LOS ANGELES COUNTY
COMMISSION ON HIV

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Public Policy Committee
Regular Meeting

Monday, January 8, 2024
1:30pm-3:30pm (PST)

510 S. Vermont Ave, Terrace Conference Room TK 05
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, LA 90020

Agenda and meeting materials will be posted on our website at
https://hiv.lacounty.gov/public-policy-committee/

For those attending in person, as a building security protocol, attendees entering from the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

NOTICE OF TELECONFERENCING SITES:
Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r34677e8a7f16c014cceddf730bf97be0
To Join by Telephone: 1-213-306-3065
Password: POLICY Access Code: 2531 973 7906

Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. **If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

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LOS ANGELES COUNTY COMMISSION ON HIV

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

PUBLIC POLICY COMMITTEE

MONDAY, JANUARY 8, 2023 | 1:30 PM – 3:30 PM

510 S. Vermont Ave
Terrace Level Conference Room TK05
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

For those attending in person, as a building security protocol, attendees entering form the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9th floor) where our meetings are held.

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Password: POLICY Access Code: 2531 973 7906

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton	Sandra Cuevas
Mary Cummings	Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Ricky Rosales	Ronnie Osorio (alternate)		
QUORUM: 6			

AGENDA POSTED: January 4, 2024.

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. ***Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.***

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

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:30 PM – 1:33 PM
2.	Introductions, Roll Call, & Conflict of Interest Statements		1:33 PM – 1:35 PM
3.	Approval of Agenda	**MOTION #1**	1:35 PM – 1:37 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:37 PM – 1:40 PM

II. PUBLIC COMMENT

1:40 PM – 1:45 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. Executive Director/Staff Report — 1:45 PM – 1:55 PM
   a. By-Laws Review Task Force—Updates
8. Co-Chair Report — 1:55 PM – 2:35 PM
   a. Draft 2024 Workplan

b. Determine Meeting Frequency
c. Co-Chair Elections

V. DISCUSSION ITEMS

10. 2024 Legislative Docket—Updates 2:35 PM – 2:40 PM
11. 2023-2024 Policies Priority Document 2:40 PM – 2:45 PM
12. State Policy & Budget-- Updates 2:45 PM – 2:50 PM
13. Federal Policy-- Updates 2:50 PM – 2:55 PM
14. County Policy-- Updates 2:55 PM – 3:20 PM
    a. DPH Memo in response to STD Board of Supervisors (BOS) motion

VI. NEXT STEPS 3:20 PM – 3:25 PM

13. Task/Assignments Recap
14. Agenda development for the next meeting

VII. ANNOUNCEMENTS 3:25 PM – 3:30 PM

15. Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT 3:30 PM

16. Adjournment for the meeting of January 8, 2024.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Public Policy Committee minutes, as presented or revised.

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

PUBLIC POLICY COMMITTEE MEETING MINUTES

Draft

December 4, 2023

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	EA	Pearl Doan	A
Lee Kochems, MA, Co-Chair	P	Felipe Findley, PA-C, MPAS, AAHIVS	A
Alasdair Burton (Alternate)	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	EA
Sandra Cuevas	P	Ricky Rosales	P
Mary Cummings	A	Ronnie Osorio	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, and Jose Rangel-Garibay			

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

Meeting and agenda materials can be found on the Commission's website at
https://hiv.lacounty.gov/public-policy-committee/

I. ADMINISTRATIVE MATTERS

1. **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**
   The meeting was called to order at 1:36pm.
2. **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
   L. Kochems led introductions and asked attendees to state their conflicts of interest.
3. **APPROVAL OF AGENDA**
   MOTION #1: Approve the Agenda Order as presented or revised. ***(Postponed, no quorum).***
4. **APPROVAL OF MEETING MINUTES**
   MOTION #2: Approve the October 2, 2023 Public Policy Committee minutes, as presented or revised. ***(Postponed, no quorum).***

II. PUBLIC COMMENT

5. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO**

WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING HERE, OR BY EMAILING HIVCOMM@LACHIV.ORG.
There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

6. OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.
There were no committee new business items.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

- Cheryl Barrit, Executive Director, shared that the By-Law Review Taskforce (BRT) completed their review and markup of the By-laws document. The document will be presented at the Operations Committee and Executive Committee meetings on December 12, 2023. Both Committees will conduct an initial review of the document and then continue their review in January 2024. Once approved at both Committees in January 2024, the document will be posted for a public comment period. After the public comment period, the document will reviewed and voted on by the full Commission body. Once approved by the full Commission body, Commission staff will work with County Counsel to determine the items on the updated By-laws will require an ordinance change and initiate that process. Alasdair Burton, PPC member, added that the BRT is currently looking for an additional co-chair.
- C. Barrit noted that all mandatory and supplemental trainings for 2023 have been completed and uploaded to the Commission website. She added that the "Co-Chair Roles and Responsibilities" training has been rescheduled to February 2024.
- C. Barrit shared highlights from the Commission Annual Conference. She noted that a report containing the attendee evaluation results and a summary of the feedback collected during the group activities will be shared with the Executive Committee at their next meeting on December 12, 2023. Once reviewed, the document will be posted on the Commission website. C. Barrit also shared that overall, the feedback received in the evaluations is positive; attendees appreciated the opportunity to interact with one another.

8. CO-CHAIR REPORT

a. 2023 Reflections

L. Kochems shared the Ryan White Care Act (RWCA) Modernization project will be postponed to a later date in 2024. This is to allow time for the Committee co-chairs to meet with COH staff to review current documents and develop a strategy for crafting a white paper on the topic of RWCA modernization.

The Committee held a discussion regarding strategies to improve attendance at meetings. A. Burton asked what can be done to improve attendance at Committee meetings? Ricky Rosales noted that in 2023, most people are still getting back into the groove of attending meetings in person. C. Barrit and Jose Rangel-Garibay suggested that the Committee consider moving to a bimonthly or quarterly meeting schedule in 2024. L. Kochems noted that any changes in meeting schedule should align with the state legislature legislative calendar to ensure the Committee is monitoring bills status and other legislative updates at the state level. A. Burton shared that the Committee should identify a way to engage people to attend and participate in meetings and suggested making phone call reminders to members. Committee members decided to hold a vote at the January 2024 meeting to determine the meeting frequency.

b. Draft 2024 Workplan and Meeting Schedule

The Committee decided

c. Co-chair Nominations

Co-chair nominations are due by January 8, 2024. L. Kochems nominated Katja Nelson for co-chair. R. Rosales nominated L. Kochems for co-chair.

d. Act Now Against Meth (ANAM) Platform Update

There were no updates. The Committee decided to remove this item from the "Co-chairs" report. Commission staff will follow-up ANAM staff for any updates.

V. DISCUSSION ITEMS

9. 2023-2024 LEGISLATIVE DOCKET – UPDATES

J. Rangel-Garibay provided an overview of the updates to the docket. See the meeting packet for a copy of the docket.

10. 2023-2024 POLICIES PRIORITY

L. Kochems noted that the Committee will revise this item in February 2024. C. Barrit noted that there may not be many changes to the document; the document serves as a guide for the Committee for determining what HIV-related policy items to act on. Additionally, the document is shared with the BOS health deputies and the County office of Legislative Affairs and Intergovernmental Relations.

11. STATE POLICY & BUDGET UPDATE

There were no updates.

12. FEDERAL POLICY UPDATE

L. Kochems noted that budget negotiations will be tough in 2024. The current Continuing Resolution is set to expire on January 17,2024.

13. COUNTY POLICY UPDATE

- **DPH Memo in Response to STD Board of Supervisors (BOS) Motions**
  The Director of the Department of Public Health, Barbara Ferrer, and the Director of the Division on HIV and STD Programs (DHSP), Mario Perez, will provide a report on Sexually Transmitted Infection Crisis to the Board on December 19, 2023. L. Kochems and COH staff encouraged Committee members and attendees to provide public comment on the agenda item either in person, written public comment, or by calling in the day of the meeting.

- **2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings**
  C. Barrit has sent reminders to the PPC members that signed up to provide public comment. In the reminder, she includes the agenda for the BOS and Health Deputies meetings and a confirmation that the meeting is taking place.

VI. NEXT STEPS

14. TASK/ASSIGNMENTS RECAP

➲ COH will send a notice regarding the rescheduling of the January 2024 meeting to 1/8/24 due to the New Year's Day holiday.

15. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Review and approve the 2024 Draft Workplan and Meeting Calendar
- Elect 2024 co-chairs
- Determine meeting frequency for 2024: bi-monthly vs. quarterly

VII. ANNOUNCEMENTS

16. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

There were no announcements.

VIII. ADJOURNMENT

17. ADJOURNMENT FOR THE MEETING OF DECEMBER 4, 2023.

The meeting was adjourned at 2:27pm.

2024 WORK PLAN – PUBLIC POLICY COMMITTEE—DRAFT

Committee Name: **PUBLIC POLICY COMMITTEE (PPC)**				
Co-Chairs: Katja Nelson, Lee Kochems			Committee Adoption Date: TBD	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2024				
#	**TASK/ACTIVITY**	**DESCRIPTION**	**TARGET DATE**	**STATUS/NOTES/OTHER COMMITTEES INVOLVED**
1	Review and refine 2024 workplan	COH staff to review and update 2024 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/04/23, 01/04/24
2	Develop 2023-2024 Legislative Docket and update as needed.	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	Sep 2024	The COH staff will monitor bill status and update docket as needed.
3	Develop 2023-2024 Policy Priorities document and update as needed.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups	Spring 2024	The Committee will review and update their policy priorities document as needed.
4	Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County. Commissioners are encouraged to provide public comments at BOS meetings.
5	Efforts to Modernize the Ryan White Care Act (RWCA)	The Committee developed a policy brief outline. The policy brief will summarize key issues to address and include in a modernized RWCA legislation.	TBD	The Committee co-chairs will meet with COH staff to determine strategy for developing white paper on RWCA modernization to set foundation for future discourse around reauthorization.
6	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	TBD	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.

Last updated: 01/04/2024

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DRAFT PUBLIC POLICY COMMITTEE 2024 MEETING CALENDAR

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 8, 2024 1:30pm to 3:30pm Vermont Corridor TK05	Elect Co-Chairs for 2024 Review 2024 workplan, meeting calendar, and determine meeting frequency *01/03/24—CA Legislature Reconvenes* *01/31/24—Last day for each house to pass bills introduced in that house in the odd-numbered year (2023).*
Feb. 5, 2024 1pm to 3pm Vermont Corridor TK05	*02/16/24—Last day for bills to be introduced.*
Mar. 4, 2024 1pm to 3pm Vermont Corridor TK08	
Apr. 1, 2024 1pm to 3pm Vermont Corridor TK05	
May 6, 2024 1pm to 3pm Vermont Corridor TK08	*05/24/24—Last day for each house to pass bills introduced in that house.*
Jun. 3, 2024 1pm to 3pm Vermont Corridor TBD	*06/15/24—Budget bill must be passed by midnight.*
Jul. 1, 2024 1pm to 3pm Vermont Corridor TBD	*08/31/24—Last day for each house to pass bills.*
Aug. 5 2024 1pm to 3pm Vermont Corridor TBD	
September 2 1pm to 3pm Vermont Corridor TBD	*09/30/24—Last day for Governor to sign or veto bills passed by the Legislature before Sep. 1 and in the Governor's possession on or after Sep. 1.*
October 7 1pm to 3pm Vermont Corridor TBD	
November 4 1pm to 3pm Vermont Corridor TBD	*11/05/24—General Election.*
December 2 1pm to 3pm Vermont Corridor TBD	

53. Report on the Sexually Transmitted Infection Crisis

Report by the Director of Public Health on current investments and programs that address the Sexually Transmitted Infection (STI) crisis, including current strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection, as requested at the Board meeting of October 3, 2023. (Continued from the meetings of 10-17-23 and 11-7-23) (23-3716)

Amber Guerra, Robert Contreras, Andrea Fuller, Dr. Christian Espinoza, Genesis Discua, Ana Estrada, Antigone Robinson, Jamie Kennerk, Carlos Orrellana, Lauren Natoli, Carolina Gonzalez, Katja Nelson, Jessica Parral, Daniel Gonzalez, Sylvia Castillo, Paul Hennessy, and Arnold Sachs addressed the Board. Interested person(s) also submitted written testimony.

Dr. Barbara Ferrer, Director of Public Health, and Mario Perez, Director of HIV and STD Programs, Department of Public Health, made a presentation and responded to questions posed by the Board.

Supervisor Solis instructed the Director of Public Health to report back to the Board with a plan broken down by District, on what the Department has done to connect people, especially with people experiencing homelessness and struggling with an addiction or mental health issues, with services to reduce the rates of infection.

After discussion, by Common Consent, there being no objection, the report was received and filed; and the Director of Public Health was instructed to report back to the Board with a plan broken down by District, on what the Department has done to connect people, especially with people experiencing homelessness and struggling with an addiction or mental health issues, with services to reduce the rates of infection.

Ayes: 5 - Supervisor Solis, Supervisor Mitchell, Supervisor Hahn, Supervisor Barger and Supervisor Horvath

Attachments: Powerpoint Presentation
Report
Public Comment/Correspondence
Audio

CELIA ZAVALA, E.O.: SUPERVISOR SOLIS, AYE. SUPERVISOR MITCHELL?

SUP. MITCHELL: AYE.

CELIA ZAVALA, E.O.: SUPERVISOR MITCHELL, AYE. SUPERVISOR HAHN?

SUP. HAHN: AYE.

CELIA ZAVALA, E.O.: SUPERVISOR HAHN, AYE. SUPERVISOR BARGER?

SUP. BARGER: AYE.

CELIA ZAVALA, E.O.: SUPERVISOR BARGER, AYE. SUPERVISOR HORVATH?

SUP. HORVATH, CHAIR: AYE.

CELIA ZAVALA, E.O.: SUPERVISOR HORVATH, AYE. MOTION CARRIES, 5-0.

SUP. HORVATH, CHAIR: THANK YOU. WE WILL NOW MOVE ON TO ITEM 53, REPORT ON THE SEXUALLY TRANSMITTED INFECTION CRISIS, WHICH I HELD FOR DISCUSSION. THIS WAS AN ITEM THAT WAS CONTINUED FROM PREVIOUS MEETINGS. IF YOU ARE DEPARTING THE CHAMBERS, IF

YOU COULD PLEASE DO SO QUIETLY, SO WE CAN HAVE THIS DISCUSSION, I APPRECIATE IT. THANK YOU. FOR MEMBERS OF THE PUBLIC ON THE TELEPHONE, PLEASE PRESS 1 THEN 0 NOW TO COMMENT ON THIS ITEM. DR. BARBARA FERRER, DIRECTOR OF PUBLIC HEALTH, AND MARIO PEREZ, DIRECTOR OF H.I.V. AND S.T.D. PROGRAMS, DEPARTMENT OF PUBLIC HEALTH, WILL BEGIN WITH THE PRESENTATION. THANK YOU FOR BEING WITH US TODAY, AND FOR HELPING NAVIGATE THIS ALL-IMPORTANT CONVERSATION WE'VE BEEN HEARING ABOUT AT THE BOARD FOR QUITE SOME TIME NOW.

