



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE Virtual Meeting

Monday, June 7, 2021

1:00PM-3:00PM (PST)

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Public-Policy-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/7xrrpjhv>

**Link is for non-Committee members only*

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PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
PUBLIC POLICY COMMITTEE

MONDAY, JUNE 7, 2021 | 1:00 PM – 3:00 PM

To Join by Computer: <https://tinyurl.com/7xrrpjhv>
Link is for non-committee members only

To Join by Phone: 1-415-655-0001
Access code: 145 077 0865

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Jerry D. Gates, PhD
Gerald Garth	Eduardo Martinez (Alternate)	Nestor Kamurigi	Isabella Rodriguez
Ricky Rosales	Martin Sattah, MD	Tony Spears (Alternate)	
QUORUM: 6			

AGENDA POSTED: June 3, 2021

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.

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.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

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

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items

that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order, Introductions and Check-in, Conflict of Interest Statements 1:00 PM – 1:05 PM

I. ADMINISTRATIVE MATTERS

1:05 PM – 1:08 PM

1. Approval of Agenda **MOTION #1**
2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT

1:08 PM – 1:10 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

1:10 PM – 1:15 PM

4. 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.

IV. REPORTS

5. Executive Director/Staff Report 1:15 PM – 1:25 PM
 - a. Committee and Caucus Updates
6. Co-Chair Report 1:25 PM – 1:40 PM
 - a. Act Now Against Meth (ANAM) Update
 - b. Ending the HIV Epidemic Activities and Feedback
 - c. "So, You Want to Talk about Race" by I. Oluo Reading Activity
Selected Excerpts from Chapters 6 & 7

V. DISCUSSION ITEMS

7. Legislative Docket 1:40 PM – 2:10 PM
8. Policies Priority – Priorities 2:10 PM – 2:25PM
9. State Policy & Budget Update 2:25 PM – 2:35 PM

- 10. Federal Policy Update 2:35 PM – 2:40 PM
- 11. County Policy Update 2:40 PM – 2:50 PM
 - a. Transgender Wellness and Equity Fund Support
 - b. Reassessing the County’s Response to the STD Epidemic

VI. NEXT STEPS

2:50 PM – 2:55 PM

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

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

- 15. Adjournment for the meeting of June 7, 2021

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

DRAFT

MAY 3, 2021

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Eduardo Martinez (Alternate)	P
Lee Kochems, MA, Co-Chair	P	Nestor Kamurigi	A
Alasdair Burton (Alternate)	P	Isabella Rodriguez	P
Jerry Gates, PhD	A	Ricky Rosales	P
Gerald Garth	P	Martin Sattah, MD	A
Bridget Gordon, Commission Co-Chair	P	Tony Spears (Alternative)	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Executive Director and Carolyn Echols-Watson Catherine LaPointe, Academic Intern			

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

Meeting agenda and materials can be found on the Commission's website at
<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=V9onGM6SAEk%3d&portalid=22>

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Katja Nelson welcomed all and called the meeting to order at approximately 1:03PM. Attendees introduced themselves and stated their conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 4/5/2021 Public Policy Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA: There were no comments.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Commission and Committee Updates

Cheryl Barrit reported the following.

The May 13, 2021 Commission meeting will include the following.

- The Human Relations Commission's third workshop entitled "Words Matter".
- Health HIV will report the results of the survey assessing Commission's effectiveness as a planning council.
- The Division on HIV and STD Programs (DHSP) will present updates to the 2020 HIV and STD surveillance data.
- The Aging Taskforce and SCAN Community Giving Program are sponsoring a workshop on age sensitivity, entitled, "Trading Ages". The training will be held on May 6, 2021 from 11:00AM to 1:00PM. The training addresses needs of older HIV populations. The training session may be recorded. If not, additional training sessions may be provided. The training will be held virtually through ZOOM.
- C. Barrit will send a training reminder.
- The next Standard and Best Practice (SBP) Committee meeting is Tuesday, May 4, 2021 at 10:00AM. Childcare standards are scheduled for review and approval. Standards limit providers to those licensed per County Counsel instruction. Once the Committee approves the standards, the Executive Committee and Commission, in that order, must approve the standards. Once approved, DHSP will use the standards to establish contracts for childcare services.

b. Ending the HIV Epidemic Activities and Feedback

- Bridget Gordon, Commission Co-Chair is lead liaison between the Commission and the DHSP Ending the HIV Epidemic (EHE) Steering Committee. Commission members Katja Nelson, Kevin Stalter and Felipe Findley will serve as liaisons as well. Liaisons will provide feedback and collaborate with Steering Committee.

6. CO-CHAIR REPORT

a. Act Now Against Meth (ANAM)

It was noted, timelines for policies and advocacy activities are being prepared.

b. "So, You Want to Talk About Race?" Book Reading Activity.

Isabella Rodriguez read Chapter 4 of "So, You Want to Talk About Race?" entitled "Why Am I Always Being Told to Check My Privilege".

- Gerald Garth volunteered to read at the June 7, 2021 PPC meeting.

V. DISCUSSION ITEMS

7. Legislative Docket

MOTION #3

The Legislative docket was approved by roll call (Ayes-8) (No-0).

- **AB 1038 California Health Equity Program** was added to the docket with a position of support. It was noted the bill will create grants for community-based organizations. Sixty million dollar per year for three years for a total of \$180 million. The following link was provided for detail information on the bill https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038. Additionally, this link provides additional bill information <https://www.phi.org/press/bill-to-create-california-health-equity-fund-clears-first-policy-committee/>
- **SB 357 Crimes: Loitering for the Purpose of Engaging in a Prostitution Offense.** The County has no position on this item. However, PPC has taken a position of support.
- When the docket is presented to the Executive Committee it should be noted, PPC requested the Transgender Caucus to review and provide a position on the bill. If the Caucus position differs from PPC, the Committee will return to the Commission.
- K. Nelson provided the Chief Executive Office, County Advocacy Legislation and Bills of Interest the link <https://ceo.lacounty.gov/county-of-los-angeles-legislative-tracking-system/>.

8. Policies Priority Priorities

The Committee briefly discussed the need to prepare questions based on the surveillance data to be presented by DHSP at the May 2021 Commission meeting. The information will be used to assist the Committee in ranking priorities on the approved PPC Policy Priorities

- The Committee requested Policy Priorities remain on the June agenda to continue the discussion of prioritizing priorities.

9. State Policy and Budget Update

- K. Nelson acknowledged the “Week of Action” and provided the following link https://p2a.co/AKfaBee?fbclid=IwAR2geqd15_yGWBjAh9G-d5gZZTKIFdis56yX0RsHrPaHHmshkYV-EDh1dYQ&eType=EmailBlastContent&eId=8f0fb6c8-f81e-492a-a8fd-83ed12f1db60
- It was noted, activities are provided for individuals to “take action” which include emails to legislators and attending a racial justice workshop. It was also noted Hepatitis C home tests kits were made available.
- The Governor’s Revised budget is anticipated for release the week of May 10th.
- Housing California - Home initiative addresses housing for homeless.
- K. Nelson will review and share initiative main points.

10. Federal Policy Updates

- DHSP and Housing Opportunities for People Living with AIDS (HOPWA) are working on an information sheet for Emergency Financial Assistance. The Eviction moratorium is schedule to end June 30th. The federal moratorium is thought to renew ever three months through the end of 2021. The PPC will monitor this issue.
- K. Nelson will contact Maribel Ulloa, HOPWA representative for more information.
- The Biden administration removed the “gag” rule from Title X federal grant Family Planning Program. The change will build back vital programs for people who need access to affordable birth control and reproductive health care.

- Gilead's change in reimbursement practices will impact consumers by impacting provider budgets. It was noted minimal impact is anticipated for California, but devastating in Southern states.

10. County Policy Update

- The County's FY 21-22 budget is \$36.2 billion. The budget is currently out for public comment. The Board of Supervisors (BOS) budget does not include any layoffs.
- It was suggested the Committee reach out to DHSP for impacts to public health.
- The Los Angeles County Board of Supervisors (BOS) are in the process of establishing public planning meetings for the use of Measure J funds. These funds represent no less than 10% of the County's locally generated unrestricted funds to address the disproportionate impact of racial injustice Los Angeles County.
- City of Los Angeles recommended a \$11.2 billion budget. The mayor has recommended \$1 billion for homeless services. The budget is currently in deliberations.
- The City of Los Angeles AIDS Coordinator's Office is fully funded in the recommended budget. The City Council requested the Office prepare a report that included additional staffing to assist with disabled homeless individuals.
- a. Transgender Wellness and Equity Fund Support
 - There were no updates.
- b. Reassessing the County's Response to the STD Epidemic
 - There was discussion regarding COVID-19 contact tracing staff remaining to track and contact those that contract STDs as a way of addressing the STD epidemic. It was pointed out, COVID contact trackers are funded through the CARES Act which is limited to COVID-19 related activities. It was noted, additional funding is needed for STD contact tracing. Currently, funding and personnel are an issue. BOS review appeal to address STD. DPH work with State and federal government to increase funding that has been cut. Forty percent of funding remains from previous fiscal years.
 - PPC will review previous STD epidemic letter. The letter will be sent to the Committee.
 - The letter will be included in the June 7, 2021 meeting packet and placed on the agenda.
 - It was noted, the letter was never sent due to COVID.
 - C. Barrit commented the Executive Committee committed to lead the effort in addressing the STD epidemic. Bridget Gordon and David Lee are advocating the county for effective STD response. It was noted, an STD prevention is required. Efforts should be coordinated in and outside of the County.
 - Issues the letter should address include
 - What providers are doing to address STDs.
 - The tone of the letter should be reviewed.
 - Rebuilding the letter stronger would include updated surveillance data demonstrating the significant increases in STD positivity rates. With specific emphasis on increased congenital syphilis rates.
 - Identifying points of leverage.
 - Co-Chairs have committed to bring up the issue of the STD epidemic in the Executive Committee meeting.
 - It was requested, STD epidemic be included on the June agenda. The conversation should include what PPC's role in the Commission's STD efforts. How does PPC call attention to the issue?

- June 5, 2021 is the 40th anniversary of the Morbidity and Mortality Weekly Report (MMRW) with acknowledge AIDS, formerly referred to as GRID among gay in Los Angeles. The question was posed whether the Committee wanted to do any special activity to commemorate the anniversary. No activity(ies) were identified.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP:

There were no additional tasks.

13. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

VII. ANNOUNCEMENTS

OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- APLA will hold an n Aging conference will be held Jun 3, 4 and 8th. K. Nelson will send the information to staff for distribution.

VIII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at approximately 2:53 pm.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/25/21

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



LOS ANGELES COUNTY COMMISSION ON HIV



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CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**



May 10, 2021

Dear Friends,

On behalf of the Act Now Against Meth Coalition, thank you again for joining us for our Community Summit on March 23rd, where over 220 community members, service providers and legislative leaders attended the event.

This message is to update you on the progress of our campaign. Over the past several weeks, the planning committee has been reviewing and analyzing the notes from the summit breakout sessions.

Later this month, you will be invited to join us to review our update report prior to its release to the general community for adoption.

By mid-June, we expect to have a working document completed and ready for approval from the community to be presented to the L.A. Board of Supervisors.

As this process continues to be a work in progress, our many thanks to the volunteer planning committee made up of committed and passionate leaders who meet several times a month to push this initiative forward.

On behalf of the 20+ community-based organizations who are part of the Act Now Against Meth Coalition, thank you for your continued support and passionate voice.

