



PUBLIC POLICY COMMITTEE

Virtual Meeting

Monday, February 6, 2023

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

Agenda + Meeting Packet will be available on
the Commission's website at:

<http://hiv.lacounty.gov/Public-Policy-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMARTPHONE:

Webinar Link: <https://tinyurl.com/prvh8cs2> (for non-Committee member only)

Webinar Number (Access Code): **2595 978 8069**

Webinar Password: **PUBLIC**

JOIN BY PHONE:

+1-213-306-3065 United States Toll

For a tutorial on joining WebEx events, please check out:

<https://www.youtube.com/watch?v=iQSSJYcrglk>

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. You may also 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, FEBRUARY 6, 2023 | 1:00 PM – 3:00 PM

To Join by Computer:

<https://tinyurl.com/prvh8cs2>

Link is for non-committee members only

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

Access code: 2595 978 8069

Password: PUBLIC

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Mary Cummings
Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Jerry D. Gates, PhD	Eduardo Martinez (Alternate)
Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Ricky Rosales		
QUORUM: 6			

AGENDA POSTED January 30, 2023.

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

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

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

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

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a 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 at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

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

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

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. 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 – 1:20 PM
- 6. Co-Chair Report 1:20 PM – 1:35 PM
 - a. 2023 Workplan Development
 - b. Meeting Frequency

V. DISCUSSION ITEMS

- 7. PACHA Resolution on MSM Blood Donation Deferral Policy 1:35 PM—1:50 PM
- 8. 2023 Legislative Docket Development 1:50 PM – 2:00 PM
- 8. 2023 Policies Priority – Action Plan Development 2:00 PM – 2:20 PM
- 9. State Policy & Budget Update 2:20 PM – 2:30 PM
- 10. Federal Policy Update 2:30 PM – 2:40 PM
- 11. County Policy Update 2:40 PM – 2:50 PM
 - a. COH Coordinated Response to the STD Crisis

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 February 6, 2023

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



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

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.

Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

Draft

December 5, 2022

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

*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 and agenda materials can be found on the Commission's website at [https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/0c2a8886-4158-4dec-b8dc-25d04b1a7964/Pkt PPC 01-09-23 revised.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/0c2a8886-4158-4dec-b8dc-25d04b1a7964/Pkt_PPC_01-09-23_revised.pdf)

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Lee Kochems, Co-Chair, called the meeting to order at 1:08 PM, welcomed attendees, and led introductions. L. Kochems also welcomed new Committee members, Mary Cummings and Pearl Doan, and thanked them for attending their first meeting.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order as presented or revised. ✓ Passed by Consensus

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Public Policy Committee minutes, as presented or revised

✓ **Passed by Consensus**

II. PUBLIC COMMENT

3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION. *No public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

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. *No committee new business items.*

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

Jose Rangel-Garibay, Commission on HIV (COH) Staff, welcomed new commissioners Mary Cummings and Pearl Doan to their first Public Policy Committee (PPC) meeting and reminded commissioners of the upcoming full-body COH meeting that will take place on Thursday, January 12, 2023.

Cheryl Barrit, COH Staff, Executive Director, informed the PPC that the Committee will begin meeting in-person in March 2023 following the Governor's lifting of the declared COVID-19 emergency. M. Cummings inquired if hybrid options will be available. C. Barrit responded that commissioners will be able to join remotely; and County lawyers will be present at the January COH meeting to provide more detail on the rules regarding hybrid meetings.

6. CO-CHAIR REPORT

a. 2023 Workplan Development

L. Kochems provided a thorough review of the draft 2023 Workplan; see meeting packet for additional details.

Kevin Donnelley, Planning Priorities and Allocations (PP&A) Committee Co-Chair encouraged attendees to review the Comprehensive HIV Plan which is available on the Commission on HIV website.

The Committee discussed devoting the March PPC meeting to gather further public and consumer comment, and community organization feedback on the policy priorities

action plan document. The March PPC meeting will be held in-person at the Vermont Corridor building.

V. DISCUSSION ITEMS

7. FDA BLOOD DONATION POLICY PRESENTATION

CATHERINE LAPOINTE, MPH

Catherine Lapointe, COH Staff, provided a presentation on the Food and Drug Administration (FDA)'s policy for blood donations by men who have sex with men (MSM) relevant to HIV prevention; see meeting packet for presentation slides. The PPC discussed taking a stance on the current FDA donor policy and adding it to the Policy Priorities Action Sheet.

8. LEGISLATIVE DOCKET

L. Kochems briefly went over the 2022 Legislative Docket; see meeting packet. The PPC will begin working on the 2023 Legislative Docket as bills are introduced. C. Barrit reminded the PPC to closely follow if a new bill will be developed following the Governor's veto of pilot safe injection sites in major cities in California.

9. POLICIES PRIORITY – ACTION PLAN DEVELOPMENT

L. Kochems provided an overview of the Policies Priority document; see meeting packet for additional details. L. Kochems discussed a conversation held at the January Aging Caucus meeting regarding the lack of action being taken on behalf of the COH and possible strategies to mitigate the issue.

The PPC identified Housing, Aging, and Mental Health as policy priorities for 2023. The consensus from the group was to focus primarily on Housing as an item requiring immediate action. Felipe Findley recommended adding language to address laws that criminalize homelessness.

10. STATE POLICY & BUDGET UPDATE – *No update provided.*

11. FEDERAL POLICY UPDATE – *No update provided.*

12. COUNTY POLICY UPDATE

a. COH Coordinated Response to the STD Crisis

The PPC is awaiting a response from the Board of Supervisors (BOS) on action that will be taken to address the STD crisis in Los Angeles County (LAC).

VI. NEXT STEPS

13. TASK/ASSIGNMENTS RECAP

- Update the 2023 Workplan and Action Plan based on the feedback received at the January PPC meeting.
- COH staff will follow any updates on the meth and STD reports from the BOS.
- COH staff will research HIV related bills and being populating the 2023 Legislative Docket for the PPC to review at their February meeting.

14. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Discuss the Presidential Advisory Council on HIV/AIDS (PACHA)'s statement on the FDA's blood donor policy for MSM.
- Finalizing the plan for the March PPC meeting regarding organizing a public hearing to discuss policy priorities from communities affected by HIV.

VII. ANNOUNCEMENTS

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

Alasdair Burton reminded the PPC that the Consumer Caucus will be meeting on January 12th from 3-4:30 PM.

VIII. ADJOURNMENT

16. ADJOURNMENT FOR THE MEETING OF JANUARY 9, 2023

The meeting was adjourned by L. Kochems at 3:19 PM.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/25/23

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	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

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

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

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

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

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

LA County Comprehensive HIV Plan

2022-2026

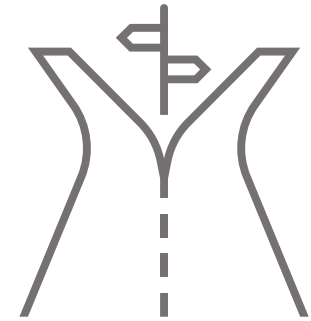


LOS ANGELES COUNTY
COMMISSION ON HIV



PURPOSE

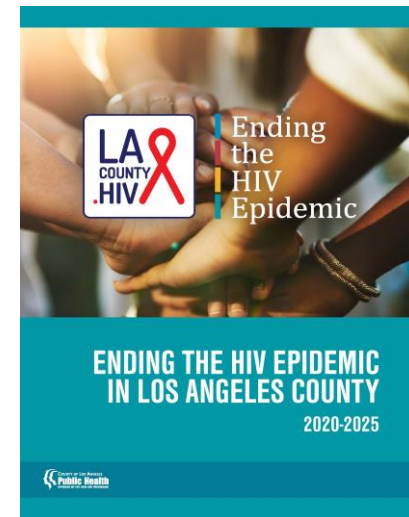
- Serves as a jurisdictional HIV/AIDS Strategy.
- Living document and roadmap to guide HIV prevention and care planning throughout the year.
- Addresses local needs and opportunities for improvement.
- Emphasizes collaboration and coordination.



Full document can be found at: <https://hiv.lacounty.gov/our-work/>

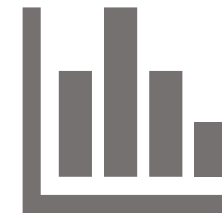
DESIGN

- Designed to reflect local HIV vision, values, needs and strengths.
- Aligns with:
 - California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs (2022-2026)
 - The National HIV/AIDS Strategy (2022-2025)
 - The Ending the HIV Epidemic Plan (EHE Plan) for Los Angeles County (2020-2025)



NEEDS ASSESSMENT


- Plan was developed using existing/previous assessments including the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS) and the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025* (EHE Plan)
- HIV/STD Surveillance Data and reports
- Qualitative data from priority populations, community members and providers
 - Listening sessions
 - Online survey
 - Facilitated stakeholder meetings



SNAPSHOT: HIV IN LA COUNTY

- In 2020, there was an estimated 59,4008 PLWH aged 13 years and older in LAC. Also includes:
 - 1,401 who had been newly diagnosed (in 2020)
 - 6,800 persons who were unaware of their infection (undiagnosed)
- Of the approximately 52,000 people living with diagnosed HIV:
 - 87% were cisgender men, 11% were cisgender women and 2% were transgender persons
 - 46% were Latinx, 26% were White, 20% were Black/African American, 4% were Asian, 4% identify as multi-racial, and less than 1% were American Indian/Alaskan Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI)

SNAPSHOT: HIV IN LA COUNTY

- Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. 
- In 2020:
 - Cisgender men made up most of the new HIV diagnoses in 2020
 - Among males, those aged 20-39 and Black/African Americans had the highest rates of new HIV diagnoses
 - Among females, those aged 30-39 and Black/African Americans had the highest rates of new HIV diagnoses
- The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021.

