels of COVID, STD, TB, HIV and Hepatitis morbidity. We are appreciative of the Board's advocacy in its [June 27, 2023 motion](#) and [letter to Health and Human Services Secretary Becerra](#) advocating for sustained public health infrastructure in light of this funding rescission. Public Health is reviewing how best to mitigate the impact of this cut and is exploring alternative funding options to preserve DIS activities. We will keep the Board informed of any further developments tied to this matter.

#### California Department of Public Health (CDPH) Funding Updates

##### ***CDPH STD Control Branch Funding Update***

The California Department of Public Health (CDPH), Sexually Transmitted Disease Branch (STDCB), Syphilis Outbreak Strategy (SOS) grant provides \$3,957,000 per year to the County of Los Angeles to enhance our syphilis and congenital syphilis outbreak response. The grant supports enhanced activities targeting pregnant women and women of childbearing age at risk of or affected by syphilis, with a focus on timely prevention and treatment. Since the last report, Public Health has begun the expedited hiring process offered through the As-Needed Temporary Personnel (ANTP) process for non-clinical staff and the Clinical Registry for medical personnel. Additionally, Public Health is preparing to solicit contractor services to organize four women-focused health fairs for homeless women and separately, acquire mobile testing units to provide clinical services via street medicine teams.

##### ***CDPH Future of Public Health Funding Award***

With Future of Public Health Funding, Public Health allocated approximately \$997,000 to augment the current Community Embedded Disease Intervention Specialist (CEDIS) program with approximately 10 additional disease intervention specialists. The CEDIS program embeds a Public Health-trained, community-based organization-hired staff person in a clinic with high HIV or STD (primarily syphilis) morbidity to deliver HIV/STD partner services upon diagnosis. The CEDIS program improves Partner Services outcomes by building upon the strong rapport established by a trusted health care provider and offering partner services as close to the point of diagnosis as possible (instead of referring these cases to Public Health). Public Health is currently engaging in discussions with contractors who offer STD service to establish the definitive roster of agencies that will benefit from the augmentation of CEDIS positions. Additionally, DPH is actively in the process of recruiting personnel to establish the necessary infrastructure that will underpin and facilitate this program expansion.

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

BF:RS:MJP

c: Chief Executive Officer  
Executive Officer, Board of Supervisors  
County Counsel



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

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January 8, 2024

TO: Each Supervisor

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

SUBJECT: ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE SEXUALLY TRANSMITTED DISEASE RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018, ITEM 8, BOARD AGENDA OF AUG 2, 2022)

This memorandum highlights our progress in reducing Sexually Transmitted Disease (STD) rates in Los Angeles County (LAC) and reflects programmatic activity from July 2023 to November 2023. This memorandum includes updates tied to surveillance trends and tools, screening and treatment capacity expansion, allocation of new resources, collaboration with external funding partners, community awareness efforts, and federal advocacy updates.

**STD Surveillance and Mpox Update**

The Department of Public Health (Public Health) continues to closely monitor STD-related morbidity and high levels of reported STDs continue to persist in LAC.

Between January 2023 and August 2023, a total of 6,517 syphilis cases, 17,485 gonorrhea cases, 37,211 chlamydia cases and 91 congenital syphilis cases were reported to Public Health. These numbers reflect an increase in syphilis and congenital syphilis cases, a slight decrease in gonorrhea cases, and no change in chlamydia cases compared to the first seven months of 2022. The rates of STDs among LAC residents in 2022 were as follows: 61 cases per 100,000 residents for syphilis, 287 per 100,000 for gonorrhea, 583 per 100,000 for chlamydia, and 153 per 100,000 for congenital syphilis. For more information on STD surveillance trends by gender, race/ethnicity, and geographic area, please visit the HIV and STD Surveillance Dashboards at <http://publichealth.lacounty.gov/dhsp/dashboard.htm>.

**Release of HIV/STD Health District Epidemiologic Profiles**

To coincide with World AIDS Day on December 1, 2023, Public Health's Division of HIV and STD Programs (DHSP) released the *HIV/STD Health District Epidemiologic Profiles for 2021*.

These profiles provide an analysis of HIV and STD surveillance data across the 26 Health Districts [and subdivisions of the eight Service Planning Areas (SPA)] in LAC. The profiles include information on HIV and STD diagnoses, HIV/STD morbidity, the number of persons living with diagnosed HIV (PLWDH) and key metrics along the HIV care continuum. The profiles also examine recent trends in new diagnoses for HIV, syphilis, gonorrhea, and chlamydia (including levels of HIV/STD co-infection). The data in the profiles is further broken down by gender, race/ethnicity, and age groups. All 26 Health District profiles can be accessed at: <http://publichealth.lacounty.gov/dhsp/Reports.htm>.

#### **Mpox Response**

A total of 102 mpox cases have been reported in LAC between January 1, 2023, and December 8, 2023. A modest surge in mpox cases in LAC was noticed in the summer of 2023, with 56 cases reported between June 2023 and August 2023. The majority of mpox cases continue to be reported among men who have sex with men (MSM). Of the 102 cases of mpox reported to date in 2023, over half (57%) were among persons not vaccinated against mpox, 30% were among persons fully vaccinated against mpox, and 13% were among persons partially vaccinated. One person with mpox was hospitalized and there have been no mpox related fatalities reported this year.

#### **Improving the Early Identification of STD Cases**

Public Health continues to work to improve STD screening rates and build additional STD screening capacity across healthcare delivery systems in LAC. Below are updates that occurred since the last reporting period.