DR. BARBARA FERRER: THANK YOU, SUPERVISOR HORVATH, AND THE ENTIRE BOARD, FOR THE OPPORTUNITY TO PROVIDE AN UPDATE ON THE LOCAL S.T.I. CRISIS, A CRISIS THAT IS GROWING IN TERMS OF IMPACT AND COMPLEXITY. I'M JOINED TODAY BY MARIO PEREZ, THE DIRECTOR OF OUR DIVISION OF H.I.V. AND S.T.D. PROGRAMS. WE CAN GO TO THE NEXT SLIDE. TODAY'S PRESENTATION WILL REVIEW TRENDS OVER THE PAST DECADE, TIED TO CHLAMYDIA, GONORRHEA, AND EARLY SYPHILIS INFECTIONS, WITH A FOCUS ON SYPHILIS AND CONGENITAL SYPHILIS, BOTH OF WHICH HAVE BEEN WORSENING AT A FASTER RATE IN RECENT YEARS. WE'LL BRIEFLY HIGHLIGHT THE INTERSECTING NATURE OF THE S.T.I. CRISIS WITH OTHER PUBLIC HEALTH CHALLENGES AND OUR CURRENT POLICY LANDSCAPE. WE'LL ALSO REVIEW THE MYRIAD OF INTERVENTIONS THAT ARE IN PLACE FOR S.T.I. PREVENTION, DIAGNOSIS, TREATMENT, ORGANIZED ACROSS 4 PROGRAMMATIC PILLARS. WE'LL SPEND A FEW MINUTES TO REVIEW THE

DIFFERENT REVENUE STREAMS THAT ARE IN PLACE TO TACKLE THE S.T.I. CRISIS, AND OUTLINE HOW THOSE RESOURCES ARE BEING INVESTED. AND WE'LL END WITH DISCUSSING SOME INNOVATIVE PROGRAMMING BEING IMPLEMENTED TO ADDRESS THE S.T.I. EPIDEMIC. NEXT SLIDE. IN L.A. COUNTY, REDUCING CASES OF CHLAMYDIA, GONORRHEA, AND SYPHILIS INFECTIONS, AND IMPROVING HEALTH OUTCOMES FOR PEOPLE WITH S.T.D.S, REMAINS A CHALLENGE AND A PRIORITY. AS SHOWN HERE, L.A. COUNTY HAS OBSERVED A STEADY INCREASE IN BOTH THE NUMBER AND RATE OF S.T.D.S OVER THE PAST 10-PLUS YEARS. THIS IS A SIMILAR PATTERN SEEN AROUND CALIFORNIA AND THE UNITED STATES. LEFT UNTREATED, S.T.D.S CAN LEAD TO LONG-TERM HEALTH PROBLEMS, INCLUDING CHRONIC PELVIC PAIN, INFERTILITY, AND POOR BIRTH OUTCOMES. THAT INCLUDES HAVING INFANTS DIE AT BIRTH. SYPHILIS, WHICH CARRIES THE MOST SEVERE HEALTH CONSEQUENCES, AND IS ASSOCIATED WITH H.I.V. RISK, WAS NEARLY ELIMINATED IN THE EARLY 2000'S, BUT HAS NOW REBOUNDED AT ALARMING RATES, WITH AN OVER TENFOLD INCREASE AMONG CISGENDER WOMEN, AND A TWENTYFOLD INCREASE OF CONGENITAL SYPHILIS CASES THIS PAST DECADE. NEXT SLIDE. THIS SLIDE SHOWS EARLY SYPHILIS RATES BY RACE AND ETHNICITY, OVER A 10-YEAR PERIOD. SYPHILIS RATES INCREASED ACROSS ALL RACIAL ETHNIC GROUPS DURING THIS PERIOD. BUT AS YOU CAN SEE, THE SHARPNESS OF THE INCREASE AND OVERALL RATES WERE HIGHEST AMONG AFRICAN AMERICAN AND NATIVE HAWAIIAN PACIFIC ISLANDER POPULATIONS, REPRESENTED BY THE BLUE AND RED LINES ON THIS CHART,

RESPECTIVELY. IN ADDITION TO THE RACIAL/ETHNIC DISPARITIES THAT ARE NOTED HERE, THE S.T.I. EPIDEMIC HAS DISPROPORTIONATELY AFFECTED CERTAIN GROUPS BASED ON GENDER, AGE, AND SEXUAL ORIENTATION, INCLUDING BUT NOT LIMITED TO GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN, TRANSGENDER PERSONS, AND IN THE CASE OF CHLAMYDIA IN PARTICULAR, YOUNG PEOPLE. NEXT SLIDE. THIS SLIDE SHOWS THE TENFOLD INCREASE IN FEMALE SYPHILIS CASES, AND THE MORE THAN TWENTYFOLD INCREASE IN CONGENITAL SYPHILIS CASES OVER THE LAST DECADE. IN 2022, WE HAD 136 CONGENITAL SYPHILIS CASES. IN 2021, OF THE 124 CONGENITAL SYPHILIS CASES THAT ARE SHOWN ON THIS SLIDE, 18 RESULTED IN A STILL BIRTH: A 15% FATALITY RATE. WE'LL GO TO THE NEXT SLIDE. S.T.I. RISK DOES NOT EXIST IN A VACUUM. INCREASINGLY, WE ARE RECOGNIZING THE IMPACT THAT OTHER EPIDEMICS ARE HAVING ON THE LOCAL S.T.D. CRISIS. WE ARE SEEING MORE AND MORE CASES OF SYPHILIS DIAGNOSED AMONG CISGENDER WOMEN OF REPRODUCTIVE AGE, WHO REPORT METHAMPHETAMINE AND OTHER SUBSTANCE USE, HOUSING INSTABILITY, AND SERIOUS MENTAL ILLNESS. WHEN THESE PEOPLE BECOME PREGNANT, THOSE FACTORS DIRECTLY AFFECT THEIR ABILITY TO ENGAGE IN PRENATAL CARE. AND ULTIMATELY, IF THEY AREN'T TREATED, THEIR CHILD IS DIAGNOSED WITH CONGENITAL SYPHILIS, WHICH CAN RESULT IN STILLBIRTH AND A RANGE OF NEUROCOGNITIVE DEVELOPMENTAL ISSUES. IN ADDITION, WE'VE LONG NOTED HOW CLOSELY H.I.V. AND SYPHILIS TRAVEL TOGETHER, AND IN 2022, THE MPOX OUTBREAK WAS FURTHER

INTRODUCED INTO VERY SIMILAR SOCIAL AND SEXUAL NETWORKS. THE POLITICAL AND POLICY LANDSCAPES SURROUNDING S.T.D. PREVENTION AND CONTROL CONTINUE TO BE CHALLENGING. COMPARED TO OTHER PUBLIC HEALTH ISSUES, RESOURCES FOR S.T.D. CONTROL AND SEXUAL HEALTH PROMOTION ARE CONSTANTLY UNDER THREAT AT ALL LEVELS, AND IMPROVEMENTS ARE DEFINITELY NEEDED. NEXT SLIDE. THIS SLIDE PROVIDES A SNAPSHOT OF THE PUBLIC-HEALTH-SUPPORTED S.T.D. CONTROL STRATEGIES, ORGANIZED, AS YOU CAN SEE, AROUND THE CORE PILLARS OF PREVENT, DIAGNOSE, TREAT, AND RESPOND. THESE ARE THE SAME PILLARS THAT GUIDE OUR ENDING THE H.I.V. EPIDEMIC INITIATIVE. NEXT SLIDE. UNDER THE PREVENT PILLAR, WE ARE PURSUING KEY ACTIVITIES TO PREVENT S.T.I.S. SOME OF THESE ACTIVITIES INCLUDE HELPING SCHOOLS PROVIDE COMPREHENSIVE SEXUAL HEALTH EDUCATION, AND SUPPORTING OUR STUDENT WELLBEING CENTERS, ALONG WITH YOUTH LEADERSHIP DEVELOPMENT PROGRAMS. WE CURRENTLY SUPPORT THE L.A. CONDOM CAMPAIGN, WHICH DISTRIBUTES FREE CONDOMS THROUGH MORE THAN 500 HUBS. WE'RE VERY EXCITED ABOUT THE POTENTIAL FOR BIOMEDICAL S.T.D. PREVENTION. THIS IS THROUGH DOXYCYCLINE POST-EXPOSURE PROPHYLAXIS. IT'S CALLED DOXY-P.E.P. DOXY-P.E.P. IS USED LIKE THE MORNING AFTER PILL, AND IT'S BEEN SHOWN TO BE MORE THAN 65% EFFECTIVE AGAINST BACTERIAL S.T.I.S, AMONG MEN WHO HAVE SEX WITH MEN, AND EFFECTIVE AGAINST BACTERIAL S.T.I.S AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER WOMEN. THE DATA SUPPORTING ITS USE CAME OUT EARLIER THIS YEAR, AND WE'RE ACTIVELY RAMPING UP

EFFORTS IN L.A. COUNTY TO EXPAND ITS USE, LOCALLY. UNDER THE DIAGNOSE PILLAR, WE'RE PURSUING A RANGE OF EFFORTS TO EXPAND AND NORMALIZE S.T.D. TESTING. IN CLINICAL SETTINGS, LOW-BARRIER S.T.D. SCREENING AND TREATMENT PROGRAMS PROVIDE EASY AND CONFIDENTIAL SERVICES FOR THOSE STILL-STIGMATIZED DISEASES. IN ADDITION, MANY CLIENTS AT RISK COULD BE REACHED IF MORE EMERGENCY DEPARTMENTS OFFERED TESTING. NON-CLINICAL SETTINGS, INCLUDING OUR SCHOOL WELLBEING CENTERS, SYRINGE SUPPORT PROGRAMS, ARE ALSO GREAT VENUES IN WHICH TO REACH INDIVIDUALS WHO MAY NOT BE ENGAGED IN REGULAR HEALTHCARE. WE ALSO HAVE SELF-TEST KITS THAT ARE AVAILABLE THROUGH OUR DON'T THINK NO PROGRAM, TO DIAGNOSE CHLAMYDIA AND GONORRHEA, AND WE OFFER FREE H.I.V. SELF-TEST KITS, AVAILABLE THROUGH OUR TAKE ME HOME PROGRAM. SEPARATELY, WE ARE USING A RAPID SYPHILIS TEST TO IMPROVE SYPHILIS DIAGNOSIS RATES AMONG WOMEN, INCLUDING THROUGH STREET MEDICINE PROGRAMS AND AT THE COUNTY REGIONAL DETENTION FACILITY. I'M GOING TO TURN THE NEXT SET OF SLIDES OVER TO MARIO PEREZ. THANK YOU, MARIO.

MARIO PEREZ: THANK YOU, DR. FERRER. GOOD AFTERNOON, SUPERVISORS. WE KNOW THAT TREATING PEOPLE AS SOON AS POSSIBLE AFTER DIAGNOSIS ENSURES OPTIMAL TREATMENT, AND REDUCES THE FORWARD TRANSMISSION OF THESE INFECTIONS. AS NOTED BY DR. FERRER, WE ARE SEEING INCREASED CASES OF SYPHILIS AMONG MARGINALIZED WOMEN, SOME OF WHOM END UP DELIVERING A BABY WITH

CONGENITAL SYPHILIS. AS PART OF OUR RESPONSE, WE HAVE COME UP WITH NEW AND CREATIVE WAYS TO ENGAGE THOSE CLIENTS AND PROVIDE CARE IN THE STREETS, WHEN THEY WON'T COME INTO A CLINIC. WE ARE ALSO WORKING TO MAKE SURE PROVIDERS HAVE ACCESS TO BICILLIN TO TREAT SYPHILIS AMONG PREGNANT PERSONS. AND SEPARATELY, PROVIDERS CAN CALL US FOR S.T.D. CLINICAL CONSULTATION, 24 HOURS A DAY, 7 DAYS A WEEK. EXPEDITED PARTNER THERAPY PROVIDES PATIENTS TREATMENT FOR THE SAME S.T.I. THEY ARE DIAGNOSED WITH, TO TAKE TO THEIR SEXUAL PARTNER: AN IMPORTANT TOOL TO TREAT PARTNERS WHO MAY NOT COME INTO A CLINIC, AND A TOOL TO MAKE SURE THAT PARTNERS DELIVERING THE TREATMENT PREVENT THEIR OWN REINFECTION. UNDER THE RESPOND PILLAR, OUR STRATEGIES FOR BOLSTERING S.T.D. CONTROL EFFORTS. WE RELY ON A ROBUST SURVEILLANCE SYSTEM AND A STRONG, EXPERIENCED WORKFORCE TO REACH OUT TO CLIENTS WITH HIGH-PRIORITY S.T.I.S, TO IDENTIFY POTENTIAL CLUSTERS OF TRANSMISSION. IN ADDITION, WE USE OUR SURVEILLANCE DATA TO INFORM DATA-DRIVEN ACTION, AND SHARE THE DATA ACTIVELY WITH PARTNERS, INCLUDING HEALTH PLANS AND COMMUNITY-BASED ORGANIZATIONS. FINALLY, WE ARE IMPLEMENTING STRATEGIES ACROSS THESE PILLARS TO FURTHER ENHANCE OUR IMPACT, PARTICULARLY RELATED TO POLICY CHANGE, SOCIAL MEDIA, AND MARKETING CAMPAIGNS, COMMUNITY ENGAGEMENT AND MOBILIZATION, TRAINING, AND PROGRAMMING AROUND PANDEMICS OR INTERSECTING EPIDEMICS

THAT, TOGETHER, AMPLIFY THEIR NEGATIVE EFFECTS. NEXT SLIDE, PLEASE. THIS IS A SUMMARY OF CURRENT S.T.D. REVENUE STREAMS.

SUP. HORVATH, CHAIR: NEXT SLIDE, PLEASE. THANK YOU.

MARIO PEREZ: THANK YOU. THIS IS THE SUMMARY OF CURRENT S.T.D. REVENUE STREAMS AT THREE LEVELS: FROM THE FEDERAL CENTERS FOR DISEASE CONTROL AND PREVENTION, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, AND FROM OUR COUNTY. ALL OF THESE STREAMS ARE CRUCIAL TO SUPPORTING THE STRATEGIES OUTLINED PREVIOUSLY. A LONG-STANDING CHALLENGE TIED TO S.T.D. REVENUE HAS BEEN THAT THE COMMITMENTS ARE OFTEN SHORT-TERM OR YEAR-TO-YEAR, IMPEDING OUR ABILITY TO BUILD A ROBUST SEXUAL HEALTH INFRASTRUCTURE. THIS HAS BEEN IN CONTRAST TO EITHER LARGE FEDERAL SUBSTANCE ABUSE BLOCK GRANTS TO STATES, AND BY ASSOCIATION LOCAL JURISDICTIONS, OR STATEWIDE PROPOSITIONS TO SUPPORT MENTAL HEALTHCARE OR LONG-TERM MULTIPRONGED CONGRESSIONAL AUTHORIZATIONS, LIKE THE RYAN WHITE PROGRAM FOR H.I.V. AS YOUR BOARD IS AWARE, L.A. COUNTY, ALONG WITH 56 OTHER JURISDICTIONS, RECEIVED RESOURCES FROM OUR FEDERAL PARTNERS TO ENHANCE OUR DISEASE INTERVENTION SPECIALIST INFRASTRUCTURE, TO HELP DECREASE C.O.V.I.D., H.I.V., S.T.D., T.B., AND HEPATITIS RATES. AS PART OF THE RECENT FEDERAL DEBT CEILING NEGOTIATIONS, YEARS 4 AND 5 OF THIS 5-YEAR GRANT WERE RESCINDED. WHILE WE WERE NOT SUCCESSFUL, I DO WANT TO THANK

YOUR BOARD FOR YOUR ADVOCACY EFFORTS AND ATTEMPTS TO PREVENT THIS CUT. NEXT SLIDE, PLEASE. CURRENTLY, OUR COUNTY INVESTS MORE THAN $8 MILLION PER YEAR IN S.T.D.-RELATED CLINICAL SERVICES, DELIVERED BY A SMALL NETWORK OF COMMUNITY-BASED ORGANIZATIONS ACROSS THREE MODALITIES: TARGETED S.T.D. SCREENING, DIAGNOSIS, AND TREATMENT SERVICES IN DISPROPORTIONATELY IMPACTED GEOGRAPHIC AREAS, SERVING SUBPOPULATIONS AT ELEVATED RISK FOR S.T.D.S; S.T.D. EXPRESS CLINICS, DESIGNED TO BE HIGH-VOLUME AND LOW-BARRIER; AND THE THIRD, S.T.D. SCREENING SERVICES IN THREE COMMERCIAL SEX VENUES, OPERATING LOCALLY. D.P.H. HAS BEEN WORKING WITH THESE PARTNERS TO MAXIMIZE THE EXPENDITURE OF THESE FUNDS. WE UNDERSTAND THAT, LIKE SO MANY EMPLOYMENT SECTORS, ESPECIALLY THE HEALTHCARE SECTOR, THAT HIRING THE FULL COMPLEMENT OF STAFF NEEDED TO DELIVER THESE SPECIALIZED SERVICES HAS BEEN DIFFICULT. AS PART OF THE PLANNED INVESTMENT OF ADDITIONAL TOBACCO SETTLEMENT FUNDS, AND FUTURE OF PUBLIC HEALTH FUNDS, OUR DEPARTMENT WILL BE INVESTING AN ADDITIONAL $3.2 MILLION PER YEAR WITH THESE PROVIDERS, TO FURTHER INCREASE THEIR SERVICE CAPACITY, EXPAND THEIR COMMUNITY-EMBEDDED DISEASE INTERVENTION SPECIALIST TEAMS, USE TECHNOLOGY TO IMPROVE VISIT EFFICIENCY AND DATA COLLECTION, AND IN SOME INSTANCES, IMPROVE THEIR IN-HOUSE LABORATORY INFRASTRUCTURE. NEXT SLIDE, PLEASE. PUBLIC HEALTH IS GRATEFUL FOR THE BOARD'S COMMITMENT TO S.T.D. FUNDING AT THE LOCAL LEVEL, AND RECENT ADDITIONAL INVESTMENTS