KEY PRIORITIES- identified during planning & community engagement process

- Embrace a status neutral approach
- Address social determinants of health, especially housing
- Address co-occurring disorders including STDs, mental health issues & meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly those experienced by Black/African Americans
- Increase health literacy among PLWH & people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH ages 50 and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure seamless access to high quality services

PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons



- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

Goal:

380 or less new HIV infections by 2025

150 or less new HIV infections by 2030



Diagnose



Treat



Prevent



Respond



Build HIV Workforce Capacity



System and Service Integration



**Equity, Social Determinants of Health &
Co-occurring Disorders**

DIAGNOSE



Diagnose all people with HIV as early as possible

- Expand routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
- Develop locally tailored HIV testing programs in non-healthcare settings, including home/self-testing
- Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
- Increase timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk

TREAT



Treat people with HIV rapidly & effectively to reach sustained viral suppression

- Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
- Support re-engagement & retention in HIV care and treatment adherence
- Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
- Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
- Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
- Increase capacity to provide whole-person care to people living with HIV (PLWH) age 50 & older and long-term survivors

PREVENT



Prevent new transmission by using proven interventions

- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use and access to comprehensive Syringe Service Programs (SSPs) & other harm reduction services

RESPOND



Respond quickly to HIV outbreaks to get prevention & treatment services to people in need

- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
- Develop and release Data to Care RFP

WORKFORCE CAPACITY



Increase HIV workforce capacity to diagnose & treat PLWH, prevent new HIV infections and reduce HIV-related disparities

- Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
- Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

SYSTEM & SERVICE INTEGRATION



Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use/mental health disorders in the context of social and structural/institutional factors

- Increase cross-training and TA opportunities across fields/disciplines
- Leverage the [Alliance for Health Integration](#) initiative to integrate services within LA County publicly funded care systems

EQUITY, SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURRING DISORDERS



Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities

- Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
- Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
- Address social determinants of health and stigma
- Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities
- Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023

WHAT CAN I DO?

- Use the Comprehensive HIV Plan (CHP) as a planning tool within your agencies
- Adopt some of the goals, objectives, and strategies
- Engage in the local community planning process
- Assess strengths and capacities of your agency
- Advocate for local, state and federal policies and legislation that align with CHP goals and strategies
- Identify and recruit additional stakeholders, including non-traditional stakeholders
- Provide ongoing feedback



Contact Information

Los Angeles County Commission on HIV

<http://hiv.lacounty.gov>

Cheryl Barrit, Executive Director

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LOS ANGELES COUNTY
COMMISSION ON HIV





2023 WORK PLAN – PUBLIC POLICY—**UNDER REVIEW**

Committee Name: PUBLIC POLICY COMMITTEE (PPC)			Co-Chairs: Katja Nelson, Lee Kochems	
Committee Adoption Date: TBD			Revision Dates: 2/2/23	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2023				
#	TASK/ACTIVITY	DESCRIPTION	TARGET DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/23/23, 2/2/23
2	Provide feedback on and monitor implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
3	Hold community listening session to encourage community engagement and representation in Commission legislative policy advocacy.	The Committee will hold a community listening session to better inform the development of legislative docket and policy priorities action plan document.	TBD	The Committee is scheduled to hold a community listening session in March 2023
4	Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County.
5	Continue to advocate for an effective County-wide response to the meth crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of items on the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform.
6	Update the 2022-2023 Policy Priorities document and Action Plan document.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups including the Black Caucus, Women’s Caucus, Aging Caucus, Transgender Caucus, Consumer Caucus, and the Prevention Planning Workgroup. The Committee will craft a document to describe and track actions steps related to the recommendations outlined in the Policy Priorities Document.	Ongoing, as needed	

2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

7	Develop 2023 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	TBD	The Committee will begin legislative bill review in 2/2023. Once the docket is established it will be submitted to the Commission for approval.
8	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	TBD	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.
9	Efforts to Modernize the Ryan White Care Act	<p>The Committee facilitated a discussion for the interest in modernizing the Ryan White Care Act at the Commission's 2022 Annual meeting in November.</p> <p>"Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview"</p>	Late 2023	<p>Key takeaways:</p> <ul style="list-style-type: none"> • Need for a centralized eligibility process to End the HIV Epidemic. Energy spent on eligibility screening is taxing on clients and providers • Lack of health system integration places undue burden on patients who are already suffering. Documentation is a barrier. • Living taking meds is not enough anymore. Need to reform the way HIV care and prevention can be more than just biomedical interventions • Need to improve training of incoming HIV care/prevention staff to enable them to provide holistic care and prevent adding more trauma to clients.



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE 2023 MEETING SCHEDULE
PROPOSED/DRAFT FOR REVIEW (created 02.02.23)

Determine if the Committee will meet monthly or quarterly

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
January 24 1pm to 3pm Virtual	Elect Co-Chairs for 2023
February 6 1pm to 3pm Virtual	PACHA Resolution on MSM Blood Donation Deferral Policy 2023 Legislative Docket Development 2023 Policy Priorities Action Plan Development
March 6 1pm to 3pm In-Person	Community Feedback Session on Legislative Docket and Policy Priorities
April 3 1pm to 3pm In-Person	
May 1 1pm to 3pm In-Person	
June 5 1pm to 3pm In-Person	Ryan White Modernization topics raised at 11/2022 COH meeting
July 3 1pm to 3pm In-Person	
August 7 1pm to 3pm In-Person	
September 11 1pm to 3pm In-Person	
October 2 1pm to 3pm In-Person	
November 6 1pm to 3pm In-Person	
December 4 1pm to 3pm In-Person	

Presidential Advisory Council on HIV/AIDS

Resolution on MSM Blood Donation Deferral Policy & Screening Questions

Whereas, the current Food and Drug Administration (FDA) Blood Donation Deferral Policy for men who have sex with men (MSM) requires a three-month period of sexual abstinence to be eligible to donate blood, and previous iterations of this policy had required a one-year period of sexual abstinence, and a lifetime ban;

Whereas, the current MSM Blood Donation Deferral Policy and associated screening questions are discriminatory in nature because they are not applied equally to all groups, including those not subject to any deferral. Further, they do not consider protective factors, such as the number of recent sexual partners and/or adherence to PrEP, the current policy and screening questions increase stigma for people living with HIV (PLWH) and to MSM populations as a whole;

Whereas, the current screening questions utilized to implement the Blood Donation Deferral Policy for MSM are unclear and do not consider transgender and non-binary blood donors;

Whereas, the Administration's Ending the HIV Epidemic (EHE) initiative has a goal of reducing stigma, the initiative will be more successful if stigma against people who are gay, bisexual and other MSM, transgender, non-binary, and PLWH is decreased;

Whereas, the FDA is currently administering the ADVANCE Study that could potentially lead to a change in blood donor eligibility for MSM populations and that enrollment in the study has been extremely slow;

Whereas, Canada has approved and implemented a universal sexual behavior screening tool by which everyone will be asked questions about sexual behavior. During screening, everyone will be asked if they have had new and/or multiple sexual partners in the last three months, and if they have, will be asked a follow-up question about whether they have had anal sex with any partner in the last three months. Although this approach is imperfect, it is less stigmatizing and more inclusive of transgender and non-binary individuals than the current FDA process;

Whereas, HIV is not the only blood-borne pathogen but is the only one that is still subject to screening questions based upon one's identity;

Whereas, technology today exists to screen blood in an identity and behavior-neutral method. These technologies can identify traces of HIV in the blood supply and can significantly shorten the waiting period. This is a safer method to protect the blood supply than identity or behavior-based screening questions;

Be it resolved, PACHA urges the FDA to swiftly update the screening questions ensuring that they are based on sexual behavior risk, not gender or sexual orientation;

Be it further resolved, that PACHA urges the FDA to harness the latest biomedical advances to appropriately screen all blood donations for HIV and other blood-borne pathogens, and to then consider if a period of sexual abstinence for certain populations and screening questions continue to be necessary;

Be it further resolved, that PACHA urges a timely completion of the ADVANCE study and the implementation of a new policy based on the scientific data collected in the study;

Be it further resolved, that upon a change in the MSM Blood Donation Deferral Policy and associated screening questions, that the FDA publish a fact sheet for community-based blood donation agencies to help decrease stigma against LGBTQ+ individuals and PLWH.

Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products - Questions and Answers

Questions and Answers for Potential Blood Donors and Blood Recipients

On Jan. 27, 2023, the FDA issued a draft guidance recommending assessing donor eligibility using gender-inclusive, individual risk-based questions to reduce the risk of transfusion-transmitted HIV. For more information, [see here \(/regulatory-information/search-fda-guidance-documents/recommendations-evaluating-donor-eligibility-using-individual-risk-based-questions-reduce-risk-human\)](/regulatory-information/search-fda-guidance-documents/recommendations-evaluating-donor-eligibility-using-individual-risk-based-questions-reduce-risk-human).

Why has FDA revised its recommendations?

The FDA has revisited its donor deferral recommendations to reduce the risk of transmitting human immunodeficiency virus (HIV) several times over the past 10 years. These reviews have been undertaken publicly at meetings of the FDA Blood Products Advisory Committee and the HHS Advisory Committee for Blood Safety and Availability (ACBSA). In 2010, the ACBSA found that the deferral policy for men who have had sex with other men (MSM) was suboptimal and it recommended that studies be conducted to better inform a potential policy change. Once the studies were completed in 2014, the FDA along with other Public Health Service agencies, including the Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, and the Office of the Assistant Secretary for Health, assessed the results of the studies. In November 2014, these results were presented to the [HHS Advisory Committee for Blood and Tissue Safety and Availability](#).

(<http://www.hhs.gov/ash/bloodsafety/advisorycommittee>) (the committee that succeeded the ACBSA), which, after considering the results, recommended that a shorter deferral period was appropriate.

What changes have been made to FDA's recommendations?

Prior to the current guidance, FDA's recommendations were outlined in the April 1992 memorandum, "Revised Recommendations for the Prevention of Human Immunodeficiency Virus (HIV) Transmission by Blood and Blood Products." Based on the evidence now available, FDA has changed its recommendation from the indefinite deferral for MSM to a 12 month blood donor deferral since last MSM contact. For other behavioral deferrals such as commercial sex workers and injection drug use, insufficient data are available to support a change to the existing deferral recommendations at this time.

FDA is also changing its deferral recommendation rationale for those who have hemophilia or related clotting disorders. Due to the enhanced safety measures now used in the manufacture of clotting factor concentrates, FDA no longer considers those products a risk for HIV. The rationale for deferral of individuals with hemophilia or related clotting factor disorders has changed from preventing HIV transmission to ensuring that such donors are not harmed by the use of large bore needles during the blood donation process. Additionally, the Agency is no longer recommending deferral for individuals who have had sex with someone who has used clotting factor concentrates.

What are the current recommendations for donor referral?

FDA recommends that blood establishments defer potential donors as follows:

1. Defer indefinitely an individual who has ever had a positive test for HIV.
2. Defer indefinitely an individual who has ever exchanged sex for money or drugs.
3. Defer indefinitely an individual who has ever engaged in injection drug use that was not prescribed.
4. Defer for 12 months from the most recent contact any individual who has a history of sex with a person who: has ever had a positive test for HIV, ever exchanged sex for money or drugs, or ever engaged in non-prescription injection drug use.
5. Defer for 12 months from the most recent transfusion any individual who has a history of receiving a transfusion of Whole Blood or blood components donated by another person (allogeneic transfusion).
6. Defer for 12 months from the most recent exposure any individual who has a history of through-the-skin contact with the blood of another individual, such as a needle stick or blood contact with an open wound or mucous membrane.