Sincerely,

Richard Zaldivar
Executive Director



2021-2022 Legislative Docket

(Approved by Public Policy Committee as of 5/3/2021)

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	<i>21-MAY-21 Read Second Time. Ordered to Third Reading.</i>
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15	Support with questions	11-JAN-21 Referred to Committee on Housing and Community Development
AB 16 (Chiu)	Tenancies: COVID- 19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16	Watch	13-JAN-21 Re-referred to Committee on Housing and Community Development

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	This bill would require the Employment Development Department to provide, until July 1, 2022, following the termination of assistance pursuant to Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB19	Watch with more information	11-JAN-21 Referred to Committee on Insurance
AB 32 (Aguiar-Curry)	Telehealth	The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB32	Support	<i>25-MAY-21 Read Second Time Ordered to Third Reading</i>
AB 65 (Low)	Low. California Universal Basic Income Program	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	<i>20-MAY-21 In Committee: Held Under Submission</i>
AB 71 (Luz Rivas)	Homelessness funding: Bring California Home Act	This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB71	Support	<i>25-MAY-21 Read Second Time. Ordered to Third Reading</i>
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the <i>State Department of Health Care Services</i> . https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	26-MAR-21 Re-referred to Committee on Health

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 218 (Ward)	Change of gender and sex identifier	This bill would recast these provisions relating to new birth certificates to provide for a change in gender and sex identifier and to specify that a person who was issued a birth certificate by this state, rather than a person born in this state, may obtain a new birth certificate. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB218	Support	<i>25-MAY-21 Read Second Time. Ordered to Third Reading.</i>
AB 240 (Rodriguez)	Local health department workforce assessment.	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	<i>28-MAY-21 In Senate. Read first time. To Committee on Rules for Assignment.</i>
AB 245 (Chiu)	Educational equity: student records: name and gender changes	This bill would require a campus of the University of California, California State University, or California Community Colleges to update a former student's records to include the student's updated legal name or gender if the institution receives government-issued documentation, as described, from the student demonstrating that the former student's legal name or gender has been changed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB245	Support	<i>25-MAY-21 In Senate. Read First Time. To Committee on Rules for Assignment</i>
AB 328 (Chiu)	Reentry Housing Program	This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care , as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328	Support	<i>20-May-21 In Committee: Hearing Postponed by Committee.</i>
AB 369 (Kamlager)	Medi-Cal: street medicine and utilization controls	This bill would require the department to implement a program of presumptive eligibility for individuals experiencing homelessness, under which an individual would receive full-scope Medi-Cal benefits without a share of cost. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB369	Support	<i>28-MAY-21 In Senate. Read First Time. To Committee for Rules for Assignment.</i>
AB 439 (Bauer-Kahan)	Certificates of death: gender identity	This bill would authorize the decedent's gender identity to be recorded as female, male, or nonbinary. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB439	Support	<i>12-MAY-21 Referred to Committee on Health.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 453 (Garcia)	Sexual battery: nonconsensual condom removal	<p>This bill would additionally provide that a person commits a sexual battery who causes contact between a penis, from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB453</p>	Oppose	<p><i>28-MAY-21 From Committee Chair, with Author's Amendments: Amend, and Re-Refer to Committee Read Second Time, Amended, and Re-Referred to Committee on Judiciary</i></p>
AB 789 (Low)	Health care facilities	<p>This bill would require a primary care services in an outpatient department of a health facility or a primary care clinic, as specified, to offer a patient receiving health services a hepatitis B screening test and a hepatitis C screening test, as specified. The bill would also require the practitioner to offer the patient follow up health care or refer the patient to a health care provider who can provide follow up health care if the screening test is positive or reactive, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB789</p>	Support	<p><i>25-MAY-21 Read Second Time. Ordered to Third Reading.</i></p>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	<p>This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835</p>	Support	<p><i>25-MAY-21 Read Second Time. Ordered to Third Reading.</i></p>
AB 1038 (Gipson)	California Health Equity Program	<p>This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038</p>	Support	<p><i>24-May-21 Read Second Time. Ordered to Third Reading.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1344 (Arambula)	State Department of Public Health: needle and syringe exchange services	This bill would expressly exempt needle and syringe exchange services application submissions, authorizations, and operations from review under the California Environmental Quality Act. Further, the bill would provide that the services provided by an entity authorized to provide those needle and syringe exchange services, and any foreseeable and reasonable consequences of providing those services, do not constitute a public nuisance under specified existing law. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1344	Support	<i>28-MAY-21 In Senate. Read First Time. To Committee on Rules for Assignment.</i>
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400	Support	22-FEB-21 Read first time.
AB 1407 (Burke)	Nurses: implicit bias courses.	This bill would state the intent of the Legislature to enact legislation that would address discrimination in health care. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1407	Support	<i>25-MAY-21 In Senate. Read First Time. To Committee on Rules for Assignment.</i>
AB 2218 (Santiago) (Formerly)	Transgender Wellness and Equity Fund	This law establishes the Transgender Wellness and Equity Fund to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.	In Support of Transgender Wellness Fund	26-SEP-20 Approved by the Governor
SB 17 (Pan)	Public health crisis: racism	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	<i>24-MAY-21 Read Second Time. Ordered to Third Reading.</i>
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	<i>25-MAY-21 Read Second Time and Amended. Ordered to Third Reading.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</p>	Support	<i>28-MAY-21 Referred to Committees on Health and Public Safety</i>
SB 110 (Weiner)	Substance use disorder services: contingency management services	<p>This bill will expand substance use disorder services to include contingency management services, as specified, subject to utilization controls.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB110</p>	Opposed Unless Amended	<i>20-MAY-21 May 20 Hearing: Held in Committee and Under Submission.</i>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education.	<p>This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217</p>	Opposed Unless Amended	<i>16-APR-21 Set for Hearing April 28.</i>


BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 221 (Wiener)	Health care coverage: timely access to care	<p>The bill would require both a health care service plan and a health insurer to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan or a health insurer to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow up appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221</p>	Support	<p><i>24-MAY-21 Read Second Time. Ordered to Third Hearing.</i></p>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	<p>This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225</p>	Support	<p>05-APR-21 April 5 Set for First Hearing Canceled at the Request of the Author.</p>
SB 258 (Laird)	Aging	<p>The bill would revise this definition "greatest social need" to include human immunodeficiency virus (HIV) status as a specified noneconomic factor.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB258</p>	Support	<p><i>13-MAY-21 Referred to Committee on Aging and Long-Term Care</i></p>
SB 306 (Pan)	Sexually transmitted disease: testing	<p>This bill would require a health care provider to include "expedited partner therapy" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB306</p>	Support	<p><i>25-MAY-21 Read Second Time and Amended. Ordered to Third Reading.</i></p>
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	<p>This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316</p>	Support	<p><i>24-MAY-21 Ordered to Special Consent Calendar</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	<i>21-APR-21 Set for Hearing May 3.</i>
SB 464 (Hurtado)	California Food Assistance Program: eligibility	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	<i>24-MAY-21 Read Second Time. Ordered to Third Reading.</i>
SB 523 (Leyva)	Health care coverage: contraceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	<i>20-MAY-21 Read Second Time. Ordered to Third Reading.</i>
SB 803 (Beall) (Formerly)	Mental health services: peer support specialist certification	This law requires the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803	Requires funding to implement. The State has proposed \$4.7 million for 22-23 fiscal year. LAC is in support of the proposal.	25-SEP-20 Approved by the Governor
FEDERAL BILLS				
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	25-FEB-21 Passed in House

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	<p>The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1201/text</p>	Support	<p><i>02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights</i></p>





**PUBLIC POLICY COMMITTEE
2021-22 LEGISLATIVE DOCKET
FOLLOW-UP ACTIONS/RESPONSES
AS OF 06/07/2021**

BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSES
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	Contact Representative Chiu's office and/or agency sponsor to provide additional information and a possible presentation to the Committee.	Representative Chiu's office has been contacted. Awaiting a response.
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	Contact Representative Chiu's office and/or agency sponsor to provide additional information and a possible presentation to the Committee.	Representative Chiu's office has been contacted. Awaiting a response.
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	Additional information requested.  AB 19 (Santiago) Extended Unemploy	Additional information attached.




BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSES
AB 65 (Low)	Low. California Universal Basic Income Program	Contact Representative Low's office for more information on how the bill would be implemented.	Representative Low's office was contacted. Awaiting a response The bill requires ... 18 years of age or older ..., would receive a universal basic income of \$1,000 per month . The lived in the state for at least the last 3 consecutive years and that the resident's income to not exceed 200% of the median per capita income for the resident's current county of residence, as determined by the United States Census Bureau define universal basic income to mean unconditional cash payments of equal amounts issued monthly to individual residents of California with the intention of ensuring the economic security of recipients.






BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSE
<p>AB 71 (Luz Rivas)</p>	<p>Homelessness funding: Bring California Home Act</p>	<p>Contact Representative Rivas' office to determine how the funding will be spent.</p> <p> LAC Homeless Initiative AB 71.pdf</p>	<p>Representative Rivas' office was contacted. Awaiting a response.</p> <p>The bill will allow the State to conform to federal law in taxing corporations that shift profits overseas. The bill will generate ongoing revenue for long-term solutions to homelessness. Funds will go to local governments to invest in housing solutions that consider community unique needs, urban or rural. Promoting best practices among local jurisdictions and holding local governments accountable for how the money is spent.</p>
<p>AB 240 (Rodriguez)</p>	<p>Local health department workforce assessment</p>	<p>Contact Representative Rodriguez' office for additional bill information to include how funds will be spent and what accountability/monitoring will exist.</p> <p> ab 240 assembly health - Local Health</p>	<p><i>Representative Rodriguez Office response includes the attached document.</i></p> <p><i>The bill was created to develop a comprehensive plan to address urgent workforce and resource needs of local health departments.</i></p>



BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSE
AB 328 (Chiu)	Reentry Housing Program	Contact Representative Chiu's office for a Continuum of Care definition.  AB 328 Services - Support Documenta	Representative Chiu's Office was contacted and provided the attached document. Documentation defining Continuum of Care was provided. (See attached document)
AB 453 (Garcia)	Sexual battery: nonconsensual condom removal	The Committee requested committee minutes which documented why the Committee opposed the bill.	PPC previously opposed AB 1033 Sexual Battery Condoms because "concerns could potentially further stigmatize and criminalize HIV; evidence of conduct hard to prove; intent to harm requirement is hard to prove."
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	Contact Nazarian's office or AHF for more information about how the bill has evolved from the last iteration. AB 835 bill https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835 AB 2786 Previous bill https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2786	It appears the significant difference between the initial bill and the current bill are initially the bill required the development of protocols for hospital emergency departments and HIV testing. The current bill requires every patient who has blood drawn at a hospital emergency room to be offered HIV testing. Refer to the links shown in the previous column.



BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSE
AB 1407 (Burke)	Nurses: implicit bias courses.	Contact Representative Burke's office for additional information on if implicit bias training is offered through the bill and if so specifics on the training provided.  AB1407 Nurses-Implicit Bias  AB 1407 Nurses-implicit bias	<i>The representative's office responded with the attached two responses which include a bill fact sheet and a list of course requirements.</i>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education	Contact Dahle's office for more information on the bill  6b - SB 217 Fact Sheet - FINAL 3-7-21	Representatives office provided an information sheet. (See attached document.)
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	Request Transgender Caucus review the bill at their next meeting and provide their recommendation.	The Transgender Caucus met March 23, 2021 and agreed to support SB 225.
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Request Transgender Caucus review the bill at their next meeting and provide their recommendation.	The Transgender Caucus will meet on May 25, 2021 and will discuss this bill.

From: [Diana Rubio](#)
Subject: Los Angeles County Legislative Highlights - 05/21/21
Date: Friday, May 21, 2021 1:42:40 PM
Attachments: [image003.png](#)
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Good afternoon,

Below, please find updates on key legislation sponsored, co-sponsored and supported by the County of Los Angeles. These bills include:

County Sponsored/Co-sponsored Legislation

- [AB 71 \(L. Rivas\)](#) – Bring California Home: Homelessness Funding
Status: Passed the Assembly Appropriations Committee on May 20, 2021. AB 71 now proceeds to the Assembly Floor.
- [AB 480 \(Carrillo\)](#) – Certified Unified Program Agencies (CUPA) Authority
Status: Passed the Assembly Appropriations Committee on May 20, 2021. AB 480 now proceeds to the Assembly Floor.
- [AB 988 \(Bauer-Kahan\)](#) - Miles Hall Lifeline Act
Status: Passed the Assembly Appropriations Committee on May 20, 2021. AB 988 now proceeds to the Assembly Floor.
- [SB 461 \(Cortese\)](#) – Unfair Competition Law Enforcement
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 461 now proceeds to the Senate Floor.
- [SB 796 \(Bradford\)](#) – Bruce’s Beach
Status: Passed the Senate Appropriations Committee on May 17, 2021. SB 796 now proceeds to the Senate Floor.

County Supported Legislation

- [H.R. 711 \(Lieu\)](#) – West Los Angeles Veterans Administration Campus Improvement Act
Status: Passed the House of Representatives on May 18, 2021. H.R. 711 now proceeds to the U.S. Senate.
- [S. 937 \(Hirono\)](#) – The COVID-19 Hate Crimes Act
Status: Signed into law by President Joseph R. Biden on May 20, 2021.