#### **Community-Based Provider Contract Update**

In 2023, your Board and the Chief Executive Officer (CEO) approved an allocation of \$10 million to further enhance STD control efforts in LAC in the current and the next fiscal year. Since the last memorandum to your Board, Public Health finalized a spending plan and began the investment of resources through delegated authority approved by your Board (Phase 1 of a two-phased approach). As part of this plan, DHSP-funded STD Screening, Diagnosis, and Treatment Services (STD-SDTS) and STD Sexual Health Express (STD-SHEX) clinic providers were given resources to enhance their capacity for STD screening and treatment services, support upgrades to electronic medical/health record systems, build user-friendly patient registration and STD result access systems, support the creation of materials to promote services (including through social media), and hire additional staff. All funds not allocated through the Phase 1 delegated authority process will be allocated through a Board letter for review and consideration by the Board in January 2024 (Phase 2).

Public Health previously reported to the Board that the Community Health Alliance of Pasadena (CHAP) was prepared to resume the delivery of STD-SDTS as a result of successfully securing a federal grant and hiring a Program Manager to oversee STD services. Since that report, CHAP leadership has informed Public Health of its November 1, 2023, merger with AltaMed Health Services Corporation (AltaMed). During this reporting term, the Program Manager and other staff implementing the STD-SDTS contract have become AltaMed employees and services are now anticipated to resume in January 2024.

#### STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers

Public Health continues to provide confidential STD screening, diagnosis, treatment, and counseling services, including STD testing, HIV Pre-Exposure Prophylaxis (PrEP), HIV Post-Exposure Prophylaxis (PEP), family planning, and mpox testing and treatment services, at ten Public Health Centers. Evening clinic hours are available at most sites and mobile sexual health services are also now offered through the Simms-Mann Health Center.

Necessary deferred maintenance efforts have continued at several Public Health Centers, with minimal interruption to STD services. Since the last report to the Board, the Pomona Health Center has reopened and will be in full operation beginning January 2024. In addition, while the Whittier Health Center continues to undergo necessary deferred maintenance, it is scheduled to fully reopen mid-January 2024, with services offered in custom on-site medical trailers. Public Health continues to plan for the temporary relocation of the North Hollywood Health Center Sexual Health Clinic due to the planned construction of the North Hollywood Integrated Health Center and hopes to deliver services with limited interruption.

Public Health continues to use innovative strategies to expand access to STD and HIV prevention and treatment services, including Tele-PrEP. Through this program, Public Health offers counseling and medication recommendations over the phone, via text messages, and through video to clinic patients who are at higher risk for HIV infection. Laboratory and diagnostic services are available to these patients at Public Health Sexual Health Clinics.

Patient visits in the Public Health Sexual Health Clinics have increased since their initial decline during the COVID-19 pandemic. There were 12,701 encounters delivered in 2022 (compared to 8,912 encounters in 2020). Patient visits for 2023 have now surpassed the 2022 volume with 12,846 encounters delivered between January 1, 2023, and October 31, 2023.

#### Billing by Public Health of Third-Party Payors for STD Services

Along with the Public Health-funded partners delivering STD-STDS and STD-SHEX clinic services, Public Health continues to screen clients for third-party coverage and bill Medi-Cal, Medicare, and commercial health plans for services that are provided to insured individuals. Public Health is working closely with a revenue and billing consultant to implement revenue enhancement strategies, including negotiating provider network agreements with health care payers. On November 21, 2023, Public Health received delegated authority from the Board to execute, amend, and terminate such agreements for the provision of clinical, pharmacy, and laboratory services, including STD and Family Planning services, and has initiated discussions with several high-volume payers.

#### Collaboration with Federally Qualified Health Centers (FQHCs) and Health Plans

During this reporting period, Public Health met with LA Care Health Plan and HealthNet to review several elements tied to the reimbursement of community-based organizations for the delivery of sexual health services to their plan members. These meetings also included representatives from the STI Coalition, a group of organizations (FQHCs and non-FQHCs) with a significant combined STD service footprint, most of whom are funded by Public Health to deliver STD-STDS and STD-SHEX clinic services.

Among the key issues discussed and that will undergo further review are: opportunities to create a carve-out (special billing code) for sexual health visits delivered to plan members outside of their primary care providers, opportunities for reimbursing FQHCs for sexual health visits that involve a Registered Nurse, Medical Assistant or Licensed Vocational Nurse (but not a physician, physician's assistant or nurse practitioner, as is currently the practice), opportunities to enhance the geographic diversity of STD Centers of Excellence, and opportunities to create reimbursement agreements for organizations that deliver in-house laboratory specimen processing. A follow-up meeting with LA Care Health Plan is scheduled for January 2024.

Separately, Public Health and the STI Coalition met with the Secretary of the California Department of Health and Human Services to review opportunities to improve Medicaid reimbursement rates for the delivery of sexual health services. The Coalition members are gathering more detailed STD cost and revenue data as part of this exercise, and in anticipation of the submission of a funding proposal to State leaders.