7. Defer for 12 months from the most recent tattoo, ear or body piercing. However, individuals who have undergone tattooing within 12 months of donation are eligible to donate if the tattoo was applied by a state regulated entity with sterile needles and non-reused ink. Individuals who have undergone ear or body piercing within 12 months of donation are eligible to donate if the piercing was done using single-use equipment.
8. Defer for 12 months after completion of treatment any individual with a history of syphilis or gonorrhea or with a history of diagnosis or treatment for syphilis or gonorrhea in the past 12 months.
9. Defer for 12 months from the most recent contact a man who has had sex with another man during the past 12 months.
10. Defer for 12 months from the most recent contact a female who has had sex during the past 12 months with a man who has had sex with another man in the past 12 months.

How do the recommendations apply to transgender individuals?

The FDA's recommendation to blood establishments is that in the context of the donor history questionnaire, male or female gender should be self-identified and self-reported for the purpose of blood donation.

Does the guidance contain recommendations for donor education?

FDA recommends in the current guidance that blood establishments educate all potential donors about the risk of HIV transmission by blood and certain behaviors associated with the risk of HIV infection so that donors can self-defer when appropriate.

Did the FDA consider public input before making changes to the recommendations?

In addition to seeking public input at recent FDA and HHS Advisory Committee meetings, the FDA issued a draft guidance of the same title in May 2015 to seek public input on the proposed changes. Over 700 comments were received from individuals or groups. After considering the comments received, FDA made a number of revisions and clarifications. Some of the key revisions included a clarification on the deferral for women who have sex with MSM, a change in the rationale for deferring individuals with hemophilia or related clotting disorders, the addition of a section that more completely explains the scientific rationale for the revised donor deferral policy for MSM, as well as a number of other minor technical corrections and clarifications.

Will blood establishments be required to adopt these new recommendations?

Blood establishments typically revise their existing standard operating procedures regarding donor deferral following issuance of final FDA guidance on the matter. However, establishments may voluntarily elect more stringent donor deferral criteria than those required or recommended by the FDA.

If a blood establishment chooses to implement the recommended changes, the establishment should appropriately modify its donor educational material and donor history questionnaire as outlined in the guidance, including full-length and abbreviated questionnaires. In many cases these changes will follow a standardized format proposed by the blood industry and accepted by the FDA. Licensed blood establishments must report these changes and have them approved by FDA prior to implementing the new policy.

How do the new recommendations impact people who were previously deferred?

Under these new recommendations, blood establishments will be able to requalify individuals deferred under old criteria provided that they meet current donor eligibility criteria. Previously deferred donors will continue to be deferred if they meet any of the current criteria for donor deferral.

How can I be assured that blood products will still be safe after these changes?

FDA expects that the changes made to the recommendations will maintain or improve blood safety with respect to HIV. The change with respect to MSM reflects current scientific evidence, and better aligns the deferral period with the deferral period for other men and women at increased risk for HIV infection.

A similar change regarding MSM was made in Australia, where the epidemiology of HIV is similar to that in the United States, with no observable adverse effect associated with the change to a 12 month deferral that was implemented in 2000.

To help ensure the continued high level of safety of the blood supply, the FDA is implementing a Transfusion Transmissible Infections Monitoring System (TTIMS). TTIMS will provide critical information, along with new and emerging scientific evidence, to help inform future actions that the FDA may take on blood donor policies. The system will monitor a majority of the blood collected in the U.S. for a number of different transfusion-transmitted viral infections, including HIV. TTIMS will collect incidence, prevalence and risk factor data for blood donations and will have a sophisticated laboratory component. This system is being implemented in collaboration with the NIH's National Heart, Lung and Blood Institute and U.S. blood collection establishments.

Will the FDA consider further changes to the policy in the future?

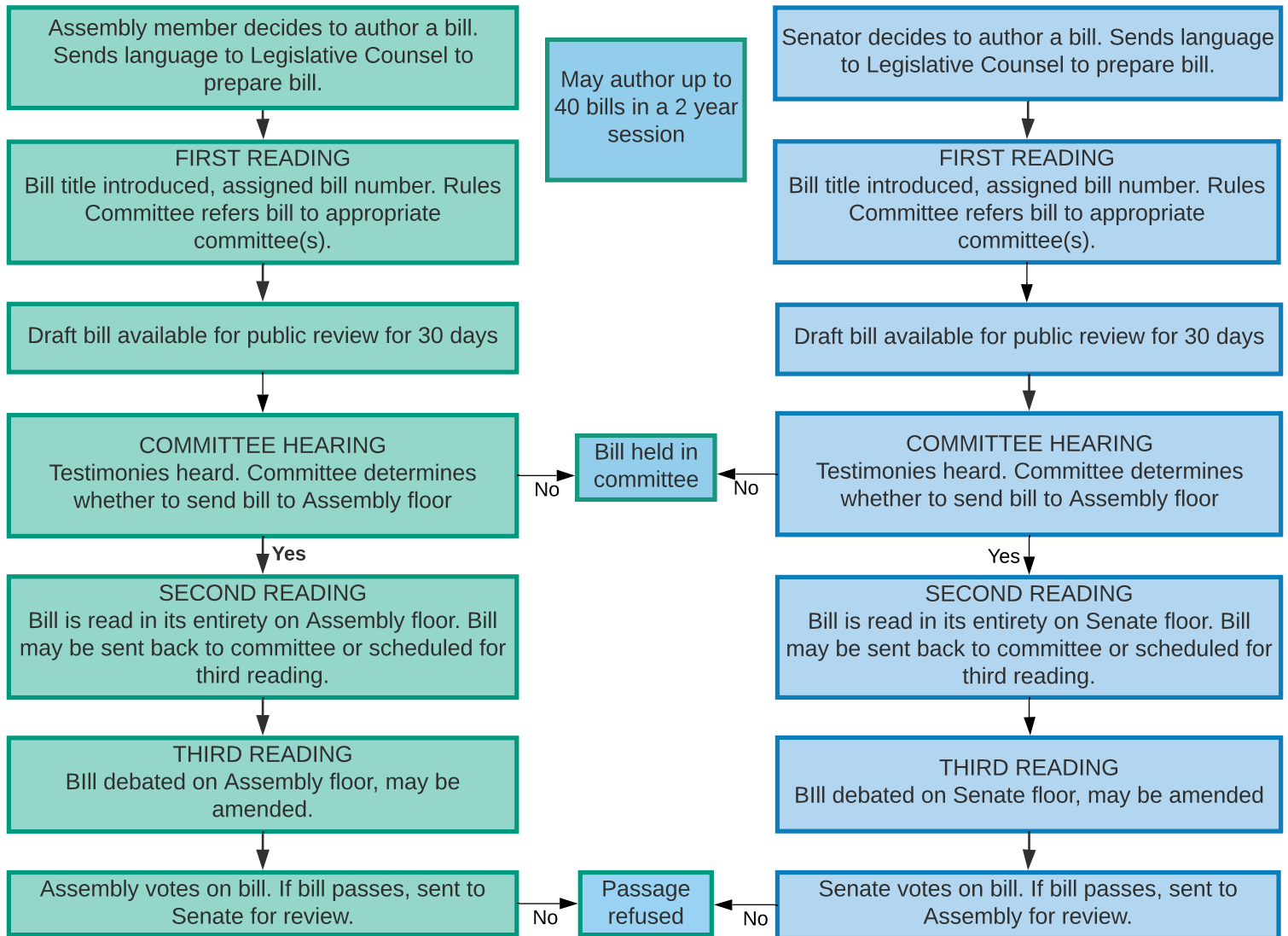
The FDA will closely monitor the effects of the current changes over the next few years in order to help ensure that blood safety is maintained. At the same time, the FDA will continue to work in this area and review its donor deferral policies to ensure they reflect the most up-to-date scientific knowledge. This process must be data-driven, so the timeframe for future changes is not something that can be predicted.

Where can I get more information?

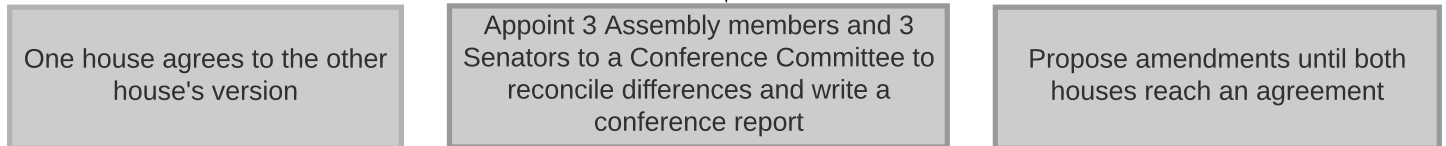
- [Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products - Guidance for Industry](#)
([/media/92490/download](#)).
- [Keeping Blood Transfusions Safe: FDA's Multi-layered Protections for Donated Blood](#)
([/vaccines-blood-biologics/safety-availability-biologics/keeping-blood-transfusions-safe-fdas-multi-layered-protections-donated-blood](#))
- [CDC: HIV among Gay and Bisexual Men](#)
(<http://www.cdc.gov/hiv/risk/gender/msm/index.html>).
- [CDC: HIV Surveillance Reports](#) (<https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>).

CALIFORNIA STATE LEGISLATION: How a Bill becomes a Law

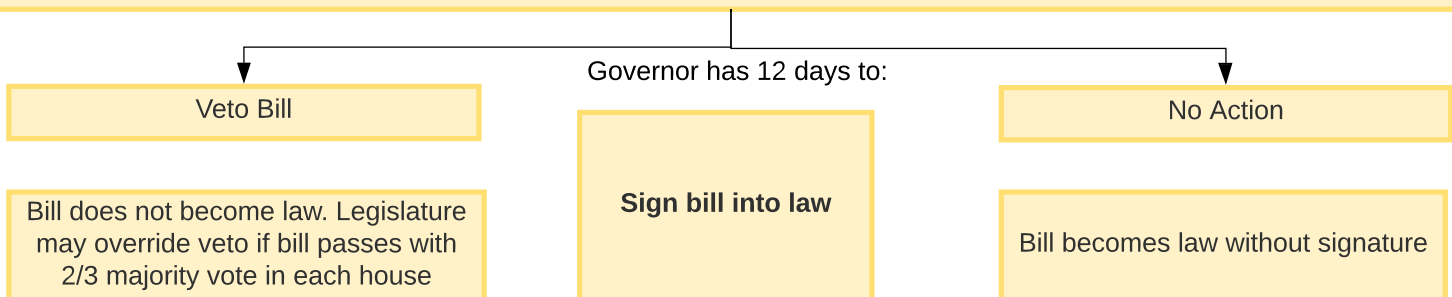
Suggestions for legislation proposed by agencies, citizens, governor, lobbyists, etc.