- [AB 1 \(Garcia\)](#) – Hazardous Waste
Status: Passed the Assembly Appropriations Committee on May 20, 2021. AB 1 now proceeds to the Assembly Floor.
- [AB 1024 \(Santiago\)](#) – Corrections and Remedial Actions for Hazardous Substances
Status: Passed the Assembly Appropriations Committee on May 20, 2021. AB 1024 now proceeds to the Assembly Floor.
- [AB 1038 \(Gipson\)](#) – California Health Equity Program
Status: Passed the Assembly Appropriations Committee on May 20, 2021. AB 1038 now proceeds to the Assembly Floor.
- [SB 17 \(Pan\)](#) – Office of Racial Equity
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 17 now proceeds to the Senate Floor.
- [SB 47 \(Limon\)](#) – Hazardous and Idle-Deserted Wells
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 47 now proceeds to the Senate Floor.
- [SB 65 \(Skinner\)](#) – Maternal Care and Services
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 65 now proceeds to the Senate Floor.
- [SB 246 \(Leyva\)](#) – Early Childhood Education Reimbursement Rates
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 246 now proceeds to the Senate Floor.
- [SB 670 \(Caballero\)](#) – Immigration Form Preparers
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 670 now proceeds to the Senate Floor.
- [SB 731 \(Durazo\)](#) – Criminal Records Relief
Status: Passed the Senate Appropriations Committee on May 20, 2021. SB 731 now proceeds to the Senate Floor.

For more information on the County’s positions on legislation, please visit: [County of Los Angeles’ Legislative Tracking System](#)

Information regarding the County’s legislative policies can be found at: [Legislative Affairs and Intergovernmental Relations](#)

Please contact Katrina Shoats at (213) 893-2479 or KShoats@ceo.lacounty.gov with any questions.



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PUBLIC POLICY COMMITTEE (PPC)
2021 POLICY PRIORITIES
(Approved 04/08/2021)

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to care and supportive services to ensure that all people living with HIV and communities most impacted by HIV and STDs, live, full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar year 2021: (Issues are in no particular order.)

Racism

- a. Health equity, the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e. homophobia, transphobia and misogyny); housing; mental health; substance abuse; and income/wealth gaps.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Housing

- a. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.



- b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

Sexual Health

- a. Access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases, among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.

Consumers

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV. This includes young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color, transgender and the aging.

Aging

- a. Create and expand medical and supportive services for PLWHA ages 50 and over.



Women

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare and substance abuse.

Transgender

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

General Health Care

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
- c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** disincentivize contractors from referring clients to other contractors.
- d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.

Service Delivery

- a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
- b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

Criminalization

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.

Data

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.



The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.

From: ete-statewide@googlegroups.com <ete-statewide@googlegroups.com> **On Behalf Of** Craig Pulsipher

Sent: Tuesday, June 1, 2021 3:01 PM

To: ete-statewide@googlegroups.com

Subject: [BREAKING NEWS] Senate and Assembly Joint Budget

Hi all,

Exciting news today! **The CA Senate and Assembly just released their joint budget and it includes all of the End the Epidemics budget requests.** However, the final budget must still be negotiated with Governor Newsom. Please help us elevate this important development by sharing the message below on social media. We will share more opportunities to take action throughout the week.

SAMPLE SOCIAL MEDIA (please include attached image)

BREAKING: CA Senate and Assembly joint budget includes @EndEpidemicsCA requests to address HIV, STIs, hepatitis and overdose. THANK YOU @NancySkinnerCA and @PhilTing for your leadership. Final budget agreement still being negotiated with @GavinNewsom #CABudget #EndTheEpidemicsCA

LEGISLATIVE BUDGET AGREEMENT

The joint budget agreement includes all of the End the Epidemics budget requests and several other key priorities:

- **End the Epidemics Investments**
 - PrEP Navigation and Retention Services - ADAP rebate fund
 - Hep C Test Kits - \$1 million one-time
 - STI Prevention - \$3 million annually
 - STI Services through FPACT - \$7 million annually
 - Syringe Exchange Supply Clearinghouse - \$3 million annually
 - HIV Aging Demonstration Projects - \$5 million one-time
- **Public Health Infrastructure**
 - \$200 million annually for Local Health Jurisdictions
 - \$40 million annually for state public health functions
 - \$35 million annually for public health workforce development
- **Health Equity**
 - \$100 million annually for grants to community-based organizations to address health disparities
 - \$15 million annually for the Transgender Wellness and Equity Fund
 - \$63.1 million one-time for the California Reducing Disparities Project
- **Health4All**

- \$1.3 billion to expand Medi-Cal eligibility to all income eligible Californians 50-plus years of age, regardless of immigration status
- **Food for All**
 - \$550 million in ongoing support to provide state-funded nutrition benefits to those ineligible for CalFresh or the California Food Assistance Program solely due to immigration status
- **Telehealth**
 - Adopts proposed trailer bill to make permanent various flexibilities for Medi-Cal providers to utilize telehealth, as provided during the pandemic, consistent with AB 32 (Aguiar-Curry)
- **LGBTQ+ Cultural Competency**
 - \$1.8 million for the development of LGBTQ+ cultural competency online training content
 - \$600,000 for the development of an interactive online platform for the content
- **Reimbursement for Clinical Laboratories**
 - \$24 million to forgive retroactive recoupment of rate reductions
 - \$16 million to delay implementation of the 2019 and 2020 rate reductions until July 1, 2022
 - Eliminate the statutory reimbursement rate cap of 80 percent of Medicare, effective July 1, 2021

More details can be found

here: <https://abgt.assembly.ca.gov/sites/abgt.assembly.ca.gov/files/Subcommittee%20Report%20of%20the%202021-22%20Budget%20%28June%201%2C%202021%29.pdf>.

Thanks,

Craig

Craig Pulsipher, MPP, MSW

Associate Director, Government Affairs

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CALIFORNIA IS FALLING BEHIND

We must invest in ending the HIV, STI,
viral hepatitis and overdose epidemics.

**END THE
EPIDEMICS**



LOS ANGELES COUNTY
Governor's FY 2021-22 May Budget Revision
Executive Summary
May 14, 2021



OVERVIEW

Today, Governor Gavin Newsom released his Fiscal Year (FY) 2021-22 May Budget Revision (May Revision), which projects a beginning State General Fund (SGF) balance surplus of \$27.4 billion from FY 2020-21, total revenues and transfers of \$175.9 billion, total expenditures of \$196.8 billion, and a year-end fund balance of \$6.6 billion. Of the projected year-end surplus, \$3.2 billion would be allocated to the Reserve for Liquidation of Encumbrances and \$3.4 billion would be deposited to the Special Fund for Economic Uncertainties. The May Revision also allocates \$4.6 billion to the Public School System Stabilization Account and \$450.0 million to the Safety Net Reserve. The Budget Stabilization Account, better known as the Rainy Day Fund, would increase to \$15.9 billion by the end of FY 2021-22.

The May Revision projects that the Gann limit for FY 2020-21 and FY 2021-22 will be exceeded by \$16.2 billion. This estimate will continue to be revised until May 2023. To comply with the limit, the May Revision allocates half of the \$16.2 billion for tax refunds through the expansion of the Golden State Stimulus and the other half to K-14 schools in FY 2022-23. Given the uncertainty around the calculation of the limit in future years, the multi-year projections do not assume additional payments.

The May Revision reflects the Governor's \$100.0 billion California Comeback Plan, to be financed with a combination of a \$75.7 billion projected surplus and over \$25.0 billion in federal relief. The plan is composed of comprehensive strategies and major investments in five key areas to ensure the State fully recovers from the COVID-19 pandemic including: \$8.1 billion for a combined total of nearly \$12.0 billion to expand the Golden State Stimulus program to provide additional \$600.00 stimulus checks to all taxpayers with earnings under \$75,000; \$1.5 billion for a combined total of \$4.0 million in direct grants to small businesses; \$5.2 billion to help low-income renters pay 100 percent of their back-rent and future rent payments; \$2.0 billion for past-due utility bills and tenant legal assistance; \$1.0 billion in new grants to workers who lost their job during the COVID-19 pandemic; \$12.0 billion to tackle the homelessness crisis including a new \$3.5 billion investment in homeless prevention, rental support, and new housing opportunities and \$3.5 billion to build more affordable housing for low-income families; \$20.0 billion to transform public schools in low in low income neighborhoods; \$7.0 billion to expand broadband infrastructure, increase access and achieve affordability; \$11.0 billion to build a modernized and sustainable transportation system in preparation for the 2028 Summer Olympics; \$2.0 billion in emergency preparedness investments; \$3.2 billion to accelerate California's zero-emission vehicle goals; \$1.3 billion to prepare for extreme heat, sea level rise and environmental justice; and \$1.0 billion for Californian's with past-due water bills; among others.

MAJOR PROPOSALS OF COUNTY INTEREST

Below are items in the Governor's May Revision of major interest to the County. **The Chief Executive Office – Legislative Affairs and Intergovernmental Relations Branch is currently working with affected departments to determine potential County impact.** The May Revision includes:

HOMELESSNESS AND HOUSING

Emergency Rental Assistance – Includes statutory amendments to maximize the use of available federal funds for rental, utilities, and housing-related expenses, including assisting low-income renters pay 100 percent of back rent owed as well as prospective rental payments for several months. In total, the State and local entitlement jurisdictions received \$5.2 billion in federal rental relief.

Utility Assistance – \$2.0 billion to help individuals and families pay overdue water and utility bills.

Homeowner and Tenant Legal Services – \$60.0 million in federal funds over three years to provide legal assistance grants to over 100 community-based organizations that offer eviction and foreclosure counseling, consultation, mediation, training, education, and representation.

Mortgage Assistance – \$1.0 billion in federal funds to provide additional mortgage assistance, principal reductions, and qualified housing-related charges to provide housing stability.

Housing Production – \$1.75 billion in one-time federal funds to help support affordable housing projects and produce more than 6,300 units.

Accessory Dwelling Unit Financing – \$81.0 million in one-time federal funds to expand the California Housing Finance Agency's (CalHFA) Accessory Dwelling Unit program to further expedite low-cost production and more quickly increase the housing units statewide.

Housing on Excess State Sites – \$45.0 million in one-time federal funds to scale up excess land development by providing funding for vital infrastructure for viable housing projects.

Promoting Homeownership – \$100.0 million in one-time federal funds to CalHFA to expand its First Time Homebuyer Assistance Program, which helps first-time homebuyers with making a down payment, securing a loan, and paying closing costs on a home. Also proposes to expand the program to lower-income households and expand CalHFA's lender network to help address the wealth gap, particularly in disadvantaged areas throughout the State.

Project Homekey – \$7.0 billion for additional Homekey acquisitions to expand the portfolio of housing, including behavioral health continuum infrastructure and housing for low-income seniors.

Non-Congregate Shelter Transition to Permanent Housing – \$150.0 million in one-time SGF to support the stability of the State's FEMA-funded non-congregate shelter population and transition of individuals from Project Roomkey into permanent housing following the September 2021 sunset of the federal reimbursement availability from the pandemic.

Ending Family Homelessness – \$2.75 billion over two years to invest in new rental support, housing and shelter resources to achieve an end to family homelessness within five years. Of this amount, \$1.0 billion is targeted for families experiencing homelessness or at-risk of homelessness. This proposal also includes \$40.0 million SGF in grants to local governments.

Encampment Resolution Grants – \$50.0 million in one-time SGF for the Homeless Coordinating and Financing Council (HCFC) to partner with local governments and assist them with resolving critical encampments and transitioning individuals into permanent housing.

Caltrans Encampment Coordinators – \$2.7 million in one-time SGF for Caltrans Encampment Coordinators to mitigate safety risks at encampments on State property and to coordinate with the HCFC and local partners to connect these individuals to services and housing. These resources will also help Caltrans coordinate with the cleaning of trash and debris from encampment sites and inspection of encampment sites for potential damage to infrastructure.

New Initiative to Clean and Revitalize Neighborhoods – \$1.5 billion to clean public spaces near highways and revitalize neighborhoods with public arts and cultural projects. This program will create an estimated 15,000 jobs, including low-barrier jobs for at-risk youth, veterans, those released from incarceration, and people experiencing or exiting homelessness.

Accountability Measures – Proposes an assessment of all State and local homeless spending across all of California with a goal of moving the State's investments into proven strategies and to ensure local governments are meeting targets to reduce homelessness.

Supportive Services for Formerly Homeless Veterans – \$25.0 million in one-time SGF for the California Department of Veterans Affairs to administer a competitive grant program to support aging veterans and veterans with disabilities who have experienced chronic homelessness. This program will support residents in permanent

supportive housing projects throughout California, primarily projects supported by the Housing and Urban Development – Veterans Administration Supportive Housing (HUD VASH).

JUSTICE

Support for COVID-19 – \$407.9 million in one-time SGF in FY 2021-22 to continue COVID-19 related activities and fund related contracts and purchases by the California Department of Corrections and Rehabilitation, such as testing, cleaning, and personal protective equipment.

2011 Public Safety Realignment – Estimates that the Community Corrections Subaccount base will increase from \$1.366 billion in FY 2020-21 to \$1.5 billion in FY 2021-22, with an estimated growth of \$153.1 million in FY 2020-21.