OF TOBACCO SETTLEMENT FUNDS, TO ENHANCE OUR LOCAL S.T.D. CONTROL EFFORTS. PUBLIC HEALTH HAS BEGUN THE INVESTMENT OF $4.5 MILLION, WITH CLINICAL PROVIDERS, MENTIONED IN THE PREVIOUS SLIDE. IN ADDITION, FUNDING WILL BE INVESTED IN NEW OR EXPANDED PARTNERSHIPS FOR SERVICES THAT ARE CRITICAL TO ENHANCING SYPHILIS CONTROL AMONG WOMEN, AND HELPING PREVENT CONGENITAL SYPHILIS. PUBLIC HEALTH ALSO INTENDS ON ENHANCING SYPHILIS AND DOXY-P.E.P. AWARENESS THROUGH MARKETING EFFORTS AND FURTHER EXPANDING OUR FREE S.T.D. TEST KIT AND CONDOM AVAILABILITY PROGRAMS. PUBLIC HEALTH WILL ALSO BE INVESTING IN OUR S.T.D. SURVEILLANCE AND DATA ANALYSIS INFRASTRUCTURE, FURTHER ENHANCING THE WORK OF THE SCHOOL WELLBEING CENTERS, AND MODERNIZING THE FUNCTION AND ASSETS OF OUR PUBLIC HEALTH SEXUAL CLINICS. NEXT SLIDE, PLEASE. I'D LIKE TO END WITH A BRIEF REVIEW OF SEVERAL INNOVATIONS TIED TO THE LOCAL S.T.D. CONTROL RESPONSE THAT PLAY A CRITICAL ROLE IN EXPANDING ACCESS TO CARE, REDUCING HEALTH DISPARITIES, AND ADDRESSING THE UNIQUE NEEDS OF VULNERABLE POPULATIONS. WE HAVE SHARED THE PROMISE AND POTENTIAL OF DOXY-P.E.P. TO HELP STEM THE TIDE OF S.T.I.S. PUBLIC HEALTH IS CURRENTLY WORKING ON EDUCATING PROVIDERS, TO INCREASE THEIR AWARENESS ABOUT THIS NEW TOOL. AND IN THE COMING MONTHS, WE WILL BE IMPLEMENTING A CAMPAIGN TARGETING AT-RISK POPULATIONS. OUR BICILLIN DELIVERY PROGRAM ENSURES PROMPT SYPHILIS TREATMENT AMONG KEY POPULATIONS, AND IS PARTICULARLY CRUCIAL IN SITUATIONS WHERE ACCESS TO CLINIC

SERVICES IS LIMITED, WHERE MEDICATION IS EITHER NOT ON HAND OR IN SHORT SUPPLY. PUBLIC HEALTH IS EXPANDING RAPID SYPHILIS TESTING WITH COMMUNITY AGENCIES, STREET MEDICINE TEAMS, AND MOBILE VACCINE UNITS, TO REDUCE TRANSMISSION AMONG MARGINALIZED COMMUNITIES, INCLUDING PREGNANT WOMEN EXPERIENCING HOMELESSNESS. IN ADDITION, BROADENING OUR STREET MEDICINE FOOTPRINT TO ENGAGE THESE HARD-TO-REACH POPULATIONS WILL PROVIDE IMMEDIATE CARE AND RESOURCES TO VULNERABLE POPULATIONS, WHILE LINKING CLIENTS TO MORE STABLE AND COMPREHENSIVE HEALTH SERVICES. TELEHEALTH SERVICES IS ANOTHER KEY INNOVATION TO INCREASING IMPROVED SEXUAL HEALTH SERVICE DELIVERY. PUBLIC HEALTH IS IMPLEMENTING TELEHEALTH SERVICES FOR S.T.I. TREATMENT, FOR THOSE DIAGNOSED DURING OUR MOBILE TESTING OUTREACHES. PROMOTION OF MANAGEMENT PROGRAMS, DESIGNED TO REDUCE THE USE OF METHAMPHETAMINE BY PROVIDING INCENTIVES AND SUPPORT, HELPS MITIGATE THE UNDERLYING RISK FACTORS FOR SYPHILIS INFECTION, ULTIMATELY CONTRIBUTING TO ITS PREVENTION. FINALLY, TO COMPREHENSIVELY PROVIDE SUPPORT FOR PEOPLE EXPERIENCING HOMELESSNESS, AND WOMEN, PUBLIC HEALTH IS ORGANIZING AND PARTNERING ON PROVIDING OUTREACH AT HEALTH FAIRS, TARGETING THESE COMMUNITIES. THE FOCUS IS TO INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH AND S.T.D. PREVENTION WITHIN A HOLISTIC HEALTHCARE FRAMEWORK, AND ADDRESS PHYSICAL, AS WELL AS EMOTIONAL WELLBEING, IN A CULTURALLY COMPETENT MANNER. OUR COMMITMENT REMAINS TO CONSISTENTLY LEVERAGE EXISTING

RESOURCES, STRUCTURES, AND PROGRAMS, AS WELL AS ADOPT INNOVATIONS TO BETTER ADDRESS THIS CRISIS THROUGH A RANGE OF EFFECTIVE STRATEGIES. THANK YOU FOR YOUR TIME, AND I'LL NOW PASS IT BACK TO DR. FERRER.

DR. BARBARA FERRER: WE'RE OPEN TO QUESTIONS.

SUP. HORVATH, CHAIR: THANK YOU VERY MUCH. THANK YOU FOR THE PRESENTATION, AND FOR ADDRESSING THIS CRITICAL ISSUE. I HAVE FOUR QUESTIONS, AND THEN I'LL TURN IT TO MY COLLEAGUES. FIRST, I'M PLEASED TO SEE THE VAST MAJORITY OF THE $10 MILLION RECENTLY ALLOCATED BY THE BOARD IS GOING TO THOSE PROVIDERS AND SERVICES THAT PRIORITIZE OUR MOST HIGHLY IMPACTED COMMUNITIES. HOW IS THAT MONEY BEING SPENT, AND WHAT OTHER WAYS IS D.P.H. PROVIDING SUPPORT AND ASSISTANCE TO OUR COMMUNITY PROVIDERS, TO ENSURE ALL OF THE MONEY IS BEING INVESTED IN ADDRESSING S.T.I.S? WE DON'T WANT TO HAVE AN UNDERSPEND HERE, GIVEN THE ISSUES THAT WE'RE SEEING. SO THAT'S QUESTION ONE.

MARIO PEREZ: THANK YOU, SUPERVISOR HORVATH, FOR THAT QUESTION. SO, WE ARE INVESTING IN SKILLS-BUILDING, TRAINING, AND TECHNICAL ASSISTANCE WITH OUR PROVIDERS. AS I MENTIONED, WE UNDERSTAND THAT THE HEALTHCARE SECTOR HAS BEEN HEAVILY IMPACTED, FROM AN EMPLOYMENT STANDPOINT, SO WE'RE ALSO WORKING

WITH THEM TO TRY TO MAKE SURE THAT THEY CAN RECRUIT AND RETAIN STAFF TO PROVIDE THESE SERVICES. THEY ARE SENSITIVE, SEXUAL HEALTH SERVICES, AND SO WE NEED TO CONTINUE TO MAKE SURE THAT THE WORKFORCE IS RECRUITED AND RETAINED, TO HELP DO THE WORK.

SUP. HORVATH, CHAIR: SO WE'LL SEE THAT $10 MILLION FULLY SPENT?

MARIO PEREZ: THAT IS ABSOLUTELY OUR EXPECTATION.

SUP. HORVATH, CHAIR: OKAY. THE SECOND QUESTION IS, THE FUNDING STREAMS THAT YOU PRESENTED SHOW L.A. COUNTY IS INVESTING FAR MORE THAN OUR STATE AND FEDERAL PARTNERS IN THIS RESPONSE. HOW CAN WE ADVOCATE FOR MORE INVOLVEMENT FROM OUR STATE AND FEDERAL PARTNERS, AND HOW ARE WE PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS TO SECURE MORE STATE AND FEDERAL FUNDING?

DR. BARBARA FERRER: YEAH, THANK YOU SO MUCH FOR THAT QUESTION, SUPERVISOR HORVATH, AND I DO WANT TO EXTEND MY DEEPEST APPRECIATION FOR THIS BOARD'S FINANCIAL CONTRIBUTIONS, AS WELL AS THE LEADERSHIP ON THIS ISSUE. I THINK WHAT STANDS OUT TO ME IS WHAT MARIO HIGHLIGHTED, WHICH IS THE PIECEMEAL APPROACH AT BOTH THE STATE AND THE FEDERAL LEVEL TO S.T.I. PREVENTION AND CONTROL EFFORTS. AND WHILE WE APPLAUD THE BIDEN ADMINISTRATION FOR CONSIDERING ADDITIONAL FUNDING, THIS IS NOT THE KIND OF

FUNDING THAT SHOULD BE UP FOR GRABS WHEN THERE ARE NEGOTIATIONS ON HOW TO CUT BACK ON SERVICES TO RESIDENTS, BECAUSE THE LONG-TERM IMPACT OF CUTTING BACK THESE SERVICES IS MORE INFECTIONS AND HIGHER COSTS FOR EVERYONE, BOTH AT A PERSONAL LEVEL, AND AT A SOCIETAL AND COMMUNITY LEVEL. I DO WANT TO NOTE THAT WE DO JOIN WITH OTHER COUNTIES IN ADVOCATING. SORT OF THE STRENGTH OF DIFFERENT COUNTIES COMING TOGETHER AT THE FEDERAL LEVEL HAS REALLY HELPED US. AND WE WANT TO THANK OUR OWN TEAM, OUR OWN L.A. COUNTY C.E.O. TEAM, THAT'S BEEN ADVOCATING FOR US THROUGH THE C.E.O.'S OFFICE AT THE STATE LEVEL, AS WELL AS ALL OF YOU. I DO THINK, AGAIN, EVEN THOUGH WE ARE LOOKING AT MORE DIFFICULT FINANCIAL TIMES AT THE STATE, INFECTIOUS DISEASES, COMMUNICABLE DISEASES, PLAY A UNIQUE ROLE IN DETERMINING SORT OF LONG-TERM IMPACTS FOR MANY, MANY YEARS TO COME. SO IT IS NOT WISE TO BE SACRIFICING THESE EFFORTS IN THE SHORT RUN, BECAUSE WE WILL END UP WITH HIGHER COSTS IN THE LONG RUN. AND WE'RE WORKING CLOSELY WITH THE STATE TO MAKE SURE THAT THEY UNDERSTAND SORT OF THE IMPLICATIONS OF NOT HAVING STABLE FUNDING. AND I WANT TO ALSO THANK AND RESPECT ALL OF OUR COMMUNITY-BASED PARTNERS WHO ARE DOING A LOT OF THIS WORK, AND SORT OF THE DIFFICULTY, AGAIN, OF NOT HAVING SUSTAINABLE FUNDING FOR SOMETHING THAT, AT THIS POINT, IS A CRISIS BECAUSE THERE HASN'T BEEN SUSTAINABLE FUNDING. I DON'T KNOW, MARIO.

MARIO PEREZ: YEAH. ABSOLUTELY, DR. FERRER. I WOULD ALSO ADD THAT, DOMESTICALLY, THERE HAS BEEN A DISPROPORTIONATE FOCUS ON THE C.D.C. TO FINANCE SEXUAL HEALTH IN AMERICA. AND WE HAVE OTHER AGENCIES WHO ARE PART OF THE FEDERAL S.T.D. STRATEGIC PLAN, INCLUDING C.M.S., H.R.S.A., AND S.A.M.H.S.A. THE INTERSECTIONS ARE CLEAR. THE FOLKS THAT THEY ARE SERVING WITH THOSE RESOURCES NEED TO BE LEVERAGED DIFFERENTLY, TO HELP ENHANCE THE $170 MILLION DOMESTIC APPROPRIATION FOR S.T.D. CONTROL IN AMERICA. WE HAD 2.5 MILLION CASES A YEAR, SO I THINK DIVERSIFYING THE FEDERAL FUNDING STREAMS WHO ARE COMMITTED TO THIS ISSUE IS ALSO REALLY IMPORTANT.

SUP. HORVATH, CHAIR: SO IT'S CLEAR THERE IS A LOT THAT WE'RE DOING, AND WE HAVE AN OUTSIZED INVESTMENT IN DOING MORE EFFECTIVE WORK ON THE GROUND. AND YET, YOU HIGHLIGHTED THE ISSUE OF CONGENITAL SYPHILIS. THE C.D.C. RECENTLY RELEASED DATA THAT SHOWS A 755% INCREASE OF BABIES BOTH WITH SYPHILIS, OVER A 10-YEAR PERIOD. THE NUMBER OF BABIES BORN WITH SYPHILIS IS NOW GREATER THAN PEDIATRIC A.I.D.S. CASES AT THE HEIGHT OF THE A.I.D.S. EPIDEMIC IN THIS COUNTRY. SO, RECOGNIZING THAT, HOW CAN D.P.H. WORK MORE WITH D.M.H., D.H.S., AND THE AFRICAN AMERICAN INFANT AND MATERNAL MORTALITY INITIATIVE, TO MAKE CONGENITAL SYPHILIS CASES A RARITY IN OUR COUNTY? BECAUSE THERE IS CLEARLY A LOT OF WORK TO BE DONE THERE.