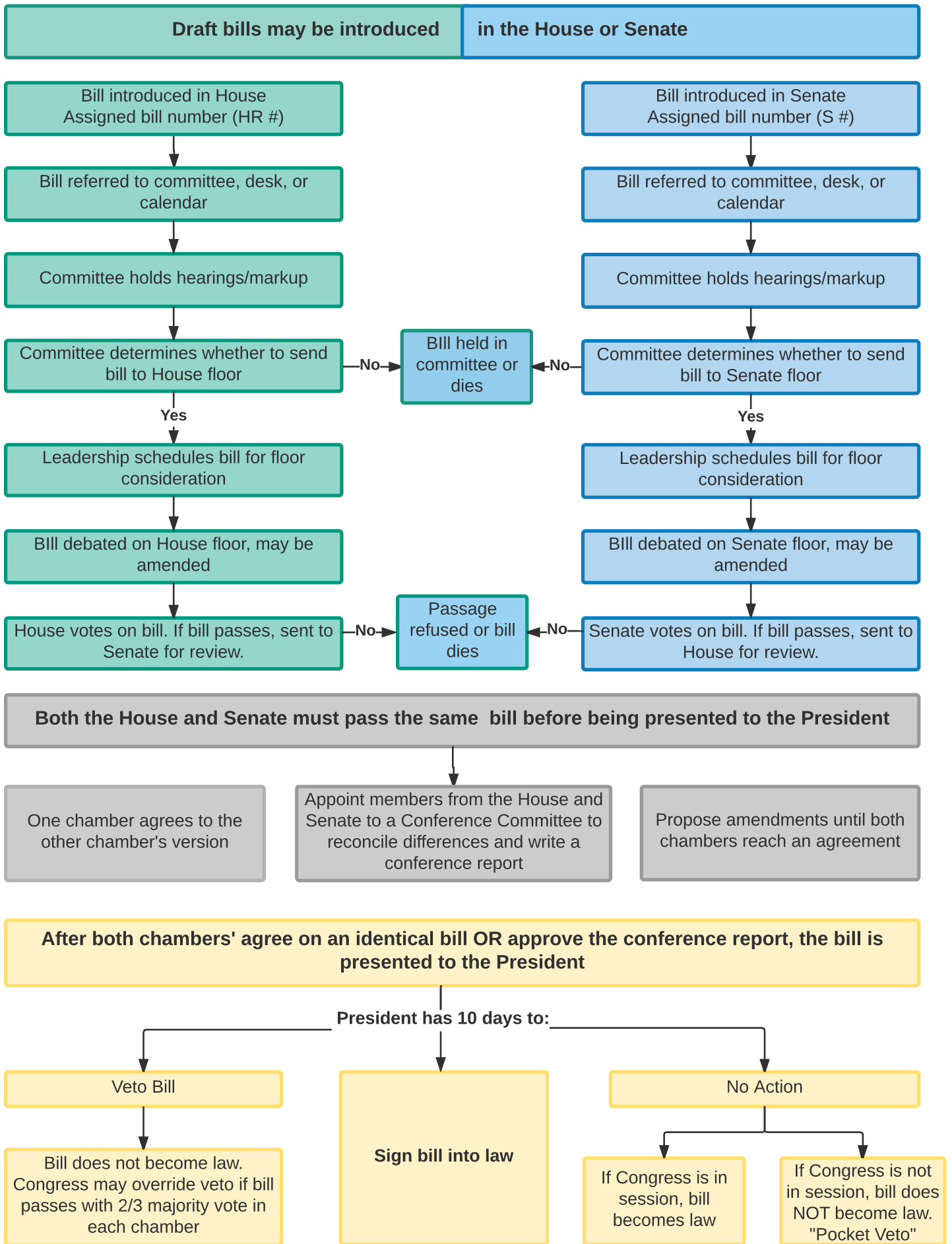
Both the Assembly and Senate must pass the same bill before being presented to the Governor



After both houses agree on an identical bill OR approve the conference report, the bill is presented to the Governor



FEDERAL LEGISLATION: How a Bill becomes a Law





2023-2024 Legislative Docket | Approval Date: DRAFT as of 02/02/23

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Covered California: Expansion	<i>This bill would declare the intent of the Legislature to enact legislation to expand Covered California access to all Californians regardless of immigration status.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4		05-DEC-22 <i>From printer. May be heard in committee January 5</i>
AB 15 (Dixon)	Public Records: Parole Calculations and Inmate Release Credits	<i>This bill would provide that Department of Corrections and rehabilitation records pertaining to an inmate's release date and their early release credits are public records and are subject to disclosure under the California Public Records Act. The bill would state that the provisions relative to the California Public Records Act are declaratory of existing law.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB15		06-DEC-22 <i>From printer. May be heard in committee January 5.</i>
AB 223 (Ward)	Change of gender and sex identifier	<i>This bill would require any petition for a change in gender and sex identifier or a petition for change of gender, sex identifier, and name filed by a person under 18 years of age, and any paper associated with the proceeding, to be filed under seal.</i> <i>It is the best interest for the public to seal these records from the public to ensure the privacy and safety of transgender and nonbinary youth. Transgender and nonbinary youth are 2 to 2.5 times as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared of their cisgender LGBTQ peers. Being outed is a traumatic event for any individual, especially for individuals under 18 years of age. Allowing our children to choose when and how they decided to share their personal details is vital in protecting their mental and physical health.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender		26-JAN-23 <i>Referred to Com. on JUD.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<i>AB 5 (Zbur)</i>	<i>The Safe and Supportive Schools Program</i>	<i>This bill would state the intent of the Legislature to enact subsequent legislation to ensure (1) that teachers and other certificated employees of schools operated by a school district or county office of education or charter schools have the tools and training they need to support and meet the needs of LGBTQ+ pupils and (2) that California schools are safe and supportive for all pupils, teachers, and other certificated employees. It is the intent of the legislature to enact subsequent legislation to specify the timeline for implementation of teacher and other certificated employee cultural competency training programs developed by the department.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender		<i>06-DEC-22</i> <i>From printer. May be heard in committee January 5.</i>
<i>SB 59 (Skinner)</i>	<i>Menstrual Product Accessibility Act</i>	<i>This bill would enact the Menstrual Product Accessibility Act, which would require all women’s restrooms, all all-gender restrooms, and at least one men’s restroom in a building owned by the state or in the portion of a building where the state rents or leases office space, a building owned by a local government where a specified state-funded safety net program is administered, or in a hospital that receives state funds, as specified, to be stocked with menstrual products, as defined, available and accessible to employees and the public, free of cost, at all times.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB59&search_keywords=transgender		<i>18-JAN-23</i> <i>Referred to Coms. On G.O. and HEALTH.</i>
FEDERAL BILLS				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
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	17-March-2021 Senate Committee on the Judiciary Hearings Held

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	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280 (Bass)	George Floyd Justice and Policing Act of 2021	<p>This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements.</p> <p>The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1</p>	Watch with reservations	09-March-21 Received in the Senate Referred Back to Committee in Discussion

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
Federal Bill Proposal (Sponsored Movement for Black Lives)	The BREATHE Act	<p>Divesting Federal Resources from Policing and Incarceration & Ending Federal Criminal-Legal System Harms</p> <p>Investing in New Approaches to Community Safety Utilizing Funding Incentives</p> <p>Allocating New Money to Build Healthy, Sustainable & Equitable Communities for All People</p> <p>Holding Officials Accountable & Enhancing Self-Determination of Black Communities</p> <p>file:///S:/2021%20Calendar%20Year%20-%20Meetings/Committees/Public%20Policy/07%20-%20July/Package/The-BREATHE-Act-V.16_.pdf</p>	Watch with discussion	Referred Back to Committee in Discussion
HR 5611 (Blunt Rochester)/ S. 1902 (Cortez Masto)	Behavioral Health Crisis Services Expansion Act	<p>This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/5611?q=%7B%22search%22%3A%5B%22hr5611%22%2C%22hr5611%22%5D%7D&s=1&r=1</p> <p>https://www.congress.gov/bill/117th-congress/senate-bill/1902?q=%7B%22search%22%3A%5B%22S1902%22%2C%22S1902%22%5D%7D&s=2&r=1</p>	Support	<p>HR 5611 02-NOV-21 House Referred to the Subcommittee on Health</p> <p>S. 1902 27-MAY-21 Read Senate twice and referred to the Committee on Health, Education, Labor, and Pensions</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
S.1 (Merkley)	For the People Act	This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government. https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&s=1&r=1	Support	11-AUG-21 Placed on Senate Legislative Calendar Under General Orders. Calendar No. 123
S. 854 (Feinstein)	Methamphetamine Response Act of 2021	This bill designates methamphetamine as an emerging drug threat (a new and growing trend in the use of an illicit drug or class of drug). It directs the Office of National Drug Control Policy to implement a methamphetamine response plan. https://www.congress.gov/bill/117th-congress/senate-bill/854	Support	14-MARCH-22 Became Public Law/Signed by the President
S.4263/ H.R.4 (Leahy)	John Lewis Voting Rights Advancement Act 2021	To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes. https://www.congress.gov/bill/117th-congress/house-bill/4?q=%7B%22search%22%3A%5B%22H.4%22%2C%22H.4%22%5D%7D&r=1&s=4	Support	14-SEP-20 Received in the Senate.

* The bill was not approved by the Commission on HIV

** Commission on HIV recommended bill for the Legislative docket

Footnotes:

(1) Bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

Notes:

Items *italicized* in *blue* indicate a new status or a bill for consideration for inclusion in the docket.



Los Angeles County

2023 STATE LEGISLATIVE PRIORITIES

AFFORDABLE HOUSING AND HOMELESS SERVICES

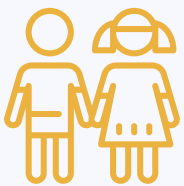


Through its ability to leverage federal, State and local funds, the County prides itself on sponsoring new solutions and partnering with private and public agencies to increase the availability of affordable housing and preserve existing affordable housing for residents. The County will continue to support State proposals that: 1) provide funding to construct new affordable housing units while preserving and rehabilitating existing affordable housing units; 2) provide rental and legal assistance for individuals and families at-risk of housing instability or homelessness; 3) provide down payment assistance to first-time homebuyers; and 4) fund initiatives to ensure housing stability for youth, including those currently and formerly in foster care.