Local Jail Funding – \$98.3 million in estimated SGF for additional reimbursement to county sheriffs and corrections departments through June 30, 2021 due to the suspension of intake and/or transfer of inmates to State prisons to reduce the risk of COVID-19 entering the State prison system, and \$97.5 million in FY 2021-22 as the backlog is gradually reduced and then eliminated.

California State Prison, Los Angeles County – \$33.6 million in SGF over two years for roof replacement projects as part of a multi-year plan to replace aging and deteriorating roofs across the State prison system.

Post-Release Community Supervision – \$23.6 million in one-time SGF for county probation departments to supervise the temporary increase in the average daily population of offenders on Post Release Community Supervision (PRCS) as a result of the implementation of Proposition 57, which is an increase of \$4.1 million from the amount estimated in the Proposed Budget.

Police Use of Force Investigations – An additional \$2.3 million in SGF in FY 2021-22 and \$2.1 million ongoing beginning in FY 2022-23 to provide supportive services to survivors of those killed in officer-involved shootings investigated by DOJ pursuant to AB 1506, and add one additional investigative team in the southern region, bringing the total to four.

Fines and Fees – \$300.0 million in one-time federal American Rescue Plan Act (ARPA) funds to support additional relief for low-income Californians in the form of a debt forgiveness program to eliminate debt owed on existing fines and fees for traffic and non-traffic infraction tickets issued between January 1, 2015 and June 30, 2021.

Incompetent to Stand Trial Facility Infrastructure – \$250.0 million in additional one-time SGF to the County-supported \$750.0 million for the Behavioral Health Continuum Infrastructure proposal included in the Proposed Budget, which will provide competitive grants for increased infrastructure targeted to justice-involved individuals with a serious mental illness who are deemed incompetent to stand trial (IST). Related to an intent to reallocate Relinquished County Jail Bond Authority to purchase or modify community mental health facilities, this proposal is intended to provide community-based alternatives to incarceration or unnecessary state hospitalization.

Statewide Initiative to Reduce Pretrial Detention – \$140.0 million in SGF in FY 2021-22 and \$70.0 million ongoing to expand a pretrial pilot program funded with one-time resources in the 2019 State Budget Act. Specifically, this funding will provide all 58 courts and county supervision agencies with the resources necessary to support judicial officers in making pretrial release decisions that impose the least restrictive conditions while maintaining public safety and assisting individuals in returning to court, and implementing appropriate monitoring practices and the provision of services for released individuals.

Community-Based Restoration Program Expansion – \$28.3 million in SGF to provide competency restoration service for IST patients in community mental health treatment settings. Beginning in FY 2024-25 ongoing costs increase to \$49.8 million in SGF.

Discontinue Lanterman-Petris-Short Patient Contracts with Counties – \$17.1 million in SGF backfill for lost revenues as the State will no longer be able to take new Lanterman-Petris-Short patients.

Jail-Based Competency Treatment Program Existing/New Program Updates – \$13.3 million in SGF to contract with counties to provide competency restoration services for IST patients residing in county jail facilities.

Reevaluation Services for Felony ISTs – \$12.7 million in SGF to partner with local county jails to re-evaluate individuals deemed IST on a felony charge waiting in jail 60 days or more pending placement to a California Department of State Hospitals (DSH) treatment program.

California Violence Intervention and Prevention (CalVIP) Grant Program – \$100.0 million in additional SGF for the Board of State and Community Corrections to expand the CalVIP program to the baseline \$9.0 million in ongoing SGF. The program provides competitive grants to cities and community-based organizations to support services such as community education, diversion programs, outreach to at-risk transitional age youth, and violence reduction models. across the next three fiscal years to expand this program.

Proposition 47 Savings – \$116.2 million in savings from Proposition 47 to be allocated according to the formula outlined in the initiative, which requires 65 percent be allocated for grants to public agencies to support various recidivism reduction programs (such as mental health and substance use services), 25 percent for grants to support truancy and dropout prevention programs, and 10 percent for grants for victims' services.

Division of Juvenile Justice Realignment (DJJ) – Includes a summary and overview of the funding provided as part of SB 823 to effectuate the realignment of DJJ to counties as well as the changes established in SB 92 to support implementation, which provides:

- \$7.6 million in SGF in FY 2021-22 and \$7.2 million in ongoing SGF for 33 positions to establish the Office of Youth and Community Restoration and perform the functions laid out in SB 823; and
- Proposes language to create opportunities for State and local partnerships to maintain firefighting operations at the Pine Grove Youth Conservation Camp in Amador County to enable juvenile courts to assign local youth to Pine Grove without committing them to DJJ and authorize counties to contract with the State to place youth at Pine Grove.

PUBLIC HEALTH

COVID-19 Response – \$1.08 billion for COVID-19 response costs to support testing and laboratory operations, vaccination, medical surge capacity, contact tracing management, and other State operational needs.

Behavioral Health Outreach for Young People – \$100.0 million over the next five years to support youth behavioral health education and outreach programs as a part of the Children and Youth Behavioral Health Initiative proposal.

Pandemic Response Review – \$3.0 million for a review that will assess the State's public health response and root causes of the disparities and inequities experienced by disproportionately impacted communities.

BEHAVIORAL HEALTH

Behavioral Health System for Children and Youth – \$1.0 billion from ARPA in FY 2021-22, \$1.7 billion (\$1.3 billion from ARPA, \$300.0 million in SGF, and \$100.0 million from the federal Trust Fund) in FY 2022-23, and \$431.0 million (\$300.0 million in SGF) ongoing for the Children and Youth Behavioral Health Initiative.

Lanterman Act Provisional Eligibility – \$23.8 million in ongoing SGF to provide children aging out of Early Start provisional Lanterman service eligibility up to age five.

Mental Health Services Act Partnership Grant Program – \$30.0 million in one-time Mental Health Services Fund for the Mental Health Student Services Act partnership grants

Treatment and Prevention of Adverse Childhood Experiences – \$12.4 million in one-time SGF for seven demonstration projects focused on advancing research on, and building scalable approaches to, treating and preventing Adverse Childhood Experiences (ACEs).

County-supported Behavioral Health Continuum Infrastructure – Increases the \$750.0 million included in the Proposed Budget by \$10.0 million in ARPA funds and shifts \$300.0 million in SGF to ARPA. In addition, the May Revision includes \$1.4 billion (\$1.2 billion in SGF and \$220.0 million in ARPA funds) for the program in FY 2022-23). Of the funding, a minimum of \$10.0 million in ARPA funds in FY 2021-22 and \$255.0 million (\$220.0 million in

ARPA funds and \$25.0 million in SGF) in FY 2022-23 is available for increased infrastructure targeted to individuals age 25 and younger.

HEALTH CARE SERVICES

ARPA- Coronavirus State and Local Fiscal Recover Funds for Public Health Impacts – \$4.9 billion for State and local emergency response to COVID-19 and the state's public health infrastructure including public hospitals, health systems, and residential care facilities. These funds will also address the emotional and behavioral health impacts on California's children and youth stemming from quarantine requirements and distance learning by investing in workforce and facility infrastructure, including training and certification of psychologists, psychiatrists, counselors, and social workers.

Population Health Management Service – \$315.0 million in one-time funds (\$31.5 million in SGF) to provide population health management services that would centralize administrative and clinical data from the California Department of Health Care Services, health plans, and providers. Access to this information would allow all parties to better identify and stratify member risks and inform quality and value delivery across the continuum of care while implementing CalAIM. The service will also facilitate the connection between important health data and critical social service data for a given beneficiary.

Support for Public Hospitals and Health Systems – \$300.0 million in one-time Coronavirus Fiscal Recovery Fund to help public health care systems cover costs associated with critical care delivery needs provided during and beyond the pandemic.

Medi-Cal Providing Access and Transforming Health Payments (PATH) – \$200.0 million (\$100.0 million in SGF) to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.

Five-Year Medi-Cal Eligibility Extension for Postpartum Individual – \$90.5 million (\$45.3 million in SGF) in FY 2021-22 and \$362.2 million (\$181.1 million in SGF) annually between FY 2022-23 and FY 2027-28 to implement the ARPA's Medi-Cal eligibility extension from 60 days to 12 months for most postpartum individuals, effective April 1, 2022 for up to five years.

Doula Benefit – \$403,000 (\$152,000 in SGF) in FY 2021-22 and approximately \$4.4 million (\$1.7 million in SGF) annually at full implementation to add doula services as a covered benefit in the Medi-Cal program, effective January 1, 2022.

Community Health Workers – \$16.3 million (\$6.2 million in SGF), increasing to \$201.0 million (\$76.0 million in SGF) by FY 2026-27, to add community health workers to the class of health workers who are able to provide benefits and services to Medi-Cal beneficiaries, effective January 1, 2022.

Medically Tailored Meals – \$9.3 million in one-time SGF to continue the provision of medically tailored meals in the period between the conclusion of the existing pilot program in 2021 and when medically tailored meals become available as an option for In-Lieu of Service (ILOS) under CalAIM.

Audio Only Visits – The California Department of Health Care Services (DHCS) will establish rates for audio-only telehealth that is set as 65 percent of the Medi-Cal rate for the service rendered in fee-for-service, and comparable alternative to prospective payment system (PPS) rates for clinics to maintain an incentive for in-person care. Only providers located in California or border communities and able to provide in-person services to each client served by audio-only telehealth can claim Medi-Cal reimbursement for the service. DHCS will consult with subject matter experts to establish utilization management protocols for all telehealth services prior to implementation of post-pandemic telehealth services.

ECONOMIC AND WORKFORCE DEVELOPMENT

Golden State Stimulus II – Expands the Golden State Stimulus to provide tax refunds to middle-class families that make an adjusted \$75,000 or less including undocumented taxpayers filing taxes with ITIN numbers. Specifically, the plan would include:

- \$600.00 in one-time stimulus payments to all taxpayers filing a 2020 tax year return with adjusted gross income of \$75,000 or less who did not already receive a Golden State Stimulus.
- \$500.00 in one-time stimulus payments to all taxpayers with adjusted gross income of \$75,000 or less with a dependent on the return.
- \$500.00 in one-time stimulus payments to all ITIN taxpayers with adjusted gross income of \$75,000 or less and a dependent.

Small Business Grants and Cultural Institutions – \$1.5 billion in federal ARPA funds for three additional rounds of grants to provide relief to more small businesses. The first two rounds will be closed to target the applicants who are currently waitlisted. The final round will be open to both new applicants and waitlisted applicants

In addition, of the \$50.0 million in SGF previously allocated for nonprofit cultural institutions, only \$34.0 million was awarded to eligible recipients, leaving \$16.0 million available. Proposes to open additional rounds of grants for eligible nonprofit cultural institutions until the full \$50.0 million has been awarded.

Community Economic Resilience Fund – \$750.0 million in one-time federal ARPA funds to support regional and local planning and implementation of strategies to adapt to and seize the opportunities that come with a changing economy with a focus on High Road Transition Implementation Grants.

Employment Training Panel – \$50.0 million in one-time SGF for the Employment Training Panel (ETP) to support training opportunities for new and incumbent workers and address skills gaps in economically disadvantaged regions.

County-supported High Road Training Partnerships (H RTP) – \$90.0 million for the Workforce Board to fund additional H RTP opportunities. This builds upon the \$25.0 million in the Proposed Budget, totaling \$115.0 million for H RTPs. These training partnerships up-skill the current workforce while creating pathways for new hires and prioritize workers from disadvantaged communities, including justice-involved and disconnected and at-risk older youth.

Construction Apprenticeships – \$20.0 million for the Workforce Board to develop apprenticeships in residential construction. These apprenticeships will be the result of a partnership between the State and local workforce boards, the University of California and California Community Colleges, philanthropic organizations, and the housing industry, and will build upon existing programs to ensure these opportunities can be deployed quickly.

Strengthening California Community Colleges Workforce Development Strategies – \$157.0 million in one-time SGF to foster new cooperative efforts between workforce programs and the California Community Colleges (CCCs)

SOCIAL SERVICES

CalWORKs – \$8.5 billion (State, local, and federal funds) in FY 2021-22, including \$8.5 billion for CalWORKs programs and \$1.7 billion for other programs including Child Care, Child Welfare Services, Foster Care, Department of Developmental Services programs, the Statewide Automated Welfare System, Work Incentive Nutritional Supplement, California Community Colleges Child Care and Education Services, Cal Grants, and the Department of Child Support Services. The average monthly CalWORKs caseload is estimated to be 358,110 families in FY 2021-22 statewide.