DR. BARBARA FERRER: YEAH, AND WE COMPLETELY AGREE WITH YOU. THIS IS A PROBLEM THAT WE SHOULD BE ABLE TO MANAGE AND, FRANKLY, ELIMINATE. THE NUMBERS ARE OUTSTANDING-- AND TERRIFYING, IN SOME WAYS-- BECAUSE OF THEIR IMPLICATIONS. BUT THE NUMBERS REPRESENT A SMALL NUMBER OF WOMEN THAT ARE VERY, VERY DISCONNECTED FROM CARE, AND THAT'S WHY I SAY THIS IS A SOLVABLE PROBLEM. OUR TEAM, I THINK, IS HARD AT WORK AT SOLVING THE PROBLEM, AND IT WILL BE COMPLICATED, BECAUSE AT THE ROOT OF THIS ARE WOMEN WHO TEND TO BE VERY DISCONNECTED FROM THE HEALTHCARE SYSTEM. AND BECAUSE THEY'RE SO DISCONNECTED FROM THE HEALTHCARE SYSTEM, WE HAVE TO DO A BETTER JOB ON THE OUTREACH EFFORTS IN NON-HEALTHCARE SETTINGS. WE CANNOT RELY ON WOMEN COMING IN FOR PRENATAL CARE AND GETTING THE KIND OF SCREENING AND TESTING THAT THEY NEED. NOW, OBVIOUSLY, WE HAVE TO DO A GREAT JOB THERE, AS WELL, SO THAT WHEREVER WOMEN ARE SHOWING UP FOR CARE, THEY'RE GETTING SCREENED AND TESTED, AND TESTED TWICE. BUT THE BIGGER CHALLENGE IS MEETING WOMEN WHERE THEY'RE AT. MANY OF THESE WOMEN MAY NOT BE SHOWING UP FOR HEALTHCARE, BUT THEY MAY BE SHOWING UP FOR OTHER SERVICES. THEY MAY BE SHOWING UP TO GET ASSISTANCE WITH FOOD SECURITY. THEY MAY BE SHOWING UP TO GET ASSISTANCE WITH HOUSING INSECURITY, BECAUSE THEY'RE EXPERIENCING OR ABOUT TO EXPERIENCE HOMELESSNESS, AND THEY MAY BE EXPERIENCING THE CO-OCCURRING DISORDERS OF EMOTIONAL WELLBEING PROBLEMS AND SUBSTANCE USE DISORDERS. SO WE DO HAVE

OTHER PLACES AND OTHER TEAMS THAT NEED TO BE BROUGHT INTO THIS WORK. IT CANNOT JUST BE ONE TEAM THAT IS FOCUSED JUST ON S.T.D.S. IT HAS TO BE THE TEAMS OF FOLKS THAT ARE WORKING WITH PEOPLE EXPERIENCING HOMELESSNESS, THE TEAMS OF FOLKS THAT ARE WORKING WITH PEOPLE EXPERIENCING HOUSING INSECURITY, WITH SUBSTANCE USE DISORDERS, AND WE'RE ENGAGING ALL THOSE PARTNERS, BECAUSE IF PEOPLE ARE SHOWING UP FOR ANY KIND OF SERVICES OR SUPPORT-- OUR CLEAN NEEDLE EXCHANGE PROGRAMS, AND I THINK MARIO MENTIONED THAT, ARE PLACES WHERE, WHEN WE SEE WOMEN WHO MAY BE PREGNANT, WE NEED TO ENGAGE THEM AND NOT WAIT FOR THEM TO SHOW UP AT A CLINIC SETTING, A HEALTHCARE CLINIC SETTING.

MARIO PEREZ: AND I'LL JUST ADD, WE'RE REALLY GRATEFUL THAT D.H.S. IS WORKING WITH US TO SCREEN ANY PREGNANT PERSON COMING INTO AN E.D. FOR SYPHILIS. I THINK THAT'S GOING TO BE REALLY CRUCIAL. AND OUR PARTNERS AT D.M.H. HAVE REALLY LEANED IN, AND THEY'RE PROVIDING H.I.V. AND S.T.D. SCREENING AT MORE THAN 40 OF THEIR D.M.H. SITES. SO THOSE PARTNERSHIPS ARE BEING ESTABLISHED AND GROWING, AND WE WORK CLOSELY WITH OUR PARTNERS AT M.C.E.H. AS PART OF THE COMPREHENSIVE PERINATAL SERVICES PROGRAM.

SUP. HORVATH, CHAIR: I WOULD ALSO SAY ANOTHER CULTURALLY COMPETENT HEALTHCARE SERVICE ISSUE IS RECOGNIZING THAT OUR

L.G.B.T.Q.+ COMMUNITY MEMBERS WILL HAVE PRIVACY CONCERNS ABOUT DISCLOSE. AND SO, IN ANOTHER SET OF ISSUES THAT WE NEED TO ADDRESS, WE NEED TO MAKE SURE THAT THE WAY THAT WE ARE SERVING OUR L.G.B.T.Q.+ COMMUNITY KEEPS THAT IN MIND, SO THEY ARE INCLINED TO COME FORWARD AND GET SERVICES THAT THEY ARE DUE. MY LAST QUESTION: AS WE ARE FACING THE WORST S.T.I. CRISIS IN OUR HISTORY, I'M VERY INTERESTED IN THE INNOVATIVE PREVENTION TOOLS THAT YOU HAD TALKED ABOUT, SPECIFICALLY DOXY-P.E.P. WE EXPERIENCED A VARIETY OF CHALLENGES IN PROVIDING EDUCATION, AWARENESS, AND ACCESS TO H.I.V. P.R.E.P., SO WHAT BEST PRACTICES CAN BE TAKEN FROM THAT EXPERIENCE, AS WE EDUCATE HIGH-RISK COMMUNITIES ABOUT THE AVAILABILITY OF DOXY-P.E.P.?

MARIO PEREZ: THANK YOU FOR THAT QUESTION. YEAH, WE'RE VERY EXCITED ABOUT THE POTENTIAL OF DOXY-P.E.P. I THINK THAT THE ROLLOUT OF A BIOMEDICAL H.I.V. PREVENTION TAUGHT US A LOT OF THINGS, INCLUDING WHAT TO AVOID. WE HAVE TO MAKE SURE THAT PROVIDERS FEEL COMFORTABLE PRESCRIBING DOXY-P.E.P. WE HAVE TO BUILD THEIR AWARENESS AND THEIR SKILL SET. WE HAVE TO MAKE SURE THAT CONSUMERS ARE COMFORTABLE ACCESSING AND ASKING FOR DOXY-P.E.P. WE CANNOT REPEAT THE PAST, WHEN WE STIGMATIZED H.I.V. P.R.E.P., AND THERE WERE SOME PROMINENT PERSONS WHO REALLY, I THINK, CAST A SHADOW ON THE BENEFIT OF H.I.V. P.R.E.P., THAT I THINK, IN MANY WAYS, STILL PLAYS OUT WITH THE DISPARITIES WE SEE AROUND H.I.V. IN THE BLACK AND BROWN

COMMUNITY, IN PARTICULAR. SO I THINK WE NEED TO MAKE SURE THAT PEOPLE UNDERSTAND THAT DOXY-P.E.P. IS EFFECTIVE. TWO VERY LARGE STUDIES; THE "NEW ENGLAND JOURNAL OF MEDICINE" COULDN'T BE MORE CLEAR ABOUT ITS EFFECTIVENESS. IT COULD HELP OVER 65% OF NEW S.T.D. INFECTIONS, IF TAKEN PROMPTLY, WITHIN 72 HOURS. WE ALSO NEED TO MAKE SURE THAT WE UNDERSTAND MEDICAL MISTRUST. SOME OF OUR COMMUNITIES WILL ASK IMPORTANT QUESTIONS AROUND ANY NEW MEDICATION, AND SO WE HAVE A DUTY TO MAKE SURE THAT OUR COMMUNITIES ARE INFORMED AND EMPOWERED TO ACCESS THIS SEXUAL HEALTH TOOL THAT COULD REALLY CHANGE THINGS FOR US IN L.A.

SUP. HORVATH, CHAIR: AGAIN, IT SOUNDS LIKE THERE IS A LOT THAT'S GOING ON, AND YET WE STILL HAVE THIS CRISIS. SO, WHETHER WE'RE LOOKING AT NEW ADVERTISING AND COMMUNICATION CAMPAIGNS, EXPANDING COMMUNITY PARTNERSHIPS, MAKING SHIFTS IN CULTURAL COMPETENCY APPROACHES, THERE IS A LOT MORE WORK THAT WE HAVE DO. AND WE ALSO KNOW THAT, OVER THE LAST YEAR, WE'VE SEEN THE POLITICIZING OF SEXUAL HEALTH AND H.I.V./S.T.I. SERVICES. WE SAW CONGRESS NOT REAUTHORIZE P.E.P.F.A.R., THE PRESIDENT'S EMERGENCY PLAN FOR A.I.D.S. RELIEF, WHICH WAS ACTUALLY LED AND APPROVED UNDER A REPUBLICAN ADMINISTRATION, SO IT SHOULDN'T BE A PARTISAN ISSUE. P.E.P.F.A.R. SAVED APPROXIMATELY 25 MILLION LIVES AROUND THE WORLD, BY PROVIDING ESSENTIAL SERVICES TO PEOPLE LIVING WITH H.I.V./A.I.D.S., AND

IT'S NOW BEING HELD HOSTAGE IN THE HOUSE, AS WE KNOW. WE CANNOT POLITICIZE THESE LIFE-SAVING MEASURES AND DOLLARS, AND MAKE SURE THAT WE GET THOSE DOLLARS INVESTED IN PEOPLE'S SAFETY AND HEALTHCARE. YES, IT IS RACISM, YOU'RE RIGHT. AS WE ADDRESS THE S.T.I. CRISIS IN L.A. COUNTY, WE CAN'T FORGET TO SPEAK UP AND SPEAK OUT ABOUT CRITICAL PROGRAMS THAT IMPACT GLOBAL HEALTH EFFORTS, AS WELL, AND SO I KNOW WE'RE THINKING GLOBALLY, BUT WE'RE ACTING LOCALLY HERE IN L.A. COUNTY, THROUGH THE EFFORTS THAT YOU MENTIONED, AND WE HAVE TO DIG IN DEEPER, BECAUSE WHAT WE ARE SEEING REQUIRES EVEN MORE WORK. THANK YOU VERY MUCH. I'M NOW GOING TO TURN IT TO SUPERVISOR HAHN.

SUP. HAHN: THANK YOU, MADAM CHAIR. THANK YOU, DR. FERRER AND MR. PEREZ, FOR THE PRESENTATION. AND CERTAINLY, JUST FOLLOWING UP ON MADAM CHAIRMAN'S LAST REMARKS, I MEAN, LOOKING AT THAT PRESENTATION, YOU'RE DOING A LOT. SEEMS LIKE YOU HAVE A VERY ROBUST BUDGET. YOU'RE DOING A LOT. YOU'RE LOOKING TO SOLVE THIS CRISIS. AND YET, HERE'S WHAT I'M HEARING, PARTICULARLY FROM MY COMMISSIONER, JUSTIN VALERO, WHO HAS BEEN ON THE COMMISSION ON H.I.V. FOR SEVERAL YEARS. HE HAS CONTINUED TO RAISE THE ISSUE ABOUT ACCESS TO CARE. THERE ARE 10 D.P.H. SEXUAL HEALTH CLINICS FOR A POPULATION OF 10 MILLION. MANY OF THESE CLINICS ARE ONLY OPEN A FEW DAYS A WEEK, FOR LIMITED HOURS. THERE'S NO SERVICES OFFERED ON FRIDAY AFTERNOONS, AND

NO WEEKEND AVAILABILITY. THERE ARE ONE TO TWO CLINICS IN EACH SERVICE PLANNING AREA, S.P.A.S; HOWEVER, THESE AREAS ARE HUGE, AND IT'S EASY TO BELIEVE THAT IT COULD TAKE SOMEONE A SUBSTANTIAL AMOUNT OF TIME TO GET TO ONE OF THESE CLINICS. THEN YOU THROW IN THE LIMITED HOURS, AND YOU CAN SEE HOW ACCESSING THIS CARE CAN BE OFF-PUTTING. THE COUNTY HAS A STRONG RELATIONSHIP WITH COMMUNITY PROVIDERS, WHO HELP WITH THE CHALLENGE OF DISTANCE, BUT STILL, THERE ARE SO MANY AREAS WITH LITTLE TO NO CARE, ESPECIALLY IN SUBURBAN AREAS. SO I HEAR WHAT YOU'RE BOTH SAYING, ABOUT TRYING TO-- WHEN THEY DO COME IN FOR VARIOUS REASONS, WHEN YOU GOT TO MAKE SURE WE'RE SCREENING WOMEN WHO ARE PREGNANT, OR PARTICULARLY THOSE WHO ARE EXPERIENCING HOMELESSNESS, BUT AS YOU CAN SEE, A LOT OF PEOPLE, MAYBE, WOULD LIKE TO BE PROACTIVE AND SEEK TESTING OR TREATMENT, BUT ARE FINDING IT REALLY DIFFICULT. SO, DR. FERRER, I'M JUST GOING TO MAYBE THROW IT TO YOU, OR EITHER ONE OF YOU. SO, I MEAN, I THINK OUR GOAL WOULD BE TO MAKE SURE THAT A PERSON WHO WANTS TO SEEK TESTING OR TREATMENT CAN GET IT QUICKLY AND CONVENIENTLY, IN ALL AREAS OF L.A. COUNTY. SO, WHAT DO YOU PROPOSE TO FILL IN THAT GAP IN THESE SERVICES AREAS?

DR. BARBARA FERRER: THANK YOU SO MUCH, SUPERVISOR HAHN, AND I SHARE YOUR CONCERNS. I DO THINK, AS WE OUTLINED, WE'RE TRYING TO CLOSE THOSE GAPS IN PLACES WHERE IT'S BEEN HARD FOR PEOPLE

TO REACH CARE. BUT I 100% AGREE WITH YOU. IF YOU ARE LOOKING FOR CARE, IT SHOULDN'T BE HARD TO FIND IT; NOT IN L.A. COUNTY. SO WE'RE WORKING ON A FEW FRONTS, AND I'LL LET MARIO TALK A LITTLE BIT MORE ABOUT SORT OF THE COMMUNITY PARTNERS, BECAUSE, OBVIOUSLY, WE CAN'T DO THIS ALONE. HUGE COUNTY. WE MADE A VERY BIG INVESTMENT IN COMMUNITY PARTNERS FOR A VARIETY OF REASONS, INCLUDING THAT THEY ARE VERY LOCAL AND CULTURALLY COMPETENT IN THEIR ABILITY TO BUILD TRUST, AND TO SERVE SPECIFIC COMMUNITIES, AND WE WANT TO SUPPORT THAT, AND WE WANT TO ACKNOWLEDGE THE NEED FOR THAT LEVEL OF DIVERSITY. I HAVE ASKED OUR TEAM TO START LOOKING AT THOSE CLINIC HOURS. I SHARE THE SAME CONCERN. BUT BECAUSE WE HAVE LIMITED CLINIC HOURS, WE ARE STARTING TO USE OUR MOBILE VACCINE TEAMS TO ACTUALLY DO MOBILE S.T.I. TESTINGS AND SCREENINGS. AND WE'RE ALSO USING, AS YOU HEARD FROM MARIO, TELEHEALTH. SO WE'RE TRYING TO LOOK AT SOME OF THE INVESTMENTS WE MADE WHEN WE DECIDED IT WAS REALLY IMPORTANT TO MAKE SURE EVERYONE HAD EASY ACCESS TO FREE VACCINES; THAT WE THINK SIMILARLY ABOUT ACCESS, PARTICULARLY AROUND TESTING AND TREATMENT. WE'VE HAD A LOT OF MEETINGS OVER THE LAST FEW MONTHS WITH OUR PROVIDER COMMUNITY, BECAUSE I WANT TO NOTE THAT WE HAVE A VERY VAST PROVIDER COMMUNITY; NOT JUST OUR FEDERALLY QUALIFIED HEALTH CENTERS AND THE COMMUNITY PROVIDERS WE'RE WORKING WITH, BUT WE HAVE LOTS OF OTHER PROVIDERS. AND MARIO HAS BEEN TRYING REALLY HARD TO FIGURE OUT HOW, WHEREVER YOU GO, TESTING IS EASY. THAT EFFORT AT THE

EMERGENCY ROOMS TOOK A LOT OF WORK, BUT IT, AGAIN, IS A PLACE WHERE PEOPLE WHO ARE MAYBE POORLY CONNECTED TO CARE ARE SHOWING UP, AND WE SHOULD MAKE IT VERY EASY AT THOSE SITES TO GO AHEAD WITH TESTING. WE'RE ALSO WORKING WITH SOME OF OUR FEDERALLY QUALIFIED HEALTH CENTERS, BECAUSE, FRANKLY, THEY'RE IN SOME OF THE COMMUNITIES WITH THE LEAST ACCESS TO TESTING AND TREATMENT, AND MANY OF THEM HAVE NOT BEEN ABLE TO OFFER EXPEDITED, EASY TESTING IN THEIR OWN SETTINGS, AND THEY NEED SOME SUPPORT, AND WE'RE HERE TO PROVIDE THAT SUPPORT, SO THAT THEY CAN GO AHEAD AND OPEN. I MEAN, I THINK THE BIG ISSUE RIGHT NOW IS, IT HAS TO BE VERY EASY TO GET TESTED, WITH AS FEW BARRIERS AS POSSIBLE, AND MANY, MANY DIFFERENT KINDS OF LOCATIONS WHERE THAT TESTING IS GOING TO BE AVAILABLE. AND, MARIO, IT WOULD BE GREAT IF YOU TALK ABOUT THE PROVIDER OUTREACH, BECAUSE THAT IS A BIG ISSUE FOR US, AS WELL.