The County has also partnered with the State, Los Angeles Homeless Services Authority, and other regional stakeholders to implement a comprehensive and multipronged plan to reduce homelessness among the most vulnerable in the community. Despite the County's ongoing local investments and one-time Federal and State investments to prevent and address homelessness, the 2022 Greater Los Angeles Homeless Count recorded a 4.1 percent increase in homelessness since 2020 primarily due to the slow economic recovery and the high cost of housing in the region. The County remains focused on transitioning those experiencing homelessness into stable housing and implementing effective strategies to reduce the flow of individuals and families into homelessness.

The County will continue to support State proposals that include: 1) on-going funding to reduce and prevent homelessness beyond the additional year of Homeless Housing, Assistance and Prevention funding included in the State Budget; 2) financial resources to expand the availability of interim, permanent supportive and affordable housing, and reduce state restrictions and barriers to ensure flexibility in local utilization of these types of housing; and 3) allowing counties to maximize federal, State and local funds to provide services to persons experiencing homelessness or at risk of homelessness, including Medicaid reimbursable services.

CHILD WELFARE AND EARLY CHILDHOOD DEVELOPMENT



The County is committed to its collaboration and partnerships with stakeholders to increase resources that improve the outcomes for children, youth, and families involved or at risk of getting involved in the child welfare system. The County has prioritized investments in programs and services that strengthen families; prevent child abuse and neglect; and promote optimal childhood development and learning by investing in high-quality, accessible early care and education programs.

The County will continue to support State proposals that provide: 1) services and funding for case management, mental health, educational attainment, career development, and stable housing that promote self-sufficiency among transition-age foster youth, non-minor dependents, and former foster youth; 2) comprehensive trauma informed services and robust continuum of placement resources tailored for vulnerable children and youth with unique and complex needs, including commercial sexual exploitation of children (CSEC) victims; 3) investments in critical services to improve outcomes for vulnerable children, youth, and families and address racial disparities while enhancing child safety, well-being and permanency; 4) evidence-based child abuse and neglect prevention services; 5) high-quality early care and education programs and 6) support for the County's efforts to successfully implement child welfare reform without disruption to vital services.

ECONOMIC AND WORKFORCE DEVELOPMENT



The County is strategically and equitably investing in support for entrepreneurs, small businesses, and innovative economic and workforce development programs in high growth and emerging industry sectors that create a pipeline to well-paying jobs.

The County will support State proposals that promote inclusive and sustainable economic development, stimulate quality job growth in the region, and help lift economically disadvantaged residents of poverty and into self-sufficiency. This includes proposals that would: 1) support the expansion and growth of key industry sectors, including technology, health care, trade, manufacturing, construction, leisure and hospitality, childcare, bioscience, clean energy, and creative economies; 2) develop workforce programs – including high road training partnerships and apprenticeships that center around equity, employer partnerships, and job quality – to prepare workers for jobs in high-growth and emerging industries and propel community and regional economic growth; 3) stimulate regional investment and business development and encourage private sector participation in advancing equitable and sustainable growth; 4) support comprehensive employment and training programs that advance diversity, equity and inclusion, and provide wrap-around supportive services; and 5) provide economic relief to industries, small businesses and individuals impacted by the COVID-19 pandemic to support the County’s economic recovery and foster sustained regional growth.

ENVIRONMENT AND SUSTAINABILITY



The County continues to support policies and investments that improve the energy, water, food, and transportation systems; help overcome past inequities that have resulted in disproportionate pollution burdens and health outcomes for communities of color; help local businesses, organizations, and residents in disadvantaged communities adapt to climate change; and advance racial and gender equity. To address these environmental issues and make this a sustainable region, the County will advocate for proposals that promote clean energy infrastructure, advance environmental justice, and invest in climate resiliency.

The County will support State proposals that: 1) further decrease greenhouse gas emissions; 2) develop infrastructure (e.g., organic waste processing capacity) and community-scale programs (e.g., resilience hubs, extreme heat risk communication strategies), as well as provide funding to address imminent health risks; 3) increase local water supply and improve water quality, as well as support sustainable water infrastructure; 4) enhance the electric grid infrastructure and expand community-based solar and storage projects; 5) support efforts to properly abandon orphaned oil wells and conduct site remediation when no responsible party can be identified; 6) strengthen regional food supply chains and improve urban access to fresh local foods; and 7) promote climate resiliency and provide sufficient funding to encourage and incentivize production methods and technologies that advance clean manufacturing, create greenhouse gas reducing jobs, and eliminate motor vehicle emissions.

HEALTH, PUBLIC HEALTH, AND MENTAL HEALTH



The health and well-being of the County’s diverse communities are critically important for preventing physical and behavioral health conditions and for reducing health inequities across the region. Medi-Cal is essential for providing healthcare for the County’s most vulnerable residents, especially through California’s Medicaid 1115 and 1915(b) waivers that aim to transform and improve quality of care, access, and efficiency of healthcare services.

The County supports State proposals that will: 1) effectively respond to current and future public health emergencies, emerging threats, and other disasters; 2) build-up community health, disease prevention and control programs; 3) broaden wellness efforts to address the root causes of physical and behavioral health conditions, including but not limited to monkeypox, sexually transmitted infections (STIs), substance use and overdose epidemics; and 4) improve other behavioral health programs; and 5) help recruit and retain workforce for the County’s health care systems.

The growing need for treatment for individuals with serious mental illness and substance use disorders continues to outpace resources for critical services at all levels of care, including acute inpatient, outpatient, and residential facilities. The County looks forward to additional will advocate for State funded funding opportunities to broaden behavioral health infrastructure, including expanding community-based facilities like Adult Residential Facilities (ARFs, also known as Board and Cares), which are a vital part of the County’s mental health safety net and homeless prevention networks which for treating the most vulnerable citizens.

The County will support State proposals that will: 1) advance the State’s pursuit of an 1115 waiver to permit Medicaid Institutions of Mental Disease treatment and increased bed capacity for serious mental illness or serious emotional disturbance; 2) provide individuals with mental illness with access to critical services in the most appropriate, least restrictive setting; 3) increase flexibility for Mental Health Services Act funding to more comprehensively address the needs of local communities; 4) expand funding for public behavioral health services and placements/housing; and 5) provide dedicated ongoing funding for Public Guardians/Public Conservators services.

INFRASTRUCTURE INVESTMENTS



The County will continue to advocate to advance infrastructure investments and projects that support cities, counties, and the State in improving and maintaining vital public infrastructure in the greater Los Angeles region. The County is committed to making its communities more climate resilient, modernizing its infrastructure systems, helping local businesses to partner with community-based organizations to advance environmental justice and spur economic opportunity for disadvantaged communities, and advancing racial and gender equity in the workforce.

The County will support infrastructure projects that are sustainable, equitable, and resilient to include: 1) transportation mobility and safety; 2) water and stormwater infrastructure; 3) disaster prevention/mitigation efforts; and 4) additional public infrastructure such as waste management, energy, and electric-vehicle infrastructure.

DIGITAL DIVIDE



Access to high-speed broadband internet and related resources is an essential means to accessing health services, education, economic resources, County services and job opportunities. In Los Angeles County, areas where more than 20 percent of households lack broadband service, are largely the same areas where the average household incomes are less than \$50,000 annually, and where people of color are more likely to be the majority of residents. The County will continue to support State legislation and regulations that provide funding for the development and expansion of broadband infrastructure and reliable, affordable networks to bridge the digital divide by increasing access to high-speed internet for as many households as possible, particularly in underserved communities.

The County will support proposals that would: 1) incentivize private investment in broadband infrastructure in historically underserved and rural communities; 2) create workforce development pipeline programs in the broadband, fiber and related telecommunications infrastructure industries; 3) utilize innovative, short-term and long-term strategies to provide free or low-cost high-speed internet and related devices to disadvantaged communities; and 4) expand and modernize Wi-Fi at County facilities to help close the digital divide for residents in disadvantaged and broadband deficient communities.

JUSTICE REFORM



The County continues to make investments to advance the “Care First, Jails Last” vision with community investments and the establishment of new initiatives to create a more just and equitable justice system. The County is taking the next steps to develop a new model for pretrial services and transforming the youth and criminal legal system. Such major reforms to the youth and criminal legal systems necessitates a robust multi-disciplinary effort, including a continued and expanded partnership with the State.

The County supports State legislative and funding proposals that advance statewide and local efforts to transform the adult and youth and criminal legal systems, including proposals that would support the County’s goals to: 1) divert adults and youths from incarceration and into rehabilitative, health-focused, and care-first systems; 2) mitigate disparities in the juvenile and criminal legal systems based on racial, economic, or immigration status; 3) strengthen law enforcement transparency, accountability, and policing reforms; 4) implement pretrial reforms and associated best practices to reduce detention while maintaining public safety; 5) reduce the reliance on jails and mass incarceration; 6) promote and streamline access to criminal records clearing services; and 7) support increased funding and eligibility for resources and support, including but not limited to, the areas of housing, mental health, substance use disorders, youth development, and employment and training for youth and adults impacted by the criminal legal system.



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Los Angeles County Legislative Update

January 12, 2023

Greetings and Happy New Year,

Below is an update on Federal and State legislative items of interest to the County of Los Angeles.



COUNTY ADVOCACY ACTIONS

On January 10, 2023, the Board of Supervisors took the following actions:

- **PROCLAMATION OF LOCAL EMERGENCY FOR HOMELESSNESS IN THE COUNTY OF LOS ANGELES**

In addition to a proclaiming a local emergency for homelessness in the County, the Board directed the Chief Executive Officer and all relevant County Departments to identify strategic uses of restricted funding in order to alleviate the crisis among unhoused individuals and any State and Federal legislative relief required to use restricted funding as proposed. More details regarding this motion can be found [here](#).

- **CURBING ELECTRONIC BENEFITS TRANSFER CARD SKIMMING**

The Board voted to advocate at the State and Federal levels to support and advance more immediate solutions that protect and more expeditiously restore the benefits of individuals and families on public assistance, including chip technology, and that ensure measured accountability for those conducting these scams. More details regarding this motion can be found [here](#).

- **APPROVAL OF A WAIVER REQUEST FOR THE HOUSING CHOICE VOUCHER PROGRAM**

Send a five-signature letter in partnership with the Los Angeles County Development Authority to President Biden and U.S. Secretary of Housing and Urban Development, Marcia Fudge, requesting the immediate approval for the Los Angeles County Development Authority to transfer over current Emergency Housing Voucher families to the Housing Choice Voucher program without being placed on the waiting list. More details regarding this motion can be found [here](#).