- **CalWORKs Housing Support Program** – \$475.0 million in SGF in both FY 2021-22 and in FY 2022-23 to expand the existing CalWORKs Housing Support program.
- **CalWORKs Grant Increase** – \$142.9 million in FY 2021-22 to reflect a 5.2 percent increase to the CalWORKs Maximum Aid Payment (MAP) levels in FY 2021-22, funded entirely by the Child Poverty and Family Supplemental Support Subaccounts and the Local Revenue Fund.
- **CalWORKs Family Reunification Assistance Payment** – \$8.7 million in SGF in FY 2021-22 and ongoing for counties to continue providing CalWORKs services for no more than 180 days when a child has been removed from the home and is receiving out-of-home care.

FY 2021-22 Governor's May Budget Revision

- **CalWORKs Overpayments** – Beginning April 2020 through the end of the COVID-19 pandemic or June 30, 2022, whichever is sooner, authorizes a county to reduce the collection of all non-fraudulent related CalWORKs overpayments that are considered administrative errors from 10 percent to 5 percent of a family's aid payments and reduces the CalWORKs Overpayment collection timeframe from 5 years to 2 year.

In-Home Supportive Services (IHSS) – \$17.2 billion (\$5.5 billion in SGF) for the IHSS program in FY 2021-22 with an average monthly statewide caseload of 590,293 recipients in F 2021-22.

- **IHSS State and County Sharing Ratio** – \$57.3 million in SGF in FY 2021-22 and \$123.8 million in ongoing SGF to continue the 65 percent State and 35 percent county sharing ratio and the continuation of the 10 percent over three years option after January 1, 2022 when the State minimum wage reaches \$15.00 per hour and the county-negotiated increases to IHSS wages and benefits would have flipped to a ratio of 65 percent county and 35 percent State.
- **Long Term Care Career Pathways** – \$200.0 million in one-time SGF to incentivize, support, and fund career pathways for IHSS providers, allowing these workers to build on their experience to obtain a higher-level job in the home care and/or health care industry.
- **IHSS Seven Percent Suspension** – \$ 248.0 million in SGF in FY 2022-23 and \$496.0 million in ongoing SGF to eliminate the IHSS seven percent reduction in service hours.

2011 State Supplementary Payment (SSP) Cost of Living Adjustment (COLA) Restoration for Individuals – \$131.5 million in SGF in FY 2021-22 and ongoing to restore COLA's for SSP, Cash Assistance Program for Immigrants, and California Veterans Cash Benefit recipients back to 2011 payment levels.

County Administration Funding for Post-Public – \$73.0 million (\$36.5 million SGF) one-time in each of FY 2021-22 and FY 2022-23 to resume annual Medi-Cal redeterminations upon conclusion of the federal public health emergency and continuous coverage requirement.

AGING AND DISABILITY

Medi-Cal Coverage to Undocumented Older Adults – \$69.0 million (\$50.0 million in SGF) in FY 2021-22 and \$1.0 billion (\$859.0 million SGF) ongoing to expand Medi-Cal, including IHSS, to undocumented adults aged 60 and older effective no sooner than May 1, 2022.

Older Adult Recovery and Resiliency – \$106.0 million in SGF available over three years, to strengthen older adults' recovery and resilience from isolation and health impacts caused by the COVID-19 pandemic. This investment will increase service levels of existing programs based on local need including: Senior Nutrition, Senior Legal Aid, Home Modifications and Fall Prevention, Behavioral Health Friendship Line, Senior Digital Assistance, Family Caregiver Support, Senior Employment Opportunities, Elder Abuse Prevention, and Aging & Disability Resource Connection.

Home Safe – \$100.0 million in SGF in both FY 2021-22 and FY 2022-23 for the Home Safe program for access to health, safety, and housing supports for individuals involved in or at risk of involvement in Adult Protective Services.

Housing and Disability Advocacy Program – \$175.0 million in SGF annually through FY 2023-24 to assist disabled individuals who are experiencing homelessness. Additionally, the May Revision waives the Interim Assistance Reimbursement requirement through the end of FY 2023-24 for this program.

Community Care Expansion Program – \$500.0 million in both FY 2021-22 and FY 2022-23 for the construction, acquisition and/or rehabilitation of adults and seniors in care facilities who are homeless or at risk of becoming homeless and will further stabilize these facilities with physical upgrades and capital improvements.

EARLY CHILDHOOD

Transitional Kindergarten – Proposes the phase in of universal transitional kindergarten over a four-year period through the following investments:

- Approximately \$900.0 million in SGF in FY 2022-23, growing to \$2.7 billion in FY 2024-25 to expand access to transitional kindergarten for four-year children;
- \$380.0 million in Proposition 98 funds in FY 2022-23, growing to \$740.0 million in FY 2024-25, to provide one additional certificated or classified staff person in each transitional kindergarten classroom; and
- \$250.0 million in one-time Proposition 98 funds repurposed for planning and implementation grants for all local educational agencies instead of incentivizing transitional kindergarten as provided in the Governor's Proposed Budget.

Early Care and Education – Proposes the following investments:

- \$83.0 million in Proposition 64 cannabis tax revenues in FY 2021-22 and ongoing to provide for an additional 6,500 new childcare slots;
- \$250.0 million in one-time federal ARPA funds to provide infrastructure grants for the acquisition, construction, development, and renovation of childcare facilities focusing on desert areas to be spent through September 30, 2024;
- \$20.0 million for a multi-year effort to strengthen existing quality improvement supports and systems; and \$10.0 million in ARPA funds to support continued Resource and Referral partnerships to strengthen their role serving as intermediaries to develop new childcare facilities and capacity, and to streamline and improve data collection processes.

Support for COVID-19 – \$579.0 million in one-time Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds to provide, among other investments:

- A tiered licensed provider one-time stipend based on licensing capacity of between \$3,500 to \$6,500;
- A third round of per-child stipends for subsidized childcare and preschool providers;
- Family fee waivers for eligible families beginning July 1, 2021 through June 30, 2022;
- \$250.0 million in one-time CRRSA funds available through September 30, 2023, for the expansion of the California Child Care Initiative Project to target areas such as childcare deserts and building capacity of new licensed family childcare homes;
- \$10.6 million in one-time CRRSA funds available through September 30, 2023 for early childhood mental health consultation; and
- Continues to hold harmless funding for childcare providers that contract directly with the State and provider reimbursement at a child's maximum certified level of need for all providers accepting vouchers through June 30, 2022.

Transition of Child Care and Development Programs – \$3.0 billion (\$1.5 billion in SGF) for local assistance to shift the following programs to the California Department of Social Services effective July 1, 2021: General Child Care, Alternate Payment Programs, CalWORKs Stage 2 & Stage 3, Resource & Referral Programs, Migrant Child Care Program, Severely Disabled Program, California Child Care Initiative, Quality Improvement Activities, Local Planning Councils, and Child and Adult Care Food Program.

CHILDREN AND FAMILIES

Bringing Families Home – \$280.0 million in SGF in both FY 2021-22 and FY 2022-23 to expand the program that provides housing-related supports to eligible families experiencing homelessness in the child welfare system.

Family First Prevention Services Act, Part I – \$122.4 million in one-time SGF in FY 2021-22 to be expended over three years to assist counties with new prevention services implementation efforts allowable under the new federal Family First Prevention Services Act.

Foster Youth – \$39.2 million in SGF to assist counties with serving foster youth with complex needs and behavioral health conditions, within California, as well as youth that return from an out-of-state congregate placement.

Foster Care Emergency Assistance – \$24.5 million SGF and federal Temporary Assistance for Needy Families (TANF) block grant funds in FY 2021-22 to provide caregivers with up to four months of emergency assistance payments pending resource family approval and up to twelve months for cases that meet good cause criteria.

Continuum of Care Reform – The May Revision includes:

FY 2021-22 Governor's May Budget Revision

- \$7.1 million in SGF to reflect Continuum of Care Reform true-up related to county Child and Family Teams actual expenditures for FY 2018-19; and
- \$3.4 million in ongoing SGF for increased county social worker workload associated the Child and Adolescent Needs and Strengths assessment tool.

GENERAL GOVERNMENT

California Creative Corps Pilot Program – \$60.0 million in one-time SGF in FY 2021-22, to be spent over three years, to implement the California Creative Corps Pilot Program. This includes shifting the \$5.0 million proposed in FY 2020-21 to FY 2021-22 and increasing the total amount available in FY 2021-22. This additional investment will allow the Arts Council to expand the media outreach and engagement campaign to include: (1) public health awareness messages to stop the spread of COVID-19; (2) public awareness related to water and energy conservation, and emergency preparedness, relief, and recovery; (3) civic engagement, including election participation; and (4) social justice and community engagement.

Creative Youth Development Grant Programs – \$40.0 million in one-time SGF in FY 2021-22, to be spent over three years, to support the Arts Council's existing Creative Youth Development programs. The Arts Council will use partnerships between community-based organizations, educators, and local artists to expand participation in these programs statewide.

Film Tax Credit – \$30.0 million in one-time expansion of the film credit in FY 2021-22 for productions that relocate from other jurisdictions.

Revitalize California Tourism – \$95.0 million in one-time federal ARPA funds in FY 2021-22 to implement strategic media recovery campaigns that will jump start the recovery of the travel and tourism industry once it is safe to travel.

Equity and Inclusion – \$300,000 in ongoing SGF to fund two additional staff to support the State's first Chief Equity Officer at the Government Operations Agency that was included in the Proposed Budget with \$290,000 in ongoing SGF. In part, this position will help oversee the implementation of equity recommendations from the California Leads as an Employer initiative; work with CalHR to recommend changes to close the gender and racial pay gaps in the State workforce, and work with the State's Chief Data Officer to gather and report data about State workforce.

Public Libraries – Proposes the following one-time increases to support library infrastructure and broadband:

- \$50.0 million in SGF for an equity-focused matching grant program to support local library infrastructure;
- \$35.0 million in SGF available through FY 2024-25, to expand broadband access to isolated and under-served communities through a collaborative partnership of local education agencies, regional libraries, and telehealth providers and leverage available federal funds through the E-Rate Program; and
- \$6.0 million in SGF to support the Broadband Connectivity Initiative

BROADBAND

Broadband – Proposes \$7.0 billion over three years, utilizing a combination of federal and SGF, to expand broadband infrastructure, increase affordability, and enhance access to broadband for all Californians and achieve equitable statewide access to high-speed broadband internet service.

TRANSPORTATION

State Highway Rehabilitation and Local Roads and Bridges – \$2.0 billion (\$1.1 billion IN special funds through 2028, and \$968.0 million IN federal funds) to support the advancement of priority State Highway Operation and Protection Program (SHOPP) projects, Interregional Transportation Improvement Program (ITIP) projects, and local road and bridge investments.

Active Transportation – \$500.0 million in SGF to advance projects that increase the proportion of trips accomplished by walking and biking, increase the safety and mobility of non-motorized users, advance efforts of

regional agencies to achieve greenhouse gas reduction goals, enhance public health, and benefit many types of users, especially in disadvantaged communities.

Priority Transit and Rail Projects – \$1.0 billion in SGF for transit and rail projects statewide that improve rail and transit connectivity between State and regional/local services.

Los Angeles Olympics – \$1.0 billion in SGF to deliver critical projects in time for the 2028 Olympic Games.

CLIMATE CHANGE

Water Infrastructure and Drought Response – \$5.1 billion for immediate drought response and long-term water resilience investments to address immediate, emergency needs, build regional capacity to endure drought and safeguard water supplies for communities, the economy and the environment. This funding is a combination of State, federal and bond funding.

Recycling Infrastructure and Technology – \$50.0 million in one-time SGF to provide low-interest loans to attract recycling and reuse businesses to California. Also proposes \$15.0 million to provide grants to companies that are in the research, development, feasibility, or pilot phase of recycling projects that are interested in locating in California.

Climate Resilience – \$1.3 billion in SGF over multiple years in targeted investments for communities that are facing the impacts of climate change, including proposals addressing extreme heat, sea level rise, and community-driven infrastructure investments in the most disadvantaged communities.

Organic Waste Infrastructure – \$55.0 million to provide grants for new composting and anaerobic digester facilities and to expand capacity at existing wastewater facilities to increase organic waste recycling capacity, provide funding for co-digestion, and reduce methane emissions from landfills.

County-supported Zero Emission Vehicle Acceleration – \$826.0 million in additional investments that accelerate the State toward meeting climate and transportation goals. Combined, the Proposed Budget and May Revision total \$1.8 billion in FY 2021-22, and \$3.2 billion over three years for zero emission vehicle investments.

NATURAL RESOURCES

Outdoor Access for All – An additional \$256.2 million (\$253.1 million SGF and \$3.1 million in special funds) above the \$82.0 million included in the Proposed Budget to expand outdoor access for all Californians.

Statewide Park Development and Community Revitalization Program – \$125.0 million in one-time SGF to invest in establishing and revitalizing community open spaces by providing grants to fund new parks, beautify existing parks, and create recreation opportunities in underserved communities.