#### Expanded Syphilis Screening Efforts

Expanding syphilis screening opportunities are critical to improving the prompt identification of persons with syphilis, treating those cases, and identifying sexual contacts for screening to prevent the forward transmission and spread of this treatable bacterial infection. Since the last report:

- Public Health continued to deliver outreach and testing services to sub-populations most at risk for syphilis infection, including MSM, transgender persons, persons with substance use disorder (particularly methamphetamine use disorder), persons experiencing homelessness, and persons engaged in sex work. As a result of these outreach and screening efforts, additional partners in these social and sexual networks continue to be identified for syphilis screening, putting even more demand on our workforce of Public Health Investigators.
- Public Health has expanded its POWER (Prevention and Outreach for Women at Elevated Risk for HIV and Syphilis) program in partnership with the Venice Family Clinic/Common Ground-operated EOP (Engagement and Overdose Prevention) Hub. The services delivered include rapid point-of-care syphilis testing (Syphilis Health Check). Between July and October 2023, the program tested 174 women, of whom 11 were diagnosed with syphilis and referred to treatment.
- Public Health entered a memorandum of understanding (MOU) with Healthcare in Action, a street medicine team serving SPAs 4 and 8, to support the delivery of syphilis and HIV screening to their clients, most of whom are persons experiencing homelessness and/or experiencing acute mental health issues. As part of the MOU, Public Health provides client incentives and technical assistance tied to protocol development and data collection procedures.
- The Department of Health Services (DHS) finalized its syphilis screening protocols for Emergency Departments (ED). These finalized protocols are being integrated into DHS' electronic medical record (EMR) system, and the screening program is expected to launch by January 2024.

## **Interrupt Disease Transmission through the Treatment of Cases and Their Partners**

### **Expedited Partner Therapy/Patient Delivered Partner Therapy**

Public Health continues to partner with Essential Access Health (EAH) to promote the availability and use of Expedited Partner Therapy (EPT), particularly for young persons diagnosed with gonorrhea and chlamydia. Between July 2023 and November 2023, a total of 1,895 doses of EPT were distributed through EAH's EPT Program Portal. During the reporting period, EAH added seven additional EPT access points, including the Pierce College Health Center (as a new agency in their EPT program) and reengagement of the St. John's Well Child and Family Center which enrolled four community clinic sites and two school wellness center sites.

### **Bicillin Delivery Program and Bicillin Shortage Update**

Public Health's Bicillin Delivery Program continues its efforts to ensure prompt access to syphilis treatment for newly diagnosed residents, including persons served by street medicine teams or clinicians who do not stock this expensive antibiotic that remains in limited supply. As shared previously, in June 2023, Public Health released a HAN health alert informing healthcare providers of a severe nationwide shortage of Bicillin, the primary syphilis treatment (versus doxycycline) and the only effective treatment of syphilis for pregnant persons to prevent congenital syphilis. The guidance from the California Department of Public Health (CDPH) prioritizes Bicillin distribution for pregnant persons, infants with congenital syphilis, and persons unable to take doxycycline. During this Bicillin shortage period, Public Health is maintaining consistent communication with providers and clinics and helping with the triaging of cases to ensure access of medication to priority populations. The U.S. Food and Drug Administration (FDA) anticipates resolving the manufacturing delays and production shortage by Spring 2024. Public Health continues to monitor our Bicillin inventory weekly and dispense it for priority patients.

### **Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons**

In partnership with DHS and the Los Angeles Sheriff's Department, effective October 12, 2023, Public Health has reinstated the rapid syphilis screening program at the Century Regional Detention Facility.

## **Educate Consumers and Community Providers to Raise Awareness of STDs**

### **STD Awareness and Partnership with Grassroots Community Organizations**

- During the reporting period, Public Health delivered several training courses covering a range of topics related to sexual and reproductive health. Among the topics covered were Bacterial Vaginosis, Trichomoniasis, Doxycycline Post-Exposure Prophylaxis, a Review of Emerging and Re-Emerging STIs, HIV Pre-Exposure Prophylaxis, Provider Performed Microscopy, a Review of Clinical Cases from DPH Sexual Health Clinics, the Intersection of STIs and Human Trafficking, and STI Management among Victims of Sexual Assault.
- Public Health continued to deliver a "STD 101" training course to staff of community-based organizations funded to deliver STD services. The 8-hour session reviews STI transmission patterns, symptoms, testing, treatment, harm reduction, and counseling. In the last quarter, a total of 77 participants completed this training.

### STD Awareness Among Youth

- The Pocket Guide LA is a tool to assist young people find responsive and affirming sexual and reproductive health services. The guide continues to undergo a periodic review to ensure that the information remains up to date. Recently, a promotional card for the Pocket Guide was created for distribution to youth in the Juvenile Hall Camps.
- Public Health-supported Student Wellbeing Centers (SWC), located across 11 school districts and serving 39 high school campuses, reopened for the 2023/2024 academic year. The SWCs provide workshops, one-on-one education, condom distribution, and campus outreach, with an emphasis on STD prevention and control. Between August 14, 2023, and November 30, 2023, the SWCs distributed 12,816 condoms to high school students and conducted 26 classroom-based presentations and workshops on STI prevention.
- On October 23, 2023, Public Health sponsored a meeting with STD service delivery partners focused on the current landscape of sexual and reproductive health services available to youth, including STD and HIV related services. The primary purpose was to create a forum to review and discuss the evolving needs and challenges young people face accessing these services. A secondary purpose was to create a space and process for youth, youth-serving providers, and youth allies to review, propose and shape policies to enhance the reach and responsiveness of sexual and reproductive health services targeted to youth. A follow-up strategic meeting will be scheduled in the first quarter of 2024.
- During the reporting period, Public Health supported the Youth/Young-Adult (YYA) Working Group of the South Los Angeles Community Advisory Coalition's (CAC) initiative, [www.WeCanStopSTDsLA.org](http://www.WeCanStopSTDsLA.org), and its planning of their 2024 Spring into Love Conference. Members of the YYA Working Group also participated in a skills-building training that included a Resume Building Workshop.

### STD Awareness Among Faith-Based Communities

The CAC has developed an STD Prevention Interfaith Toolkit, designed to empower communities in South Los Angeles to combat high STD rates. The toolkit was distributed to two churches and was showcased at the Black Women for Wellness "Faith and Advocacy" training in November 2023. The CAC will continue its outreach and engagement efforts in South Los Angeles in 2024.