STATE UPDATE

- [GOVERNOR'S PROPOSED BUDGET 2023-2024](#)



Governor Gavin Newsom released his 2023-24 state budget proposal on January 10, 2023. The proposed budget projects a \$22.5 billion budget deficit for the upcoming fiscal year. An executive summary of the proposed budget and its impacts on the County of Los Angeles can be viewed [here](#).

FEDERAL UPDATE

- [EMERGENCY DECLARATION FOR CALIFORNIA](#)



President Biden declared that an emergency exists in the State of California and ordered Federal assistance to supplement State, tribal, and local response efforts due to the emergency conditions resulting from successive and severe winter storms, flooding, and mudslides beginning on January 8, 2023. This federal declaration activates the full weight of the federal government behind California's storm response and allows the state to immediately access federal resources and personnel. Governor Gavin Newsom proclaimed a [State of Emergency](#) throughout California on January 4, 2023.



Greater Los Angeles
Homeless Count

VOLUNTEERS NEEDED

The Greater Los Angeles Homeless Count will be held on January 24, 25, and 26. The Count will cover all of LA County except the cities of Glendale, Pasadena, and Long Beach, which conduct their own counts. The data collected is an essential component in understanding the scope and nature of homelessness in Los Angeles County and helps LAHSA and its partners deliver services where they are needed most.

Volunteers can register at www.theycountwillyou.org



County Offices
will be closed on
Monday,
January 16, in
observance of
Martin Luther
King Jr. Day



Winter Shelter Program

Winter Shelters are located all across the County, and are operating 24 hours a day due to COVID-19. To access the Winter Shelter hotline, please dial 2-1-1, call 1 (800) 548 - 6047, or visit LAHSA.ORG/WINTER-SHELTER

LEGISLATIVE AFFAIRS RESOURCES

[County's Legislative Policies & Priorities](#)

[Federal & State Legislation of Interest](#)

[Contact Legislative Affairs](#)



LEGISLATIVE AFFAIRS AND INTERGOVERNMENTAL RELATIONS

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END THE EPIDEMICS

Californians Mobilizing to End HIV, STIs, Viral Hepatitis & Overdose

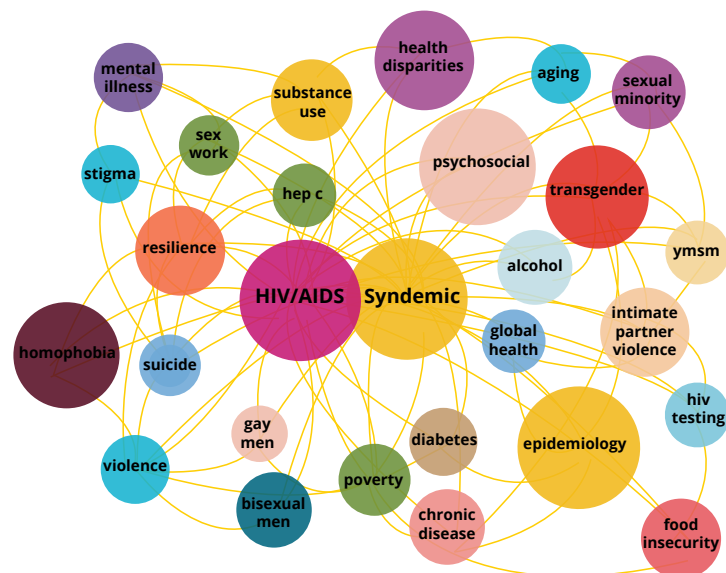
End the Epidemics Strategy Meeting Proceedings

Background

[End the Epidemics \(ETE\)](#), a statewide coalition that advocates for anti-racist policies and funding priorities to eliminate health inequities and end the epidemics of HIV, sexually transmitted infections (STIs), viral hepatitis, and overdose in California, convened on November 2, 2022. This [Strategy Meeting](#), with support from the California HIV/AIDS Policy Research Centers and ViiV Healthcare’s Positive Action Community Grant Program, helped bring together academic, community, government and public sector partners to Los Angeles, California. Eighty (80) stakeholders from across the state participated in the meeting, bringing forward priorities to address these intersecting epidemics. Meeting participants represented a wide range of stakeholders, including community organizations, advocates, people with lived experience, providers, and public health staff. Participants also included members of the [ETE Grassroots Fellowship Program](#). These Fellows, representing a diverse range of community constituents, receive mentorship and support to develop and execute grassroots advocacy activities and campaigns.

Summary

ETE’s policy priorities center first on the [lived experiences of participants and communities they represent](#). As [shared](#) during World AIDS Day 2022, the Community Reflections portion of the convening helped to identify gaps in efforts to address the needs of those most vulnerable and helped facilitate a process to center experiences of marginalization. Participants were asked to consider a [syndemic approach](#), one that not only considers health outcomes associated with multiple disease states but also investigation of the constellation of factors that affect risk, including the social, economic, environmental, temporal, and political contexts.



Policy Context

A summary of the [political landscape](#) was shared at the convening. The 2022 midterm election results reinforced California’s image as a liberal vanguard. The California legislature is more diverse than it has ever been with roughly 50 seats held by cisgender women in the Assembly and Senate combined. The legislature has arguably achieved proportional representation for LGBTQ+ populations in the state, with 10% of seats being represented by out LGBTQ+ politicians.

Governor Gavin Newsom, who by [some accounts](#) appears to be signaling ambitions for the Presidency, won his bid for reelection. State Senator Toni Atkins (San Diego) will continue as Senate President Pro Tempore, continuing as the State's first out lesbian elected official to hold the office. Assemblymember Anthony Rendon (Los Angeles) will continue as Speaker of the Assembly until Assemblymember Robert Rivas (Salinas) assumes the role on June 30, 2023. The change in leadership will have significant implications for key committee assignments covering health and other key issues. Locally, Karen Bass made history, elected to be the City of Los Angeles' first Black woman mayor.

In recent years, ETE and other public health advocates have been [successful](#) in securing additional resources to address HIV, STIs, viral hepatitis, and overdose. The 2022-23 state budget agreement included \$300 million in ongoing funding to strengthen California's public health infrastructure, \$200 million of which is being directed to local health departments. This year's budget agreement also included a one-time investment of \$30 million to address the syphilis and congenital syphilis crisis on top of a previous ongoing commitment of roughly \$17 to address the broader STI epidemic.

Other ongoing investments include \$5 million each for HIV prevention and hepatitis C programs, \$6 million for the harm reduction supply clearinghouse, and funding to support PrEP navigation and clinical services. ETE also successfully secured one-time investments to support hepatitis B demonstration projects, hepatitis C test kits, and innovative programs to serve people aging with HIV.

Fiscal Forecast

Budget advocacy was facilitated by California's record budget surplus in 2021-22. Due to noticeably weaker income taxes, on top of inflation, high interest rates, and the threat of recession, the [state predicted](#) a \$25 billion deficit by the end of 2022 and into 2023-24. It may choose to access emergency reserves or to cut spending in the near future. This likely means public health funding will be harder to secure in the coming year.

Priority Setting

Participants engaged in a process to [identify priorities](#) and raised key issues of concern.

Harm Reduction: Harm reduction was a recurring theme at the convening. Participants shared recent experiences with the [Orange County Needle Exchange Program closure in 2018](#) following a lawsuit from the Orange County Board of Supervisors. This closure left thousands of Orange County's most vulnerable without access to necessary healthcare (McCullen et al 2021). Participants called for continued funding of the [California Harm Reduction Initiative \(CHRI\)](#), a partnership of the California Department of Public Health and the National Harm Reduction Coalition. Formed in 2019 with \$15.2 million in funding to strengthen syringe services programs, this was the largest investment in harm reduction in California history. ETE partners proposed the following strategies:

- \$20 million in funding for innovative demonstration projects around harm reduction
- Increased harm reduction funding around linkage to HIV and hepatitis testing and treatment
- Identification of statewide hotspots for HIV through a racial and economic justice lens
- Inclusion of viral hepatitis services with harm reduction services as affected communities overlap

- Expanded mobile services for comprehensive sexual health services and Medication-Assisted Treatment (MAT)
- Focus on youth and young adults and exploration of further treatment modalities tailored to the needs of Black, Indigenous and People of Color (BIPOC)

STIs and Sexual Health: Given the state’s current political landscape, some participants said they believed California can pave the way for the rest of the nation by prioritizing STIs and sexual health services. Key recommendations included the following strategies:

- Increased resources for STI prevention and treatment
- Increased funding for pilot programs including reimbursement for providers delivering uncompensated STI prevention and care to communities most vulnerable to STIs
- Increased funding to ensure sex education is comprehensive across the board, with a focus stigma and impacted populations (e.g. LGBTQ+, BIPOC, youth, low income and other affected communities)

Related Concerns: Related concerns included behavioral health services, transgender health and gender-affirming care, and housing. Participants recognized how each of these factors into a syndemic framework:

- Participants noted the pervasive nature of behavioral health challenges and how they intersect with HIV, STIs, viral hepatitis, and substance use
- Gender-affirming care encompasses a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual’s gender identity when it conflicts with the gender they were assigned at birth. ETE participants expressed interest in continuing to support state [efforts to preserve and facilitate delivery of gender-affirming care](#).
- The [Housing First approach](#) is guided by belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or addressing substance use issues. Participants recognized that this work coincides with the [CalAIM initiative](#) led by the California Department of Healthcare Services.

Participants stressed the importance of collaboration and supporting existing coalitions and efforts to address these issues, including aligning ETE priorities with administrative priorities (e.g. CalAIM, behavioral health, and housing)

Approach

Ending the HIV, STI, viral hepatitis and overdose epidemics remains a public health priority for all Californians. Participants stressed the need to integrate a social determinants of the health framework and to center racial equity into the ambitious response. In California, the communities bearing the disproportionate burden of these syndemics are Black, Indigenous, and People of Color (BIPOC), as well as sexual and gender minorities who continue to experience identity-based discrimination, racism, homophobia, transphobia, xenophobia, and stigma, making it harder to live, work, and thrive. Participants discussed how promoting the well-being of BIPOC and LGBTQ+ communities requires a robust response reflective of community input. They envision a stigma-free society where individuals living with these conditions feel dignified and empowered to access routine prevention, treatment, and care services which requires reimagining our existing public

health approach and improving the circumstances within these environments. Specific approaches discussed by participants included the use of equity building language and actions in bill and budget proposals, ensuring the health of BIPOC Californians is prioritized, advocating for equitable access to state funds for grassroots BIPOC organizations, and facilitating administrative efforts to address funding and programmatic siloes at the state level.