ENVIRONMENTAL JUSTICE

County-supported Exide Facility Cleanup – An additional \$291.0 million in SGF over three years, in addition to the \$34.1 million in one-time SGF in the Proposed Budget, to clean up additional lead-contaminated properties near the former Exide facility. Maintains one-time funding of \$14.0 million in SGF, and \$2.5 million ongoing funding from the Lead-Acid Battery Cleanup Fund, for ongoing and future cost recovery efforts. Additionally, proposes \$132.0 million in one-time SGF to continue cleanup at the facility under the management of the trustee.

County-supported Department of Toxic Substances Control Reform – Maintains the Proposed Budget's governance and fiscal reform proposal to improve governance and transparency and provide long-term fiscal stability for the Department of Toxic Substances Control (DTSC). Proposes \$6.0 million in one-time SGF to support: 1) implementation of the Violation Scoring Procedures regulations, and 2) efforts to keep California's statutes and regulations in compliance with federal requirements. This funding is contingent on the enactment of

the DTSC governance and fiscal reform proposal and will be funded by the SGF in FY 2021-22 until increased fee revenues are realized in FY 2022-23.

Contaminated Sites Cleanups – \$200.0 million over two years beginning in FY 2022-23 in addition to the \$300.0 million in the Proposed Budget to accelerate the cleanup of contaminated properties in impacted communities statewide. This investment will be allocated using a risk and health-based approach and is contingent upon enactment of the Administration's DTSC governance and fiscal reform package.

County-supported Enhanced Oversight of Orphan Wells – An additional \$200.0 million to plug and abandon orphaned oil and gas wells and decommission attendant facilities that could pose a danger to life, health, water quality, wildlife, or natural resources.

WILDFIRE AND EMERGENCY MANAGEMENT

Strengthening Equity and Connections with Communities – \$29.9 million in ongoing SGF and 13 positions to establish a new Office of Equity and make permanent a Listos grant program to further strengthen connections and build resiliency with all communities. The Listos program would include an on-going \$25.0 million SGF grant program and expand its focus from emergency preparedness to also include emergency response and recovery.

Community Hardening to Build Disaster Resilient Communities – \$250.0 million in one-time SGF to develop and implement a new initiative, "Prepare California," designed to build disaster-resistant communities through State, local, federal, and private sector and nongovernmental organization partnerships. This program seeks to eliminate current barriers for local and tribal governments, including paying up to 100 percent of the local government's cost share for participating in the federal hazard mitigation program.

California Disaster Assistance Act (CDAA) – \$100.0 million in one-time SGF to increase the amount of funding available through the CDAA, which is used to repair, restore, or replace public real property damaged or destroyed by a disaster or to reimburse local governments for eligible costs associated with emergency activities undertaken in response to a state of emergency proclaimed by the Governor.

Community Resilience Centers – \$150.0 million in one-time SGF for the California Department of Food and Agriculture to support the development and enhancement of community resilience centers. Funding could be used to support infrastructure for emergency evacuation, shelter, base camps during emergency events, and critical deferred maintenance.

Wildfire Forecast and Threat Intelligence Integration Center – \$7.4 million and 22 positions to implement (Chapter 405, Statutes of 2019) to establish a Wildfire Forecast and Threat Intelligence Integration Center to: (1) provide "real time" intelligence and data regarding wildfire threats to government agencies; (2) develop intelligence products for public and private entities involved in wildfire risk mitigation efforts; and (3) serve as a central organizing hub for wildfire forecasting, weather information, threat intelligence gathering, and analysis.

IMMIGRATION

Rapid Response Efforts – \$105.2 million in one-time SGF for the Rapid Response Fund to provide support for migrant family arrivals at the Southern California border and additional funding for other emergency responses, including wildfires and drought.

Unaccompanied Undocumented Minors (UUM) – \$20.0 million SGF and \$5.0 million Proposition 98 General Fund in FY 2021-22 to provide additional support for UUMs through the Opportunities for Youth pilot project (\$4.7 million SGF), the UUM legal services (\$14.0 million SGF), State operations (\$1.3 million SGF) and the California Newcomer Education and Well-Being Project (\$5.0 million Proposition 98 General Fund) will be available through FY 2022-23.

DACA and Naturalization Filing Fees – \$25.0 million in one-time SGF in FY 2021-22 to fund filing fees for DACA and naturalization.

CANNABIS

Cannabis Management – Expands upon the Proposed Budget to establish the new Department of Cannabis Control to consolidate the cannabis functions of the California Bureau of Cannabis Control, the California Department of Food and Agriculture and the California Department of Public Health beginning July 1, 2021. The May Revision proposes to create a Deputy Director of Equity and Inclusion and statutory changes to allow issuance of new provisional cannabis licenses by six months, to July 1, 2022, to ensure compliance with State law requirements for participation in the legal cannabis market.

Cannabis Local Jurisdiction Assistance Grant Program – \$100.0 million in one-time SGF to establish a local jurisdiction assistance grant program for cannabis. The program would: 1) aid local governments in processing substantial workloads associated with transitioning businesses to a regulated market; 2) incentivize local governments to modify their permitting methods to better align with the State's effort to remove barriers to licensure; 3) support provisional license holders by allowing local governments to pass through funding to applicants for purposes of assessing and mitigating environmental impacts; 4) provide more financial assistance to licensed cultivators and localities that license them, as both often experience enhanced environmental compliance and resource challenges when transitioning operations to annual licensure; and 5) provide enhanced support to eligible jurisdictions that are implementing social equity programs.

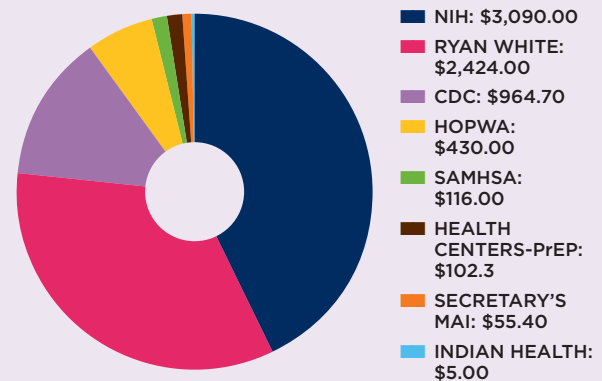
As a follow up to this Executive Summary, the CEO's Legislative Affairs and Intergovernmental Relations Branch will continue to work with Departments throughout the County to analyze the Governor's May Revision and take advocacy positions, as needed. In addition, the Sacramento advocates will work with the Administration and key legislators to advocate on behalf of the County's funding and program priorities.

QUICK TAKE

FEDERAL DISCRETIONARY HIV FUNDING IS ESSENTIAL

HIV REMAINS A SERIOUS PUBLIC HEALTH THREAT IN THE UNITED STATES. An estimated 1.2 million people are living with HIV, with roughly 38,000 new diagnoses each year. In 2021, the federal government will spend approximately \$29 billion in responding to the domestic HIV epidemic, two-thirds of which come from mandatory programs such as Medicaid, Medicare and Social Security. Unlike these mandatory programs that serve broader populations and grow as need increases, HIV discretionary programs are specifically tailored to preventing HIV and meeting the needs of people with HIV. They are also dependent on annual appropriations from Congress and their funding levels are not guaranteed to meet increasing or changing needs. Over the past decade, new HIV transmissions have declined, viral suppression and other health outcomes have improved, and investments in HIV research are producing more and better prevention and treatment options—evidence that these investments are paying off. Federal discretionary funding, however, has never been sufficient to meet the needs of all communities heavily impacted by HIV. More people are living with HIV and in need of services than ever before; additionally, economic insecurity, discrimination, and social and structural factors continue to create conditions that facilitate HIV transmission.

FEDERAL HIV/AIDS DOMESTIC DISCRETIONARY FUNDING, FY 2021
(US\$ MILLIONS)

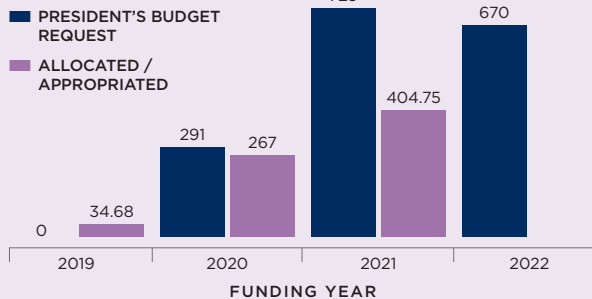


TOTAL DISCRETIONARY: \$7.2 BILLION

DISCRETIONARY PROGRAMS SUPPORT ESSENTIAL PARTS OF THE HIV RESPONSE

SELECTED PROGRAMS	CORE FUNCTIONS	CRITICAL IMPACT
HIV Prevention at the Centers for Disease Control and Prevention (CDC)	Funds state and local health departments and community-based organizations; monitors trends to guide public health action; conducts epidemiologic, behavioral, and biomedical research; trains the public health workforce; and develops public health communications.	From 2007-2016, an estimated 350,000 cases of HIV were prevented, saving more than \$16 billion per year in direct medical costs.
Ryan White HIV/AIDS Program at the Health Resources and Services Administration (HRSA)	Funds cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV.	88% of people with HIV receiving Ryan White services were virally suppressed in 2019, on par with other high-income countries, whereas viral suppression for the U.S. as a whole is far lower (56% in 2018).
HIV Research at the National Institutes of Health (NIH) (includes all domestic and global HIV research)	Supports basic and applied research through its intramural program and through its national network of university-based researchers through the Centers for AIDS Research (CFARs).	Primary funder of HIV treatment and prevention research, including randomized trials to prove effectiveness of PrEP and validate U=U ("Undetectable=Untransmittable"). Also supports essential research on HIV vaccines.
HIV Prevention and Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA)	Provides grants to states and community-based organizations to support HIV prevention and care services for people with mental health needs and/or in need of substance use disorder services.	Communities heavily impacted by HIV are significantly burdened by substance use disorders and mental health needs. SAMHSA's Minority AIDS Initiative tested roughly 40,000 people for HIV in 2018, nearly half of whom were first-time testers, and diagnosed 261 people.
Housing and Urban Development (HUD)—HOPWA HIV Housing	Provides housing assistance to low-income people with HIV, which can include rental assistance, operating cost for housing facilities, short-term rent, mortgage and utility payments, permanent housing placement, and other supportive services.	Prevents homelessness and sustains housing stability for roughly 55,000 households of people living with HIV each year.

ENDING THE HIV EPIDEMIC INITIATIVE REQUEST VERSUS APPROPRIATED (US\$ MILLIONS)



SOURCE: Kaiser Family Foundation Ending the HIV Epidemic (EHE) Funding Tracker, 2021; Summary of the President's FY2022 Discretionary Funding Request. Note: FY 2019 funding was re-allocated funds to launch the Initiative, but not appropriated for this purpose.

INCREASED FUNDING IS CRITICAL

In 2019, the Trump Administration launched an ambitious plan to end the HIV epidemic in the U.S. by 2030, striving to reduce the annual number of new HIV transmissions by 90% over the next decade. The Ending the HIV Epidemic (EHE) Initiative provided the first substantial increase in discretionary HIV funding in decades, as well as new funding for Community Health Centers to support PrEP access. While projected funding needs through 2030 have not been publicly released, success was predicated on substantial increases in discretionary funding year after year. The EHE was funded at \$35 million in FY 2019 with reprogrammed resources. Congress provided \$267 million to support EHE in FY 2020 and increased that to \$405 million in FY 2021. Nonetheless, Congressional appropriations already have fallen far behind Trump Administration requests. Indeed, according to a Kaiser Family Foundation analysis, after accounting for new EHE funds and adjusting for inflation (using CPI-U to adjust for 2011 dollars), in FY 2021, HIV research funding at NIH is down 21% compared to FY 2011 and the Ryan White Program is down 11%. CDC HIV prevention funding was down 12% in FY 2018 compared to FY 2011, but with new funding through EHE, funding increased 3% in FY 2021 compared to FY 2011, using 2011 dollars. Similarly, compared to FY 2011, HOPWA funding was down 6% in FY 2016, but holding 2011 dollars constant, is up 10% in FY 2021, as Congress appropriated additional funding to offset losses that would have occurred due to formula modernization. Notably, prevention and HOPWA funding are parts of the HIV budget that, historically, have been most underfunded relative to need. Moreover, dynamics associated with the COVID-19 crisis likely further set back progress. In April 2021, the Biden Administration announced that it would request \$670 million to support the EHE Initiative in FY 2022—a promising step, yet one that still may

be insufficient to meet the EHE 2030 goal. Nonetheless, any such funds still would need to be appropriated by Congress.