MARIO PEREZ: SURE, ABSOLUTELY. YEAH, SO THE BEST CHOICE SHOULD BE THE EASIEST CHOICE: TO GET SCREENED AND DIAGNOSED AS QUICKLY AS POSSIBLE. WE WANT TO USE TECHNOLOGY. WE WANT PRE-REGISTRATION. WE WANT PEOPLE TO BE ABLE TO GO IN AND OUT, GET THE RESULTS. IF THEY ARE REACTIVE, THEY GO BACK AND GET TREATED, AND THEY WALK OUT WITH TREATMENT FOR THEIR PARTNER, IF THEIR PARTNER'S NOT GOING TO COME IN. BUT WE NEED TO MULTIPLY THAT MODEL ACROSS MANY HEALTH SYSTEMS: LARGE HEALTH SYSTEMS; CERTAINLY, OUR PUBLIC HEALTH S.T.D. CLINICS. WE RELY

HEAVILY ON A NETWORK OF COMMUNITY-BASED ORGANIZATIONS, WHO PROVIDE ESSENTIAL SEXUAL HEALTH SERVICES THAT'S BARRIER-FREE, CULTURALLY AND LINGUISTICALLY SENSITIVE--

SUP. HAHN: I MEAN, I HEAR YOU, BUT MY COMMENTS WERE REALLY SPECIFICALLY-- I LAID OUT HOW DIRE SOME AREAS ARE, AND HOURS OF CLINICS. AND SO I HEAR YOUR MODEL, BUT WHAT DO YOU THINK WE CAN DO BETTER TO CLOSE THESE GAPS? AS YOU SAID, PEOPLE WHO WANT TO GET TESTED, WHO WANT THE TREATMENT, THEY'RE THE ONES I'M TALKING ABOUT. AND NO WEEKENDS, NO FRIDAYS, TAKING TRANSPORTATION SEVERAL CITIES APART. SO, WHAT'S YOUR SUGGESTION?

MARIO PEREZ: SO, THE PUBLIC HEALTH CLINICS ARE A VERY IMPORTANT SAFETY NET FOR FOLKS WHO DO NOT HAVE ACCESS, ROUTINELY. WE HAVE TO MAKE SURE THAT SEXUAL HEALTH SERVICES BECOME A MORE ROUTINE PART OF HEALTHCARE DELIVERY IN OUR COUNTY, AND WE HAVE TO CHANGE THE PARADIGM AROUND COMFORT AND TRUST WITH YOUR PRIMARY CARE PROVIDER. WE HAVE TO IMPROVE THE [INAUDIBLE] RATES THAT SAYS THAT ALL SEXUALLY ACTIVE YOUNG WOMEN, BETWEEN 16 AND 24, SHOULD GET A CHLAMYDIA TEST EVERY YEAR. THAT IS NOT HAPPENING IN THE HEALTH SYSTEM AT A LEVEL THAT WE NEED. AND SO I AGREE THAT THE PUBLIC HEALTH S.T.D. CLINICS NEED TO BE MODERNIZED, AND THERE IS AN EFFORT AFOOT TO DO SOME OF THAT MODERNIZATION, BUT IT NEEDS TO BE COMPLEMENTED

BY WHAT U.C.L.A. HEALTHCARE SYSTEM, AND WHAT THE KAISER SYSTEM, AND THE NETWORK OF F.Q.H.C.S, THE 65 THAT SERVE 2.2 MILLION RESIDENTS, WE HAVE ALSO REACHED OUT TO THEM. WE'VE TALKED TO L.A. CARE HEALTH PLAN AND HEALTH NET ABOUT IMPROVING HOW THEY APPROACH AND PRIORITIZE AND FINANCE SEXUAL HEALTH.

SUP. HAHN: SO THAT THESE BECOME A PLACE WHERE PEOPLE CAN GO FOR TESTING AND TREATMENT, AS OPPOSED TO JUST OUR CLINICS. THAT'S WHAT YOU'RE SAYING.

MARIO PEREZ: EXACTLY.

SUP. HAHN: HOW DO WE THINK WE GET THERE?

DR. BARBARA FERRER: WE'RE WORKING PRETTY HARD. I MEAN, I WILL SAY THE FINANCING IS DRIVING A LOT OF THIS, SO I WANT TO GIVE THE PUBLIC HEALTH TEAM A LOT OF CREDIT. WE SPENT THE LAST 6 MONTHS MEETING WITH THE LARGER HEALTH PLANS, LAYING OUT A SERIES OF SUGGESTED RECOMMENDATIONS FOR THEM. WE'VE HAD GREAT COOPERATION FOR THEM TO MOVE IN A DIRECTION THAT, AGAIN, MAKES IT EASY FOR PROVIDERS TO BE PAID FOR SERVICES THAT THEY DO, THAT MAY BE SLIGHTLY DIFFERENT THAN THE WAY THE BILLING CODES ARE SET UP NOW. SO, YOU KNOW, SOME OF THIS IS JUST THIS VERY DETAILED WORK ON HOW ARE PEOPLE GETTING PAID. SO, BUT WE SHARE YOUR CONCERN, AND ARE TRYING--

SUP. HAHN: MAYBE THE NEXT TIME YOU COME BACK, YOU CAN GIVE US SOME--

DR. BARBARA FERRER: MORE UPDATES ON SORT OF THESE OTHER--

SUP. HAHN: BECAUSE, OBVIOUSLY, YOU'VE GOT SORT OF A BLUEPRINT TO DO THIS. IT JUST FEELS LIKE IT'S NOT HAPPENING QUICK ENOUGH.

DR. BARBARA FERRER: YES. THANK YOU.

SUP. HAHN: BUT WHATEVER WE CAN DO TO SUPPORT THAT EFFORT, LET US KNOW.

DR. BARBARA FERRER: THANK YOU.

SUP. HORVATH, CHAIR: SUPERVISOR BARGER?

SUP. BARGER: THANK YOU. AND, ACTUALLY, I WAS GOING TO ASK ABOUT THE HEALTH PLAN. SO, YOU ARE WORKING WITH L.A. CARE AND ALL, TO SEE HOW YOU CAN CAPITALIZE ON THAT. AND IF YOU ANSWERED THIS, I APOLOGIZE, BUT SERVICE PROVIDERS ARE ONLY UTILIZING 71% OF THEIR ALLOCATED FUNDS. WHY ARE THOSE FUNDS NOT FULLY UTILIZED?

MARIO PEREZ: IT'S MOSTLY STAFFING SHORTAGES AND STAFF VACANCIES THAT HAVE NOT ALLOWED THEM TO MAXIMIZE THOSE COMMITMENTS. AS PART OF THE MOST RECENT INVESTMENT OF RESOURCES MADE AVAILABLE BY YOUR BOARD-- THAT TOBACCO SETTLEMENT FUND-- WE MET WITH EACH PROVIDER, INDIVIDUALLY, TO TRY TO UNDERSTAND WHY THEIR SPENDING PATTERNS WERE WHAT THEY WERE. AND AS PART OF THE INVESTMENT OF ADDITIONAL RESOURCES, WE ALSO WANTED TO MAKE SURE THERE WAS A PLAN TO SPEND AT A FASTER CLIP, AND THAT OFTEN MEANT HIRING MORE STAFF. BUT WE'RE ALSO INVESTING IN TECHNOLOGY AND CHANGES TO E.H.R.S, TO MAKE ORDERING EXAMS MORE ROUTINE AND EASIER, AND SO WE'RE TRYING TO SUPPORT THEIR ACCESS TO TOOLS THAT MAKE THE VISITS AS EFFICIENT AS POSSIBLE. SO I TRUST THAT THOSE RESOURCES, THEY'LL CATCH UP AND SPEND, AND THEN THEY'LL ALSO SPEND THE NEW RESOURCES WE'RE INVESTING.

SUP. BARGER: THIS IS NOT AN "I AGREE OR DISAGREE." I JUST WANT TO UNDERSTAND THE THOUGHT BEHIND IT, BECAUSE I KNOW THAT WE'VE CHANGED HOW PROVIDERS BILL FOR INSURANCE, FOR TESTING AND RECOUPING. DO YOU THINK THAT'S HAD A NEGATIVE IMPACT, OR HAS THERE BEEN NO IMPACT, AS IT RELATES TO THEY HAVE TO BILL FOR LABS, CORRECT? AND PRIOR TO THAT, THAT WAS NOT THE CASE. DO YOU FOLLOW ME?

MARIO PEREZ: YEAH. SO, PREVIOUSLY, THERE WAS A SET-ASIDE TO HELP PROVIDERS OFFSET THE COSTS OF LABORATORY SPECIMEN PROCESSING. WE HAVE BEEN WORKING WITH THEM TO DEVELOP BILLING MECHANISMS, SO THAT WE BILL HEALTH PLANS FOR SERVICES THEY SHOULD BE COVERING. AND THAT GAP HAS NARROWED, IN TERMS OF WHAT THEY SPEND AND WHAT THEY ARE ABLE TO BILL, AND THERE ARE STILL SOME THINGS THAT WE'RE WORKING WITH THEM ON, BUT THE LABORATORY SPECIMEN PROCESSING IS A COST TIED TO THE S.T.D. VISIT, JUST LIKE THE VISIT COST IS.

SUP. BARGER: AND I'M GLAD YOU SAID THAT, MARIO, BECAUSE ONE OF THE THINGS THAT I QUESTIONED ON THAT WAS, IF WE'RE BILLING THE INSURANCE PROVIDER-- WHICH, YOU KNOW, THEY HAVE AN OBLIGATION TO PAY IT-- THE CONCERN IS CONFIDENTIALITY, AND WILL THAT PUSH AWAY PEOPLE FROM COMING AND GETTING TESTED? BECAUSE SOME WANT TO REMAIN ANONYMOUS, AND NOT HAVE THEIR INSURANCE BILLED.

MARIO PEREZ: YES, WE'RE AWARE OF THOSE CIRCUMSTANCES, AND WE WANT TO MAKE SURE THAT NO POLICY CHANGE THAT WE ADVANCE IMPACTS SOMEONE'S COMFORT GETTING A SEXUAL HEALTH VISIT. AND SO FOR SOME PROVIDERS, PARTICULARLY THOSE WHO SERVE YOUNG PEOPLE, WE'VE CREATED A LINE ITEM, SO THAT THAT LABORATORY COST IS COVERED, AND IT DOESN'T REQUIRE THE BILLING OF THE FAMILY HEALTH PLAN. AND SO, PARTICULARLY FOR PEOPLE UNDER 26, IT'S A VERY SENSITIVE ISSUE. WE'RE ALSO VERY GRATEFUL THAT

YOUR BOARD SUPPORTED A.B. 1645, THE BILL ADVANCED BY ASSEMBLYMAN ZBUR THAT WOULD HAVE ELIMINATED COPAYS AND PREMIUMS FOR ANYONE ACCESSING SEXUAL HEALTH SERVICES. THAT WOULD'VE BEEN ONE BARRIER REMOVED ALONG THE SAME LINES. THAT, UNFORTUNATELY, WAS VETOED BY THE GOVERNOR, BUT WE'RE TRYING TO ADDRESS SOME OF THOSE STRUCTURAL BARRIERS THAT IMPEDE SOMEONE'S COMFORT LEVEL WITH HAVING A SEXUAL HEALTH VISIT.

SUP. BARGER: YEAH, I THINK THAT IT'S HELPFUL, THEN, TO HAVE ALL THE STAKEHOLDERS DISCUSSING, FROM THE PRIVATE SECTOR, NONPROFIT, AS WELL AS INTERNALLY, SO WE CAN GET SOMETHING THAT MAKES SENSE. SO I APPRECIATE THAT. AND THEN LAST, BUT NOT LEAST, I'M GLAD YOU BROUGHT UP THE WHOLE ISSUE OF THE NUMBER OF BABIES BEING BORN WITH SYPHILIS. I MEAN, I, UP IN THE ANTELOPE VALLEY, MET A WOMAN WHO CURRENTLY IS FOSTERING A BABY THAT WAS BORN WITH SYPHILIS, BUT ALSO METH AND OTHER ISSUES, AND ONE OF THE QUESTIONS THAT I HAD-- AND YOU'RE PROBABLY ALREADY DOING IT, BUT TO YOUR POINT, DR. FERRER, IT'S PROBABLY MORE OFTEN THAN NOT-- I MEAN, THE HOMELESS PEOPLE THAT I COME IN CONTACT WITH, THAT ARE PREGNANT, ARE USING. AND I HAVE TO WONDER IF WE MAYBE NEED TO DO AN ALL-HANDS-ON-DECK FRONTLOAD MEDICAL OUT FOR THESE WOMEN THAT ARE ON THE STREET, TO SEE IF WE CAN ADDRESS IT THERE, BECAUSE THERE IS A COMMON THEME, AND SUBSTANCE ABUSE IS DEFINITELY ONE OF THEM. AND I'M SURE THAT THERE ARE OTHER LIFESTYLE CHOICES THAT ARE IMPACTING IT, AS

WELL. AND IT JUST BREAKS MY HEART, BECAUSE WE DON'T KNOW HOW THESE BABIES ARE GOING TO DEVELOP, AND I THINK IT-- I JUST WANT TO MAKE SURE THAT WE'RE DOING EVERYTHING WE CAN.

DR. BARBARA FERRER: THANK YOU SO MUCH, SUPERVISOR BARGER, AND WE 100% SHARE THE CONCERN, AND HAVE DONE JUST THAT, EVEN INTERNALLY. WE HAVE A DEDICATED TEAM AT D.P.H. THAT IS SINGULARLY FOCUSED ON FINDING WOMEN WHO ARE UNHOUSED, AND MAKING SURE THAT, AS EARLY ON IN THEIR PREGNANCY AS POSSIBLE, WE'RE CONNECTING THEM TO A WHOLE HOST OF SERVICES THAT THEY WANT, AND SOME SERVICES THAT WE WOULD LIKE THEM TO MAKE USE OF. BUT WE'RE TRYING TO MEET PEOPLE WHERE THEY'RE AT, AND WE'RE TRYING TO ACKNOWLEDGE THAT LIFE IS, JUST LIKE YOU SAID, FOR MANY OF THESE WOMEN, EXTRAORDINARILY COMPLICATED, AND SOME OF THEM HAVE ALREADY LOST A BABY PREVIOUSLY, OR HAVE EXPERIENCED HAVING A CHILD REMOVED. SO THERE IS A FAIR AMOUNT OF DISTRUST AMONG WOMEN WHO ARE PREGNANT, WHO ARE UNHOUSED, AND MAY BE FEELING VERY HESITANT TO ENGAGE WITH OUR TRADITIONAL TEAMS, WHICH IS WHY WE HAVE A SEPARATE TEAM THAT'S REALLY LASER-FOCUSED ON THIS. BECAUSE, AGAIN, AS WE SHOWED YOU, THE NUMBERS ARE SMALL ENOUGH THAT WE SHOULD BE ABLE TO FIND WOMEN, REASSURE THEM THAT OUR INTENT IS TO BE SUPPORTIVE, AND HELP CONNECT THEM TO THE KIND OF SERVICES THAT COULD LEAD TO A HEALTHY BIRTH.