### Local, Federal and State Program and Funding Updates

#### Federal Advocacy Efforts

Public Health continues to work with the Chief Executive Office Legislative Affairs and Intergovernmental Relations (CEO-LAIR) branch for ongoing advocacy with the Administration and Congress, to advance and preserve County's priorities in the federal appropriations for Federal Fiscal Year (FFY) 2024. During the months of November and December, CEO-LAIR's Washington, D.C. Advocates communicated with the members of the County's Congressional Delegation about the need for critical public health infrastructure funding to ensure an effective public health response to new and worsening conditions impacting the County. These communications also included the County's calls for increased investments in STD prevention and treatment programs and requested \$272.9 million, an increase of \$98.6 million, in the final FFY 2024 appropriations, emphasizing the congenital syphilis crisis.

On November 7, 2023, in response to a reported 32% increase in the number of congenital syphilis cases in 2022 compared to 2021 (totaling 3,761 cases, with 282 resulting in stillbirths or infant deaths), the National Coalition of STD Directors (NCSD) called for an allocation of more than \$1 billion to support disease investigation and STD control efforts. NCSD emphasized the need for funding and federal intervention, attributing the congenital syphilis crisis to a collapse of health systems, funding cuts (most recently negotiated as part of the Deficit Reduction Act), workforce shortages, bureaucratic challenges, and the shortage of Bicillin.

On November 15, 2023, Admiral (ADM) Rachel Levine, the Assistant Secretary for Health for the U.S. Department of Health and Human Services, visited with CDC officials and community stakeholders to address the escalating syphilis crisis, specifically focusing on pregnant individuals and infants. As the chair of the newly formed National Syphilis and Congenital Syphilis Syndemics Federal Task Force, ADM Levine collaborated with CDC leadership, healthcare providers, and LGBTQI+ stakeholders to discuss a comprehensive national response to syphilis. The task force aims to reduce the number of congenital syphilis cases by 5% by September 2024, and ADM Levine emphasized the need for improvements in testing, access, promotion of alternative testing locations, healthcare provider education, and health department collaboration in 14 priority jurisdictions, including California.

Public Health will continue to keep the Board updated on developments related to our STD control efforts and will provide future updates every six months. If you have any questions or need additional information, please let me know.

BF:RS:MJP

c: Chief Executive Officer  
Executive Officer, Board of Supervisors  
County Counsel



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Fifth District

July 26, 2024

TO: Each Supervisor

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

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE SEXUALLY TRANSMITTED DISEASE RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018, ITEM 8, BOARD AGENDA OF AUGUST 2, 2022, ITEM 53, BOARD AGENDA OF DECEMBER 19, 2023)**

This memorandum highlights our progress in reducing Sexually Transmitted Disease (STD) rates in Los Angeles County (LAC) and reflects programmatic activity from December 2023 to April 2024, or as otherwise noted. This memo includes updates tied to surveillance trends and tools, screening and treatment capacity expansion, allocation of new resources, collaboration with external partners, community awareness efforts, and advocacy updates. This memo also responds to the directive from the December 19, 2023 Board meeting to describe efforts to connect residents, especially persons experiencing homelessness (PEH) or struggling with addiction or mental health issues with services to reduce the rates of infections.

In this memo, the Department of Public Health (Public Health) refers to STDs as well as sexually transmitted infections (STI) to better reflect their nature. Unlike “disease,” which suggests a more severe, symptomatic state, “infection” acknowledges a wider range of cases, including those that are asymptomatic. Given that many sexually transmitted conditions can be present without noticeable symptoms, “infection” is also a commonly used term. This change also can reduce stigma by emphasizing the presence of a bacterial infection over a “disease” state.

### **STD Surveillance**

Public Health continues to closely monitor STI-related morbidity and we note that high levels of reported STIs persist in LAC.

Preliminary data for the 2023 calendar year indicates that nearly 90,000 cases of sexually transmitted infections (STIs) were reported to Public Health, including more than 9,400 cases of syphilis, more than 26,000 cases of gonorrhea, and more than 54,000 cases of chlamydia. The overall number of reported STIs remained relatively stable in 2023 compared to 2022, as there were 90,075 cases reported in 2022 and 89,905 cases preliminarily reported in 2023.

The number of congenital syphilis cases slightly decreased from 136 in 2022 to 125 in 2023. While syphilis cases overall decreased from 10,022 in 2022 to 9,409 in 2023, it is too premature to suggest that there is a downward trend. Public Health will continue to monitor STI-related morbidity and share updated information as data are finalized. For more detailed information on 2023 STD surveillance data to date, please visit the HIV and STD Surveillance Dashboards at <http://publichealth.lacounty.gov/dhsp/dashboard.htm>.

### **Mpox Update**

As previously reported to your Board, Public Health has tasked the Division of HIV and STD Programs (DHSP) with the management of mpox surveillance and information dissemination efforts and Vaccine Preventable Disease Control (VPDC) with mpox vaccination efforts. Between January 1, 2024, and June 20, 2024, a total of 55 mpox cases were reported to Public Health -- cases that were primarily among men who have sex with men (MSM). Of these cases, 70% were among unvaccinated individuals, 7% among those partially vaccinated, and 23% occurring in fully vaccinated persons. While eight patients diagnosed with mpox required hospitalization, there have been no deaths reported this year. Notably, three cases represented a reinfection in an individual previously diagnosed with mpox, and these second episodes were mild. Public Health has launched an mpox vaccination social marketing campaign in conjunction with the 2024 LGBTQ+ Pride season. Please note that despite the commercialization of the JYNNEOS vaccine effective April 1, 2024, Public Health has ordered a sufficient number of doses from the federal supply to support mpox vaccination at Pride 2004 events and will continue to offer free mpox vaccines at Public Health sites through August 2024 -- when the federal vaccine supply will close. Public Health staff have been in communication with medical providers and pharmacies on commercialization of JYNNEOS vaccine and providing technical assistance and education to providers who have questions on how to order vaccine through the commercial market. Public Health intends to purchase a small amount of JYNNEOS vaccine to provide access for persons who have challenges in getting vaccinated after August 2024, regardless of insurance status.