Next Steps

ETE leadership discussed [next steps](#) following the convening. Information pulled from the strategy meeting, including recommendations on budget priorities developed by participants, were shared with the ETE Policy & Advocacy Working Group. The Working Group is refining the coalition's 2023 policy priorities, taking into consideration the upcoming challenging economic environment in California. It will present its recommendations for ETE's policy priorities in an upcoming ETE coalition call. With coalition feedback, the Working Group aims to finalize and share the 2023 policy priorities and strategy in early 2023.

The ETE Community Engagement Working Group, including ETE Fellows, will design and implement grassroots strategies, providing all coalition members the opportunity and resources to advocate directly with their own elected representatives in support of the policy priorities. These activities will be timed to ensure legislators are hearing from advocates during critical times in the legislative and budget process. Potential grassroots strategies to build community power were presented to meeting participants.

All participants were [encouraged to join the membership of ETE](#) and the Working Groups to participate in future discussion. Any questions about the ETE coalition and next steps can be directed to Ryan Clary at ryan@eteca.org.



PUBLIC POLICY COMMITTEE (PPC)¹ **2022-2023 POLICY PRIORITIES**

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 trauma informed care and supportive services, including comprehensive harm reduction 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. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, 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, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding 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 years 2022 and 2023. (Issues are in no order.)

Systemic and Structural Racism

- a. Establish health equity through 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; income/wealth gaps; as well as criminalization.

¹ 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.

- 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.

Racist Criminalization and Mass Incarceration²

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
- b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.³

Housing⁴

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

Mental Health

² Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the [Los Angeles County Alternatives to Incarceration Report](#), "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the [Los Angeles County HIV/AIDS Strategy for 2020 and Beyond](#); "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

³ [Developing a plan for closing men's central jail as Los Angeles county reduces its reliance on incarceration](#) (item #3 July 7, 2020, board meeting)

⁴ Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors which increased the risk of being unhoused, from family discrimination at home to discrimination in employment. Such discrimination contributes to higher rates of poverty; undermines their ability to thrive; and increases the risk of arrest and incarceration.

- a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
- c. Support the building of community-based mental health services.
- d. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail. (See footnote 3)

Sexual Health

- a. Increase 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. Increase 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; especially 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.
- c. Expand alternatives to incarceration/diversion programs to provide a "care first" strategy and move those who need services away from incarceration to substance abuse programs.
- d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.
- e. Support trauma informed services for substance users.

Consumers

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

Aging

- a. Create and expand medical and supportive services for PLWHA ages fifty (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.
- b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

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** disincentives 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.
- f. Provide trauma informed care and harm reduction strategies in all HIV Disease health care settings

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.

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.



2022-2023 POLICY PRIORITIES – ACTION PLAN

Committee Name: PUBLIC POLICY COMMITTEE (PPC)		Co-Chairs: Katja Nelson, Lee Kochems		
Committee Adoption Date:		Revision Dates:		
Purpose of Action Plan: To outline key action steps for the PPC policy priorities for 2022-2023. Each year there will be a detailed action plan for 1-2 items for the PPC to focus on.				
#	ISSUE	DESCRIPTION	ACTION STEPS	TIMELINE
Ex.	<i>In this section, name the issue.</i>	<i>In this section, describe the issue, provide context, and explain the reasoning for selecting the issue as a priority for the year.</i>	<i>In this section, outline the steps the PPC will take to act on the issue described. The goal is to develop detailed and concrete the action steps.</i>	<i>In this section, set a timeframe for completing the action steps.</i>
1	Effective countywide response to the Sexually Transmitted Disease (STD) epidemic	In October 2021, the PPC submitted a letter to the Board of Supervisors (BOS) outlining the wants of the PPC and requesting the BOS to consider prioritizing the response to the rising STD epidemic in Los Angeles County. In November 2021, the BOS instructed the Department of Public Health (DPH) to provide a description of the current strategies, funding sources, and data developments regarding the county-wide STD response. In April 2022, the DPH provided the BOS a detailed description of current services, data projects and needs, and funding sources.	<ul style="list-style-type: none"> Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County. 	
2	Effective Countywide response around Harm Reduction Services and Syringe Exchange			
3	Aging			
4	Housing			



2022-2023 WORK PLAN – PUBLIC POLICY--Draft

5	Mental Health			
6	Street Medicine			
7	Incarceration	Incarceration and how it contributes to HIV risk, redistribution of public safety funding to better protect people		



OVERVIEW

Today, Governor Gavin Newsom released his Fiscal Year (FY) 2023-24 January Proposed Budget (Proposed Budget). The \$297 billion Proposed Budget forecasts State General Fund (SGF) revenues will be \$29.5 billion lower than projected, with an estimated budget gap of \$22.5 billion (\$1.5 billion lower than the \$24 billion deficit projected by the Legislative Analyst's Office). To close the projected revenue shortfall, the Proposed Budget includes: \$7.4 billion in funding delays; \$5.7 billion in inflationary adjustments and fund payments; \$4.3 billion in fund shifts; \$3.9 billion in trigger reductions; and \$1.2 billion in limited revenue generation and borrowing.

Furthermore, to address projected revenue shortfalls in future years, the Proposed Budget uses resiliency measures included in the 2022 State Budget Act including the withdrawal of: \$7 billion in inflationary adjustments, \$1.7 billion in SGF to reduce General Obligation bond liability, \$2.1 billion in SGF to reduce lease revenue bond liability over the next four fiscal years, \$4 billion in supplemental deposits to the Budget Stabilization Account and \$4 billion in additional deposits to the Safety Net Reserve. None of the State budgetary reserves, whose combined balance is projected to be \$35.6 billion at the end of FY 2023-24, are proposed to be used to address the projected \$22.5 billion revenue shortfall in order to preserve the State's ability to address a potential recession if economic and revenue conditions continue to deteriorate.

Despite the \$22.5 billion projected revenue shortfall, the Proposed Budget sustains key investments made in prior fiscal years including: \$44 billion for infrastructure investments; \$10 billion for California Advancing and Innovating Medi-Cal (CalAIM); over \$8 billion to expand the continuum of behavioral health treatment and infrastructure capacity; over \$2 billion annually to expand subsidized child care; \$1.4 billion for universal school meals; \$1.2 billion to improve services for the developmentally disabled; over \$1 billion to provide increased cash assistance to individuals with disabilities and older adults in the Supplemental Security Income/State Supplementary Payment program (SSI/SSP), and low-income children and families in the CalWORKs program; \$844.5 million to continue expanding Medi-Cal to all income eligible Californian's regardless of immigration status; \$564.4 million to address retail theft and other crimes; and over \$200 million for safe and accessible reproductive healthcare.

However, the Proposed Budget does reflect several reductions to prior investments including: a \$6 billion reduction to the \$54 billion over five years previously approved for climate programs; \$350 million in SGF reductions to housing programs; and a \$55 million reduction for workforce development.

MAJOR PROPOSALS OF COUNTY INTEREST

Below are items in the Proposed Budget that are County-supported and/or of major interest to the County. The Chief Executive Office – Legislative Affairs and Intergovernmental Relations Branch is currently working with impacted departments to determine potential County impact. The Proposed Budget includes:

HEALTH, BEHAVIORAL HEALTH AND PUBLIC HEALTH



Community Assistance, Recovery & Empowerment (CARE) Act - \$16.5 million in SGF in FY 2023-24, \$66.5 million in SGF in FY 2024-25, \$108.5 million in FY 2025-26 and annually thereafter to support estimated county behavioral health department costs for the CARE Act. Additionally, the Proposed Budget provides the Judicial Branch \$23.8 million in SGF in FY 2023-24, \$50.6 million in FY 2024-25, and \$68.5 million in FY 2025-26 and ongoing for the CARE Act. The Proposed Budget also includes \$6.1 million in SGF in FY 2023-24, increasing to \$31.5 million annually beginning in FY 2025-26, to support public defender and legal services organizations who will provide legal counsel to CARE participants.

Behavioral Health Bridge Housing Program – Delays \$250 million in SGF of the total \$1.5 billion in SGF to FY 2024-25 for the Behavioral Health Bridge Housing Program. The Proposed Budget maintains \$1 billion in SGF in FY 2022-23 and \$250 million in SGF in FY 2023-24 for this program.

Behavioral Health Continuum Infrastructure Program – Delays the last round of behavioral health continuum capacity funding of \$480.7 million in SGF appropriated in the 2022 State Budget Act for FY 2022-23 to \$240.4 million in FY 2024-25 and \$240.3 million in FY 2025-26.

California's Behavioral Health Community-Based Continuum Demonstration – \$6.1 billion (\$314 million in SGF, \$175 million in Mental Health Services Fund, \$2.1 billion in Medi-Cal County Behavioral Health Fund, and \$3.5 billion in federal funds) over five years for the State to implement the Behavioral Health Community-Based Continuum Demonstration (Demonstration), effective January 1, 2024.

Opioid and Fentanyl Response – \$93 million in additional Opioid Settlement Funds over four years beginning in FY 2023-24 to support youth- and fentanyl-focused investments, including: \$79 million for the Naloxone Distribution Project; \$10 million for fentanyl program grants to increase local efforts in education, testing, recovery, and support services; and \$4 million to support innovative approaches to make fentanyl test strips and naloxone more widely available.

Home and Community-Based Services (HCBS) Spending Plan – Adjusts the HCBS spending plan based on revised claiming of the enhanced federal funding and expenditure estimates to \$2.8 billion, a \$60 million reduction compared to the 2022 Budget Act. The Proposed Budget assumes that all HCBS spending plan funding will be expended by March 2024.

CalAIM Transitional Rent Waiver Amendment – \$17.9 million (\$6.3 million in SGF) in FY 2025-26 increasing to \$116.6 million (\$40.8 million in SGF) at full implementation to allow up to six months of rent or temporary housing to eligible individuals experiencing homelessness or at risk of homelessness and transitioning out of institutional levels of care, a correctional facility, or the foster care system and who are at risk of inpatient hospitalization or emergency department visits.

Partial Public Health Workforce Reductions – A \$49.9 million reduction in SGF over four years for various public health workforce training and development programs to help address the budgetary problem. The Budget maintains \$47.7 million SGF over four years for community-based clinical education rotations for dental students and public health incumbent workforce upskilling and training.

Reproductive Health Services 1115 Waiver – \$200 million (\$15 million in SGF) in FY 2024-25 for a grant program through an 1115 federal demonstration waiver focused on supporting access to family planning and related services, system transformation, capacity, and sustainability of California's safety net.