FIGHTING HIV REQUIRES A HOLISTIC RESPONSE, AND THE NEED FOR SERVICES IS GROWING

Current HIV programs are not able to serve all of those in need. Roughly one in four people with HIV have been diagnosed but are not in care, and fewer than one in five people with an indication for PrEP are receiving it. People living with and at risk for HIV utilize a range of programs, including health care and prevention services, housing, employment supports, and other social services, and also count on supportive laws, policies, and civil rights enforcement as part of a comprehensive federal HIV response.

Looking ahead, more people will be living with HIV and in need of services; the need for prevention services also will grow. Increased funding will be needed to support the Minority AIDS Initiative (MAI) and other programs to reduce health inequities across many populations and to tackle unmet challenges such as responding more effectively to the complex needs of people aging with HIV, as it is projected that by 2030 up to 70% of people with HIV in the U.S. will be over 50. Recent research projected that male and female groups in need of HIV prevention services will grow 19% and 15% by 2060, respectively, with the fastest growth among Black and Latinx communities (P Sullivan et al, *Epidemiology of HIV in the USA*, *Lancet* 2021).

The story of fighting HIV is a long and complex one, but it is ultimately encouraging. Yet cautionary tales abound. In the late 1990s, the CDC released a detailed plan to eliminate sustained syphilis transmission in the U.S. Unfortunately, Congress cut the funding before the goal was achieved. Following this cut, from 2000-2019, the number of primary and secondary cases of syphilis increased more than 6-fold. The COVID-19 crisis also underscores the nation's vulnerability to infectious diseases due to persistent disinvestment in public health. As the U.S. achieves reductions in HIV transmission, it must maintain its commitment to funding a mix of prevention, care, research, and social support services to sustain our successes.

TO LEARN MORE

See Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: Trends Over Time*. March 2019. <https://www.kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hiv-aids-trends-over-time/>.

Congressional Justifications (CJs) are publicly available documents for Executive Branch agencies that provide details of requested and past funding, and also provide information about the policy priorities of the respective agencies. Typically, they are available online through searching "agency name" congressional justification. The most recent CJ for CDC, for example, can be found here: <https://www.cdc.gov/budget/fy2021/congressional-justification.html>.

Who Benefits from Minority AIDS Initiative (MAI) Funding?

In 1998 African Americans surpassed White people as the population with the largest number of new cases of HIV. After the data was released, 30 Black leaders met with the Centers for Disease Control and Prevention (CDC) to demand action. The effort was led by Dr. Beny Primm, then board chair of NMAC. He had NMAC’s Director of Government Relations, Miguelina Maldonado, work with the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional A/PI Caucus to create the Minority AIDS Initiative (MAI). The goal for the MAI was to build the infrastructure of minority-led community-based nonprofits to minimize the racial divide in HIV health outcomes for African Americans and all people of color.

Table 24. Estimated persons living with AIDS, by race/ethnicity and year, 1993 through 1999, United States¹

Race/ethnicity	Year						
	1993	1994	1995	1996	1997	1998	1999
White, not Hispanic	80,480	86,703	91,756	98,615	107,273	114,895	122,880
Black, not Hispanic	60,678	71,863	81,287	92,274	105,306	117,426	129,943
Hispanic	31,245	36,524	41,072	46,194	52,121	57,443	62,995
Asian/Pacific Islander	1,295	1,460	1,617	1,859	2,094	2,318	2,609
American Indian/Alaska Native	569	662	718	803	888	969	1,085
Total²	174,475	197,471	216,796	240,184	268,242	293,702	320,282

¹These numbers do not represent actual cases of persons living with AIDS. Rather, these numbers are point estimates of persons living with AIDS derived by subtracting the estimated cumulative number of deaths in persons with AIDS from the estimated cumulative number of persons with AIDS. Estimated AIDS cases and estimated deaths are adjusted for reporting delays, but not for incomplete reporting. Annual estimates are through the most recent year for which reliable estimates are available. See Technical Notes.

²Totals include estimates of persons whose race/ethnicity is unknown. Because column totals were calculated independently of the values for the sub-populations, the values in each column may not sum to the column total.

After 20 years of MAI funding, which communities benefited the most?

Race/ethnicity	% of People with HIV, 2018	% of U.S. Population, 2018
Black	41%	13%
White	29%	60%
Latino	23%	18%
Asian	1.5%	6%
American Indian/Alaska Native	0.3%	1.3%
Native Hawaiians and Other Pacific Islanders	0.09%	0.2%

Source: CDC, *Estimated HIV incidence and prevalence in the United States, 2014–2018*, and US Census Bureau, *Quick Facts —United States*.

From 1998 to 2018, African Americans with HIV went from 39 percent of the cases in 1998 to 41 percent of the cases in 2018. White people went from 40 percent of the cases in 1998 to 29 percent of the cases in 2018. The Latinx community went from 19.5 percent of the cases to 23 percent in 2018. Asians went from 0.78 percent to 1.5 percent of the cases. American Indians/Alaska Natives stayed level at 0.3 percent. After 20 years of MAI and other funding, only the White community saw a significant decrease in HIV cases.

That outcome speaks directly to the question the Biden/Harris administration is trying to unpack with the Executive Order looking at racial equity across all government programs: to not just look at how race impacts access and funding, but also how to make the system fair. They are seeking community input on how to make this happen.

Per an email from the White House:

“Through the Office of Management and Budget, the Biden-Harris administration is soliciting input from stakeholders in the public, private, advocacy, not-for-profit, and philanthropic sectors, including State, local, Tribal, and territorial areas. This request for information (RFI) seeks answers to dozens of questions critical to the administration’s efforts to advance equity, including how agencies can address known burdens or barriers to accessing benefits programs in their assessments of benefits delivery, and what practices agencies should put in place to reach rural areas and communities that might not be able to visit Washington, D.C., to engage directly with policymakers.

"A link to the RFI can be found at:

<https://www.federalregister.gov/documents/2021/05/05/2021-09109/methods-and-leading-practices-for-advancing-equity-and-support-for-underserved-communities-through>

"Responses are due: Tuesday, July 6, 2021"

I believe the White House understands the system is unfair. The challenge is how to fix it. NMAC hopes you will respond to this RFI and write about your solutions. As we get ready to prepare our response, I will share our journey. This question is core to NMAC's mission. How do we change the structural racism that is baked into the federal government?

Yours in the struggle,



[Paul Kawata](#)

NMAC





LOS ANGELES COUNTY
COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

*Not For Distribution
This Letter Was Not Sent.*

March 12, 2020

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director
Los Angeles County
Department of Public Health (DPH)
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Dr. Ferrer:

Los Angeles County is in the midst of an STD crisis. The Commission on HIV (Commission) is the federally mandated integrated HIV and sexually transmitted diseases (STD) prevention and care planning council for the County. We have a 30-year history of collaborating with the County and a broad set of stakeholders in elevating the needs of people living with HIV (PLWH), lesbian, gay, bisexual, transgender and queer (LGBTQ), communities, women, youth, and communities of color to advance equity and justice and shape local programs, services and policies. We are especially concerned about the STD crisis because it is disproportionately impacting the communities we seek to serve, including men who have sex with men (MSM), transgender individuals, women of color, and youth.

We write to you today because Los Angeles County is facing an STD crisis, which mirrors the significant rise of sexually transmitted diseases (STDs) across the country. According to the California Department of Public Health, from 2014-2018, Los Angeles County experienced some of the highest incident rates of STDs in California. Over the five-year period syphilis incidence rates have increased by 98%, gonorrhea by 80.63%, and chlamydia by 25%. Most concerning, in 2018 the County reported 54 cases of congenital syphilis, reflecting an increase of 23% from 2017, and 800% since 2012¹.

¹ http://publichealth.lacounty.gov/dhsp/Providers/CS_EliminationPlan_January2020.pdf

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Despite these alarming trends and data, the overall response from the County and DPH falls short of what is needed to contain the STD epidemic. In November 2018, the Commission recommended a motion to the Board of Supervisors (BOS) to allocate \$30 million in ongoing funding to expand resources and access for STD prevention, testing, and treatment (See attachment). The National Coalition of STD Directors (NCSO) estimates that federal STD funding has seen a 40% decrease in purchasing power since 2003 and that an additional \$70 million annually is needed to kickstart an effective response. State funding is also insufficient to support a truly impactful response to the County's STD crisis. A \$30 million investment would rebuild the County's foundational infrastructure to conduct STD prevention, testing and treatment services. As a result of the advocacy work of the Commission and the community, the Board allocated \$5 million to support STD programs. While the Commission thanks the BOS for allocating \$5 million to support STD services, we remain steadfast in our belief that the funding request of \$30 million is warranted and necessary to effectively control and treat STDs in Los Angeles County.

STDs and HIV are inextricably linked. The incidence of HIV infection in the United States is higher among persons with STDs, and the incidence of STDs is increased among persons with HIV infection. Because STDs increase the risk for HIV acquisition and transmission, successfully preventing and treating STDs helps reduce the spread of HIV among persons at high risk.² Ensuring service integration and coordination is an essential strategy to reduce the incidence of STDs and HIV.

The rise in STDs is also influenced by many of the same social determinants of health that drive HIV transmissions. These include drivers of health inequities such as poverty, homelessness, stigma, discrimination, health literacy, and access to culturally appropriate sex-positive health services. In addition, methamphetamine use, which is associated with behaviors that increase risk for HIV/STDs, may also play a role in the County's HIV/STD epidemic.

DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and in 2017 launched the Los Angeles County HIV/AIDS Strategy (LACHAS). These efforts are supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. However, the County lacks a comparable, robust infrastructure to address the STD crisis. Our policies and resource allocations reflect our values and priorities; with the continued support and revitalized commitment to ending HIV, we must respond with similar urgency and resources to curb the STD epidemic and be successful in ending HIV.

² [MMWR Morb Mortal Wkly Rep.](#) 2017 Apr 7; 66(13): 355–358. Published online 2017 Apr 7. doi: [10.15585/mmwr.mm6613a2](https://doi.org/10.15585/mmwr.mm6613a2)

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Given the current STD resource and policy landscape in Los Angeles County, the Commission asks you to address the following concerns and questions:

November 2018 Board of Supervisors Motion

1. What have been DPH's activities related to item number 3 of the November 20, 2018 Board motion to sustain and expand the publicly supported STD service delivery system? Specifically, what has been done to increase STD testing and treatment, which includes reducing barriers and increasing utilization of no/low cost testing and treatment options? What is DPH's progress in developing a mechanism to leverage public and private healthcare funding for the provision of STD screening and treatment services delivered at public health STD clinics?
2. What is the status of item number 4 to partner with local stakeholders in the development of a robust and proactive advocacy strategy designed to increase sustained funding for local STD efforts from the State and Federal governments? In the absence of new funding from these sources, how will the County identify the funding necessary to address the magnitude of the STD crisis?

Center for Sexually Transmitted Diseases Prevention and Control

3. With regard to a memo transmitted to the BOS on January 22, 2020 describing the formation of the Center for Sexually Transmitted Diseases Prevention and Control (Center for STDs), we are deeply concerned about the added layer of organizational structure described in the memo and the lack of transparency in communicating these significant changes with the Commission, stakeholders, and the community. Listed below are our concerns and questions regarding this memo:
 - a. **Center for STDs:** The creation of the Center for STD Prevention and Control within DHSP is concerning given that that the national trend for health departments has been moving towards integration of STDs and HIV to better serve communities most impacted by these syndemic diseases. The Commission supports the integration of HIV and STD and changed our bylaws to encompass comprehensive HIV and STD prevention and care in our planning efforts. There was no community consultation regarding this organizational change within DPH with the Commission or any other HIV/STD community stakeholder group.

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Moreover, the reassignment of existing DHSP staff for the Center appears to take away much needed human resources, expertise, and capacity from DHSP's current infrastructure. We would like to hear the justification and expected outcomes for this organizational change and reassignment of staff. The approach seems like an effort to add another unnecessary layer of bureaucracy and departs from a coordinated and integrated HIV/STD response.

- b. **STD Management Council:** What is the necessity for forming such a council and how will DPH align the various existing plans and initiatives mentioned in the memo? How will DPH engage the community in shaping the draft STD Action Plan? With several disparate plans listed, why is there no mention or recognition of the Los Angeles County HIV/AIDS Strategy (LACHAS)? LACHAS is the local blueprint for ending the HIV epidemic and acknowledges the importance of decreasing the burden of STDs among groups at high risk for HIV.
- c. **STD Prevention and Control Workgroup:** We are deeply concerned about the formation of a separate planning body for STDs without a conversation with the Commission or other HIV stakeholder groups. The Commission serves as the local integrated HIV/STD prevention and care planning body for Los Angeles County. Specifically, an excerpt from Section 3.29.090 (Duties) of the County ordinance, states one of the responsibilities of the Commission:

“E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;”

Why does the memo specifically exclude HIV and the Commission on HIV from the STD Prevention and Control Workgroup? Again, this appears contradictory to the principles of collaboration, transparency, and shared accountability and responsibility for addressing HIV and STDs in the County. The Commission, along with countless stakeholders and consumers, has worked very hard for nearly three decades to bring attention to our STD crisis and simultaneously address HIV, and build trust and a collaborative relationship with the County. It would be unfortunate to disregard the work of so many allies and community members at a time when, more than ever, we need to work together to address the County's HIV/STD syndemic.