### **Improving the Early Identification of STD Cases**

Public Health continues to work to improve STI screening rates and build additional STI screening capacity across healthcare delivery systems in LAC. Below are updates that occurred since the last reporting period.

*Community-Based Provider Contract Update*

In 2023, your Board and the Chief Executive Officer (CEO) approved a \$10 million allocation of Tobacco Settlement Funds to enhance STI prevention and control efforts in LAC. Since our last update, Public Health has finalized a comprehensive spending plan and has allocated these resources through delegated authority to contracted community-based providers delivering STD Screening, Diagnosis, and Treatment Services (STD-SDTS) as well as STD Sexual Health Express (STD-SHEX) Clinic services.

Public Health previously updated your Board on the readiness of the Community Health Alliance of Pasadena (CHAP) to resume STD-SDTS delivery, following their acquisition of a federal grant and the appointment of a full-time Program Manager. Since our last update, CHAP has merged with AltaMed Health Services Corporation (AltaMed), resulting in former CHAP staff becoming AltaMed employees, including the Program Manager responsible for STD screening, diagnosis, and treatment services. As of January 2024, the delivery of contracted STD-SDTS resumed.

*STI Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers*

Public Health continues to provide confidential STI screening, diagnosis, treatment, and counseling services at Public Health Centers throughout Los Angeles County. Services include STI testing; HIV Pre-Exposure Prophylaxis (PrEP); HIV Post-Exposure Prophylaxis (PEP); and doxycycline post-exposure prophylaxis (Doxy-PEP), which can reduce the risk of syphilis, gonorrhea, and chlamydia; family planning; and mpox vaccinations, testing, and treatment. Evening clinic hours are available at all Public Health Centers except Hollywood-Wilshire Health Center, and mobile sexual health services are also offered through the Simms-Mann Health Center.

Described below is the status of the Public Health Sexual Health Centers:

- STI services have been suspended at the North Hollywood Health Center due to the closure of the site in preparation for the construction of the North Hollywood Integrated Health Center. In the interim, patients are being referred to the Public Health Info-line for prevention, testing, and treatment services at alternate sites.
- Necessary deferred maintenance efforts have continued at several other Public Health Centers, with minimal interruption to STI services.
- The Pomona Health Center has reopened and returned to full operation. Public Health has hired a full-time Nurse Practitioner so Pomona Health Center is now offering sexual health services 4 days per week, including Tuesday evenings.
- Whittier Health Center has transitioned from delivering services through onsite medical trailers and returned to operation within the building .

- Hollywood/Wilshire Health Center will undergo deferred maintenance for one week in June 2024 and services will be relocated to Central Health Center.

Public Health Sexual Health Clinics continue to use innovative strategies to expand access to STI and HIV prevention and treatment services, including Tele-PrEP. Through the Tele-PrEP program, Public Health offers counseling and medication recommendations over the phone, via text messages, and through video to clinic patients who are at higher risk for HIV infection. Laboratory and diagnostic services remain available to these patients at Public Health Sexual Health Clinics. The Tele-PrEP program has 185 participants enrolled, as of May 17, 2024, with a 93% success rate in one-month follow-ups and a 98% success rates in both six-month and nine-month follow-up with patients.

In addition, Public Health's Mobile Vaccine and Testing Team (MVT) is providing services to people experiencing homelessness (PEH) living in sheltered and unsheltered settings throughout the County. The services currently offered include HIV; syphilis; gonorrhea/chlamydia; and hepatitis B and C screening, vaccinations (including mpox), TB testing, harm reduction supplies (naloxone and fentanyl test strips), linkage to resources, and health education.

From January 1, 2024 to June 15, 2024, the Mobile Vaccine and Testing Team hosted 673 vaccination events at PEH sites. The vaccines administered at these events included COVID-19, Influenza, Hepatitis A, and JYNNEOS (Mpox) vaccines. Additional services offered included various STI tests, Tuberculosis tests, and Harm Reduction services. The breakdown by SPA is as follows:

Mobile Vaccine and Testing Team Services Delivered to Persons Experiencing Homelessness All Service Planning Areas (SPAs) 1/1/2024 to 6/15/2024							
	VACCINES		SCREENINGS			HARM REDUCTION	
	Mpox	Other Vaccines (COVID-19, Influenza, and Hepatitis A)	HIV and STI (Syphilis, Gonorrhea, and Chlamydia) Screenings	TB	Hepatitis B and C	Fentanyl Test Strips	Units of Narcan
SPA 1	24	105	22	38	18	8	28
SPA 2	118	551	0	12	0	127	224
SPA 3	64	268	26	12	17	107	138
SPA 4	460	2,348	30	49	27	715	1,102
SPA 5	26	398	8	8	0	20	26
SPA 6	63	882	13	28	8	107	138
SPA 7	99	599	19	16	14	62	56
SPA 8	51	251	8	6	8	63	56
All SPAs	905	5,402	126	169	92	1,209	1,768

Patient visits to the Public Health Sexual Health Clinics have increased since their initial decline during the COVID-19 pandemic. Compared to 8,912 visits in 2020, there were 12,701 visits in 2022 and 15,345 visits in 2023. Between January 1, 2024, and April 30, 2024, there have been 5,653 encounters, suggesting that we are on pace to deliver more visits in 2024 than last year.