HOMELESSNESS AND HOUSING



Local Homelessness Funding – Maintains funding approved in the 2022 State Budget Act related to local homelessness response, including \$1.0 billion in one-time SGF in FY 2023-24 for the fifth cycle of the Homeless Housing, Assistance and Prevention (HHAP) Program and \$400 million in one-time SGF in FY 2023-24 for addressing homeless encampments.

HHAP Program – Indicates the Administration's intent to pursue statutory changes to the HHAP Program to prioritize spending on activities such as encampment resolution, Homekey operational sustainability, and CARE Act housing support.

Local Housing Accountability – Indicates the Administration's intent to condition eligibility for any future homeless-related grants administered by the California Business, Consumer Services and Housing Agency and the California Health and Human Services Agency on compliance with State housing law.

First Time Homebuyer Programs – Reduces the Dream for All program by \$200 million of the \$500 million in one-time SGF included in the 2022 State Budget Act to provide shared-appreciation loans to help low- and moderate-income first-time homebuyers achieve home ownership. Removes the \$100 million in one-time SGF in FY 2023-24 that was included in the 2022 State Budget Act for the CalHome program to provide local agencies and nonprofits grants to assist low- and very-low-income first-time homebuyers with housing assistance, counseling and technical assistance. Reductions will be restored if there is sufficient SGF in January 2024.

BROADBAND



Broadband Middle-Mile Initiative – \$300 million in one-time SGF in FY 2023-24 and \$250 million in one-time SGF in FY 2024-25 to support the completion of the Broadband Middle-Mile Initiative. In order to address the budget problem, the budget proposes the deferral of:

- \$550 million at the California Public Utilities Commission (CPUC) for last-mile infrastructure grants in FY 2023-24 to future years (\$200 million in FY 2024-25, \$200 million in FY 2025-26, and \$150 million in FY 2026-27).
- \$175 million from FY 2022-23 and \$400 million from FY 2023-24 for the Loan Loss Reserve Fund at the CPUC to future years (\$300 million in FY 2024-25 and \$275 million in FY 2025-26).

JUSTICE



Board of State and Community Corrections – Reflects a one-time \$50 million reduction in SGF to the Public Defender Pilot program in FY 2023-24.

Post Release Community Supervision – The California Department of Finance estimates \$8.2 million in SGF will be allocated to counties in FY 2023-24 for the Post Release Community Supervision Act of 2011, which authorized California Department of Corrections and Rehabilitation (CDCR) to release certain incarcerated individuals to county supervision.

Criminal Procedures: Discrimination – \$2.2 million in SGF in FY 2023-24, \$2.1 million in FY 2024-25, and \$848,000 in FY 2025-26 and FY 2026-27, to address increased litigation-related workload associated with increased appeals for past convictions pursuant to County-supported AB 256 (Chapter 739, Statutes of 2022).

ECONOMIC AND WORKFORCE DEVELOPMENT



Apprenticeship Innovation Fund – Reduces by \$40 million (\$20 million each in FY 2023-24 and FY 2024-25) funding included as part of the 2022 State Budget Act for developing and expanding non-traditional apprenticeship programs.

California Film and Television Tax Credit – Proposes \$330 million per year for five years beginning in FY 2025-26 to extend the California Film and Television Tax Credit Program and make the credit refundable to benefit a wider range of productions and maximize economic benefits to the State.

California Small Business COVID-19 Relief Grant Program – Reduces by \$92 million funding for COVID-19 relief grants available to eligible small businesses and non-profit organizations impacted by the pandemic.



FIREARM-RELATED LEGISLATION



Unserialized Firearms – \$2.8 million in SGF in FY 2023-24, \$2.5 million in FY 2024-25, and \$1.2 million ongoing, to regulate the sale, transfer, possession, and manufacturing of unserialized firearm precursor parts pursuant to County-supported AB 1621 (Chapter 76, Statutes of 2022).

Firearms: Civil Suits – \$648,000 in SGF in FY 2023-24, and \$631,000 ongoing, to provide legal guidance, expert testimony, and support general research and analytic workload in civil lawsuits pertaining to firearms pursuant to County-supported AB 1594 (Chapter 98, Statutes of 2022).

Firearms: Gun Shows and Events – \$408,000 (\$12,000 in SGF and \$396,000 in Special Fund) in FY 2023-24, decreasing to \$191,000 (\$12,000 in SGF and \$179,000 in Special Fund) ongoing, to address increased gun show enforcement and related reporting requirements pursuant to County-supported AB 2552 (Chapter 696, Statutes of 2022).

Firearms: Manufacturers – \$911,000 in one-time SGF to address increased workload to process firearm manufacturer applications and make changes to the Unique Serial Number Application process pursuant to County-supported AB 2156 (Chapter 142, Statutes of 2022).

SOCIAL SERVICES



CalWORKs Grant Increase – \$87 million in FY 2023-24 to reflect a 2.9-percent increase to the CalWORKs Maximum Aid Payment (MAP) levels. This increase is entirely funding by the Child Poverty and Family Supplemental Support Subaccount of the 1991 Local Revenue Fund and will be updated at the May Revision.

Electronic Benefit Transfer (EBT) Fraud Mitigation – \$50 million (\$17.1 million SGF) in FY 2023-24, \$23 million (\$7.9 million SGF) in FY 2024-25, and \$3.5 million (\$1.2 million SGF) in FY 2025-26 to pursue security upgrades and EBT card technology enhancements to safeguard CalWORKs and CalFresh clients' access to benefits, protect clients, and prevent theft of EBT benefits. The Proposed Budget also includes \$84 million in SGF in FY 2022-23 and \$114 million in FY 2023-24 for reimbursement of stolen benefits.

SSP Increase – \$146 million in SGF in FY 2023-24 and \$292 million ongoing for an additional SSP increase of approximately 8.6 percent, effective January 1, 2024.

California Food Assistance Program (CFAP) Expansion Timing – Reflects updated timing of the CFAP expansion to all income-eligible noncitizens 55 years of age or older, consistent with the necessary completion of the California Statewide Automated Welfare System (CalSAWS) migration. Benefit distribution is estimated to begin January 1, 2027.

CHILD CARE DEVELOPMENT



Cost-of-Living Adjustments (COLA) – \$301.7 million in SGF for Child Care and Development Programs and \$1.5 million for the Child and Adult Care Food Program to reflect an estimated statutory COLA of 8.13 percent.

Child Care Slot Expansion Timing – Maintains funding for the 110,500 new subsidized childcare slots added in FY 2021-22 and another 36,000 new slots added in FY 2022-23 but assumes that 20,000 new slots that would have been funded in FY 2023-24 will instead be funded in FY 2024-25.

AGING AND DISABILITY



Safety Net Plan Update – \$28.7 million (\$22.1 million SGF) to expand safety net services to further support individuals with complex needs.

CANNABIS



Unlicensed Cannabis Cultivation Enforcement – \$12 million in Cannabis Control Fund and other special funds in FY 2023-24 to continue the State Water Resources Control Board's efforts to address water quality through enforcement against illegal cannabis cultivations and outreach and engagement to unpermitted cultivators.



GENERAL GOVERNMENT

Arts and Cultural Enrichment – \$941 million in FY 2023-24 to fund Proposition 28 to increase arts instruction and/or arts programs in public schools, with the greater portion of funding allocated to schools serving more economically disadvantaged students, teacher recruitment, and the remaining funds for training, supplies, and education partnerships. Also proposes \$100 million in one-time Proposition 98 General Fund, approximately \$200 per 12th grade student enrolled in California public schools, to facilitate cultural activities for high school seniors.



TRANSPORTATION

Transportation Programs and Projects – Reduces by \$6 billion the \$14 billion approved in the 2022 State Budget Act for transportation programs and projects that align with the State's climate goals.



Active Transportation – Reduces by \$200 million \$1 billion approved in the 2022 State Budget Act for projects that increase active transportation and increase the safety and mobility of non-motorized users.

WILDFIRE RESILIENCY AND EMERGENCY RESPONSE



Defensible Space Inspections – \$5 million reduction in SGF in FY 2023-24. This maintains approximately \$20 million to support defensible space inspections.

California Cybersecurity Integration Center (Cal-CSIC) – \$28.7 million to enhance the capabilities of the Cal-CSIC, which serves as the central organizing hub for the State's cybersecurity preparedness and response activities and coordinates cyber intelligence and information sharing with local, state, and federal agencies, and other organizations.

ENVIRONMENTAL AND NATURAL RESOURCES



Zero Emission Vehicles (ZEV) – Reduces by \$1.1 billion in SGF, the \$10 billion over five years committed in the 2021 and 2022 State Budget Acts for investments to the State's ZEV agenda.

Drought Response and Water Resilience – Reduces by \$100 million the \$8.7 billion committed by the 2021 and 2022 State Budget Acts to support drought resilience and support local water projects to prepare for future floods and droughts.

Extreme Heat Resilience Centers – Reduces by \$25 million SGF in 2022-23 and \$50 million in 2023-24, the \$649 million allocated in the FY 2021 and FY 2022 Budget acts for extreme heat investment over multiple years.

Circular Economy – Reduces by \$25 million the \$468 million approved in the 2021 and 2022 State Budget Acts to reduce short-lived climate pollutants and advance organic waste infrastructure.

Urban Forestry Program – Reduces by \$20 million in SGF in 2022-23 and \$10 million in 2023-24, the \$1.09 billion allocated in FY 2021-22 and FY 2022-23.

Community Resilience Centers – Delays \$85 million in SGF to 2024-25 as the program remains fully funded, but the funds would be provided later than initially allocated.

Urban Flood Risk and Water Use – \$135 million over two years to support local agencies working to reduce urban flood risk.

Protecting Communities from Impacts of Oil Drilling – \$14 million in FY 2023-24, \$20 million in FY 2024-25, and \$20 million ongoing to implement SB 1137 (Chapter 365, Statutes of 2022), which establishes setbacks between new wells and homes, schools, parks, and businesses and provides pollution controls for existing wells and these facilities.

TAX PROPOSALS

Student Loan Forgiveness – Proposes to exempt student loan debt forgiven under the 2022 federal student loan debt relief plan from state income taxation, assuming litigation around the plan is resolved. Under the plan, the federal government will forgive up to \$10,000 in student loans for individuals making less than \$125,000 per year, and up to \$20,000 for those who received a Pell Grant.



As a follow up to this Executive Summary, the CEO's Legislative Affairs and Intergovernmental Relations Branch will continue to work with County Departments to analyze the Proposed Budget. This Office will provide a detailed analysis of State budget proposals that result in an advocacy position. 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.