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- d. **STD Action Plan:** The memo states that “the Center for STDs will review existing STD plans.” There appears to be multiple plans within DPH. How are these plans different from the workplan described in a memo to the BOS dated May 24, 2019?

What steps has DPH taken to collect community input in the development of these plans? What are the metrics for the goals in the workplan and how is DPH reporting progress and challenges to the community at large? How do these plans coordinate with the Center for Health Equity STD objectives, the Alliance for Health Integration (AHI) priority, and LACHAS? The AHI priorities and strategies only contain a metric for reducing chlamydia rates at Student Wellbeing Centers (SWC) which still leaves a gap for addressing comprehensive sexual health services for adolescents ages 18 to 22, those who are out of school, or attending alternative educational settings.

Center for Health Equity

4. The 2017 Center for Health Equity Action Plan calls for a “movement that requires partnerships among County and community stakeholders across sectors, sustained effort over time. This will require shared commitment, bold action and accountability from all of us.” What is the status of DPH’s progress on the STD objectives and metrics within this plan? At the February 13, 2020 Commission meeting, we heard public comments that called for DPH leadership to act with urgency and identify resources to enhance services, not cut funding and reduce support for agencies to provide life-saving STD testing and treatment services. The public also asked the Commission to hold true to its responsibility to elevate their concerns to you and the Board. We are honoring that commitment by writing this letter and making this communication public. We ask, where is the commitment and accountability for DPH to work with stakeholders across sectors?

We therefore request a meeting with you within the next 30 days (or at DPH leadership’s earliest possible opportunity given the need to respond to the COVID-19 situation) to discuss the questions and concerns outlined in this letter. Community engagement and collaboration are critical components of a healthy and well-functioning public health system. We urge DPH to be more transparent in its communication process with the community and work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic.

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DPH and the Board of Supervisors have the opportunity to demonstrate leadership and a public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. Let us not waste the opportunity of a lifetime with actions that diminish community voices and strengths and focus instead on transparency, investment and authentic collaboration. We have directed Cheryl Barrit, Executive Director, to work with your office to coordinate a meeting and ensure an immediate response to our concerns. Thank you.

Sincerely,



Alvaro Ballesteros Co-Chair



Bridget Gordon Co-Chair

Attachments

cc: Board of Supervisors
Health Deputies
Muntu Davis, MD, MPH
Jeffrey Gunzenhauser, MD, MPH
Mario Perez, MPH
Lorayne Lingat

REVISED MOTION BY SUPERVISORS SHEILA KUEHL AND
MARK RIDLEY-THOMAS

November 20, 2018

Increasing County Efforts to Address Rising STD Rates

In response to the rising number of sexually transmitted diseases (STD) cases in Los Angeles County, on May 29, 2018 this Board unanimously adopted a motion, introduced by Supervisors Solis and Kuehl, asking the Department of Public Health (DPH) to report back on efforts designed to increase the resources that the County can leverage to address unmet STD testing and treatment needs. That report, received on September 7, 2018, noted that, although the County receives some funding from the State to support STD control efforts, the funding levels are not at all commensurate with the high level of STD cases that our residents experience. In fact, despite years of requests from the County to the State to increase the State’s funding for local STD control efforts, the State has only provided \$7 million in one-time funding increases for statewide use in the past decade. The report also noted that Federal funding for STD control efforts decreased by \$21 million nationally between 2003 and 2016. This equates to a 40% reduction in STD program purchasing power when adjusted for inflation.

MOTION

Solis _____

Ridley-Thomas _____

Hahn _____

Barger _____

Kuehl _____

In the face of inadequate support from the State and Federal governments to support expanded STD control efforts, the County continues to look for additional funding sources to support vital STD services. Over the past several years, the Department of Public Health (Department) has supplemented the limited funding we receive from the State and Federal governments by covering an increasing amount of expenses associated with STD testing. Additionally, in response to the May 29, 2018 motion, the Department has also convened meetings with local health plans to discuss the development of policies that would allow for the reimbursement of STD-related services that are provided by public sector providers. The Department has also begun exploring how it might be able to bill Medi-Cal for STD-related services. While all of these efforts may play an important role in the development of a long-term financing strategy to support local STD control programming, it is clear that there is an acute need for additional services now.

The County must take a more pro-active role in combatting our rising STD rates. This Board can take a step towards demonstrating our continued commitment to addressing this crisis by allocating more County funds to expand STD control programming. These funds should be allocated in a manner that would allow the County to first and foremost maintain existing STD screening and treatment capacity in the publicly-funded service delivery system. Secondly, these funds should be used to expand the current publicly-funded service delivery system so that we can improve access to these vital services throughout the County, particularly for hard to reach, underserved populations.

The County and DPH must also continue to search for additional funding from

those parties that share the responsibility for the health of our residents. Over the past several weeks this Board has heard in a clear and loud voice from the Commission on HIV, concerned stakeholders, other local elected officials, and several contracted providers that they are deeply concerned about the lack of adequate resources for local STD prevention and control programming. This Board shares these same concerns and our County's advocacy efforts to generate increased State and Federal support for STD services will be more effective if we can coordinate our advocacy efforts with our engaged stakeholders. DPH must also continue to explore opportunities to leverage resources from private and public health insurance plans to cover the costs associated with the delivery of STD-related services in the publicly-funded service delivery system.

WE, THEREFORE, MOVE that the Board of Supervisors take the following action:

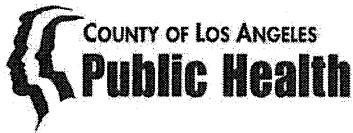
- 1) Direct the Chief Executive Officer (CEO) to allocate \$5 million from tobacco settlement funds set aside as obligated fund balance to implement items 1A and 1B over a 24-month period and to work with the Director of Public Health (DPH) to submit budget actions to the Board for their consideration that account for the increase in DPH's contractual obligations for these STD services in Fiscal Years (FY) 2018-19 through 2020-21, as needed:
 - a) Instruct the Director of the Department of Public Health to develop and release a solicitation within 45 days to support the delivery of STD screening and treatment services specifically targeting underserved geographic areas and sub-populations of the County. Additionally,

delegate authority to the Director of the Department of Public Health, or her designee, to enter into contracts based upon the results of this solicitation, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution; and

- b) Delegate authority to the Director of the Department of Public Health, or her designee, to ~~amend~~ augment existing STD screening and treatment contracts by ~~up~~ amending the contracts to 400% of current increase the maximum contract amount obligation and/or extend the term as needed to ~~sustain~~ expend the tobacco settlement funds detailed in directive (1) and additional targeted grant funding detailed in directive (2), in order to sustain and expand the reach of existing services ~~that we are not currently funding~~ and to purchase additional STD screening and treatment services, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution.

- 2) Delegate authority to the Director of the Department of Public Health, or her designee, to use up to \$1 million in additional targeted grant funding to execute new or amend any existing STD screening and treatment contracts, to provide these additional services to persons who report alcohol or substance use, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution.

- 2) 3) Instruct the Director of the Department of Public Health to report back to this Board in 90 days on the Department's efforts to sustain and expand the publicly-supported STD service delivery system as outlined in directives 1a and 1b above. This report should also provide an update on the Department's progress in developing a mechanism to leverage Medi-Cal funding for the provision of these services; and
- 3) 4) Instruct the Chief Executive Officer and the Director of the Department of Public Health to partner with local stakeholders in the development of a robust and proactive advocacy strategy designed to increase sustained funding for local STD control efforts from the State and Federal governments, and report back to this Board within 45 days on the proposed advocacy strategy.



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

MUNTU DAVIS, M.D., M.P.H.
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January 22, 2020

TO: Each Supervisor

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

SUBJECT: **Center for Sexually Transmitted Diseases (STDs) Prevention and Control**

This memo is to provide information from the Department of Public Health (DPH) on the launch of new efforts to enhance STD control efforts throughout the County through the establishment of the DPH Center for Sexually Transmitted Diseases (STDs) Prevention and Control.

STD rates are increasing across the nation, and Los Angeles County is no exception. Your Board has demonstrated commitment and leadership to advance efforts to curb the growing epidemic, particularly among disproportionately burdened communities, including women of color, youth, as well as gay, bisexual, and transgender individuals. Eliminating the gaps in STD rates requires the prioritization and implementation of strategies that will have a significant positive impact, alignment of current activities and resources, support for innovation when needed, and measurement of progress to address STD rates, the root causes of STD disparities, and the inequities driving them.

Center for STDs Prevention and Control

The Center for STDs Prevention and Control (Center for STDs) will be a small team, primarily consisting of existing DPH staff, focused on three responsibilities, listed below, to augment current efforts to address the rising rates of non-HIV STDs. The team will include staff who are on STD-funded positions and are housed within the DPH Division of HIV and STD Programs (DHSP). The Center for STDs and its staff will be physically located at DHSP and continue to work closely with DHSP and other units across the department to improve our collective impact and work to address STDs. The Center for STDs' day-to-day activities will be overseen by an STD Strategist who will be hired in the next few months. The STD Strategist will report directly to the County Health Officer, Dr. Muntu Davis. Dr. Shobita Rajagopalan, DHSP's STD Clinical Chief/Associate Medical Director and Infectious Disease Specialist, will serve as the interim Director for the Center for STDs.

Responsibilities of the Center for STDs

While the Center for STDs cannot solve all STD-related issues on its own, it will assist existing DHSP efforts identifying key priorities and with planning, collaboration, and communicating progress in partnership with key stakeholders and DPH programs with a role to play in preventing STDs. Initially, the Center for STDs' primary responsibilities will be to 1) establish an internal STD Management Council, 2) develop and staff an STD Prevention and Control Work Group, and 3) review, refine and monitor the implementation and progress of an STD Action Plan.

STD Management Council

The STD Management Council will ensure input and collaboration across various DPH programs. The Council, led by the STD Strategist, will include the directors of DHSP, Substance Abuse Prevention and Control (SAPC), Maternal, Child, and Adolescent Health (MCAH), Clinic Services, and the Regional Health Officers, among others. Much planning and many efforts are already underway to address STDs. This Council will focus on aligning existing plans and initiatives, such as the Center for Health Equity Action Plan, draft STD Action Plan, draft congenital syphilis plan, and African American Infant Mortality Action Plan, and establishing a "winnable" foundation for the work of the Center, prioritizing a handful of areas where internal and external buy-in, best practices, and partnerships can improve STD outcomes.

STD Prevention and Control Work Group

The Center for STDs will bring together stakeholders, including DPH staff and representatives from appropriate entities, such as other County departments, community-based organizations, health care providers, organizations and plans, schools, faith-based organizations, and community leaders, to collaborate and engage in planning, implementation, analysis, and evaluation related to STD prevention and control strategies, not including HIV prevention and care services. (The Los Angeles County Commission on HIV (COH) is the local planning council for the planning, allocation, coordination, and delivery of HIV/AIDS services.) The Work Group will foster transparency and accountability and function as a space to articulate, monitor, and report on shared metrics and outcomes.

STD Action Plan

The Center for STDs will review existing STD plans and refine, oversee, and monitor the implementation and progress of an updated STD Action Plan. Planning efforts will be informed by key county and community partners and will focus on policy, system, and practice changes that are necessary for robust STD prevention and control. A key focus will be on monitoring outcomes through meaningful metrics and an evaluation process that includes soliciting community feedback on plan implementation and recommendations on the realignment of resources and work efforts, as appropriate, based on evaluation and community feedback.

The Center for STDs was designed to augment existing DHSP efforts and support its existing leadership with a focus solely on the above responsibilities. It is not a separation of DPH's public health functions and operations related to HIV and STDs. The existing DHSP

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operations/functions, such as HIV and STD epidemiology, case investigation, contract negotiation, and monitoring, and grant reporting, among others, and its existing structure, which previously combined the HIV Epidemiology Program, the Office of AIDS Programs and Policy, and the Sexually Transmitted Disease Program, remain.

Next Steps

DPH is currently finalizing the proposed staffing structure for the Center for STDs. We anticipate that existing staff will move into their roles by the end of January 2020 and will convene the STD Management Council in February/March 2020. The effectiveness of the Center for STDs will be evaluated along the way and its future reassessed periodically to ensure progress is being made toward eliminating the gaps in STD rates.

Please let me know if you have questions or need additional information.

BF:md

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