**Billing by Public Health of Third-Party Payors for STI Services**

Along with the Public Health-funded partners delivering STD-STDS and STD-SHEx clinic services, Public Health continues to screen clients for third-party coverage and bill Medi-Cal, Medicare, and commercial health plans for services that are provided to insured individuals. Efforts continue to enhance revenue and reimbursement for HIV, STI, family planning, and other services delivered in Public Health Centers or as part of field-delivered services. Since the last report to your Board, Public Health, and the California Department of Public Health (CDPH) fully executed a contract as part of the California HIV PrEP Assistance Program, which allows DPH to bill the State for medical visits, laboratory costs, and immunizations for uninsured and underinsured patients. Public Health is currently working to launch this program and address electronic medical record (EMR) billing issues and intends to begin manual or electronic billing

for services soon either manually or electronically. In addition, Public Health recently received a Title X grant that supports the delivery of family planning services in our Public Health Centers.

*Expanded Syphilis Screening Efforts*

Expanding syphilis screening opportunities is critical to improving the prompt identification of persons with syphilis, treating those cases, and identifying sexual contacts for screening to prevent the forward transmission and spread of this treatable bacterial infection.

**Outreach and Testing:** Public Health continued its commitment to outreach and testing for syphilis among high-risk and underserved populations, including unhoused individuals, men who have sex with men (MSM), transgender individuals, and persons with substance use disorder. Since the last memo to your Board, Public Health conducted the following:

- A street-based HIV/STI testing program, delivered in collaboration with Homeless Healthcare Los Angeles (HHCLA) in the Downtown Los Angeles Skid Row area, was launched. Public Health offers point-of-care HIV, STI (syphilis, gonorrhea, chlamydia, and trichomoniasis), and Hepatitis C testing and treatment, specifically targeting women of reproductive potential. The Public Health clinical team includes a Licensed Vocational Nurse, Physician Assistant, Community Health Worker, Associate Medical Director, and two Public Health Investigators. Additionally, HHCLA's Skid Row Community ReFresh Spot program, provides additional services to unhoused individuals, including showers, restrooms, and laundry facilities.
- Public Health executed a memorandum of understanding (MOU) with Healthcare in Action, a street medicine team serving Service Planning Area (SPA) 4 and 8, to support the delivery of syphilis and HIV screening to their clients, most of whom are persons experiencing homelessness and/or experiencing acute mental health issues.
- STI testing services have been implemented at the Mental Health America of Los Angeles – Antelope Valley location to address significant service gaps in SPA 1. These enhanced testing efforts have identified additional screening partners within the social and sexual networks of patients presenting with STIs. This has also increased the demands on Public Health Investigators in SPA 1.

**Home Test Kit Distribution:** Public Health expanded its partnership with *Take Me Home* to offer free HIV and STI self-test kits through an online ordering platform. *Take Me Home* is a program administered by the National Alliance of State and Territorial AIDS Directors (NASTAD) Building Healthy Online Communities (BHOC), which offers both HIV self-test kits and STI self-collected, laboratory processed STI/HIV tests on the *TakeMeHome.org* webpage. The expanded partnership now includes dried blood spot tests for HIV, syphilis, and three-site gonorrhea and chlamydia swabs which are available to all residents who have not tested for these infections in the last 3 months.

**Expanding Partners and Programs:** Public Health is finalizing an agreement with Rising Communities (formerly Community Health Councils) that will allow them to serve as a third-party administrator for STI-related services targeted to unhoused individuals. This initiative will be supported by various local, State, and federal resources, including those from the Tobacco Settlement Fund, the California Department of Public Health (CDPH) Syphilis Outbreak Strategy, the Health Resources and Services Administration (HRSA) Ending the HIV Epidemic program, and the Centers for Disease Control and Prevention (CDC) grants.

The contract with Rising Communities will facilitate the implementation of key programs, including a contingency management initiative for pregnant individuals with substance use disorder, routine HIV and syphilis testing in up to five hospital emergency departments, specialized HIV/STI testing for priority populations, procurement of HIV and syphilis test kits, community education and engagement efforts, and provider education and engagement efforts.

**Emergency Departments (ED):** During the reporting period, the Department of Health Services (DHS) finalized its syphilis screening protocols for EDs. These finalized protocols have been integrated into DHS' electronic medical record (EMR) system, and the screening program was launched on January 9, 2024. Preliminary results suggest a 4-5% syphilis positivity rate and a significant proportion of clients diagnosed with syphilis being brought to treatment.

In addition, Public Health plans to expand the ED testing model by collaborating with CDPH. CDPH partnered with the Public Health Institute's (PHI) Bridge Program to release a request for proposals (RFP) to fund routine testing for syphilis, HIV, and HCV in EDs across California.

This funding opportunity resulted in four hospitals in Los Angeles County receiving funding (California Hospital Medical Center, Mission Community Hospital - Panorama, Pacifica Hospital of the Valley and St. Mary Medical Center - Long Beach). DHSP plans to partner with PHI's Bridge Program to fund an additional five EDs in Los Angeles County that applied but were not selected by CDPH due to funding constraints. DHSP-supported screening services are scheduled to begin in late summer 2024 via the new Rising Communities agreement mentioned above.