SUP. BARGER: EXCELLENT. AND THEN I'LL JUST, IN CLOSING, SAY THAT I REMEMBER BACK IN THE EARLY 90'S, WHEN MACLAREN HALL WAS OPEN, AND WE WOULD HAVE LINES OF BASINETS, BUT THEN WE WOULD HAVE ROCKING CHAIRS. AND ALL THE BABIES WERE WRAPPED UP TIGHT, BECAUSE THEY WERE BORN ADDICTED TO CRACK. AND DR. BEAN, FROM MARTIN LUTHER KING HOSPITAL, WAS A CHAMPION ON ADDRESSING THE ISSUE, AS IT RELATED TO IMPACTING THE COMMUNITY SURROUNDING MARTIN LUTHER KING HOSPITAL. BUT I REMEMBER THE QUESTION: WHAT ARE WE GOING TO DO WHEN THESE BABIES ARE OLDER? ARE WE PREPARED TO ADDRESS WHAT THE IMPACT MAY BE, OF THEM BEING BORN EXPOSED TO SUBSTANCE ABUSE AND CRACK? AND I GUESS I WOULD SAY THE SAME IN THIS SITUATION, TOO. I HOPE THAT WE-- AND I KNOW, SUPERVISOR MITCHELL, YOU ARE ON FIRST 5. WE HAVE OPPORTUNITIES TO MAKE SURE THAT WE FRONTLOAD, BECAUSE WE DIDN'T FRONTLOAD ON THAT. WE WERE NOT PREPARED FOR THESE BABIES THAT WERE BECOMING YOUNG TEENS. AND I JUST HOPE THAT, AS WE ADDRESS THESE ISSUES-- AND I'M JUST GOING OUT THERE, BECAUSE IT REALLY IMPACTED ME TO SEE THESE WOMEN THAT ARE PREGNANT ON THE STREET, WITHOUT GETTING PRENATAL CARE, AND THEN KNOWING THAT THERE COULD BE COMPLICATIONS. I, FOR ONE, AM GOING TO BE LOOKING AT THAT VERY CLOSELY, AND I WOULD BE HAPPY TO WORK WITH YOU, BECAUSE I KNOW YOU ARE A CHAMPION AT FIRST 5 ON THIS ISSUE. THANK YOU, MADAM CHAIR.

SUP. HORVATH, CHAIR: SUPERVISOR SOLIS?

SUP. SOLIS: YES, THANK YOU. I WANT TO THANK YOU, DR. FERRER, AND YOUR TEAM FOR ALL THE WORK THAT YOU HAVE DONE. WE HAVE DONE SO MUCH ALREADY, I KNOW, IN THE PAST TWO YEARS ON MPOX, AND I WANT TO THANK YOU FOR THAT, BECAUSE THAT WAS SOMETHING THAT WE USED NONTRADITIONAL METHODS. IN FACT, I THINK THOSE ARE THE BEST THINGS, SOMETIMES, THAT CAN HELP GET THE WORD OUT. YOU ATTENDED SEVERAL EVENTS WE HAD IN EAST L.A., WITH THE QUEER MERCADO, AND WE HAD 250 PEOPLE COME IN THAT ONE SATURDAY TO GET THE MPOX. AND THAT WAS SO EFFECTIVE, BECAUSE THAT WAS ANOTHER OUTLET THAT REALLY CONNECTED OUR COMMUNITY. AND I WOULD WANT TO ENCOURAGE US TO DO MORE OF THAT, BECAUSE I KNOW YOU DON'T HAVE THE RESOURCES OR THE MANPOWER, BUT COMING UP WITH THOSE KINDS OF STRUCTURED EVENTS, AND KNOWING WHERE THEY ARE HAPPENING, BECAUSE THOSE GROUPS STILL MEET. BUT RIGHT NOW IS THE TIME TO DO IT, ESPECIALLY AS THE HOLIDAYS, NEW YEAR'S, EVERYONE'S GOING TO BE OUT CELEBRATING, A LOT OF THINGS HAPPENING. WE NEED TO GET THE WORD OUT. YOU KNOW WHAT I MEAN? I MEAN THAT IN A POSITIVE WAY, BUT I ALSO AM CONCERNED ABOUT THE WHOLE ISSUE REGARDING HOMELESSNESS AND SKID ROW, BECAUSE NOW THAT I HAVE ALL OF IT, I'M VERY CONCERNED ABOUT WHAT WE ARE DOING THERE WITH L.G.B.T.Q., BUT ALSO WITH WOMEN, YOUNG WOMEN, AND HOW WE ARE CONNECTING WITH THE DOWNTOWN WOMEN'S CENTER AND WITH OUR PROJECT THAT WE HAVE ON SKID ROW, THAT'S ONGOING NOW. YOU'RE A PART OF IT. YOUR TEAM IS THERE, BUT JUST

MAKING SURE THAT THIS IS ALSO FRONT AND CENTER AS WE MOVE ALONG, BECAUSE I THINK IT IS REALLY IMPORTANT, AND ESPECIALLY FOR PEOPLE WHO HAVE LIMITED ENGLISH, AND OTHER DISABILITIES, AS WELL. I DON'T JUST MEAN LANGUAGE, BUT DISABILITIES. I THINK THAT'S ALSO STIGMATIZED HERE. PEOPLE JUST DON'T WANT MORE ATTENTION. AND I WOULD HOPE THAT WE COULD GET OUR DEPARTMENTS, D.P.S.S., G.R. UNIT, WHATEVER IT IS, TO ALSO MAYBE PROVIDE SOME INFORMATION ABOUT THAT. I MEAN, BECAUSE PEOPLE AREN'T GOING TO SAY, "HEY, I HAVE AN S.T.D. ISSUE," OR, "I HAVE CHLAMYDIA." THEY'RE NOT GOING TO ALWAYS GIVE THAT INFORMATION UP, ESPECIALLY WOMEN, WHEN THEY'RE IN THIS PREDICAMENT. IF THEY ARE USING, WHATEVER IT IS, THEY'RE NOT NECESSARILY GOING TO DISCLOSE THAT. SO, WHAT METHODS? AND I GUESS MAYBE TODAY ISN'T THE DAY TO GET ALL THIS INFORMATION, BUT AT AN UPCOMING MEETING TO GIVE US AN ACTUAL PLAN, AND TELL US WHAT YOU HAVE DONE. AND IF WE CAN BE HELPFUL WITH OUR CONTACTS, AS WELL, I CERTAINLY WANT TO SEE THAT. AND I TOTALLY BELIEVE THAT THE MOBILE CLINICS, THE BOOTS ON THE GROUND, AND THE MEDICAL TEAMS ON SKID ROW, YOU KNOW, I WOULD LOVE TO KNOW WHAT THAT LOOKS LIKE, OR HOW THAT IS ROLLING OUT.

DR. BARBARA FERRER: WE ARE HAPPY TO PROVIDE MORE DETAILS BACK TO YOU. WE DON'T EVEN NEED TO WAIT FOR ANOTHER BOARD MEETING. WE CAN JUST GO AHEAD AND PUT TOGETHER THE DETAILS ON SORT OF THE CONNECTIONS, PARTICULARLY WITH PEOPLE WHO ARE EXPERIENCING

HOMELESSNESS, AND PEOPLE WHO MAY BE STRUGGLING WITH AN ADDICTION OR MENTAL HEALTH ISSUE, AND SORT OF WHAT OUR OUTREACH LOOKS LIKE IN THOSE COMMUNITIES. AND I LOVE WHAT YOU SAID ABOUT, "THIS CAN'T JUST BE ONE TEAM." WE HAVE TO HAVE A VERY COORDINATED EFFORT, WORKING CLOSELY WITH THE OTHER DEPARTMENTS. AND I WANT TO THANK THE OTHER DEPARTMENTS, BECAUSE WHENEVER WE REACH OUT TO THEM, THEY HAVE BEEN GREAT ABOUT SUPPORTING OUR REQUESTS FOR ASSISTANCE.

SUP. SOLIS: RIGHT. SO, IF YOU COULD PROVIDE IT AND DO IT BY DISTRICT, THAT WOULD BE GREAT. THANK YOU.

DR. BARBARA FERRER: ABSOLUTELY.

SUP. SOLIS: APPRECIATE IT.

SUP. HORVATH, CHAIR: SUPERVISOR MITCHELL?

SUP. MITCHELL: THANK YOU VERY MUCH, MADAM CHAIR, AND THANK YOU FOR AGENDIZING THIS ISSUE. AND I APPRECIATE, DR. FERRER, YOUR COMMENT ABOUT A LACK OF CONNECTION TO CARE, BECAUSE I THINK THAT REALLY IS THE ROOT OF THE ISSUE. WHEN YOU LOOK AT THE ETHNIC POPULATIONS THAT ARE DISPROPORTIONATELY IMPACTED BY THE CONGENITAL SYPHILIS, IT IS THE SAME POPULATION THAT ARE AT THE TOP OF THE CHARTS FOR EVERYTHING ELSE BAD, WITH REGARD TO

HEALTH OUTCOMES. AND SO IT IS THE SAME POPULATION THAT WE HAD TROUBLE CONNECTING DURING C.O.V.I.D. AND SO IT IS THE CONNECTION TO CARE. THAT'S THE ISSUE, AND TRAGICALLY, WHEN WE TALK ABOUT MEDICAL MISTRUST, "BLACK PEOPLE, MEDICAL MISTRUST, SYPHILIS," ALL IN THE SAME SENTENCE, MEANS LACK OF CONNECTION TO CARE, BECAUSE THAT IS THE DIRECT LINE THAT HAS LED TO MULTIPLE GENERATIONS OF MISTRUST. SO IN THIS, WE'RE REALLY BEHIND-- PARDON THE PUN-- THE EIGHT BALL, BECAUSE ANY TIME YOU TALK ABOUT SYPHILIS, IT EVOKES HORRIFIC MEMORIES IN THE AFRICAN AMERICAN COMMUNITY. IN AUGUST OF LAST YEAR, I FILED A MOTION THAT, AMONG OTHER THINGS, DIRECTED D.H.S. AND D.P.H. TO CONSIDER INCLUDING S.T.I. TESTING, INCLUDING ORAL, ANAL, URINE TESTING, BLOOD TESTS, AND BUNDLE TESTING, WITHIN D.H.S.-OPERATED URGENT CARE CENTERS AND EMERGENCY ROOM SETTINGS, ESPECIALLY THOSE LOCATED IN HIGH-STI-INCIDENCE REGIONS. SO, IN LISTENING TO SUPERVISOR HAHN'S QUESTIONS, RECOGNIZING, MR. PEREZ, THAT YOU SAY WE'RE SCREENING PREGNANT WOMEN, ARE WE NOT DOING THAT? IF SO, WHY? AND, YOU KNOW, PERHAPS WAITING FOR WOMEN TO BE PREGNANT TO TEST IS TOO LATE. WE NEED TO FIGURE OUT HOW TO GET THEM, PRE-PREGNANT.

DR. BARBARA FERRER: I MEAN, I THANK YOU SO MUCH, SUPERVISOR MITCHELL, FOR THE QUESTION, AND FOR ELEVATING THE ISSUE AROUND RACISM, AND WHAT IS BEHIND THE MISTRUST. IT DIDN'T COME OUT OF THE BLUE. THERE'S REALLY GOOD REASONS FOR MISTRUST. AND THE

ONLY WAY TO ACTUALLY DEAL WITH THAT IS TO ACKNOWLEDGE WHAT THE HISTORY ACTUALLY TOLD US, AND DID, AND THEN TO MOVE FORWARD BY LISTENING AND DEVELOPING THOSE RESPECTFUL RELATIONSHIPS. SO I THINK WE TRY HARD, BUT IN THE MEANTIME, THE ISSUE OF MAKING SURE THAT, WITHIN OUR OWN COUNTY FAMILY, WE ARE DOING A BETTER JOB OFFERING TESTING AND REDUCING THOSE BARRIERS. I WANT TO THANK D.H.S. FOR WORKING WITH US ON THE EMERGENCY ROOMS. WE STILL NEED TO WORK WITH THEM ON URGENT CARE CENTERS. BUT, I MEAN, THEY HAVE BEEN A GOOD PARTNER, AGAIN, LIKE WITH EVERYTHING ELSE. IT SOUNDS VERY STRAIGHTFORWARD. IT IS ALWAYS A LITTLE BIT MORE COMPLICATED, BUT WE FEEL VERY CONFIDENT THAT THAT WILL, IN FACT, ROLL OUT WITHIN THE NEXT FEW MONTHS, IN MANY MORE OF THEIR SITES. AS I SAID, WE'D LIKE THIS TO BE PRETTY EASY FOR SITES TO DO, WHICH IS WHY WE ENGAGE WITH THE HEALTH PLANS, BECAUSE SOME OF THE REASONS WHY THIS HAS BEEN HARD HAS BEEN TIED TO THE FINANCING. SO I APPRECIATE THAT WE'VE BEEN WORKING CLOSELY WITH OUR LARGER HEALTH PLANS TO REALLY REDUCE THAT BARRIER, BECAUSE WE NEEDED SOME NEW BILLING CODES, TO BE HONEST.

SUP. MITCHELL: SO, I APPRECIATE THAT, AND I AM GOING TO FOLLOW UP WITH THE URGENT CARE CENTERS. AGAIN, THIS MOTION WAS AUGUST OF 2022. AND GIVEN THE NUMBERS, AND GIVEN THE INCREASE, WE ARE TALKING ABOUT PRIVATE INSURANCE, WHAT OTHER PEOPLE ARE DOING. ONE GROUP OF PEOPLE WE ARE IN CHARGE OF, AND THAT'S OURSELVES

AND COUNTY-OPERATED FACILITIES, SO LET'S MAKE SURE THAT WE'RE MAKING SURE WE'RE DOING ALL WE CAN IN OUR COUNTY-OPERATED FACILITIES. YOU KNOW, IT IS TRAGIC AT BEST, TO ME, AND TO HEAR, MR. PEREZ, AS YOU TALKED ABOUT ANNUAL CHLAMYDIA TESTING AND WHAT IS NOT HAPPENING. AND WHEN I THINK ABOUT MY OWN APPROACHING 60TH BIRTHDAY, AND WHEN I WAS IN THAT CATCHMENT AREA AGE, IT WAS AUTOPILOT IN MY EMPLOYER-BASED H.M.O. AND SO THEY WERE ABLE TO GET IT RIGHT, OVER 30 YEARS AGO. REALLY? AND SO THE REST OF THE COLLECTIVE HEALTHCARE DELIVERY SYSTEM HASN'T FIGURED OUT THAT BASIC, PREVENTATIVE, ASK THE QUESTIONS AND DO THE TEST EVERY YEAR, AS A PART OF A WOMAN'S PAP SMEAR EXAM?

MARIO PEREZ: YEAH, THE CHLAMYDIA SCREENING DOES NOT HAPPEN FOR 100% OF THE YOUNG WOMEN WHO ARE SEXUALLY ACTIVE IN THAT AGE GROUP. AND I THINK THAT THE [INAUDIBLE] THAT WAS DEVELOPED REALLY WAS DRIVEN BY AN INFERTILITY PREVENTION PROGRAM, WHICH IS IMPORTANT, BUT I REMINDED OUR STAKEHOLDERS THAT THE SOURCE OF CHLAMYDIA INFECTION, FOR MOST YOUNG WOMEN, IS A YOUNG MAN. AND YET, WE DO NOT HAVE A [INAUDIBLE] MEASURE TO SCREEN YOUNG MEN FOR CHLAMYDIA ONCE A YEAR, WHO ARE SEXUALLY ACTIVE, WHO ARE BETWEEN 16 AND 29. AND SO WE HAVE RATES OF REINFECTION, NOT JUST FOR CHLAMYDIA, BUT GONORRHEA AND SYPHILIS. AND SO THE SYSTEMS NEED TO BE UPDATED. THE EXPECTATIONS AROUND SCREENING NEED TO CHANGE. PROVIDERS NEED TO BE MORE COMFORTABLE. SO IT

IS AN ONGOING LIFT FOR US TO MAKE SURE THAT ALL CLINICAL PROVIDERS SERVING YOUNG PEOPLE HAVE A COMFORT LEVEL, BECAUSE WE WANT YOUNG PEOPLE TO START ACCESSING AND CONSUMING SEXUAL HEALTH SERVICES THAT ARE RESPONSIVE TO THEIR NEEDS FOR GENERATIONS TO COME. AND SO IT WILL REQUIRE US CHANGING THINGS STRUCTURALLY, AND FROM A POLICY STANDPOINT, AND FROM A REIMBURSEMENT STANDPOINT, AND ALSO FROM A SOCIAL IMPERATIVE STANDPOINT.