### **Interrupt Disease Transmission through the Treatment of Cases and Their Partners**

#### **Community Embedded Disease Intervention Specialist (CEDIS) Expansion**

As outlined in a previous memo to your Board, the CEDIS program underwent an expansion to strengthen the Department's Public Health Investigation or PHI program. Community Embedded Disease Intervention Specialists are employees of community-based organizations (CBO), trained by Public Health and stationed at CBO STI testing centers. Integrating this program within the community has enhanced Public Health's disease intervention efforts by improving partner services and allowing for the prompt identification of sexual and needle-sharing partners. Throughout the reporting period, the CEDIS partner agencies successfully recruited additional staff allowing for expanded geographic coverage and enhanced reach of public health investigation and disease intervention efforts.

*Specialized Investigation Team (SIT)*

Since the last memo to your Board, Public Health's DHSP Specialized Investigation Team (SIT) has continued to focus on syphilis cases among persons with complex psychosocial issues, with a focus on locating previously difficult to reach (referred to as "unable to locate" (UTL)) pregnant women. Comprised of Public Health Investigators (PHIs) and Nurses (PHNs), the teams employ a trauma-informed approach to their intervention along with testing, transportation, temporary housing, and other resources. In 2024, the SIT program has successfully located over 30% of these previous UTL cases, reducing the risk of congenital syphilis. This program was also honored with the National Association of County and City Health Officials (NACCHO) 2024 Model Award for its exceptional work.

*Expedited Partner Therapy/Patient-Delivered Partner Therapy*

Public Health continued to partner with Essential Access Health (EAH) to promote the availability and use of Expedited Partner Therapy (EPT), particularly for young persons diagnosed with gonorrhea and chlamydia. Between December 2023 and March 2024, a total of 138 doses of EPT were distributed through EAH's EPT Online Program Portal. The EPT Distribution Program continues to experience a shortage of Azithromycin and Cefixime which limits the amount of medication available to distribute.

*Bicillin Delivery Program and Bicillin Shortage Update*

Public Health continues to monitor and dispense Bicillin weekly to priority patients despite the national shortage of this critical antibiotic. Bicillin is the primary syphilis treatment and the only effective treatment of syphilis for pregnant persons to prevent congenital syphilis. Although the U.S. Food and Drug Administration (FDA) reported that the manufacturing delays and shortage would be resolved by Spring 2024, the anticipated resolution timeframe has now been extended to December 2024. Additionally, on January 16, 2024, the CDC announced that Extencilline (benzathine benzylpenicillin injection), which is equivalent to Bicillin L-A® and marketed in other countries, is available as an alternative treatment. Following this announcement, the FDA issued a Dear Healthcare Provider Letter on March 7, 2024, with details on the distribution and administration of Extencilline. Public Health has ordered a limited supply of Extencilline and will guide community providers as needed.

*Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons*

As shared in the last memo to your Board, the Los Angeles Sheriff's Department (LASD), in partnership with DHS and Public Health, reinstated the rapid syphilis screening program at the Century Regional Detention Facility (CRDF). During this reporting period, Public Health conducted rapid syphilis testing for 485 women, resulting in 69 preliminary positive tests (a 14% positivity rate). Since January 2024, Public Health added a Community Service Counselor to provide testing in housing units during the day shift, enabling two counselors to test daily. The night shift remains operational with one counselor who delivers testing at the CRDF Inmate Reception Center and focuses on women entering the women's jail. Public Health collaborates with DHS to ensure that DHS immediately provides confirmatory syphilis testing and treatment to patients diagnosed through Public Health's syphilis testing program. In March and April

2024, heavy rains caused flooding at the facility, disrupting testing services and leading to the closure of housing units due to water damage. Services resumed in May 2024.

### **Educate Consumers and Community Providers to Raise Awareness of STIs**

#### **Public Health and Provider Training**

During the reporting period, Public Health delivered several training courses with intersections to our local STI control efforts, including those listed below:

- Public Health conducted a provider training focusing on "Intersecting Epidemics: Substance Use Disorders and Sexually Transmitted Infections" and featured a panel titled "Debunking Myths of Substance Use Disorders."
- In March 2024, Public Health conducted a presentation for LAC Public Health's Public Health Ambassador Leadership (PALS) program titled "Part 1: Supporting Safe and Healthy Practices to Prevent STIs (Parent/Community)." The PALS program is a leadership program that trains and empowers youth to become community leaders and disseminate public health information. Additionally, Public Health presented an updated STD 101 Speakers Bureau presentation to the Public Health field and clinical staff. This updated presentation was used for a community session for The Tiny House Project staff in SPA 2.
- On April 23, 2024, Public Health launched a Doxycycline Post-Exposure Prophylaxis (Doxy-PEP) provider education campaign to increase awareness of and encourage medical providers to prescribe Doxy-PEP to prevent syphilis, chlamydia, and gonorrhea among men who have sex with men and transgender women. Six (6) contracted staff were hired as detailers and participated in a weeklong training to learn about STIs, the new research demonstrating the effectiveness of Doxy-PEP as part of the STI prevention toolkit, and Doxy-PEP marketing strategies. The provider education campaign aims to reach over 700 medical providers across Los Angeles County and will continue through June 2024. This will be followed by a consumer Doxy-PEP campaign to be launched in early summer 2024.

#### **STI Awareness Among Youth**

During the reporting period, Public Health supported several youth-specific efforts, including two described below:

- Public Health-supported Student Wellbeing Centers (SWC), located across 11 school districts and serving 39 high school campuses, re-opened for the 2023/2024 academic year. The SWCs provide workshops, one-on-one education, condom distribution, and campus outreach, with an emphasis on STI prevention and control. Between December 1, 2023, and March 31, 2024, the SWCs distributed 9,376 condoms to high school students and conducted 21 classroom-based presentations and workshops on STI prevention.

- The Youth/Young-Adult Working Group of the South Los Angeles Community Advisory Coalition's (CAC) initiative, [www.WeCanStopSTDsLA.org](http://www.WeCanStopSTDsLA.org), hosted its 2024 Spring into Love Conference. With over 75 youth in attendance, the event featured a resource fair and youth-led workshops on various topics related to self-care, healthy relationships, sexual health, and reproductive health.

## **Federal, and State Program and Funding Updates**

### **Federal Advocacy Efforts**

As previously mentioned to your Board, the CDC announced that due to the Fiscal Responsibility Act of 2023, the last two years of funding for the Disease Intervention Specialist (DIS) grant will be cut, negatively affecting DIS activities nationwide. In December 2023, leading health organizations, including AIDS United and the National Coalition of STD Directors (NCSD), sent a letter to Health and Human Services (HHS) Secretary Xavier Becerra, urging him to prevent the layoffs of over 700 DIS workers who combat HIV, hepatitis, and rising STI rates. An analysis by the NCSD suggests that HHS could save these jobs by reallocating \$25 million from existing funds. The CDC credits DIS with preventing over half of potential syphilis cases in the U.S., highlighting their crucial role in protecting communities from STIs.

In March 2024, despite the escalating syphilis outbreak, there was no increase in funding for sexually transmitted infection (STI) prevention and control measures in President Biden's Fiscal Year 2025 budget request to Congress. This absence of additional funding comes at a critical time when STI rates, particularly syphilis, have been on the rise across the United States. The lack of an increased budgetary allocation for STI programs raises concerns about the ability of public health agencies to adequately address the growing STI crisis, including through expanded prevention, testing, treatment, and surveillance efforts.

Public Health, working collaboratively through CEO Legislative Affairs and Intergovernmental Relations (CEO-LAIR) advocacy procedures, has submitted appropriations requests to members of the LA County congressional delegation urging additional funding for STD prevention and control, as well as for various HIV/AIDS appropriation line items. We will continue to work with CEO-LAIR to advocate for these Board priorities throughout the federal appropriations process for federal FY 2025.

### **California State Advocacy Efforts**

In February 2024, California Governor Gavin Newsom signed SB339 into law, enhancing access to pre-exposure prophylaxis (PrEP) medication for HIV prevention at pharmacies. The new legislation expands pharmacist authority, enabling them to routinely dispense PrEP under specific conditions. Previously, state law permitted pharmacists to prescribe a 30-day supply of PrEP, extendable to 60 days if certain criteria were met. Now, pharmacists can prescribe up to a 90-day course of PrEP under defined conditions. Additionally, the law also authorizes pharmacists to prescribe post-exposure prophylaxis (PEP). Additionally, Senate Bill (SB) 339 mandates reimbursement by both Medi-Cal and private insurance plans. This law is crucial to

expanding PrEP access in California. Public Health is collaborating with eight (8) pharmacies across Los Angeles County to enhance the availability of HIV PrEP and PEP. Additionally, Public Health continues to support peer-led PrEP education and PrEP navigation programs at the PrEP Centers of Excellence.

As you know, County-supported Assembly Bill (AB) 1645, introduced by Assemblymember Rick Zbur during the 2023 legislative session, sought to eliminate cost-sharing for sexually transmitted infection (STI) services across all healthcare plans. Its goal was to ensure that Individuals could access STI testing and treatment without facing financial barriers like copayments or deductibles. Despite its potential to improve access to crucial healthcare services, Governor Newsom vetoed AB1645. Assemblymember Zbur re-introduced this legislation in the 2024 legislative session as AB 2258, with amendments incorporated to narrow the scope of the legislation. These amendments have secured the support of the California Department of Insurance. As the bill would impose civil penalties, it would be a matter for Board deliberation.

The County has also taken a support position on Senate Bill (SB) 1333, introduced by Senator Talamantes Eggman and Senator Richard Roth. This legislation would significantly benefit Los Angeles County residents, particularly those with HIV who are coinfectd with another communicable disease, by enabling confidential data sharing between state and local public health officials and health care providers, and further optimizing client centered and integrated public health efforts.

Along with community advocates, Public Health and CEO-LAIR will continue to identify and recommend for County advocacy efforts to improve access to and efficacy of HIV and STI services.

#### *General Fund Future of Public Health Investment*

On June 29<sup>th</sup>, Governor Newsom signed the 2024 State Budget Act legislation (Budget Act), laying out the budget for FY 2024-2025 and 2025-2026. Thanks to the tireless advocacy of the County in coalition with other local governments, health associations, public health partners, labor partners and residents, the final agreement between the Governor and the Legislature preserves the significant majority of Public Health funding that was at risk of elimination earlier in the budget process.

Fortunately, the Budget Act retains the vast majority of the Future of Public Health Fund, adopting a 7.95% reduction in line with the similar across-the-board cut to state Departments' General Funds. The cut means an allocation of \$276.1 million annually for public health investments at the local (\$184.1 million) and State level (\$92 million). We estimate that the elimination of \$15.9 million in annual local public health funding could result in a \$3.76 million reduction in annual funds to LA County Public Health, based on the County's formula-based award. We are working to develop a mitigation plan to absorb these losses without a reduction in services or workforce.

Public Health will continue to keep your Board updated on developments related to our STI control efforts and will provide future updates every six months.

If you have any questions or need additional information, please let me know.

BF:rs

c: Chief Executive Officer  
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