SUP. MITCHELL: AND THOSE ARE ANOTHER POPULATION THAT MAY NOT HAVE AN INNATE CONNECTION TO CARE, AND SO IF WE START THOSE PRACTICES EARLY, THEN WE WON'T CONTINUE TO HAVE TO FIGURE OUT UNIQUE WAYS TO OUTREACH, BECAUSE IT WILL BE KIND OF A PART OF THEIR EXPECTATION OF THEIR HEALTHCARE EXPERIENCE, AND THE DELIVERY. AGAIN, WE WILL BE FOLLOWING UP WITH REGARD TO URGENT CARE CENTERS AND WHATEVER WE CAN DO TO MAKE SURE THAT WOMEN, BEFORE BECOMING PREGNANT, HAVE ACCESS. BECAUSE I AGREE WITH YOU, AND I APPRECIATE HEARING DR. FERRER SAID, "THIS IS SOLVABLE." I THINK THE PROBLEM IS THE WORLD WAS OVERWHELMED BY THE CRACK EPIDEMIC, AND OUR RESPONSE WAS NOT FROM A PUBLIC HEALTH PERSPECTIVE; IT WAS PUNITIVE. AND SO THIS FEELS DIFFERENT TO ME, AND FEELS SOLVABLE, WHICH GIVES ME HOPE THAT WE DO HAVE THE OPPORTUNITY, BUT AGAIN RECOGNIZING THE POPULATION THAT'S AT GREATEST RISK, IT'S A LACK OF CONNECTION, PERIOD, TO SERVICES, TO HOUSING, TO FOOD, TO EVERYTHING, UP TO

AND INCLUDING HEALTHCARE SERVICES. SO I THINK WE SHOULDN'T TALK ABOUT THIS IN ISOLATION FOR THOSE PREGNANT WOMEN WHO ARE UNHOUSED IN THE ANTELOPE VALLEY. IT IS A LACK OF CONNECTION TO A COLLECTION OF SERVICES THAT WE HAVE TO BE PREPARED TO STEP IN AND SOLVE FOR ALL OF THAT, FOR THEM TO TRUST AND BE WILLING TO RECEIVE OUR CARE. BUT I'M YOUR PARTNER IN THAT. THANK YOU, MADAM CHAIR.

SUP. HORVATH, CHARI: THANK YOU. AND, EXECUTIVE OFFICER, PLEASE CALL THE MEMBERS OF THE PUBLIC WHO HAVE SIGNED UP TO SPEAK ON THIS ITEM.

SPEAKER: WILL THE FOLLOWING INDIVIDUALS PLEASE COME FORWARD: ANA ESTRADA, ANDREA FULLER, ANTIGONE ROBINSON, ARNOLD SACHS, CARLOS ORELLANA, CAROLINA GONZALES, CHRISTIAN ESPINOZA, DANIEL GONZALEZ, GENESIS DISCUA, JAMIE KENNERK, JESSICA PARELLE, LAUREN NATOLI, AND SYLVIA CASTILLO. PLEASE COME FORWARD AND STAFF WILL ASSIST YOU. AS A FINAL REMINDER FOR PARTICIPANTS ON THE TELEPHONE, IF YOU WOULD LIKE TO ADDRESS ITEM 53, IF YOU HAVE NOT ALREADY DONE SO, PLEASE PRESS 1 THEN 0 NOW TO BE PLACED IN THE SPEAKING QUEUE. MODERATOR, MAY WE HAVE THE FIRST REMOTE SPEAKER, PLEASE?

MODERATOR: AND OUR FIRST SPEAKER WILL BE AMBER GUERRA. PLEASE GO AHEAD. I APOLOGIZE. PLEASE GO AHEAD, AMBER GUERRA.

AMBER GUERRA: SORRY, I WAS MUTED. THANK YOU, SUPERVISOR HORVATH, FOR HIGHLIGHTING THIS IMPORTANT SUBJECT. MY NAME IS AMBER GUERRA, AND I'M WITH VENICE FAMILY CLINIC, WHICH IS A COMMUNITY HEALTH CENTER THAT SERVES 45,000 PATIENTS IN SANTA MONICA AND THROUGHOUT THE SOUTH BAY. VENICE FAMILY CLINIC STRONGLY SUPPORTS CONTINUED ACTION ON THE S.T.I. CRISIS, AND ESPECIALLY ADVOCACY FOR SYPHILIS TREATMENT. WE HAVE SEEN AN INCREASE IN POSITIVE SYPHILIS CASES, ESPECIALLY AMONG OUR UNHOUSED PATIENT POPULATION, SO IT IS REALLY IMPERATIVE THAT WE CONTINUE TESTING AND WE FIND A SOLUTION TO THE BICILLIN SHORTAGE, WHICH IS THE MOST EFFECTIVE TREATMENT. THANK YOU SO MUCH FOR YOUR TIME.

SPEAKER: THANK YOU. NEXT SPEAKER, PLEASE.

MODERATOR: OUR NEXT SPEAKER IS ROBERT CONTRERAS. PLEASE GO AHEAD. YOUR LINE IS OPEN.

ROBERT CONTRERAS: GOOD AFTERNOON. MY NAME IS ROBERT CONTRERAS. I'M PRESIDENT AND C.E.O. FOR BIENESTAR. WE SUPPORT SUPERVISOR HORVATH, ITEM 56, [INAUDIBLE] TO ADDRESS THE PRESENT ISSUE OF SEXUALLY TRANSMITTED INFECTIONS IN LOS ANGELES COUNTY. WE LAUNCHED CLINICA BIENESTAR SEVERAL YEARS AGO, AND TODAY, ONE IN THREE OF OUR PATIENTS SEEK TREATMENT FOR S.T.I.S. EACH

PATIENT REPRESENTS A CRUCIAL LINK BROKEN IN THE CHAIN OF INFECTION. THE MAJORITY OF THESE PATIENTS IDENTIFY AS L.G.B.T.Q.+ AND LATINX, WITH APPROXIMATELY HALF BEING SPANISH-SPEAKING, AND A SIGNIFICANT PORTION UNDOCUMENTED. OUR SUCCESS LIES IN OUR ABILITY TO OFFER A SAFE AND INCLUSIVE ENVIRONMENT, STAFFED BY BILINGUAL PROFESSIONALS, WHILE ENSURING THAT COSTS FOR VISITS, LAB WORK, AND TREATMENT ARE NEVER AN OBSTACLE. WE BELIEVE THAT IT IS IMPERATIVE FOR US TO COLLABORATE MORE CLOSELY AND PROMPTLY WITH THE COUNTY IN RESPONSE TO THE ESCALATING S.T.I. CRISIS.

SPEAKER: THANK YOU. YOUR TIME HAS EXPIRED. NEXT SPEAKER, PLEASE.

MODERATOR: AND WE HAVE NO FURTHER SPEAKERS IN QUEUE.

SUP. HORVATH, CHAIR: THANK YOU. WE WILL GO TO IN-PERSON HERE. GO AHEAD.

ANDREA FULLER: HI. MY NAME IS ANDREA FULLER. I AM THE DIRECTOR OF COMMUNITY PROGRAMS AND SERVICES AT TARZANA TREATMENT CENTERS. WE SERVE, WITH DIGNITY AND RESPECT, A POPULATION THAT OFTEN GETS FORGOTTEN. WITH OUR SIX PRIMARY CARE CLINICS, BEHAVIORAL HEALTH UNITS, DETOX CENTERS, AND OUR PSYCHIATRIC HOSPITAL, WE ARE THE LAST LINE OF CARE FOR MANY. IN THE PAST

THREE YEARS, OUR S.T.D. RATES HAVE INCREASED DRAMATICALLY. WHAT USED TO BE A SPORADIC DIAGNOSIS IN OUR PRIMARY CARE CLINICS ARE NOW DAILY FINDINGS; IN PARTICULAR, SYPHILIS. SYPHILIS RATES HAVE INCREASED ACROSS ALL RACIAL AND ETHNIC GROUPS, BUT THE HIGHEST HAS BEEN AMONG BLACKS AND THE LATINX POPULATION. IN L.A. COUNTY, CASE NUMBERS HAVE GREATLY INCREASED AMONG SUCH GROUPS AS MEN WHO HAVE SEX WITH MEN. WE HAVE PARTNERED CLOSELY WITH L.A. COUNTY DEPARTMENT OF PUBLIC HEALTH TO FIGHT THIS WAR. PLEASE APPROVE MOTION 53. THANK YOU FOR YOUR TIME.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

CHRISTIAN ESPINOZA: GOOD AFTERNOON. MY NAME IS DR. CHRIS ESPINOZA. I AM THE DIRECTOR OF CLINIC OPERATIONS AT TARZANA TREATMENT CENTERS. AT TARZANA, WE HAVE A DAILY FIGHT WITH S.T.D.S. IN THE PAST SIX MONTHS, WE HAVE DIAGNOSED MORE S.T.D. CASES, INCLUDING LATENT SYPHILIS, THAN WE HAVE IN THE PAST THREE YEARS. THIS MEANS MANY CASES ARE STILL NOT BEING DIAGNOSED IN THE COMMUNITY. THIS IS GOING TO BE DETRIMENTAL IN THE FUTURE, DUE TO ALL THE HEALTH AND FINANCIAL COMPLICATIONS THAT WILL OCCUR. WE HAVE PARTNERED CLOSELY WITH PUBLIC HEALTH, AND FULLY SUPPORT DR. FERRER'S PLAN AGAINST THIS HEALTH CRISIS. EVEN THOUGH CLINICS LIKE OURS ARE DIAGNOSING AND TREATING PATIENTS, CUTS AND THREATS AT THE FEDERAL LEVEL, AND

CHALLENGES AT THE STATE LEVEL, WILL NO DOUBT WORSEN THIS EMERGENCY. PLEASE CONTINUE SUPPORTING MOTION 53. THANK YOU.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

GENESIS DISCUA: HELLO, SUPERVISORS. MY NANE IS GENESIS DISCUA. I AM THE PUBLIC AFFAIRS SPECIALIST AT PLANNED PARENTHOOD ADVOCACY PROJECT LOS ANGELES COUNTY. AS A YOUNG ANGELENO, MYSELF, I KNOW FIRSTHAND THAT THE S.T.I. CRISIS IN THIS COUNTY IS MORE THAN JUST A COLLECTION OF INCREASING NUMBERS. IT IS THOUSANDS OF REAL LIVES DEEPLY IMPACTED BY THE REALITIES OF LIVING WITH AN S.T.I. I WANT TO THANK YOU ALL FOR YOUR PREVIOUS SUPPORT IN ADVANCING REPRODUCTIVE HEALTH THROUGHOUT THE COUNTY, AND FOR HAVING THIS CONVERSATION HERE TODAY. IT REALLY DOES MEAN A LOT, AND I ASK FOR YOUR CONTINUED SUPPORT ON ITEM 53. THANK YOU.

SUP. HORVATH, CHAIR: NEXT SPEAKER, PLEASE.

ANA KAREN ESTRADA: HELLO. MY NAME IS ANA KAREN ESTRADA, AND I AM THE [INAUDIBLE] ORGANIZER FOR PLANNED PARENTHOOD ADVOCACY PROJECT LOS ANGELES COUNTY. IN LOS ANGELES, THE S.T.I. CRISIS HAS HAD A PROFOUND IMPACT ON OUR COMMUNITY, AFFECTING THOUSANDS OF LIVES, FAR BEYOND JUST BEING A SET OF STATISTICS. I AM HERE TODAY TO EXPRESS MY SUPPORT FOR ITEM 53. THANK YOU,

SUPERVISOR HORVATH, FOR PUTTING THIS ITEM ON THE AGENDA TODAY, AND TO THE BOARD AND L.A. COUNTY DEPARTMENT OF PUBLIC HEALTH'S PARTNERSHIP IN ADDRESSING THE S.T.I. HEALTH DISPARITIES. TOGETHER, WE CAN MAKE A SUBSTANTIAL IMPACT ON THE LIVES OF THOSE AFFECTED, AND COLLECTIVELY STRIVE FOR A HEALTHIER AND SAFER FUTURE FOR OUR COUNTY AND ITS RESIDENTS. THANK YOU.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

ANTIGONE ROBINSON: GOOD AFTERNOON. MY NAME IS ANTIGONE ROBINSON. I WORK AT A.I.D.S. HEALTHCARE FOUNDATION, AND I AM HERE TO SPEAK ON ITEM 53 AND GENERAL PUBLIC COMMENT. CONGENITAL SYPHILIS RATES HAVE INCREASED TENFOLD OVER THE PAST DECADE, YET SOME PREGNANT WOMEN HAVE BEEN UNABLE TO ACCESS SYPHILIS TREATMENT, DUE TO THE BICILLIN L.A. SHORTAGE. N.C.S.D. RECEIVED REPORTS, ABOUT A MONTH AGO, OF SEXUAL HEALTH CLINICS IN 13 DIFFERENT STATES, WHO COULD NOT PROVIDE SYPHILIS TREATMENT TO AT LEAST ONE PREGNANT WOMAN FOR UP TO 28 DAYS. IN FACT, ONLY 56% OF ALL 287 SEXUAL HEALTH CLINICS AND HEALTH DEPARTMENTS THAT COMPLETED THE N.C.S.D. BICILLIN SHORTAGE SURVEY COULD SAY THAT SYPHILIS TREATMENT WAS PROVIDED WITHIN ONE WEEK. 31% SAID IT TOOK BETWEEN 8 AND 28 DAYS. WE CANNOT AFFORD ANY MORE MISSED OPPORTUNITIES TO SCREEN AND TREAT CONGENITAL SYPHILIS. WE NEED TO INCREASE COMMUNICATION BETWEEN ALL PARTIES TO MANAGE THIS SHORTAGE. WE ASK L.A.C.D.P.H. AND

THE BOARD TO HELP FIND A WAY TO ENSURE CONGENITAL SYPHILIS TREATMENT IS AVAILABLE FOR THOSE WHO NEED IT MOST.

SUP. HORVATH, CHAIR: THANK YOU. GENERAL PUBLIC COMMENT IS AT THE END OF THE MEETING, SO YOU CAN REQUEST THAT AT THE END OF THE MEETING, IF YOU WOULD LIKE TO SPEAK FOR ANOTHER MINUTE. THANK YOU. NEXT SPEAKER, PLEASE.

JAMIE KENNERK: HI. JAMIE KENNERK, FROM PLANNED PARENTHOOD ADVOCACY PROJECT LOS ANGELES COUNTY, OR P.P.A.P., ECHOING MY COLLEAGUES' COMMENTS, THANKING YOU ALL FOR THIS FRUITFUL CONVERSATION TODAY. P.P.A.P. IS PLEASED TO SUPPORT SUPERVISOR LINDSEY HORVATH'S CONTINUED EFFORT TO INCREASE SUPPORT AND FUNDING TO COMBAT THE SEXUALLY TRANSMITTED INFECTIONS CRISIS. AS A QUEER PERSON, I ESPECIALLY APPRECIATE THE NUANCE AND HIGHLIGHTS TO THE DISPROPORTIONATE DIFFICULTIES THAT OUR COMMUNITY WILL FACE, SEEKING THIS CARE. SO P.P.A.P. COMMENDS THE SUPERVISOR, THE REST OF THE BOARD, AS WELL AS THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, FOR CONTINUING ITS ESSENTIAL, LONG-STANDING PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND PROVIDERS. THANK YOU.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

SPEAKER: GOOD AFTERNOON. CARLOS ORELLANA, WITH A.I.D.S. HEALTHCARE FOUNDATION. S.T.I.S ARE AN EPIDEMIC. TESTING, TREATMENT, AND PUBLIC HEALTH MESSAGING ARE NEEDED TO COMBAT THE EPIDEMIC, AND ADEQUATE FUNDING IS NOW REQUIRED TO POWER THOSE SERVICES. FEDERAL FUNDING FOR S.T.I.S HAS DECREASED ACROSS THE COUNTRY, BUT UNILATERALLY, S.T.I.S ARE ON THE RISE. L.A. HAS A VERY HIGH RATE OF S.T.I.S., AND IT HAS TO BE ADDRESSED. I APPRECIATE THAT YOU TITLED THIS PRESENTATION "REPORT ON THE SEXUALLY TRANSMITTED INFECTION CRISIS," BECAUSE THIS IS TRULY A CRISIS. IT IS GOING TO BE VERY DIFFICULT TO FIX THIS IF WE'RE NOT FUNDING PREVENTION, TESTING, AND TREATMENT. UNFORTUNATELY, YOU MAY FIND THAT IF THE FEDERAL DOLLARS ARE NOT COMING IN, YOU MAY NEED TO FUND THE SOLUTION TO THIS CRISIS YOURSELF. THE $10 MILLION IN S.T.I. RESOURCES, OVER TWO YEARS, IS A DECENT START TO TURNING THIS TIDE ON THE CRISIS. THANK YOU.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

LAUREN NATOLI: GOOD AFTERNOON. I'M LAUREN NATOLI, FROM A.I.D.S. HEALTHCARE FOUNDATION. THANK YOU SO MUCH FOR THIS PRESENTATION, AND WE APPRECIATE AND NOTICE THAT THE SUPERVISORS RAISED A LOT OF QUESTIONS AROUND TOPICS THAT WE BRING UP HERE ALL THE TIME, SO WE APPRECIATE THAT YOU ARE ADDRESSING THE REAL CONCERNS IN THE ROOM. S.T.I.S ARE

CONSTANTLY ON THE RISE, AND WE KNOW THAT IN 2018, THE BOARD OF SUPERVISORS REQUESTED QUARTERLY REPORTS ON THE STATE OF S.T.I.S AND THE EXPANSION OF FUNDING. AND IN REVIEWING THOSE REPORTS, IT SEEMS THAT THE RATES HAVE GOTTEN A LOT WORSE, AND THE TRAJECTORY OF ACTIONS TAKEN ON S.T.I.S HAS BEEN LACKING. I LOVE ALL THESE INNOVATIONS THAT HAVE BEEN BROUGHT UP HERE TODAY. THEY ARE REALLY FANTASTIC, AND IT'S BEEN NOTED BY THE C.D.C. AND C.S.D. THAT WE REALLY NEED TO MEET THE PEOPLE WHERE THEY'RE AT, AND ENGAGE WITH THE COMMUNITY ON A VERY PERSONAL LEVEL. THE PEOPLE WHO NEED THOSE SERVICES THE MOST ARE THE PEOPLE LEAST LIKELY TO ACCESS THEM, SO WE NEED TO BE DOING THAT OUTREACH. A RECENT STUDY FOUND THAT AMONG 4,000 PATIENTS VISITING 26 S.T.I. CLINICS ACROSS THE U.S., AROUND HALF HAVE INSURANCE, BUT ONLY HALF OF THOSE WERE WILLING TO USE IT. SO WE HAVE A REAL PROBLEM WITH PEOPLE WHO WANT TO REMAIN ANONYMOUS, BEING ABLE TO ACCESS THE CARE THAT WILL SERVE THEM BEST. SO THANK YOU SO MUCH.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER:

SPEAKER: HELLO. MY NAME IS CAROLINA GONZALEZ. I AM A PROGRAM MANAGER FOR THE A.I.D.S. HEALTHCARE FOUNDATION, AND I WILL SAY THAT S.T.I.S ARE ON THE RISE. SYPHILIS, IN PARTICULAR, HAS EXPLODED IN RECENT YEARS. IN THE EARLY 2000'S, SYPHILIS WAS NEARLY ERADICATED IN THE U.S., AND NOW IT IS A GROWING

EPIDEMIC THAT KILLED 15 NEWBORNS IN L.A. IN 2022. THE C.D.C. REPORTED LAST MONTH THAT, ACROSS THE U.S., OVER 3700 BABIES WERE BORN WITH SYPHILIS IN 2022, WHICH WAS MORE THAN TEN TIMES THE NUMBER OF CASES IN 2012. CONGENITAL SYPHILIS CAN CAUSE MISCARRIAGE, STILLBIRTHS, INFANT DEATHS, AND LIFELONG MEDICAL ISSUES. WE NEED PUBLIC HEALTH SYSTEMS TO INTERVENE. SINCE THE S.T.I. RATES IN L.A. ARE SO DIRE, WHY WON'T YOU DEDICATE COUNTY DOLLARS? THE CRISIS DOES NOT HAVE TIME TO WAIT. THOSE PREGNANT PARENTS WITH UNDIAGNOSED SYPHILIS CANNOT BE PUT ON HOLD. THE ROLE OF PUBLIC HEALTH AND OUR LEADERS IS TO FIND SOLUTIONS. THE PUBLIC HEALTH INTERVENTIONS YOU DISCUSS TODAY NEED TO BE DELIVERED, WITH A FOCUS ON RESULTS.

SUP. HORVATH, CHAIR: NEXT SPEAKER.

KATJA NELSON: GOOD AFTERNOON. MY NAME IS KATJA NELSON, AND I WORK AT A.P.L.A. HEALTH, AND I'M THE THIRD-DISTRICT REPRESENTATIVE ON THE L.A. COUNTY COMMISSION ON H.I.V. I WANT TO START BY THANKING THE BOARD FOR PAST S.T.I. INVESTMENTS, AND D.H.S.P. FOR THEIR TIRELESS WORK THEY DO EVERY DAY TO SUPPORT PROVIDERS, COMMUNITY MEMBERS, AND OTHER STAKEHOLDERS WORKING TO END THIS CRISIS. WE CLEARLY STILL HAVE A LOT OF WORK TO DO, AND AS YOU'VE HEARD, THIS ISSUE IS INCREDIBLY COMPLEX. I THINK ONE OF THE KEY TAKEAWAYS IS THAT CURRENT INVESTMENTS ARE JUST NOT MATCHING THE MAGNITUDE OF THE CRISIS,

AND WE REALLY LACK THE RESOURCES THAT WE NEED TO SUBSTANTIVELY ADDRESS ALL OF THE DIFFERENT THINGS WE'VE TALKED ABOUT TODAY. AND WE HAVE THINGS LIKE MISSED OPPORTUNITIES: THE GOVERNOR VETOING A BILL THAT WOULD HAVE BEEN REALLY INSTRUMENTAL IN INCREASING ACCESS TO S.T.I. TESTING AND TREATMENT. AND THOSE NEW INVESTMENTS THAT WE DO HAVE ARE INCONSISTENT, WHICH MAKES IT DIFFICULT TO MAKE THOSE INFRASTRUCTURE CHANGES THAT WE NEED TO SUPPORT ALL OF THESE ACTIVITIES, TO ADDRESS THE CRISIS AND REALLY START BENDING THE CURVE. SO WE URGE THE BOARD TO CONTINUE TO PRIORITIZE THIS ISSUE, AND TAKE ACTION STEPS, THINGS LIKE MAKE L.A. THE CHAMPION AT THE NATIONAL LEVEL FOR ENDING THIS S.T.I. CRISIS. PLEASE REACH OUT DIRECTLY TO STATE AND FEDERAL LEADERSHIP: THE GOVERNOR, DR. GHALY.

SUP. HORVATH, CHAIR: THANK YOU. THANK YOU VERY MUCH. NEXT SPEAKER.

SPEAKER: HELLO. MY NAME IS JESSICA PARELLE, AND I AM A POLICY ADVOCATE WITH THE LOS ANGLES L.G.B.T. CENTER. I'M HERE TO PROVIDE PUBLIC COMMENT ON THE S.T.D. CRISIS IN L.A. COUNTY. WE ARE ASKING THAT THE BOARD WORK TO GET PRIVATE HEALTHCARE PLANS TO STEP UP THEIR EFFORTS TO ROUTINELY SCREEN, TEST, AND TREAT S.T.D.S. WE CANNOT RELY ON PUBLICLY FUNDED HEALTH SYSTEMS ALONE TO CURB THE S.T.D. EPIDEMIC. AT THE SAME TIME, I WANT TO ECHO WHAT KATJA SAID, AND URGE YOU TO ADVOCATE WITH CALIFORNIA

LEADERSHIP-- THE GOVERNOR, THE LEGISLATURE, AND OFFICIALS AT THE CALIFORNIA DEPARTMENT OF HEALTH AND HUMAN SERVICES, AS WELL AS SECRETARY BECERRA AND CONGRESS-- TO STRESS HOW IMPORTANT IT IS TO INCREASE INVESTMENT IN S.T.D. SERVICES. WHILE WE ARE EXTREMELY GRATEFUL FOR THE ADVOCACY DONE BY THE COUNTY'S LEGISLATIVE OFFICE, WE URGE YOU, AS BOARD MEMBERS, TO REACH OUT TO YOUR FELLOW ELECTED OFFICIALS TO HELP STEM THE CRISIS BY PRIORITIZING THE HEALTH OF OUR COMMUNITIES AND INVESTING IN THEIR LIVES. THANK YOU.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

SPEAKER: HI THERE. MY NAME IS DANIEL GONZALEZ. I AM WITH THE LOS ANGELES L.G.B.T. CENTER. FIRST, WE WANTED TO THANK SUPERVISOR HORVATH FOR REQUESTING THIS PRESENTATION ON THE CURRENT INVESTMENTS AND PROGRAMS THAT ARE BEING USED TO ADDRESS THE S.T.I. CRISIS IN LOS ANGELES. THE CENTER HAS A DEEP COMMITMENT IN ADDRESSING AND ENDING THE RISING SURGE OF S.T.I.S WE ARE SEEING ACROSS THE COUNTY. AS ONE OF THE LARGEST PROVIDERS OF S.T.I. TESTING AND TREATMENT IN THE COUNTY, WE SEE FIRSTHAND THE RISE OF S.T.I.S THAT HAVE BEEN HAPPENING OVER THE LAST DECADE. WE WANT TO THANK DR. FERRER AND MR. PEREZ FOR THIS INFORMATIVE PRESENTATION, AND AGAIN THANK SUPERVISOR HORVATH FOR CONTINUING TO HIGHLIGHT THIS ISSUE, AND

CONTINUING TO WORK TOWARDS ENDING THE CRISIS. THANK YOU VERY MUCH.

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

SYLVIA CASTILLO: GOOD AFTERNOON. MY NAME'S SYLVIA CASTILLO, AND I AM WITH ESSENTIAL ACCESS HEALTH. WE CHAMPION AND PROMOTE QUALITY SEXUAL AND REPRODUCTIVE HEALTHCARE FOR ALL. WE ARE ONE OF THE MANY ENTITIES WORKING TO URGE OUR STATE AND CONGRESSIONAL LEADERS, OUR FEDERAL GOVERNMENT, TO INVEST MORE IN ADDRESSING THE CRISIS, NATIONWIDE. WE ARE PROUD TO WORK CLOSELY WITH THE L.A. COUNTY DEPARTMENT OF PUBLIC HEALTH TO SUPPORT THE DELIVERY OF QUALITY CARE, AND PREVENT THE SPREAD OF S.T.I.S. THANK YOU, SUPERVISORS, FOR YOUR LEADERSHIP IN SHEDDING LIGHT ON THE S.T.I. CRISIS IN OUR COUNTY. THE ADDITIONAL INVESTMENTS MADE FOR S.T.I. PREVENTION OVER THE LAST FEW YEARS ARE A STEP IN THE RIGHT DIRECTION, BUT IT IS GOING TO TAKE A WHILE TO START TURNING THE TIDE AGAINST S.T.I. RATES. WE ARE GRATEFUL TO THE DEPARTMENT OF PUBLIC HEALTH FOR PRIORITIZING COUNTY RESOURCES ON ADDRESSING THE S.T.I. EPIDEMIC AMONG YOUTH, AND COMBATING CONGENITAL SYPHILIS RATES. THE DEPARTMENT OF STRATEGIC DIRECTION LED US TO PROVIDE DIRECT QUALITY-IMPROVEMENT SUPPORT TO COMMUNITY HEALTH CENTERS IN L.A., SEEKING TO INCREASE YOUTH-FRIENDLY SERVICES, EXPAND OUR YOUTH ENGAGEMENT WORK, SPECIFICALLY IN DISTRICT 2--

SUP. HORVATH, CHAIR: THANK YOU. NEXT SPEAKER.

ARNOLD SACHS: YES, THANK YOU. IT IS TOO BAD THAT DR. GHALY LEFT. I'D LIKE TO GIVE THESE TWO ITEMS TO SOMEBODY.

SUP. HORVATH, CHAIR: ABSOLUTELY.

ARNOLD SACHS: THIS IS THE LOGO FOR THE PUBLIC HEALTH. IT IS IN BLACK. THIS IS A LOGO FOR PUBLIC HEALTH. IT'S IN WHITE. SO I AM WONDERING WHY YOU HAVE TWO DIFFERENT PUBLIC HEALTH SERVICES FOR THE COUNTY, WHEN YOU'RE LOSING FUNDS. YOU HAVE ONE IN BLACK, AND YOU HAVE ONE IN WHITE. WHY IS THAT? YOU MENTIONED M.L.K. HOSPITAL, BUT IT IS M.L.K. JUNIOR HOSPITAL, AND IT'S NOT PART OF THE COUNTY SYSTEM ANYMORE. WHAT HAPPENED WHEN IT WAS SHUT DOWN IN 2008?

SUP. HORVATH, CHAIR: WE ARE TALKING ABOUT S.T.I. FUNDING.

ARNOLD SACHS: YEAH, I KNOW WHAT YOU ARE TALKING ABOUT. WHY DON'T YOU TALK ABOUT S.D.T. FUNDING? YOU ALSO MENTIONED L.A. CARE. RIGHT? THIS IS L.A. CARE. THIS IS ALSO A LETTER FROM L.A. CARE. IT IS A LOCAL INITIATIVE. IT IS IN BLACK. THIS ONE IS IN WHITE. ARE THEY DIFFERENT L.A. CARES? IS IT PART OF OBAMACARE?

SUP. HORVATH, CHAIR: AGAIN, WE ARE FOCUSING OUR COMMENTS ON THE S.T.I. CRISIS AND WHAT DEPARTMENT OF PUBLIC HEALTH IS DOING. THANK YOU. THANK YOU FOR YOUR COMMENTS. YOUR TIME HAS NOW EXPIRED. THIS ITEM TODAY DOES NOT REQUIRE A VOTE BY THE BOARD, BUT WE WILL GET FURTHER REPORTING, AS DR. FERRER INDICATED, ON OUR QUESTIONS TODAY, FOR FUTURE ACTION. SO THIS REPORT IS RECEIVED AND FILED, AND HEARING NO OBJECTIONS, THAT WILL BE THE ORDER. AND PRESENTATIONS LIKE THIS ONE WILL NOW BE ON THEIR OWN MEETING, LIKELY THE FOURTH TUESDAYS OF THE MONTH, TO BE ABLE TO HAVE THESE CONVERSATIONS THAT ARE CLEARLY IMPORTANT, BUT OUTSIDE THE CONTEXT OF OUR REGULAR MEETINGS, SO WE CAN KIND OF KEEP THINGS MOVING ON THESE DAYS. SO, I REALLY APPRECIATE EVERYONE'S PARTICIPATION TODAY. WE WILL NOW MOVE ON TO ITEM 12, CREATING AN INDEPENDENT PROCESS FOR COMPLAINTS RELATED TO SCHOOL LAW ENFORCEMENT SERVICES, WHICH WAS HELD BY SUPERVISOR MITCHELL. FOR MEMBERS OF THE PUBLIC ON THE TELEPHONE, PLEASE PRESS 1 THEN 0 NOW TO COMMENT ON THIS ITEM. SUPERVISOR MITCHELL?

SUP. MITCHELL: THANK YOU VERY MUCH. I'D FIRST LIKE TO PROVIDE SOME MUCH-NEEDED CLARITY ABOUT WHAT THE MOTION ACTUALLY DOES. THIS MOTION TAKES STEPS TOWARDS CREATING A PROCESS, INDEPENDENT OF THE SHERIFF'S DEPARTMENT, FOR COMPLAINTS INVOLVING SHERIFF PERSONNEL, IN SCHOOLS THAT CONTRACT FOR LAW